

CALIFORNIA EXTERNAL QUALITY REVIEW ORGANIZATION STATEWIDE REPORT YEAR FOUR

FY07-08 (July 1, 2007 - June 30, 2008)

VOLUME II OF II



PRESENTED TO
CALIFORNIA
DEPARTMENT OF MENTAL HEALTH



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Year Four



CALIFORNIA EXTERNAL QUALITY REVIEW ORGANIZATION

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California External Quality Review Organization

Individual MHP Summaries

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GLOSSARY

Definition	
Beneficiary	Person covered by Medi-Cal insurance for medical/mental health and specific substance abuse services
Consumer	Person not covered by Medi-Cal insurance or the general term for those receiving services

Acronym	Meaning
AOD	Alcohol and Other Drugs
ASOC	Adult Systems of Care
CalMEND	California Mental Health Care Program
CalQIC	California Quality Improvement Committee
CARF	Commission on Accreditation of Rehabilitation Facilities
CBO	Community based organization
CaMH	California Institute of Mental Health
CMHDA	California Mental Health Directors Association
CMHPC	California Mental Health Planning Council
CMS	Centers for Medicare and Medicaid
COD	Co-Occurring Disorders
COLA	Cost of Living Allowance
CPCA	California Primary Care Association
CSI	Client Service Information
CSOC	Children's System of Care
CWS	Child Welfare System
DMH	Department of Mental Health Services
EBP	Evidence Based Practice
ECR	Error Correction Report
EOB	Explanation Of Benefits
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
EQR	External Quality Review
FFP	Medi-Cal Federal Financial Participation
FFS/MC	Fee-for-Service Medi-Cal
FSP	Full Service Partnership
FTE	Full-time Equivalent
HIPAA	Health Insurance Portability and Accountability Act
IDDT	Integrated Dual Diagnosis Treatment
IMD	Institution for Mental Disease
IS	Information Systems
ISCA	Information Systems Capability Assessment
IT	Information Technology
LPS (Conservatorship)	Lanterman, Petris and Short
MH	Mental Health
MHP	Mental Health Plan

GLOSSARY

MHSA	Mental Health Services Act
MMEF	Monthly Medi-Cal Eligibility Extract File
OAC	Mental Health Services Oversight and Accountability Commission
OASOC	Older Adult Systems Of Care
PDSA	Plan, Do, Study, Act
PIP	Performance Improvement Project
QI	Quality Improvement
QIC	Quality Improvement Committee
SAM	Statewide Approved Maximum (rate amount)
SCERP	Small County Emergency Risk Pool
SD/MC	Short-Doyle/Medi-Cal
SGF	State General Fund
SMA	State Mandate Allowance
SOC	Systems of Care
TAY	Transition Age Youth
UMDAP	Uniform Method of Determining Ability to Pay

MHP Summary Key

¹Source: California Department of Finance, E-1 City/County Population Estimates, January 2008.

Group Size	County Population – January 2006
Small-Rural	<54,999
Small	55,000 to 199,999
Medium	200,000 to 749,999
Large	750,000 to 3,999,999
Very Large	>4,000,000

² Source: California Department of Mental Health, Short-Doyle/Medi-Cal approved claims processed through 05/22/2008; California Department of Health Services Medi-Cal Inpatient Consolidation (IPC) claims processed through 05/22/2008; California Department of Mental Health Medi-Cal Monthly Eligibility Files (MMEF) as of 05/15/2008.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Alameda

Review Date: 02-04 Oct 2007

CAEQRO Size:⁽¹⁾ Large

Region: Bay Area

A. Response to Key Recommendations from FY07

1. Identify strategies, goals, and timelines for improved Latino and older adult access:

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--

2. Increase consumers' participation on the executive planning and decision-making levels. Assure that there is strong consumer/family member representation on significant committees that influence the service delivery system:

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--

3. Routinely monitor process issues associated with timely access to intake, psychiatry, and outpatient care. At the QIC, discuss the problem areas and ways to remedy the problems of timeliness:

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---

B. FY08 Strengths

1. The MHP has shown remarkable progress in access to services as evidenced by steady progress in penetration rate over the past four years despite a sharp rise in the number of eligible individuals.
2. The MHP has a strong protocol for medication monitoring including side effects and metabolic indicators.
3. The MHP has successfully leveraged its MHSA funding to enhance its service delivery systems and address critical gaps through a careful and stakeholder-driven planning process.

C. FY08 Opportunities for Improvement

1. Timeliness to service, especially in terms of linkage among different levels of services and among providers, remains an issue for the MHP.
2. While the MHP has made communication with the community a priority, communication from administration to the providers and to the line staff lacks structure.
3. The consumer employees and their supervisors need greater support to deal with issues such as stigma, personal disclosure, and the critical issue of transition from consumer to consumer/provider.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. Complete plans to identify an IS replacement by July 2008, including a firm timeline, in order to ensure a smooth and successful implementation well in advance of discontinuance of product support for InSyst. **I**

2. The MHP should regularly monitor and act upon the findings from the timeliness measures identified in its quality management plan. The findings should be documented, presented, and discussed in the QIC meetings. **T**

3. With increased staffing and critical manager positions in place, the quality management unit and the QIC must ensure regular meeting and discussion of critical performance indicators to move beyond compliance related activities. **Q**

4. Identify high cost consumers, evaluate care patterns and consumer characteristics to identify appropriate interventions, and monitor outcomes. **Q,O**

5. Foster more dialog and create better defined structure and relationship with Berkeley Mental Health. **Q,Oth**

E. Performance Improvement Project - Clinical

Title: Improving health outcomes for those receiving two or more antipsychotic medications, by increased monitoring and management of metabolic adverse effects

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 7, Partial - 3, No - 3

F. Performance Improvement Project - Non-Clinical

Title: Improving communication between JGPP acute inpatient and OCSC

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 5, Partial - 4, No - 4

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	8.55%	7.52%	6.52%	6.19%	22
Foster Care PR:	62.21%	59.98%	53.12%	55.25%	13
Hispanic PR:	4.37%	3.72%	3.48%	3.29%	17
App Claims/Bene (ACB):	\$5,228	\$5,864	\$4,155	\$4,451	11
White ACB:	\$5,063	\$6,070	\$4,180	\$4,536	15
Hispanic ACB:	\$4,382	\$5,625	\$3,725	\$4,185	19
Male ACB:	\$6,301	\$6,844	\$4,730	\$5,058	10
Female ACB:	\$4,307	\$4,976	\$3,640	\$3,892	14
Foster Care ACB:	\$9,934	\$10,781	\$6,709	\$7,054	6

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Alpine

Review Date: 18-Jun-2008

CAEQRO Size:⁽¹⁾ Small-Rural

Region: Superior

A. Response to Key Recommendations from FY07

1. Identify whether all services provided to beneficiaries are actually claimed to Medi-Cal. There may be untapped funds that could be used for other identified program expansion needs:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
2. Examine retention patterns. Compare retention of non-beneficiaries with beneficiaries. Determine whether early drop-out from services has affected consumer outcomes:

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---
3. Consider utilizing available funds, such as the existing SAMHSA grant, to start a tele-psychiatry program:

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---

B. FY08 Strengths

1. The MHP has engaged in an MHSA process which included community meetings, surveys, and completion of a CSS Plan.
2. Native Americans are reflected in the MHP's beneficiaries served population in a proportion relatively comparable to the eligible beneficiary population.

C. FY08 Opportunities for Improvement

1. While the MHP continues to send its charts to the corporate office for compliance and clinical review, it is unclear whether there is a process for practitioner feedback and improvement monitoring, or a process to include review of prescribing practices.
2. The MHP submits its Medi-Cal claims irregularly and manually, still not having converted to a HIPAA-compliant format.
3. There is no available data to evaluate consumer outcomes. The MHP's retention pattern does not provide meaningful impressions regarding engagement and retention in treatment.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. Examine the retention patterns of beneficiaries and other consumers served to determine whether engagement and retention rates correspond to clinical need. **A,Q**
2. Develop procedures and schedule to produce and submit Medi-Cal claims at least quarterly, using the HIPAA 837 claim format, as submission of manual Medi-Cal claims is not longer acceptable at the State. **I**
3. Identify whether all services provided to beneficiaries are being claimed to Medi-Cal. **Q**
4. None
5. None

E. Performance Improvement Project - Clinical

Title: The MHP did not submit any PIPs.

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 0, Partial - 0, No - 13

F. Performance Improvement Project - Non-Clinical

Title: The MHP did not submit any PIPs.

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 0, Partial - 0, No - 13

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	9.32%	10.06%	10.64%	6.19%	19
Foster Care PR:	0.00%	54.40%	53.72%	55.25%	56
Hispanic PR:	0.00%	3.92%	4.24%	3.29%	56
App Claims/Bene (ACB):	\$1,209	\$4,350	\$5,069	\$4,451	56
White ACB:	\$1,064	\$4,287	\$4,987	\$4,536	56
Hispanic ACB:	\$0	\$4,587	\$5,507	\$4,185	56
Male ACB:	\$1,051	\$4,871	\$5,907	\$5,058	56
Female ACB:	\$1,347	\$3,913	\$4,433	\$3,892	56
Foster Care ACB:	\$0	\$6,586	\$6,949	\$7,054	56

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Information systems training program and help desk support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Amador

Review Date: 09-May-2008

CAEQRO Size:⁽¹⁾ Small-Rural

Region: Central

A. Response to Key Recommendations from FY07

1. Dedicate the resources necessary to implement two PIPs as part of the move to use data driven management practices:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
2. Develop a plan for empowering consumers within the MHP. Provide recovery groups, supported employment, peer support programs, supported employment, and consumer employees:

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---
3. Perform a comprehensive fiscal practices evaluation to determine the source of high denial rates and low claims amounts:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--

B. FY08 Strengths

1. The MHP's leadership is committed to developing a comprehensive system of mental health and substance abuse delivery, consistent with the agency mission and values and in keeping with a commitment to recovery and resiliency.
2. The Business Plan that was developed by the MHP should serve as a guide for efforts during this year. The work plan component of the plan is ambitious, but does address many of the issues identified in this CAEQRO review.
3. Implementation of the new IS offers increased opportunity to access and evaluate data for performance improvement and administrative decision making; Clinical Workstation, once implemented, should permit the tracking of clinical outcomes.

C. FY08 Opportunities for Improvement

1. Quality initiatives have been hampered by budget and staffing cutbacks, combined with the noted deficiencies in IS, Finance and Operations areas.
2. The MHP continues to have minimal analytical capacity to utilize data available from the IS.
3. The MHP remains unable to identify the causes of low claims per beneficiary, raising concerns about the adequacy of services and/or proper billing. It also lacks written policies and procedures for IS/business practices.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. Initiate a process to identify and utilize key reports currently available in the IS as soon as possible, and develop the ability to perform ad hoc data analysis. **Q,I**
2. Complete the development and implementation of comprehensive IS and business practice policies and procedures to ensure security and sound business operations, including comprehensive billing processes. **Q,I**
3. Establish a multi-disciplinary team for planning and implementing the clinical components of the Avatar software. **Q,I**
4. Use evidence-based practices as the standard for all clinical services. Cross-train the staff in mental health and substance abuse to assure comprehensive care for those individuals with co-occurring disorders. **Q**
5. Identify communication between the MHP and community stakeholders, including consumers, family members, and the County Board of Supervisors as a priority. **Q,Oth**

E. Performance Improvement Project - Clinical

Title: SCERP - Reducing Rehospitalization

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 9, Partial - 4, No - 0

F. Performance Improvement Project - Non-Clinical

Title: The MHP did not submit a Non-Clinical PIP.

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 0, Partial - 0, No - 13

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	10.66%	5.83%	10.64%	6.19%	9
Foster Care PR:	47.22%	52.17%	53.72%	55.25%	36
Hispanic PR:	5.22%	3.13%	4.24%	3.29%	10
App Claims/Bene (ACB):	\$1,648	\$3,413	\$5,069	\$4,451	55
White ACB:	\$1,661	\$3,500	\$4,987	\$4,536	55
Hispanic ACB:	\$1,321	\$3,076	\$5,507	\$4,185	54
Male ACB:	\$1,751	\$3,884	\$5,907	\$5,058	55
Female ACB:	\$1,580	\$3,004	\$4,433	\$3,892	54
Foster Care ACB:	\$2,963	\$5,773	\$6,949	\$7,054	49

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Butte

Review Date: 10-11 Dec 2007

CAEQRO Size:⁽¹⁾ Medium

Region: Superior

A. Response to Key Recommendations from FY07

1. Increase the input and involvement of stakeholders (line staff, program supervisors, consumers, family members) in executive level processes and decision making to remedy low staff morale and to enhance wellness and recovery in the system:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
2. Provide consistent training to all of the staff – including psychiatrists, senior management, and consumer staff/volunteers – regarding wellness and recovery principles and practices:

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--
3. Identify the implementation of a new information system as a departmental strategic initiative. This process will require significant attention and resources at all levels of the organization:

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--

B. FY08 Strengths

1. The MHP has demonstrated the capability to analyze and report available data in a timely manner.
2. The MHP has established a comprehensive plan and team for implementing the new IS.
3. The MHP has maintained a high penetration rate compared to statewide and similar size counties, even increasing its penetration rate despite staffing cutbacks.

C. FY08 Opportunities for Improvement

1. Reports to support clinical management and monitor the quality of services are limited.
2. While the Community Circles of Care (CCOC) initiative is supporting the MHP's outreach initiative to underserved demographic groups, capacity is limited by number of staff and geographic region.
3. Priority indicators have not been identified prior to new IS implementation yet.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. With the elimination of the Peer Pals program, create other mechanisms to increase consumer involvement and peer-to-peer services that are an important component of a recovery based system. **Q,Oth**
2. Identify desired performance indicators to ensure that key data will be available for analysis as the new IS is implemented. **Q,O,I**
3. As recommended last year, identify ways for the MHP's psychiatric staff to provide and track consultation to contract providers and primary care physicians to improve outcomes and increase access. **A,Oth**
4. Consider the services and community based programs available through contract providers in order to maximize their role in more consumer-centered service provision. **Q,Oth**
5. Track timeliness to consumer access to medication evaluation appointments to evaluate whether the goal of "same day as intake" is consistently achieved. **A,T**

E. Performance Improvement Project - Clinical

Title: SCERP - Reducing Rehospitalization

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 9, Partial - 4, No - 0

F. Performance Improvement Project - Non-Clinical

Title: Increasing Penetration Rates and Quality of Care for Ethnic Youth

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 1, Partial - 6, No - 6

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	10.39%	10.06%	6.20%	6.19%	10
Foster Care PR:	56.05%	54.40%	57.15%	55.25%	25
Hispanic PR:	4.63%	3.92%	3.19%	3.29%	14
App Claims/Bene (ACB):	\$4,566	\$4,350	\$4,873	\$4,451	21
White ACB:	\$4,684	\$4,287	\$5,107	\$4,536	20
Hispanic ACB:	\$4,427	\$4,587	\$4,478	\$4,185	17
Male ACB:	\$5,007	\$4,871	\$5,527	\$5,058	21
Female ACB:	\$4,150	\$3,913	\$4,283	\$3,892	20
Foster Care ACB:	\$4,610	\$6,586	\$7,339	\$7,054	36

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Calaveras

Review Date: 15-Nov-2007

CAEQRO Size:⁽¹⁾ Small-Rural

Region: Central

A. Response to Key Recommendations from FY07

1. Analyze Medi-Cal EOB reports to aid in the determination of the causes of the high denial rate:
 - Fully Addressed Partially Addressed Not Addressed
2. Evaluate current methods and frequency of checking Medi-Cal eligibility, and consider developing direct staff access to the MEDS file to enhance eligibility verification:
 - Fully Addressed Partially Addressed Not Addressed
3. Utilize more formal mechanisms to monitor timeliness, track trends and address any barriers to timely services that are identified:
 - Fully Addressed Partially Addressed Not Addressed

B. FY08 Strengths

1. The MHP has grown significantly in the last year, almost doubling the size of the staff, providing a wealth of new resources for service delivery and management of operations.
2. Expansion into new space offers the possibility of significantly enhanced services for adults, particularly as the availability of transportation has also increased.
3. Filling the IT Business Analyst position has proven to be beneficial, as the staff member has started to access Avatar data and already produced a basic caseload report using Crystal Reports during the systems conversion test phase.

C. FY08 Opportunities for Improvement

1. The growth in staff and the move of adult services to a remote location pose significant challenges relative to effective communication and management. Many of the staff feel uninvolved and find supervision to be less than adequate.
2. Routine reporting and analysis of key process and clinical indicators have not yet been incorporated into all management, oversight, and QI activities.
3. The average approved claims per beneficiary overall and for all ethnic groups are significantly below small-rural MHP and the statewide averages for both years.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

- | | |
|---|--------------|
| 1. Assure adequate training and supervision of staff, especially since half of the staff are new. Consider creating a staff mentorship program to promote assimilation of new members and capitalize on the knowledge of experienced staff. | Q,Oth |
| 2. Expand data analytical skills to create a culture across the MHP in which decision-making processes are supported by the use of data. | T,Q,I |
| 3. Analyze the possible reasons, as well as whether outcomes are comparable with other MHPs, for the historically below average approved claims per beneficiary served. | A,Q,O |
| 4. Continue to address prior recommendations to identify specific strategies to improve access and service utilization for underserved Latinos. | A |
| 5. Examine foster care youth referral and service delivery patterns, including number of services, retention, and penetration to improve disparities. | A,O |

E. Performance Improvement Project - Clinical

Title: SCERP - Reducing rehospitalizations

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 9, Partial - 4, No - 0

F. Performance Improvement Project - Non-Clinical

Title: The MHP did not submit a Non-Clinical PIP

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 0, Partial - 0, No - 13

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	7.54%	5.83%	10.64%	6.19%	33
Foster Care PR:	31.18%	52.17%	53.72%	55.25%	53
Hispanic PR:	3.15%	3.13%	4.24%	3.29%	34
App Claims/Bene (ACB):	\$2,958	\$3,413	\$5,069	\$4,451	41
White ACB:	\$3,063	\$3,500	\$4,987	\$4,536	39
Hispanic ACB:	\$1,077	\$3,076	\$5,507	\$4,185	55
Male ACB:	\$3,440	\$3,884	\$5,907	\$5,058	40
Female ACB:	\$2,646	\$3,004	\$4,433	\$3,892	42
Foster Care ACB:	\$2,834	\$5,773	\$6,949	\$7,054	50

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Information systems training program and help desk support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Colusa

Review Date: 10-Jul-2007

CAEQRO Size:⁽¹⁾ Small-Rural

Region: Superior

A. Response to Key Recommendations from FY07

1. Expand data analysis skills to promote an understanding of data driven decision making across the MHP:
 Fully Addressed Partially Addressed Not Addressed
2. Dedicate the resources needed to successfully implement two PIPs as part of the move to use data driven management practices, including broadening stakeholder involvement and willingness to implement meaningful changes in the delivery system:
 Fully Addressed Partially Addressed Not Addressed
3. Track the progress of quality improvement and cultural competence goals in a measurable, quantifiable, and easily readable format within the QI Work Plan:
 Fully Addressed Partially Addressed Not Addressed

B. FY08 Strengths

1. To promote Native American outreach, the MHP provides a psychiatrist part-time at an Indian health clinic. Similarly, the MHP employed several new bi-lingual/bi-cultural Latino staff to more effectively promote access and services for that population.
2. The MHP used creative strategies and successfully recruited enough new staff to meet the resource requirements of new MHSA-funded programs designed to promote access to services.
3. Despite very limited technical resources, the MHP collected and analyzed several business-related performance indicators. It is hoped that implementation of the Avatar IS will provide the MHP with much better access to data and reporting capabilities.

C. FY08 Opportunities for Improvement

1. The dearth of data and reports continues to deprive the MHP of the ability to make informed decisions about staffing, programs, and effective practices.
2. Since the MHP reports a new staff rate of 50%, carefully planned training, nurturing and reinforcing of the MHP's culture and expectations to assure that all parties strive to attain the same goals are needed.
3. Low access rates for the overall MHP population, youth and foster care youth, in addition to low approved claims rates and unique retention patterns all indicate a need for careful analysis and mitigation.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. Expand data analysis skills to promote an understanding of data driven decision making across the MHP. Data extraction and reporting capabilities should be given considerable attention.
2. Create a staff mentorship program to promote assimilation of so many new members and capitalize on the knowledge of experienced staff. **Q,Oth**
3. Convene two multi-stakeholder teams – to analyze and improve access and claims concerns with one team, and timeliness and capacity issues with the other. **A,Q,O**
4. Create the means to collect and report identified performance indicators and other relevant information in order to improve data driven decision making using the new IS. **Q,O,I**
5. Correct the effects on consumers of a two-tiered lavatory system by educating substance abuse staff members about mutual respect, appropriate infection control techniques, and the MHP's wellness and recovery philosophy. **Q,Oth**

E. Performance Improvement Project - Clinical

Title: SCERP - Reducing rehospitalizations

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 10, Partial - 3, No - 0

F. Performance Improvement Project - Non-Clinical

Title: Improving post hospital care

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 1, Partial - 8, No - 4

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	8.02%	10.06%	10.64%	6.19%	27
Foster Care PR:	49.18%	54.40%	53.72%	55.25%	34
Hispanic PR:	4.17%	3.92%	4.24%	3.29%	19
App Claims/Bene (ACB):	\$5,557	\$4,350	\$5,069	\$4,451	9
White ACB:	\$5,466	\$4,287	\$4,987	\$4,536	10
Hispanic ACB:	\$5,309	\$4,587	\$5,507	\$4,185	9
Male ACB:	\$5,573	\$4,871	\$5,907	\$5,058	16
Female ACB:	\$5,545	\$3,913	\$4,433	\$3,892	6
Foster Care ACB:	\$12,984	\$6,586	\$6,949	\$7,054	4

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

Met Partial Not Met No Review

1. Accurate, consistent and timely data collection and entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Contra Costa

Review Date: 04-06 Dec 2007

CAEQRO Size:⁽¹⁾ Large

Region: Bay Area

A. Response to Key Recommendations from FY07

1. Expand monitoring of timeliness of clinician and psychiatrist appointments to children's programs and implement interventions to improve timeliness:

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---
2. Identify, implement and monitor significant clinical and business outcome data elements and key performance indicators, and develop procedures to collect and report the data to stakeholders:

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---
3. Select and implement a new information system as soon as possible including NetPro:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
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B. FY08 Strengths

1. The VAX/Charon system upgrade for InSyst was recently completed. This was a practical and worthwhile step to help ensure better system performance and maintainability until the transition to a new IS can be completed.
2. The partnership with law enforcement, joint training, development of crisis response and the threat assessment team will improve crisis services to the community.
3. Pre-employment training (SPIRIT) followed by hiring consumer/family member employees strengthened a recovery oriented system.

C. FY08 Opportunities for Improvement

1. The MHP does not routinely identify, monitor, and analyze significant clinical and business outcome data elements and key performance indicators, develop procedures to report the data to stakeholders, and address disparities.
2. While MHSA implementation shows a significant increase in collaboration with community agencies, contractors report many bureaucratic barriers to collaboration.
3. InSyst lacks features that support the work of clinical staff. NetPro is fragile and difficult to maintain. Replacing these systems with an electronic health record system would greatly improve organizational effectiveness.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. Identify, monitor and routinely report on several key indicators, such as timeliness of routine, medication, and Mobile Response Team services. Use the data to make decisions in the organization and address identified problems. **Q,I**
2. Review communication, training, utilization review, authorization, and Medi-Cal eligibility verification procedures with contractors and address areas needing improvement. **Q,Oth**
3. Prioritize and complete the selection of a new IS. Involve the necessary executive-level staff within the Health Services Agency and County in contract development to ensure that the new IS will support clinical staff needs. **I**
4. Provide support for consumer and family member employees through mentoring, leadership development, training, and peer support meetings. **Q,Oth**
5. Develop a plan to identify and address gaps in computer literacy that will need to be resolved before implementation of a new IS. **I**

E. Performance Improvement Project - Clinical

Title: Decreasing Hospital Admissions for IMD Residents

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 0, Partial - 0, No - 13

F. Performance Improvement Project - Non-Clinical

Title: Decreasing percentage of children placed in residential placement

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 7, Partial - 1, No - 5

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	7.65%	7.52%	6.52%	6.19%	32
Foster Care PR:	57.12%	59.98%	53.12%	55.25%	23
Hispanic PR:	3.50%	3.72%	3.48%	3.29%	25
App Claims/Bene (ACB):	\$5,357	\$5,864	\$4,155	\$4,451	10
White ACB:	\$4,745	\$6,070	\$4,180	\$4,536	19
Hispanic ACB:	\$4,869	\$5,625	\$3,725	\$4,185	11
Male ACB:	\$6,602	\$6,844	\$4,730	\$5,058	8
Female ACB:	\$4,350	\$4,976	\$3,640	\$3,892	13
Foster Care ACB:	\$7,986	\$10,781	\$6,709	\$7,054	15

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Del Norte

Review Date: 29-Aug-2007

CAEQRO Size:⁽¹⁾ Small-Rural

Region: Superior

A. Response to Key Recommendations from FY07

1. Reflect the implementation of new information system and the availability of data, issues of high impact across the organization, in MHP strategic initiatives:

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---
2. Demonstrate commitment to timely services by significantly lowering psychiatric wait times:

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---
3. Collaborate with the Social Services department to develop programs for high risk groups such as foster care youth and older adults with intensive needs:

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---

B. FY08 Strengths

1. The MHP is now under the umbrella of health and human services which may provide greater opportunity for collaboration and integration across alcohol and drug, social services and other public health services.
2. Completion of the implementation of the Anasazi practice management components appears to have resulted in more timely and complete data entry.
3. The goal of implementing the Anasazi Assessment and Treatment Planning System (ATP) components during the current fiscal year will create the opportunity to evaluate treatment effectiveness.

C. FY08 Opportunities for Improvement

1. The MHP continues to be inactive in performance improvement and quality management practices.
2. Lack of data analysis staff and resources has created a barrier to utilization of data available from the new IS. The MHP is not utilizing data and collected information to guide decisions.
3. The unexplained increase in the Medi-Cal denial rate for the past year indicates possible problems with the billing processes.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. Develop quality management systems. Implement ways to collect, analyze and apply the data to evaluate and identify potential problems in service delivery. **A,T,Q,O**
2. Increase psychiatric services capacity. Analyze the feasibility and effectiveness of tele-psychiatry services and/or locum tenens as a long-term strategy. **A,T,Q**
3. Develop a plan to use staff and contract resources to evaluate and report performance indicators. **Q,I**
4. Analyze EOB data to determine and correct the cause of Medi-Cal denials. **I**
5. Allocate efforts and resources to promote wellness and recovery principles throughout the system. Increase communication and opportunities for consumer and family member involvement in planning processes and decision making. **Q,Oth**

E. Performance Improvement Project - Clinical

Title: The MHP did not submit a Clinical PIP. All elements are rated as "not met" for purposes of analysis.

Status: Active Little/No Activity None Key Elements: (N=13)
 Completed Concept/Design Yes - 0, Partial - 0, No - 13

F. Performance Improvement Project - Non-Clinical

Title: The MHP did not submit a Non-Clinical PIP. All elements are rated as "not met" for purposes of analysis.

Status: Active Little/No Activity None Key Elements: (N=13)
 Completed Concept/Design Yes - 0, Partial - 0, No - 13

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	12.99%	10.06%	10.64%	6.19%	2
Foster Care PR:	57.94%	54.40%	53.72%	55.25%	21
Hispanic PR:	5.47%	3.92%	4.24%	3.29%	9
App Claims/Bene (ACB):	\$2,395	\$4,350	\$5,069	\$4,451	49
White ACB:	\$2,324	\$4,287	\$4,987	\$4,536	52
Hispanic ACB:	\$2,765	\$4,587	\$5,507	\$4,185	44
Male ACB:	\$2,759	\$4,871	\$5,907	\$5,058	48
Female ACB:	\$2,097	\$3,913	\$4,433	\$3,892	50
Foster Care ACB:	\$3,234	\$6,586	\$6,949	\$7,054	47

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: El Dorado

Review Date: 20-21 Feb 2008

CAEQRO Size:⁽¹⁾ Small

Region: Central

A. Response to Key Recommendations from FY07

1. Continue plans to implement Avatar Clinician WorkStation: develop a multi-disciplinary team emphasizing clinician involvement; identify data elements in InterTrac that should be imported into Avatar; and involve contract providers in the process:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
2. Analyze service utilization to determine the sources of the low annual approved claims amount per beneficiary. Determine whether outcomes are in line with beneficiary needs and service provision:

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---
3. Increase the availability of paid positions, including those with benefits, for consumers – at Oasis and other areas in the MHP:

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--

B. FY08 Strengths

1. Leadership embraces transforming service delivery to promote clients' recovery, and this is recognized at all levels of the service delivery system.
2. The ability to share knowledge and expertise is a significant benefit of CRMHS participation.
3. The MHP is committed to implementing clinically informed outcomes management. The MHP has contracted with the Pacific Graduate School of Psychology to develop an evaluation center to measure treatment outcomes and facilitate system transformation.

C. FY08 Opportunities for Improvement

1. The MHP changed answering services twice in the past year. This may be related to the reported delayed and occasional lack of responsiveness to crisis calls.
2. Positions that are specifically allocated for consumer employees do not have opportunity for advancement or benefits within the MHP.
3. Delays in submitting Medi-Cal claims due to software conversion have adversely affected the timeliness of revenue collection for the MHP, timely payment to contract providers, and the utility of current approved claims data.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. Track crisis calls for timeliness of response and disposition. Develop a test call protocol to test the system at a variety of times during the week. Create strategies for addressing any service capacity problems that arise. **A,T**
2. Train additional staff in the use of Crystal Reports and continue working with California Regional Mental Health Systems (CRMHS) to develop data analytic skills. **Q,I**
3. Carefully monitor staffing levels around IS implementation. Ensure that documentation is created for new policies, procedures and business practices. Continue collaboration with other CRMHS members to share implementation challenges and resolutions. **I**
4. Analyze service utilization to determine the sources of the lower annual approved claims amount per beneficiary. Determine whether outcomes are in line with beneficiary needs and service provision. **A,Q**
5. Review denied claims reports and investigate data quality, eligibility determination, and the claims production process in order to establish the root causes of the continued high claim denial rate; create policies and procedures to mitigate this problem. **I**

E. Performance Improvement Project - Clinical

Title: Primary Care Physician Coordination of Care

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 7, Partial - 3, No - 3

F. Performance Improvement Project - Non-Clinical

Title: The MHP did not submit a project which qualifies as an active Non-Clinical PIP

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 0, Partial - 0, No - 13

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	9.43%	5.83%	7.75%	6.19%	17
Foster Care PR:	42.59%	52.17%	46.03%	55.25%	46
Hispanic PR:	2.85%	3.13%	3.84%	3.29%	44
App Claims/Bene (ACB):	\$2,935	\$3,413	\$3,381	\$4,451	42
White ACB:	\$2,813	\$3,500	\$3,416	\$4,536	45
Hispanic ACB:	\$3,447	\$3,076	\$2,930	\$4,185	30
Male ACB:	\$3,506	\$3,884	\$3,794	\$5,058	38
Female ACB:	\$2,494	\$3,004	\$3,031	\$3,892	46
Foster Care ACB:	\$5,644	\$5,773	\$5,951	\$7,054	25

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Fresno

Review Date: 28-30 Nov 2007

CAEQRO Size:⁽¹⁾ Large

Region: Central

A. Response to Key Recommendations from FY07

1. With the reduction of many Dept. of Behavioral Health service sites, consider offering alternate hours (e.g., evening or weekend), increased field-based services, tele-psychiatry services, and/or other creative alternatives to increase ease of access:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
2. Complete the testing and implementation of the MMEF project; this will improve timely submission of some Medi-Cal claims and will benefit both the MHP and contract providers' Medi-Cal revenue:

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--
3. As part of facilitating system transformation, give attention to the morale and programmatic buy-in from non-management level staff:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--

B. FY08 Strengths

1. Dept. of Family and Childrens Services provides home based appointments including after hours to assist beneficiaries to complete required paperwork and to provide psychoeducation to families.
2. An objective and inclusive RFP/IS selection process proceeded from RFP release to IS product selection in eight months. The conscious decision to include clinical staff in the process laid the groundwork for staff buy-in to the new information system.
3. The long-established Billing Committee, comprised of staff from many departments and disciplines, is an excellent vehicle for maintaining consistency in IS setups, use of the IS across programs and resolving billing issues holistically.

C. FY08 Opportunities for Improvement

1. The lack of communication to consumers regarding the system changes and impact on their services and provider changes has resulted in widespread confusion and disruption in care.
2. Consumers and family members do not feel empowered and respected in their service experiences, indicating a need for MHP intervention to address these problems.
3. Mental health and substance abuse treatment are not coordinated maintaining barriers to service. Program directors indicate that they are looking for guidance to move forward with programs for co-existing disorders.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. Invest attention and provide leadership support to performance improvement practices. **Q**
2. Provide all levels of staff information and directive regarding decision trees and outside referral sources as well as ongoing system redesign processes, including written tools. Provide staff appropriate clinical and management training. **Q,O,Oth**
3. As recommended in prior years, examine engagement and retention patterns throughout the system to identify the barriers to continued services to underserved groups such as foster care youth, Latinos, and other demographic groups. **A,T**
4. Continue IS pre-implementation preparation while contract negotiations are taking place, continue to maintain the momentum by working on the projects listed below. This work is important whether the contract is eventually signed or not. **I**
5. Provide ongoing education, support and consultation to primary care organizations, especially in medication management and population based practices to cultivate more successful referrals to primary care. **Q**

E. Performance Improvement Project - Clinical

Title: Improving Outcomes for Consumers with Psychotic Disorders

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 3, Partial - 4, No - 6

F. Performance Improvement Project - Non-Clinical

Title: Improving Access for Hispanic/Latino Children and Families

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 1, Partial - 9, No - 3

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	4.63%	5.83%	6.52%	6.19%	54
Foster Care PR:	63.28%	52.17%	53.12%	55.25%	12
Hispanic PR:	2.96%	3.13%	3.48%	3.29%	40
App Claims/Bene (ACB):	\$2,680	\$3,413	\$4,155	\$4,451	47
White ACB:	\$2,695	\$3,500	\$4,180	\$4,536	47
Hispanic ACB:	\$2,445	\$3,076	\$3,725	\$4,185	47
Male ACB:	\$3,096	\$3,884	\$4,730	\$5,058	45
Female ACB:	\$2,320	\$3,004	\$3,640	\$3,892	49
Foster Care ACB:	\$2,644	\$5,773	\$6,709	\$7,054	52

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Glenn

Review Date: 11-Jul-2007

CAEQRO Size:⁽¹⁾ Small-Rural

Region: Superior

A. Response to Key Recommendations from FY07

1. Include information system conversion as a strategic initiative for this year, and include all staff levels in the planning process for the new IS implementation:
 - Fully Addressed
 - Partially Addressed
 - Not Addressed
2. Develop a unit that utilizes data and that conducts regular monitoring and reporting of MHP-specific outcome indicators:
 - Fully Addressed
 - Partially Addressed
 - Not Addressed
3. Include consumer and family leaders on the senior management team, the cultural competence committee, and in processes involving the integration of co-occurring disorders treatment:
 - Fully Addressed
 - Partially Addressed
 - Not Addressed

B. FY08 Strengths

1. The MHP has demonstrated sound planning for system transformation in the development of the transformation team and related timelines.
2. The MHP is data-driven in its approach to administrative, programmatic, and clinical decision making activities.
3. Supportive and focused leadership within the MHP and strong staff morale contribute to a high quality service delivery system.

C. FY08 Opportunities for Improvement

1. The wait times for both initial assessment and medication evaluation appointments are lengthy, and although the MHP acknowledges this, plans to mitigate the problem have not been solidified.
2. As identified in last year's report, the MHP has several years of experience collecting outcome data for the CSOC inter-agency collaborative. There is an on-going need for comparable adult services data analysis.
3. Current help desk support is significantly less than will be required once the electronic medical record is implemented and clinician data entry will be required for claims. Current policies regarding timelines for data entry will not be adequate.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. Review business processes contributing to lengthy wait times for initial appointments and first appointments with a psychiatrist, establish protocols in line with industry standards, and mitigate existing problems. **T**
2. Explore additional options for expanding capacity for psychiatry services, including such options as tele-medicine or physician-extenders. **A**
3. Acceptable help desk response times must be established and monitored to meet the needs of Avatar system users, addressing both hardware and software issues. If existing resources are insufficient, then additional resources should be identified. **I**
4. Assure that there is strong consumer/family member representation on significant committees that influence the service delivery system (e.g., various leadership meetings, CCC, and in processes involving COD treatment). **Q,Oth**
5. Create mechanisms to quantify the effectiveness of the CCC's outreach efforts and to monitor outcomes in Adult Services; lessons learned through CSOC may prove helpful in this effort. **O,I**

E. Performance Improvement Project - Clinical

Title: Improving outcomes for consumers who use inpatient services

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 4, Partial - 6, No - 3

F. Performance Improvement Project - Non-Clinical

Title: Improving access for Older Adults

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 4, Partial - 6, No - 3

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	8.41%	10.06%	10.64%	6.19%	23
Foster Care PR:	55.21%	54.40%	53.72%	55.25%	26
Hispanic PR:	3.31%	3.92%	4.24%	3.29%	30
App Claims/Bene (ACB):	\$4,996	\$4,350	\$5,069	\$4,451	16
White ACB:	\$5,129	\$4,287	\$4,987	\$4,536	13
Hispanic ACB:	\$5,214	\$4,587	\$5,507	\$4,185	10
Male ACB:	\$6,047	\$4,871	\$5,907	\$5,058	13
Female ACB:	\$4,287	\$3,913	\$4,433	\$3,892	15
Foster Care ACB:	\$3,953	\$6,586	\$6,949	\$7,054	43

H. Current Systems/Planned Changes

- No Plans for New IS
- Considering New IS
- Actively Searching for New IS
- New IS Selected
- Implementation in Progress
- New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Humboldt

Review Date: 01-02 Aug 2007

CAEQRO Size:⁽¹⁾ Small

Region: Superior

A. Response to Key Recommendations from FY07

1. Develop useful data reports, develop managers' ability to review reports, and integrate data analysis into the MHP's decision-making processes, particularly within adult outpatient services:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
2. Review communication flow within the organization; identify barriers to positive, timely and consistent communication; and develop a culture of staff teamwork and mutual support:

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--
3. Develop staff readiness for collaborating with consumer employees, and for understanding consumer culture and workplace needs, mentoring, and empowerment models. Develop routine monitoring of areas of consumer concerns:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--

B. FY08 Strengths

1. The data warehouse project eliminates the current "data silo environment" and improves the capability to monitor clinical practices and measure client outcomes. The inclusion of pharmacy data is a valuable addition, rare throughout the state.
2. The new leadership and MHP vision is viewed positively by staff and contractors.
3. The Crisis Intervention Team in partnership with local law enforcement has provided training and services with the potential to improve community relationships and avoid escalation to violence when consumers are in crisis.

C. FY08 Opportunities for Improvement

1. Recruitment and retention of psychiatrists continues to be an access challenge. Lack of consistent and timely psychiatry services contributes to the community perception that it is difficult to access services.
2. Consumers, family members and staff report negative attitudes and lack of family involvement from the Public Guardian's office which is part of the organizational structure of the MHP.
3. The Data Integrity Review Team has the potential to provide a forum to educate key staff and managers on the CMHC system, improve access to data, and to improve the use of standard and ad hoc reports.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

- | | |
|--|------------------|
| 1. Continue workforce development efforts to recruit and retain psychiatrists, develop telepsychiatry and ancillary support, and regularly evaluate service quality and effectiveness. | A,Q,O,Oth |
| 2. Complete the conversion to Medi-Cal HIPAA claim format and implement National Provider Identifier – both of which should continue as high priority projects. | I |
| 3. Engage the Public Guardian's Office in collaborative training regarding wellness and recovery, consumer culture and family centered care. Explore closer supervision of staff and regularly evaluate service quality and effectiveness. | Q,O,Oth |
| 4. In continuing the Data Integrity Review Team activities; develop measurable tasks that focus on the use of data and information sharing for staff development; and monitor results. | Q,Oth |
| 5. Create employment opportunities for consumers and family members within the system with opportunities for advancement, mentoring, and support and provide vocational support for community employment of consumers | A,Q,Oth |

E. Performance Improvement Project - Clinical

Title: Reducing IMD LOS and admissions

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 3, Partial - 4, No - 6

F. Performance Improvement Project - Non-Clinical

Title: Improving Coordination with Primary Care

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 2, Partial - 1, No - 10

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	10.17%	10.06%	7.75%	6.19%	11
Foster Care PR:	59.50%	54.40%	46.03%	55.25%	18
Hispanic PR:	3.64%	3.92%	3.84%	3.29%	23
App Claims/Bene (ACB):	\$4,428	\$4,350	\$3,381	\$4,451	24
White ACB:	\$4,274	\$4,287	\$3,416	\$4,536	25
Hispanic ACB:	\$4,114	\$4,587	\$2,930	\$4,185	22
Male ACB:	\$4,740	\$4,871	\$3,794	\$5,058	27
Female ACB:	\$4,151	\$3,913	\$3,031	\$3,892	18
Foster Care ACB:	\$8,525	\$6,586	\$5,951	\$7,054	12

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

Met Partial Not Met No Review

1. Accurate, consistent and timely data collection and entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Imperial

Review Date: 20-May-2008

CAEQRO Size:⁽¹⁾ Small

Region: Southern

A. Response to Key Recommendations from FY07

1. Examine causes for the low penetration rate for female Medi-Cal beneficiaries and consider appropriate strategies for improvement:
 Fully Addressed Partially Addressed Not Addressed
2. Monitor system response time to determine patterns of slow activity – where, when, frequency, and length. Work with county ISD to determine causes and appropriate solutions:
 Fully Addressed Partially Addressed Not Addressed
3. Closely monitor the volume of service activity before and after the implementation of electronic progress notes to determine unusual patterns and detect problems promptly:
 Fully Addressed Partially Addressed Not Addressed

B. FY08 Strengths

1. The Jail Supportive Transitional Services program is an example of utilizing collaborative relationships with stakeholders, on-site services with a multidisciplinary team and innovative technology (telepsychiatry).
2. The MHP demonstrates excellent use of data through careful review of the data and recommendations provided by CAEQRO and then performing more detailed research and analysis to determine further action
3. The IS department is exemplary – with a combination of knowledge and experience in systems, local programs, state and federal regulations and policies.

C. FY08 Opportunities for Improvement

1. While data appears to be available and used within management and QI, the only reports staff appear to receive regularly focus on staff productivity. This appears to be one of the factors related to line staff low morale.
2. While many users noted improved system response time since last year, it continues to be mentioned as an impediment to efficient work routines.
3. Information regarding penetration rates for females appears inconsistent as the A&A Report revealed a significant difference in child/adolescent male to female rates, yet the MHP targeted the 40-59 female age for additional outreach and engagement.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. Develop a routine mechanism to share with and obtain input from line staff and consumer/family members regarding data, findings and goals/objectives proposed from the many reports and committees/task forces. **Q,Oth**
2. Continue to address the low penetration rate for female Medi-Cal beneficiaries. Utilize current data from the A&A Report to develop specific strategies for outreach and engagement of the targeted age group. **A**
3. System response time needs to remain a priority, especially with more staff now using CWS and more clinical data being entered. **I**
4. Include as a QI activity within the work plan and/or A&A report evaluating, monitoring and improving the foster care penetration rate. **A**
5. Continue to review ways to improve the ease of data entry for clinical records into CWS **I**

E. Performance Improvement Project - Clinical

Title: SCERP - Reducing rehospitalizations

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 9, Partial - 4, No - 0

F. Performance Improvement Project - Non-Clinical

Title: Improving Access to Older Adult Population (60+)

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 0, Partial - 10, No - 3

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	5.67%	6.21%	7.75%	6.19%	44
Foster Care PR:	41.69%	50.53%	46.03%	55.25%	47
Hispanic PR:	4.83%	3.49%	3.84%	3.29%	13
App Claims/Bene (ACB):	\$3,405	\$3,679	\$3,381	\$4,451	34
White ACB:	\$3,655	\$3,932	\$3,416	\$4,536	33
Hispanic ACB:	\$3,147	\$3,432	\$2,930	\$4,185	34
Male ACB:	\$3,591	\$4,064	\$3,794	\$5,058	36
Female ACB:	\$3,166	\$3,331	\$3,031	\$3,892	32
Foster Care ACB:	\$4,919	\$5,181	\$5,951	\$7,054	33

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Inyo

Review Date: 14-May-2008

CAEQRO Size:⁽¹⁾ Small-Rural

Region: Superior

A. Response to Key Recommendations from FY07

1. Begin determining the data to collect and report in the new IS. Work with program and QI staff to identify reporting needs. Consider providing Avatar access and training for all staff throughout the implementation process:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
2. Increase consumer involvement through consumer hiring and participation on MHP committees, promoting a consumer advisory council to the MHP, and fostering consumer direction regarding the wellness center transitioning to a consumer run program:

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--
3. Provide more training opportunities in cultural competence for staff. Develop strategies for recruitment and retention of bilingual and bicultural staff:

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
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B. FY08 Strengths

1. The MHP leadership has been actively engaged in the information systems implementation and in planning the deployment of EHR once it becomes available. The new IS is allowing for significant expansion in the MHP's reporting capabilities.
2. Strong and involved consumer and volunteer staff provide services at the wellness center. Consumers want to do more and are looking for opportunities.
3. The MHP has been able to steadily reduce its historically high denied claims rate.

C. FY08 Opportunities for Improvement

1. The MHP has a significantly lower average approved claims per beneficiary than other MHPs.
2. The MHP has limited analytical capacity to support quality and performance management functions.
3. Progress House, a residential treatment facility, has become a long term living situation for many consumers with no need for residential treatment.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. Examine service utilization and billing practices for beneficiaries receiving more than 15 service encounters to understand service patterns and maximize outcomes and revenue. **O,Oth**
2. Plan how to best utilize the data analytical resources the MHP shares with fiscal and other health department staff. Within this function, ensure that QI activities are appropriately billed and costs recouped. **Q,I**
3. Investigate options for the use of Progress House which would take full advantage of this community resource. **A,Q**
4. Build on the positive energy of the consumers in creating more position and committee roles. **Q,Oth**
5. Create a QI Work Plan which identifies QI priorities, goals and data which can be monitored and evaluated routinely at the QIC. The role of IS in supporting these activities is essential. **Q,I**

E. Performance Improvement Project - Clinical

Title: Improved discharge planning during hospitalization

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 13, Partial - 0, No - 0

F. Performance Improvement Project - Non-Clinical

Title: The MHP did not submit a Non-Clinical PIP.

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 0, Partial - 0, No - 13

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	9.57%	10.06%	10.64%	6.19%	15
Foster Care PR:	60.00%	54.40%	53.72%	55.25%	17
Hispanic PR:	3.63%	3.92%	4.24%	3.29%	24
App Claims/Bene (ACB):	\$3,029	\$4,350	\$5,069	\$4,451	40
White ACB:	\$2,768	\$4,287	\$4,987	\$4,536	46
Hispanic ACB:	\$3,378	\$4,587	\$5,507	\$4,185	31
Male ACB:	\$3,399	\$4,871	\$5,907	\$5,058	42
Female ACB:	\$2,705	\$3,913	\$4,433	\$3,892	40
Foster Care ACB:	\$4,065	\$6,586	\$6,949	\$7,054	41

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Kern

Review Date: 20-22 Feb 2007

CAEQRO Size:⁽¹⁾ Large

Region: Southern

A. Response to Key Recommendations from FY07

1. Organize and display summary reports for a limited number of key indicators system wide in a form communicative to stakeholders:
 - Fully Addressed Partially Addressed Not Addressed
2. Make improved communication a priority initiative and consider building in some redundant communication opportunities and additional feedback loops to the information flow to ensure efficient communication:
 - Fully Addressed Partially Addressed Not Addressed
3. Determine causes for the significant decrease in Medi-Cal revenue over the last 3 years. Prepare detailed plans to address factors contributing to the decline:
 - Fully Addressed Partially Addressed Not Addressed

B. FY08 Strengths

1. A functioning Reporting Workgroup, led by the Clinical Deputy Director, includes a diverse group of staff from throughout the department.
2. The MHP is establishing co-occurring system-wide capacity through implementation of the CCISC model.
3. The MHP maintained a low denied claim rate during the system conversion.

C. FY08 Opportunities for Improvement

1. The MHP is not formally tracking timely access. Service requests by telephone are responded to with great delay, reportedly 3-4 weeks before telephone or face-to-face contact with clinical staff.
2. Currently, there are no specific measurable benchmarks in the MHP Strategic Plan, Annual QI Work Plan, or Strategic Initiatives that integrate recovery and wellness principles.
3. As staff achieves more knowledge and experience with Anasazi's functionality, there will be a need for more core indicator and ad hoc reports to support clinical and operational activities.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. Service requests by telephone are responded to with great delay, formally track access and develop benchmarks for timely response to requests for services. **A,T**
2. The trend of decreasing penetration rates requires the MHP to develop and implement a system-wide plan to understand the root cause(s) and intervene to increase penetration rates with priority underserved populations. **A**
3. The MHP needs to develop a system-wide plan for closing the feedback loop with staff, contract providers and consumer/family members regarding relevant data and information. **I,Oth**
4. The MHP needs to develop specific staff and program measurable skill-based competencies that include consumer outcomes in the delivery of co-occurring services. **Q,O**
5. Constantly monitor Anasazi and network availability, produce summary report of all sites supported, and share the information with all users. Consider monthly reports or more frequently if slow response times occur. **I**

E. Performance Improvement Project - Clinical

Title: Identifying Clients with Co-Occurring Disorders and Improving Treatment (CCISC)

Status: Active Little/No Activity None Key Elements: (N=13)
 Completed Concept/Design Yes - 2, Partial - 8, No - 3

F. Performance Improvement Project - Non-Clinical

Title: Improvement of Retention Rate of FC Children

Status: Active Little/No Activity None Key Elements: (N=13)
 Completed Concept/Design Yes - 1, Partial - 11, No - 1

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	5.64%	6.21%	6.52%	6.19%	45
Foster Care PR:	31.16%	50.53%	53.12%	55.25%	54
Hispanic PR:	3.14%	3.49%	3.48%	3.29%	35
App Claims/Bene (ACB):	\$5,033	\$3,679	\$4,155	\$4,451	14
White ACB:	\$5,598	\$3,932	\$4,180	\$4,536	9
Hispanic ACB:	\$4,203	\$3,432	\$3,725	\$4,185	21
Male ACB:	\$4,870	\$4,064	\$4,730	\$5,058	25
Female ACB:	\$5,185	\$3,331	\$3,640	\$3,892	10
Foster Care ACB:	\$4,908	\$5,181	\$6,709	\$7,054	34

H. Current Systems/Planned Changes

- No Plans for New IS
- Considering New IS
- Actively Searching for New IS
- New IS Selected
- Implementation in Progress
- New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Kings

Review Date: 13-Sep-2007

CAEQRO Size:⁽¹⁾ Small

Region: Central

A. Response to Key Recommendations from FY07

1. Cultivate a data driven decision-making culture by developing the ability to routinely extract, analyze, and use data reports:
 Fully Addressed Partially Addressed Not Addressed
2. Investigate wait times and processes of care relating to initial appointments, psychiatry appointments, and medication refills:
 Fully Addressed Partially Addressed Not Addressed
3. Review foster care access to mental health services, analyze if unmet needs exist, develop a plan to address the needs of this population, and collaborate with the social services staff to manage risk for this group of beneficiaries:
 Fully Addressed Partially Addressed Not Addressed

B. FY08 Strengths

1. Timely and apparently successful implementation of the first phase of the new Anasazi system has been supported by hands-on involvement and commitment by top-level administration and program managers.
2. The availability of walk in services strengthens Kings View's ability to provide timely services.
3. The shift of children's services from clinic to schools improves the accessibility of mental health services.

C. FY08 Opportunities for Improvement

1. Kings County Behavioral Health as the responsible Mental Health Plan entity does not seem to provide oversight management of the Kings View contract to address problems with beneficiary access to services.
2. Although Kings View attempted to collaborate with CPS to ensure that foster care children receive needed mental health services, the foster care penetration rate and approved claims per foster care beneficiary remain one of the lowest in the state.
3. The overall Medi-Cal approved claims per beneficiary remains low at \$2,050 – about half the statewide average of \$4,112 – suggesting less intensive services for which outcomes are not known.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. Take a more active role as the responsible county MHP entity to ensure efforts to improve access, timeliness, quality and outcomes of services to consumers and families. **Q**
2. Develop the ability to routinely extract, analyze, and use data to make decisions within the organization. **O,I**
3. Continue to analyze current service referral and delivery patterns for foster care youth, including amounts of services, retention, and penetration to assess the service capacity of the system and improve disparities. **A,T,O**
4. Continue to analyze the possible reasons for disparity between services provided to Hispanic and White beneficiaries. This disparity is especially significant for Hispanic foster care youth. **A,Q,O**
5. Continue to closely monitor units of service and claim dollar amounts pre and post implementation to ensure all services are being entered to the new system. **I**

E. Performance Improvement Project - Clinical

Title: Decreasing rehospitalizations by increasing diagnosis and referral of co-occurring substance abuse disorder in hospitalized consumers

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 7, Partial - 3, No - 3

F. Performance Improvement Project - Non-Clinical

Title: Decreasing No-Show Rate for Initial Psychiatric Evaluations

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 8, Partial - 5, No - 0

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	6.50%	5.83%	7.75%	6.19%	39
Foster Care PR:	33.82%	52.17%	46.03%	55.25%	50
Hispanic PR:	4.09%	3.13%	3.84%	3.29%	20
App Claims/Bene (ACB):	\$1,972	\$3,413	\$3,381	\$4,451	53
White ACB:	\$2,337	\$3,500	\$3,416	\$4,536	50
Hispanic ACB:	\$1,556	\$3,076	\$2,930	\$4,185	53
Male ACB:	\$2,005	\$3,884	\$3,794	\$5,058	54
Female ACB:	\$1,943	\$3,004	\$3,031	\$3,892	52
Foster Care ACB:	\$1,845	\$5,773	\$5,951	\$7,054	55

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Lake

Review Date: 09-Jul-2007

CAEQRO Size:⁽¹⁾ Small

Region: Superior

A. Response to Key Recommendations from FY07

1. Develop the ability to routinely extract, analyze, and use data to make decisions within the organization:
 Fully Addressed Partially Addressed Not Addressed

2. Identify a PIP designed to improve services or processes of care as a priority strategic initiative, broaden the involvement of relevant stakeholders, and be willing to implement meaningful changes in the delivery system as a result of the PIP process:
 Fully Addressed Partially Addressed Not Addressed

3. Monitor the effects of staff training for a few key elements of desired learning, particularly for trainings on wellness and recovery, co-occurring disorders, and cultural competence:
 Fully Addressed Partially Addressed Not Addressed

B. FY08 Strengths

1. Implementation of the new IS should significantly improve the reliability and accessibility of consumer and fiscal data.
2. The existence of a multi-disciplinary team in the implementation of the new IS should be an excellent resource in ensuring the usability and acceptance of the new system.
3. Despite decreases in clinical staffing this past year, no significant adverse outcomes in the service system are apparent.

C. FY08 Opportunities for Improvement

1. Similar to years prior, access and utilization of data to inform decisions and manage quality continue to be a challenge for the MHP.
2. Lack of identification of key indicators may create barriers in determining how to best use the reporting capability of the new IS for performance monitoring and improvement.
3. Though the MHP intends to be fully live on Anasazi at the end of the calendar year, the MHP has not developed any contingency plans for the possibility of extensive delays in the full implementation of the new IS.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. Continue to focus on developing and allocating resources to develop quality management systems. Explore ways to analyze and apply the information collected to evaluate and identify potential problems in service delivery. **Q,O**

2. Develop a contingency plan for possible delays in the completion of the implementation of the new IS to ensure protection of the MHP both fiscally and clinically. **I**

3. As planned, conduct a pilot assignment of crisis staff to the ER from 5-9 pm and measure the effectiveness of this intervention to promote quality, timeliness and access for consumers and satisfaction for the RBCH-community partner. **T**

4. Collect specific access data and clinical outcome information on foster care eligible beneficiaries to evaluate the current referral system, develop outreach strategies, and ensure appropriate services for this high risk group. **A**

5. Utilize the multi-disciplinary team implementing the new IS to identify key performance indicators in the data to be collected by the new system, a major benefit of implementing an EHR. **I**

E. Performance Improvement Project - Clinical

Title: Reducing Hospital Re-admissions Using Discharge Treatment Planning

Status: Active Little/No Activity None Key Elements: (N=13)
 Completed Concept/Design Yes - 1, Partial - 7, No - 5

F. Performance Improvement Project - Non-Clinical

Title: The MHP did not submit a Non-Clinical PIP. All elements are rated as "not met" for purposes of analysis.

Status: Active Little/No Activity None Key Elements: (N=13)
 Completed Concept/Design Yes - 0, Partial - 0, No - 13

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	9.51%	10.06%	7.75%	6.19%	16
Foster Care PR:	45.98%	54.40%	46.03%	55.25%	38
Hispanic PR:	2.99%	3.92%	3.84%	3.29%	39
App Claims/Bene (ACB):	\$3,398	\$4,350	\$3,381	\$4,451	35
White ACB:	\$3,417	\$4,287	\$3,416	\$4,536	36
Hispanic ACB:	\$2,604	\$4,587	\$2,930	\$4,185	46
Male ACB:	\$3,456	\$4,871	\$3,794	\$5,058	39
Female ACB:	\$3,351	\$3,913	\$3,031	\$3,892	29
Foster Care ACB:	\$6,781	\$6,586	\$5,951	\$7,054	19

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

Met Partial Not Met No Review

1. Accurate, consistent and timely data collection and entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Information systems training program and help desk support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Lassen

Review Date: 23-Apr-2008

CAEQRO Size:⁽¹⁾ Small-Rural

Region: Superior

A. Response to Key Recommendations from FY07

1. Establish the root causes of the high claim denial rate and create policies and procedures that will help address the rate of denied claims:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
2. Continue to cross train staff, document business processes, and develop data extraction skills to secure critical knowledge and provide back-up for key personnel:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
3. Continue to monitor timely access to intake and medication support services; perform a barrier analysis and address identified issues to improve timeliness and access to services:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--

B. FY08 Strengths

1. The MHP continues to have a very high penetration rate, ranked second in the state and decreases very little when adjusted for ethnicity and retention.
2. The MHP has expanded its geographic services in outlying areas. As more consumers utilize these services, there may be less need to transport consumers to services in Susanville.
3. Through its contract with client-run Lassen Aurora Network, the MHP has expanded peer support services to regional one stop centers.

C. FY08 Opportunities for Improvement

1. The MHP continues to experience significant staff turnover which results in the need for ongoing staff training and impacts business processes and consumer satisfaction.
2. Some consumers perceive that co-occurring substance abuse disorders are not routinely addressed as part of treatment.
3. Consumers report little support from the MHP in learning independent living or employment skills.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. Continue to address staff turnover. Enlist staff to analyze barriers to staff retention and develop retention strategies. Mitigate the effects of staff turnover with cross training and staff backup strategies. **Q,Oth**
2. As recommended last year, analyze the reasons for the high denial rate by reviewing denied claims reports, data quality, eligibility determination and claims production process. Address each identified problem and continue to monitor. **I,Oth**
3. Develop recovery oriented services such as independent living skills, employment readiness, and supported employment. Provide staff trainings on recovery and consumer culture. **Q,Oth**
4. Establish a process for identifying key performance indicators and determine reports necessary for sharing this data. Use the QI Work Plan or develop a work plan evaluation report to track performance indicators quantitatively from year to year. **Q,I**
5. As Aurora's contractual responsibilities have grown in the past year and percentage of paid versus volunteer staff appears low, evaluate funding to see if it is commensurate with service expectations. **Q,Oth**

E. Performance Improvement Project - Clinical

Title: SCERP - Reducing rehospitalizations

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 9, Partial - 4, No - 0

F. Performance Improvement Project - Non-Clinical

Title: The MHP did not submit a viable Non-Clinical PIP.

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 0, Partial - 0, No - 13

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	12.93%	10.06%	10.64%	6.19%	3
Foster Care PR:	54.46%	54.40%	53.72%	55.25%	29
Hispanic PR:	6.66%	3.92%	4.24%	3.29%	4
App Claims/Bene (ACB):	\$3,955	\$4,350	\$5,069	\$4,451	28
White ACB:	\$3,884	\$4,287	\$4,987	\$4,536	28
Hispanic ACB:	\$4,081	\$4,587	\$5,507	\$4,185	23
Male ACB:	\$4,298	\$4,871	\$5,907	\$5,058	31
Female ACB:	\$3,722	\$3,913	\$4,433	\$3,892	27
Foster Care ACB:	\$5,294	\$6,586	\$6,949	\$7,054	30

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Los Angeles

Review Date: 05-08 May 2008

CAEQRO Size:⁽¹⁾ Very Large

Region: Los Angeles

A. Response to Key Recommendations from FY07

1. Focus the organization's culture on the expectation that data promotes accountability to the MHP and to others. Reinforce that all decisions need to keep the priority spotlight on consumers' needs and outcomes:

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--
2. Promote greater trust of data by offering staff multiple opportunities to learn to understand the purpose of data and make data a part of ongoing trainings:

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--
3. Encourage the use and understanding of clinical data, and produce additional reports and information that are more relevant to the clinical staff:

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---

B. FY08 Strengths

1. The MHP has committed significant resources to treating the homeless mentally ill and is achieving desired outcomes with its partners.
2. The MHP has increased its use of data for decision making and accountability through the QI Work Plan, Performance Based Contracting, STATS, CASC, and FSP indicators.
3. The Medi-Cal claims denial rate has decreased for four consecutive years. During the time period the MHP transitioned operations from a legacy system to IS, to IS 2.0, and converted Medi-Cal claims from a proprietary format to HIPAA transactions.

C. FY08 Opportunities for Improvement

1. The MHP continues to have lower Medi-Cal penetration rates for all age groups than large sized counties and the statewide average. Hispanic penetration rate remains low with a statewide ranking of 49 out of 56 counties.
2. The penetration rate disparities for female gender and Hispanic ethnicity are greater than the statewide averages with 76 females served for every 100 males and 23 Hispanics treated for every 100 whites.
3. While the MHP has consistently reduced the Medi-Cal denied claims rate over the past three years, it remains higher at 6.17% than the statewide median of 3.55%.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. Address communication gaps and organizational silos through an improvement initiative. Focus on increasing communication with the contractors, such as a regular survey of provider views and use of newsletters, meetings and intranet access. **I,Oth**
2. Review the reimbursement mechanism for provider organizations. Provide support and assistance to resolve irregular payments. **Oth**
3. Analyze factors relating to low penetration rates and address identified barriers. Particularly focus on access and engagement issues for the Hispanic/Latino population, including availability of Spanish language services. **A**
4. Incorporate more clinical data into the data warehouse to produce new reports and more relevant outcomes analysis for performance management. **Q,I**
5. With the leadership of Chief Information Office Bureau, encourage providers to develop electronic health record capability and to submit requests for MHPA technology funds to implement electronic data interchange transactions. **I**

E. Performance Improvement Project - Clinical

Title: The MHP did not submit a viable Clinical PIP or Non-Clinical PIP.

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 0, Partial - 0, No - 13

F. Performance Improvement Project - Non-Clinical

Title: The MHP did not submit a viable Clinical PIP or Non-Clinical PIP.

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 0, Partial - 0, No - 13

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	5.41%	5.41%	5.41%	6.19%	49
Foster Care PR:	59.12%	59.12%	59.12%	55.25%	19
Hispanic PR:	3.06%	3.06%	3.06%	3.29%	38
App Claims/Bene (ACB):	\$4,911	\$4,911	\$4,911	\$4,451	18
White ACB:	\$5,263	\$5,263	\$5,263	\$4,536	12
Hispanic ACB:	\$4,756	\$4,756	\$4,756	\$4,185	12
Male ACB:	\$5,545	\$5,545	\$5,545	\$5,058	17
Female ACB:	\$4,280	\$4,280	\$4,280	\$3,892	16
Foster Care ACB:	\$7,537	\$7,537	\$7,537	\$7,054	17

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Madera

Review Date: 06-07 Mar 2008

CAEQRO Size:⁽¹⁾ Small

Region: Central

A. Response to Key Recommendations from FY07

1. Evaluate service utilization and retention patterns to determine the areas that are most underserved in order to prioritize resources and efforts to maximize outcomes. Identify and implement additional interventions to decrease barriers to access:

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---
2. Provide training in psychiatric rehabilitation for staff to help them understand recovery and wellness and how therapy and other treatment interface with and enhance the recovery oriented services:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
3. Expand upon consumer driven services such as those provided at Hope House:

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--

B. FY08 Strengths

1. The MHP has successfully implemented the first phase of the Anasazi system through a variety of successful strategies, including strong leadership and an active project team.
2. The MHP has adopted innovative business practices for the second phase of the Anasazi implementation which include a full-time supervising clinician assigned to the EHR project and documentation of clinician workflow processes.
3. The Hope House is a strong example of consumer-driven services.

C. FY08 Opportunities for Improvement

1. The low overall Medi-Cal penetration rate suggests significant access barriers. The MHP's higher than average rates of beneficiaries receiving fewer than five services suggest engagement barriers.
2. Denied Medi-Cal claims have shown a significant increase in the past eighteen months.
3. The system does not have a comprehensive understanding or approach for dealing with consumers with co-occurring mental health and substance use disorders.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. Develop the capability to routinely extract, analyze and use data to support clinical and operational decisions. **Q,I**
2. Identify and monitor several outcome indicators to evaluate the results of strategic initiatives and progress on efforts to reduce disparities. **A,Q**
3. Evaluate Medi-Cal claims processing procedures and investigate high denial rates. **I**
4. Create mechanisms to monitor timely access to services, including investigation regarding consumers who do not follow through with their post-triage assessment and alternatives for improving timely access to psychiatry. **T**
5. Continue with plans to improve access to underserved populations through collaborative activities. Identify community groups or community based organizations in neighboring counties that may be partnered with to enhance access. **A,Oth**

E. Performance Improvement Project - Clinical

Title: SCERP - Reducing rehospitalizations

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 9, Partial - 4, No - 0

F. Performance Improvement Project - Non-Clinical

Title: Psychiatry No-Show Rates

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 1, Partial - 0, No - 12

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	4.80%	5.83%	7.75%	6.19%	53
Foster Care PR:	43.16%	52.17%	46.03%	55.25%	45
Hispanic PR:	2.88%	3.13%	3.84%	3.29%	43
App Claims/Bene (ACB):	\$3,185	\$3,413	\$3,381	\$4,451	38
White ACB:	\$2,904	\$3,500	\$3,416	\$4,536	42
Hispanic ACB:	\$3,142	\$3,076	\$2,930	\$4,185	35
Male ACB:	\$3,558	\$3,884	\$3,794	\$5,058	37
Female ACB:	\$2,879	\$3,004	\$3,031	\$3,892	37
Foster Care ACB:	\$5,385	\$5,773	\$5,951	\$7,054	29

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

Met Partial Not Met No Review

1. Accurate, consistent and timely data collection and entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Marin

Review Date: 10-11 Dec 2007

CAEQRO Size:⁽¹⁾ Medium

Region: Bay Area

A. Response to Key Recommendations from FY07

1. Improve stakeholder awareness of strategic initiatives so all involved are vested in attaining the MHP's objectives:

Fully Addressed

Partially Addressed

Not Addressed

2. Capitalize on the MHP's effective use of data in the fiscal arena to support measurement and analysis of clinical outcomes:

Fully Addressed

Partially Addressed

Not Addressed

3. Determine ways to spread the business and application expertise of the primary data analyst in order to expand the MHP's data analytic capacity:

Fully Addressed

Partially Addressed

Not Addressed

B. FY08 Strengths

1. The MHP continues to use innovative and quality improvement strategies to address shorter wait times for psychiatric care.

2. The MHP has significant and long term involvement of consumer/family members in organizational committees and strategic initiatives. This included consistent consumer/family member participation throughout the CAEQRO review.

3. The MHP is partnering with housing developers to increase affordable housing during a time of economic strain in the housing market.

C. FY08 Opportunities for Improvement

1. Cultural competence efforts continue to be centered and reliant upon the H&HS department rather than on mental health specific needs.

2. Provider organizations do not have developing specific performance measures and benchmarks within their contractual agreements, and the MHP does not monitor for overall progress toward benchmarks.

3. Replacement of the legacy systems – InSyst and e-Cura – will be a large and complex project, with a long implementation timeline. As contract providers serve a significant number of consumers, their involvement in planning is critical.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. In implementing ShareCare, establish methods to communicate project information, as most MHP and contract provider staffs are affected by this significant initiative. **A,Q**

2. Continue to improve and spread the business and application knowledge and expertise among technology staff members in order to expand the department's data analytic capacity. **Q,I**

3. Improve outcome monitoring by reviewing data elements and outcomes throughout the QI Work Plan and QIC processes. Similarly, include contract providers' services in developing quality outcomes and goals for achievement. **Q,Oth**

4. Consider evidenced based practices and national outcome measures regarding the treatment of persons with co-occurring disorders. Provide continuous opportunities for clinical staff to increase competency for the treatment of co-occurring disorders **Q,O**

5. Identify departmental strategies to move forward to enhance outreach and engagement for minority populations particularly Hispanic beneficiaries. **A,Q**

E. Performance Improvement Project - Clinical

Title: CALMEND Polypharmacy

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 8, Partial - 2, No - 3

F. Performance Improvement Project - Non-Clinical

Title: Improving Outcomes for Clients with Co-Occurring Disorders

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 3, Partial - 4, No - 6

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	11.06%	7.52%	6.20%	6.19%	7
Foster Care PR:	66.33%	59.98%	57.15%	55.25%	9
Hispanic PR:	3.42%	3.72%	3.19%	3.29%	27
App Claims/Bene (ACB):	\$5,017	\$5,864	\$4,873	\$4,451	15
White ACB:	\$5,326	\$6,070	\$5,107	\$4,536	11
Hispanic ACB:	\$2,994	\$5,625	\$4,478	\$4,185	38
Male ACB:	\$5,743	\$6,844	\$5,527	\$5,058	14
Female ACB:	\$4,380	\$4,976	\$4,283	\$3,892	12
Foster Care ACB:	\$3,793	\$10,781	\$7,339	\$7,054	44

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Mariposa

Review Date: 05-Mar-2008

CAEQRO Size:⁽¹⁾ Small-Rural

Region: Central

A. Response to Key Recommendations from FY07

1. Examine the service utilization patterns and related processes associated with low retention and claims, which result in lower Medi-Cal revenue. Consider hiring a consultant to assist with analysis, developing a plan of correction and implementation:

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
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2. Because consumers report long wait times for intake and psychiatry appointments, address access issues in the QIC. Explore the barriers related to this matter and possible remedies including expanding tele-psychiatry to decrease wait times:

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--
3. Evaluate current billing practices and procedures to determine contributory factors to the low Medi-Cal claims rate; make improvements where possible in order to ensure receipt of all allowable revenue:

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
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B. FY08 Strengths

1. The hiring of two half-time consumers supports initial development of true recovery-oriented services. Prior "recovery" implementation was not consistent with the actual model of recovery.
2. The addition of a half day of telepsychiatry time in November 2007 has helped to somewhat alleviate the delay in receiving medication support services.
3. Services are provided in Coulterville and Yosemite National Park, offering geographic services in a county where transportation is limited.

C. FY08 Opportunities for Improvement

1. Consumers continue to report long waits for medication support services, understaffing for therapy, case management, and crisis response, and transportation barriers.
2. The average approved claims per beneficiary remains extremely low, third lowest statewide, suggesting areas for examination in Medi-Cal claiming and clinical procedures.
3. The MHP has not identified key data in their new IS which could be used to evaluate and improve performance as recommended in last year's review. The lack of data analysis hampers monitoring and improvement efforts.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

- | | |
|---|--------------|
| 1. Establish a process for identifying key performance indicators and determine reports necessary for sharing this data. | Q,I |
| 2. Monitor employee satisfaction and prioritize areas for improvement, develop action plan, and implement. Strategize means of providing timely and consistent communication and implement strategies | Q,Oth |
| 3. Promote recovery oriented services and leadership development for consumers such as peer support and group leadership training and opportunities. | Q,Oth |
| 4. Evaluate current billing practices to determine contributory factors to the low Medi-Cal claims rate and make improvements to increase appropriate revenues. | I,Oth |
| 5. Involve clinical staff in the planning and implementation of the assessment and treatment information systems. | I,Oth |

E. Performance Improvement Project - Clinical

Title: SCERP - Reducing rehospitalizations

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 0, Partial - 0, No - 13

F. Performance Improvement Project - Non-Clinical

Title: Increasing awareness of group service availability

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 0, Partial - 0, No - 13

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	9.68%	5.83%	10.64%	6.19%	13
Foster Care PR:	45.83%	52.17%	53.72%	55.25%	39
Hispanic PR:	3.39%	3.13%	4.24%	3.29%	28
App Claims/Bene (ACB):	\$1,885	\$3,413	\$5,069	\$4,451	54
White ACB:	\$1,762	\$3,500	\$4,987	\$4,536	54
Hispanic ACB:	\$2,930	\$3,076	\$5,507	\$4,185	40
Male ACB:	\$2,642	\$3,884	\$5,907	\$5,058	50
Female ACB:	\$1,353	\$3,004	\$4,433	\$3,892	55
Foster Care ACB:	\$3,235	\$5,773	\$6,949	\$7,054	46

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Mendocino

Review Date: 15-Aug-2007

CAEQRO Size:⁽¹⁾ Small

Region: Superior

A. Response to Key Recommendations from FY07

1. Make an active effort to recruit additional medication support practitioners and Spanish-speaking service providers:

Fully Addressed Partially Addressed Not Addressed
2. Increase consultation and collaboration with the primary care community, as planned, to improve the community's capacity to treat mental health conditions:

Fully Addressed Partially Addressed Not Addressed
3. Continue to expand the data extraction and report writing skills of the fiscal manager, as well as additional staff members, to enable creation of more complex reports:

Fully Addressed Partially Addressed Not Addressed

B. FY08 Strengths

1. Even after continuous leadership changes over a few years, the MHP staff, including managers and supervisors, is optimistic and support the new leadership.
2. The billing and business office staff are knowledgeable of business requirements and the use of the IS.
3. The policy and procedures established for non-insured care and formal partnerships with the primary care clinics provide a strong foundation to improve the quality and access to services.

C. FY08 Opportunities for Improvement

1. Monitoring and tracking of information such as wait times continue to be very sparse or informal.
2. Specific operational strategies and updated goals continue to be absent in the Cultural Competence Plan. A working QI plan has not been developed.
3. Transmission of information and involvement in planning processes needs to be increased with consumer employees.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. Allocate attention and resources to develop quality management systems. **Q,O**
2. Determine the root causes of the high claims denial rate. Based on this analysis, create policies and procedures that will reduce the rate of denied claims. **I**
3. Continue to address FY06 and FY07 recommendations to identify specific strategies, measurable goals, and timelines for improved access for underserved Latino population **A**
4. Consider expanding communication mechanisms such as newsletters and regular feedback meetings to disseminate information and invite staff of all levels to participate, especially to address consumer employee knowledge. **Q,Oth**
5. Develop a multi-disciplinary team to plan and lead the implementation of Clinicians Workstation. A focus of the planning should be the training and support of clinical staff. **I**

E. Performance Improvement Project - Clinical

Title: MHP did not submit a clinical PIP

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 0, Partial - 0, No - 13

F. Performance Improvement Project - Non-Clinical

Title: MHP did not submit a non-clinical PIP

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 0, Partial - 0, No - 13

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	8.18%	10.06%	7.75%	6.19%	26
Foster Care PR:	60.85%	54.40%	46.03%	55.25%	16
Hispanic PR:	2.32%	3.92%	3.84%	3.29%	51
App Claims/Bene (ACB):	\$4,543	\$4,350	\$3,381	\$4,451	22
White ACB:	\$4,004	\$4,287	\$3,416	\$4,536	26
Hispanic ACB:	\$5,895	\$4,587	\$2,930	\$4,185	5
Male ACB:	\$5,367	\$4,871	\$3,794	\$5,058	19
Female ACB:	\$3,930	\$3,913	\$3,031	\$3,892	24
Foster Care ACB:	\$9,479	\$6,586	\$5,951	\$7,054	8

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Merced

Review Date: 19-Mar-2008

CAEQRO Size:⁽¹⁾ Medium

Region: Central

A. Response to Key Recommendations from FY07

1. Initiate an information system replacement project with a designated project manager and team of administrative and clinical staff. Develop concrete timelines with major milestones and assignments. Report regularly to the MHP leadership:

Fully Addressed Partially Addressed Not Addressed

2. Examine retention data to identify trends and potential problems including factors contributing to low approved claims per Hispanic beneficiary served. Continue steps to meet the needs of unserved/underserved populations:

Fully Addressed Partially Addressed Not Addressed

3. Promote consumer empowerment; appoint consumers to decision-making committees; support their attendance at conferences to network and strengthen the peer support system; and increase the role and responsibility of the Consumer Sub-Committee:

Fully Addressed Partially Addressed Not Addressed

B. FY08 Strengths

1. The wellness center continues to provide multiple resources and services that are valued by beneficiaries and is a strong foundation to develop the wellness center in Los Banos.
2. The MHP has developed new reports to monitor access at the Merced clinic.
3. The MHP has improved access to data with the addition of staff analysts and data access training.

C. FY08 Opportunities for Improvement

1. Service capacity, linkage, and clinical outcome monitoring are not conducted at the wellness center despite being a primary MHP referral/intervention and continuing low system access rates.
2. Performance management/improvement practice including cultural competence monitoring, have been sparse in the last year.
3. The MHP has made limited progress in identifying key performance indicators which, although not currently measurable, could be collected and analyzed after the implementation of a new IS.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

- | | |
|---|----------------|
| 1. As recommended last year, examine access and retention data by demographics to understand low approved claims per Hispanic beneficiary served. | A,T,Q,O |
| 2. Collect and monitor access data for consumer linkage at the wellness centers to improve and assure beneficiary linkage and to evaluate system consumer outcomes. | A,T,Q,O |
| 3. Increase quality management and performance improvement activities. | A,T,Q,O |
| 4. As recommended last year, continue to promote consumer empowerment. | Q,Oth |
| 5. In anticipation of the implementation of a new IS, identify key performance indicators, which although not currently measurable, could be used to evaluate quality of services and outcomes in the future. | Q,O,I |

E. Performance Improvement Project - Clinical

Title: SCERP - Reducing rehospitalizations

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 0, Partial - 0, No - 13

F. Performance Improvement Project - Non-Clinical

Title: The MHP did not submit a Non-Clinical PIP

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 0, Partial - 0, No - 13

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	3.84%	5.83%	6.20%	6.19%	56
Foster Care PR:	34.75%	52.17%	57.15%	55.25%	49
Hispanic PR:	1.99%	3.13%	3.19%	3.29%	52
App Claims/Bene (ACB):	\$2,280	\$3,413	\$4,873	\$4,451	51
White ACB:	\$2,542	\$3,500	\$5,107	\$4,536	49
Hispanic ACB:	\$1,883	\$3,076	\$4,478	\$4,185	52
Male ACB:	\$2,633	\$3,884	\$5,527	\$5,058	52
Female ACB:	\$2,002	\$3,004	\$4,283	\$3,892	51
Foster Care ACB:	\$4,088	\$5,773	\$7,339	\$7,054	40

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Modoc

Review Date: 21-May-2008

CAEQRO Size:⁽¹⁾ Small-Rural

Region: Superior

A. Response to Key Recommendations from FY07

1. Extend limited resources and provide needed service to consumers through collaboration with local public and private human service partners, and with other geographically close MHPs:
 - Fully Addressed Partially Addressed Not Addressed
2. Prioritize the utilization of very limited personnel resources for the provision of services and performance-improving projects which are identified based on priority needs:
 - Fully Addressed Partially Addressed Not Addressed
3. While implementing the new IS, consider changing staff work assignments or adding more consultant resources early so staff are not overwhelmed with learning the new system and completing normal work activities simultaneously:
 - Fully Addressed Partially Addressed Not Addressed

B. FY08 Strengths

1. The MHP has begun developing collaborative relationships with medical clinics and neighboring MHPs which have potential to support its strategic initiative to outreach and serve distant areas and large Latino communities.
2. With limited staff resources, the MHP successfully completed phase I implementation of the Avatar IS.
3. The MHP is part of the collaborative forms development effort by California Regional Mental Health Systems (CRMHS) members to standardize clinical forms for use with Clinical Workstation (CWS) component.

C. FY08 Opportunities for Improvement

1. Performance improvement practices continue to be absent including the third year of not conducting active PIPs, and ideas or initial plans to monitor clinical outcomes have not begun.
2. Progress in further developing the involvement of consumers and family members in the service system, including opening the wellness center is limited and new strategies are not evident.
3. As last year, lack of coordination with other service partners remain in penetration and service provision to consumers with co-occurring disorders, and children, including foster care youth.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

- | | |
|---|----------------|
| 1. Examine the outcomes of the different levels of retention to evaluate effectiveness and identify potential engagement barriers. Establish standards, monitoring, and measures to ensure effective service delivery is prioritized for all beneficiaries. | A,Q,O |
| 2. As recommended last year, monitor timeliness to start of treatment formally and routinely to ensure access and assist resource management. | A,T |
| 3. As recommended last year, utilize performance related outcome monitoring results to address two or three outcome indicators for each program/area. | Q,O |
| 4. Provide operations and clinical staff more Avatar standard reports training. | Q,I,Oth |
| 5. Assess clinical staffs' current computer literacy skills and develop a training plan to improve staff skills in preparation of CWS implementation. | I |

E. Performance Improvement Project - Clinical

Title: The MHP did not submit a clinical PIP.

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 0, Partial - 0, No - 13

F. Performance Improvement Project - Non-Clinical

Title: The MHP did not submit a non-clinical PIP.

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 0, Partial - 0, No - 13

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	7.76%	10.06%	10.64%	6.19%	31
Foster Care PR:	76.92%	54.40%	53.72%	55.25%	6
Hispanic PR:	1.93%	3.92%	4.24%	3.29%	53
App Claims/Bene (ACB):	\$2,291	\$4,350	\$5,069	\$4,451	50
White ACB:	\$2,159	\$4,287	\$4,987	\$4,536	53
Hispanic ACB:	\$2,677	\$4,587	\$5,507	\$4,185	45
Male ACB:	\$2,183	\$4,871	\$5,907	\$5,058	53
Female ACB:	\$2,398	\$3,913	\$4,433	\$3,892	47
Foster Care ACB:	\$2,105	\$6,586	\$6,949	\$7,054	54

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Mono

Review Date: 13-May-2008

CAEQRO Size:⁽¹⁾ Small-Rural

Region: Central

A. Response to Key Recommendations from FY07

1. Begin identifying data elements to track and report within the new IS during the implementation process:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--

2. Continue efforts to increase access to the Latino population, including a specific planned strategy for outreach and engagement. Look at the MHP's workforce development plan to recruit additional Spanish speaking support staff and community workers:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--

3. Increase consumer/family participation in MHP committees, including the operations of the wellness center in order to move the center toward a consumer run program:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--

B. FY08 Strengths

1. The MHP has successfully implemented the Practice Management Module of the new IS.
2. The MHP routinely monitors consumer needs and analyzes access and timeliness indicators.
3. The MHP has improved its claims related procedures to significantly reduce the rate of denied claims.

C. FY08 Opportunities for Improvement

1. The MHP has not developed a plan for transitioning to the EHR progress notes which should become available in early FY09.
2. Although the denial rate has dropped significantly, it is not clear yet whether it indicates a stable trend.
3. Efforts to improve linguistic capacity have not translated into improvement in Latino penetration rate.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

- | | |
|---|----------------|
| 1. Systematically analyze and match the reporting capacity of the new system to the MHP's own needs to utilize the new information system's standard and ad hoc reports. | Q,I |
| 2. Develop a clear plan to fully utilize the EHR module including the progress notes. | I |
| 3. Monitor to ensure that the drop in denied claims rate is sustained. | I |
| 4. Build on the positive energy of the consumers in creating more positions, committees and places for them to feel welcomed and needed. | Q,Oth |
| 5. Assess CalWORKs access and retention data at least annually and make recommendations to Social Services. Add tracking of consumer return to workforce as an indicator. | Q,O,Oth |

E. Performance Improvement Project - Clinical

Title: SCERP - Reducing rehospitalizations

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 9, Partial - 4, No - 0

F. Performance Improvement Project - Non-Clinical

Title: Planned/Unplanned Services Multi-County PIP

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 0, Partial - 0, No - 13

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	6.56%	5.83%	10.64%	6.19%	38
Foster Care PR:	92.31%	52.17%	53.72%	55.25%	4
Hispanic PR:	1.37%	3.13%	4.24%	3.29%	55
App Claims/Bene (ACB):	\$4,973	\$3,413	\$5,069	\$4,451	17
White ACB:	\$4,455	\$3,500	\$4,987	\$4,536	21
Hispanic ACB:	\$3,029	\$3,076	\$5,507	\$4,185	37
Male ACB:	\$5,591	\$3,884	\$5,907	\$5,058	15
Female ACB:	\$4,519	\$3,004	\$4,433	\$3,892	11
Foster Care ACB:	\$6,416	\$5,773	\$6,949	\$7,054	21

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

Met Partial Not Met No Review

1. Accurate, consistent and timely data collection and entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Monterey

Review Date: 11-12 Jul 2007

CAEQRO Size:⁽¹⁾ Medium

Region: Bay Area

A. Response to Key Recommendations from FY07

1. Identify specific strategies, measurable goals, and timelines for improved access for underserved populations as identified by the low penetration rate:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
2. Formalize IS replacement plans and develop a timeline for selection of a new system. This will require executive support and a project manager empowered to work with others to complete this task:

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--
3. Develop, track, and monitor a comprehensive set of outcomes for the Adult and Older Adult Systems of Care. Consider using the quality improvement work plan as a tool to monitor and present the results over time:

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---

B. FY08 Strengths

1. The MHP's continued proactive leadership to obtain grant funding, to engage community partners in collaborative projects, and to develop evidence based services has greatly expanded MHP resources and energized MHP staff and partners.
2. Senior Leadership has proactively worked to integrate new managers into the management team through ongoing Leadership Training resulting in reduced silos and emphasis on innovation and creativity.
3. All staff currently have access to computers, are expected to regularly use e-mail, and may use internet resources, clinical document templates, and other useful work-related resources.

C. FY08 Opportunities for Improvement

1. MHSA program start up needs, system expansion, and staff turnover have contributed to rapid change, lack of timely facility space and supplies, lack of consistent communication with contractors, and stressed staff.
2. The low penetration rates for most age groups and Hispanic beneficiaries continue to suggest that there are significant barriers to accessing services.
3. The MHP has few experienced knowledgeable IS staff to produce sophisticated ad hoc reports or complex data extracts from the InSyst system.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. Review access and service utilization patterns, particularly for Latino and older adult populations. Conduct a barrier analysis and develop strategies to improve access, retention, and outcomes. **A,O**
2. Routinely monitor timely access to intake, outpatient and medication support services, analyze processes, and address barriers to timely service. **T**
3. The MHP's current programmer/analyst staffing is insufficient to meet the organization's I needs, such as for ad hoc reports and data extract requests. Review IS analyst staff capacity and consider expanding IS workforce. **I**
4. Identify and monitor several key performance indicators. Develop procedures to routinely collect and report the data to stakeholders. **A,Q,O**
5. Develop a plan for regular training and support for consumer and family member employees. Consider staff mentoring and peer support models. **Q,Oth**

E. Performance Improvement Project - Clinical

Title: No Clinical PIP was submitted – therefore, all elements are rated as “not met”

Status: Active Little/No Activity None Key Elements: (N=13)
 Completed Concept/Design Yes - 0, Partial - 0, No - 13

F. Performance Improvement Project - Non-Clinical

Title: Improving data entry of Axis III Diagnoses

Status: Active Little/No Activity None Key Elements: (N=13)
 Completed Concept/Design Yes - 0, Partial - 0, No - 13

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	5.17%	7.52%	6.20%	6.19%	51
Foster Care PR:	108.40%	59.98%	57.15%	55.25%	1
Hispanic PR:	3.19%	3.72%	3.19%	3.29%	33
App Claims/Bene (ACB):	\$6,875	\$5,864	\$4,873	\$4,451	4
White ACB:	\$8,215	\$6,070	\$5,107	\$4,536	4
Hispanic ACB:	\$5,368	\$5,625	\$4,478	\$4,185	8
Male ACB:	\$7,742	\$6,844	\$5,527	\$5,058	4
Female ACB:	\$6,093	\$4,976	\$4,283	\$3,892	4
Foster Care ACB:	\$8,585	\$10,781	\$7,339	\$7,054	11

H. Current Systems/Planned Changes

- No Plans for New IS
- Considering New IS
- Actively Searching for New IS
- New IS Selected
- Implementation in Progress
- New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary’s eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Napa

Review Date: 29-30 Oct 2007

CAEQRO Size:⁽¹⁾ Small

Region: Bay Area

A. Response to Key Recommendations from FY07

1. Improve access to psychiatric services by investigating issues associated with the recruitment and retention of the psychiatric staff:
 Fully Addressed Partially Addressed Not Addressed
2. Identify strategies, goals, and timelines for improved Latino access. Investigate utilization patterns by age and ethnicity, and determine whether any disparities in utilization patterns or outcomes warrant demographic-specific strategies:
 Fully Addressed Partially Addressed Not Addressed
3. Enhance the capacity within the MHP to provide comprehensive services to consumers with co-occurring mental health and substance abuse disorders:
 Fully Addressed Partially Addressed Not Addressed

B. FY08 Strengths

1. The MHP is demonstrating commitment to reducing disparities for Latino consumers and families; this is most clearly seen with role of the system navigators and the commitment to hiring bilingual/bicultural staff.
2. The new Mental Health Director is enthusiastic about the future of the MHP and its beneficiaries, appears to embrace wellness and recovery principles, and supports staff in implementing related interventions among newly created programs.
3. Several long-term employees who are subject matter experts in IS, billing, and fiscal issues maintain institutional knowledge during this critical transition from the Echo Clinician Desktop/Revenue Manager system to Anasazi.

C. FY08 Opportunities for Improvement

1. The MHP has undergone multiple transitions simultaneously in the past year, including Anasazi implementation, reorganization of MHP infrastructure, and implementation of MHSA, resulting in low staff morale.
2. The intake process is lengthy and complex, with varied and confusing points of entry into the system. Timeliness from point of initial request for services is not monitored.
3. While leadership reports embracing a recovery philosophy, the principles of wellness and recovery do not appear to have been integrated into the service delivery system.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. Assess service capacity and monitor timeliness of access to services. Closely evaluate the intake process, collecting data on timeliness to determine if a redesign is warranted **T,Q**
2. Establish clear prescribing guidelines to promote consistency among psychiatrists, especially locum tenens. Pursue innovative recruitment and retention efforts for psychiatrists and physician extenders. **Q**
3. Closely monitor claim creation/submission activity to ensure the claim is submitted within the time limit required by Short-Doyle/Medi-Cal. **I**
4. Create a one to two page document listing Anasazi implementation milestones that are important to the Division, along with projected completion dates. **I**
5. Continue to closely monitor units of service and claim dollar amounts pre and post implementation to ensure all services are being entered to the new system. **I**

E. Performance Improvement Project - Clinical

Title: SCERP - Reducing rehospitalizations

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 9, Partial - 4, No - 0

F. Performance Improvement Project - Non-Clinical

Title: The MHP did not submit an active Non-Clinical PIP.

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 0, Partial - 0, No - 13

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	7.85%	7.52%	7.75%	6.19%	29
Foster Care PR:	54.62%	59.98%	46.03%	55.25%	28
Hispanic PR:	2.81%	3.72%	3.84%	3.29%	45
App Claims/Bene (ACB):	\$3,606	\$5,864	\$3,381	\$4,451	31
White ACB:	\$3,457	\$6,070	\$3,416	\$4,536	35
Hispanic ACB:	\$3,504	\$5,625	\$2,930	\$4,185	29
Male ACB:	\$4,338	\$6,844	\$3,794	\$5,058	30
Female ACB:	\$2,969	\$4,976	\$3,031	\$3,892	34
Foster Care ACB:	\$4,009	\$10,781	\$5,951	\$7,054	42

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Nevada

Review Date: 12-Feb-2008

CAEQRO Size:⁽¹⁾ Small

Region: Superior

A. Response to Key Recommendations from FY07

1. Evaluate staffing and training needs in the finance/accounting and IS areas. Take action as necessary to ensure competent and effective support from these valuable resources, to meet the needs of management and other stakeholders:

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--
2. Identify and develop improvements to tracking of Medi-Cal and other revenue, in order to identify problems as early as possible. Early detection will allow corrective measures to be taken to minimize or avoid negative impacts to staff and operations:

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--
3. Examine services and resources in the outpatient programs. Identify ways to expand the availability of groups and services to consumers and families:

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--

B. FY08 Strengths

1. Leadership has stabilized the budget and projects no additional staffing reductions for the next 3 years.
2. The MHP has begun contracting with numerous community based organizations and providers.
3. The current claiming process is under control as evidenced by a reduction in denied claims which is less than 1 % by the director's report.

C. FY08 Opportunities for Improvement

1. The MHP has just begun the process for selecting a new information system. With many new community based organizations and providers, the MHP has an opportunity to include all providers in the selection process.
2. The expansion of school based services could result in increases of penetration rates for foster care children and Hispanics.
3. Following the implementation of productivity standards which set standards for billable hours, the MHP can examine caseloads in relationship to caseload mixes, and waiting lists for service.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. Fill the vacant quality improvement coordinator position so that quality initiatives have increased resources and leadership. I
2. Participate in the second SCERP cohort which is implementing a performance improvement project on rehospitalization. I
3. Complete the planned expansion of mental health services at school sites and in the clinic to seriously emotionally disturbed (SED) children I
4. Continue to utilize the implementation of assisted outpatient treatment as means to foster collaboration among community stakeholders. I
5. Continue to integrate the services provided by newly contracted community based organizations into a single system of care. I

E. Performance Improvement Project - Clinical

Title: MHP did not submit valid clinical and non-clinical PIPs

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 0, Partial - 0, No - 13

F. Performance Improvement Project - Non-Clinical

Title: MHP did not submit valid clinical and non-clinical PIPs

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 0, Partial - 0, No - 13

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	8.76%	10.06%	7.75%	6.19%	21
Foster Care PR:	26.37%	54.40%	46.03%	55.25%	55
Hispanic PR:	2.81%	3.92%	3.84%	3.29%	46
App Claims/Bene (ACB):	\$3,835	\$4,350	\$3,381	\$4,451	29
White ACB:	\$3,467	\$4,287	\$3,416	\$4,536	34
Hispanic ACB:	\$4,044	\$4,587	\$2,930	\$4,185	24
Male ACB:	\$4,885	\$4,871	\$3,794	\$5,058	24
Female ACB:	\$2,855	\$3,913	\$3,031	\$3,892	38
Foster Care ACB:	\$3,015	\$6,586	\$5,951	\$7,054	48

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Orange

Review Date: 29-31 Jan 2008

CAEQRO Size:⁽¹⁾ Large

Region: Southern

A. Response to Key Recommendations from FY07

1. IRIS response time remains a critical issue for end-users. Consider further investigation of internal Millennium functionality, with technical support from Cerner and the hardware manufacturer:

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--
2. Consider creating "dashboard" type reports and consistently publishing the results to a wide audience:

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---
3. Continue with creative avenues already underway to increase access to Latinos. Analyze outcomes by ethnicity to determine any effect of disparity in utilization:

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--

B. FY08 Strengths

1. Leadership embraces recovery, and this is recognized at all levels of the service delivery system.
2. The MHP recognizes the importance of timely access to services, as evidenced by its minimal wait times for initial appointments and flexibility of staff to see consumers on an urgent basis.
3. IRIS support staff and others have worked hard to make meaningful system performance improvements, resulting in increased productivity and greater end-user satisfaction.

C. FY08 Opportunities for Improvement

1. The MHP has undergone multiple transitions simultaneously in the past year, including an integrity agreement, reorganization of MHP infrastructure, and clinic consolidation.
2. There are additional opportunities for improving IRIS usability and system performance.
3. The cost and support requirements for IRIS seem rather high in comparison to other vendor-supplied software with similar features and functionality.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. Follow through on the written plan for a system performance review, in order to further improve IRIS performance and reliability **I**
2. Formalize a support system for consumer employees; explore career advancement opportunities. Consider models already in use by contract providers. **Q,Oth**
3. Analyze and document the annual fixed and variable cost of on-going maintenance and support of IRIS. This can provide a baseline comparison against similar systems and identify any opportunities for reducing costs. **I**
4. Complete the installation of Crystal Reports and training for appropriate staff as needed. **I**
5. Use simple technology for dissemination of information regarding services for consumers and family members. **A**

E. Performance Improvement Project - Clinical

Title: Prescribing Practices

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 9, Partial - 1, No - 3

F. Performance Improvement Project - Non-Clinical

Title: Cultural Competence

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 8, Partial - 2, No - 3

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	5.30%	6.21%	6.52%	6.19%	50
Foster Care PR:	70.56%	50.53%	53.12%	55.25%	8
Hispanic PR:	2.95%	3.49%	3.48%	3.29%	41
App Claims/Bene (ACB):	\$3,300	\$3,679	\$4,155	\$4,451	37
White ACB:	\$3,857	\$3,932	\$4,180	\$4,536	29
Hispanic ACB:	\$3,196	\$3,432	\$3,725	\$4,185	33
Male ACB:	\$3,695	\$4,064	\$4,730	\$5,058	33
Female ACB:	\$2,951	\$3,331	\$3,640	\$3,892	35
Foster Care ACB:	\$5,246	\$5,181	\$6,709	\$7,054	31

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

Met Partial Not Met No Review

1. Accurate, consistent and timely data collection and entry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Placer/Sierra

Review Date: 06-07 Mar 2008

CAEQRO Size:⁽¹⁾ Medium

Region: Central

A. Response to Key Recommendations from FY07

1. Increase Latino access in the western slope through duplicating strategies used successfully in North Lake Tahoe:
 Fully Addressed Partially Addressed Not Addressed
2. Analyze issues/problems regarding long wait times for services, and develop plan/strategies to reduce wait time to time frames that are clinically acceptable. Consider open access models or other methods for timely service provision:
 Fully Addressed Partially Addressed Not Addressed
3. Investigate whether access issues exist for Sierra beneficiaries:
 Fully Addressed Partially Addressed Not Addressed

B. FY08 Strengths

1. Leadership embraces and promotes recovery, and this is recognized at all levels of the service delivery system. Youth mentors, the system navigators program, and the Welcome Center are a few examples of this orientation.
2. The collaborative model developed between the MHP and the county medical clinic promotes sound clinical care for consumers exiting the MHP, while simultaneously addressing system capacity issues in tight fiscal times.
3. Ad hoc reporting capabilities, data analysis skills, and inter-departmental collaboration assure the availability of data across the MHP and effectively support the PIP process.

C. FY08 Opportunities for Improvement

1. The Placer County integrated Health Services Agency (HSA) structure, with separate and distinct children and adult divisions, presents unique challenges for mental health service delivery.
2. The MHP is not receiving data or outcomes on consumers who have transitioned to the county medical clinic for medication monitoring after they have left the MHP, thus making it difficult to accurately assess the long-term results of this collaboration.
3. The denied claims rate has been above the statewide average for the last four fiscal years.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. Acquire and track data and outcomes on consumers who transition from the MHP to the county medical clinic. Measure successful transfers to primary care and assure a mechanism for return for specialty mental health services if needed. **Q,O**
2. Promote the interface of mental health services for children and adults. Consider a Transition Age Youth (TAY) task force integrating supervisors systems of care meetings, and specific tracking of mental health caseloads and their acuity. **Q,Oth**
3. Carefully monitor staffing levels during implementation of Clinical Workstation (CWS). Ensure that documentation is created for new policies, procedures and business practices. **I**
4. Review denied claims reports and investigate data quality, eligibility determination, and the claims production process. Create policies and procedures that will reduce the rate of denied claims and assure optimal revenue collection. **I**
5. Develop a resource guide of available mental health services and access processes, and distribute to all staff within the HSA. **A**

E. Performance Improvement Project - Clinical

Title: Use of Seclusion and Restraint at Secret Ravine School

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 11, Partial - 2, No - 0

F. Performance Improvement Project - Non-Clinical

Title: Decreasing Psychiatrist Wait Time

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 13, Partial - 0, No - 0

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	9.37%	5.83%	6.20%	6.19%	18
Foster Care PR:	56.45%	52.17%	57.15%	55.25%	24
Hispanic PR:	4.08%	3.13%	3.19%	3.29%	21
App Claims/Bene (ACB):	\$3,984	\$3,413	\$4,873	\$4,451	27
White ACB:	\$3,948	\$3,500	\$5,107	\$4,536	27
Hispanic ACB:	\$4,551	\$3,076	\$4,478	\$4,185	16
Male ACB:	\$4,910	\$3,884	\$5,527	\$5,058	23
Female ACB:	\$3,246	\$3,004	\$4,283	\$3,892	30
Foster Care ACB:	\$6,628	\$5,773	\$7,339	\$7,054	20

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Plumas

Review Date: 17-Apr-2008

CAEQRO Size:⁽¹⁾ Small-Rural

Region: Superior

A. Response to Key Recommendations from FY07

1. Promote consumer empowerment: Appoint consumers to decision-making committees; support consumers' attending conferences to network with other consumers and develop tools for improving their peer support system:
 Fully Addressed Partially Addressed Not Addressed
2. Promote an atmosphere of performance improvement by identifying outcome indicators that the MHP can measure, track, trend, and share to foster data driven decision making about consumers' needs:
 Fully Addressed Partially Addressed Not Addressed
3. Expand data analysis skills/data usage in daily business operations to promote an understanding of data driven decision making across the MHP. Institutionalize this value, facilitating a cultural shift toward viewing data as meaningful and necessary:
 Fully Addressed Partially Addressed Not Addressed

B. FY08 Strengths

1. Despite the county's varied and remote population centers, the MHP has consistently maintained a well-above statewide average penetration rate for Medi-Cal eligibles and especially for the Latino beneficiaries.
2. The MHP emphasizes job satisfaction and retention of its experienced staff and thereby reduces staff turnover related costs and loss of productivity.
3. The MHP reduces hospitalization through expanded housing options and planned step down from inpatient units.

C. FY08 Opportunities for Improvement

1. While the MHP has been creating more job opportunities for consumers, there is limited employment/peer support or clearly defined career advancement opportunities.
2. The MHP has a comprehensive array of quality management data collection tools and forms, but few reports containing summaries of key information that can provide management decision support.
3. Consumers seeking mental health care have limited awareness of the services available to them and have found after-hours crisis services to be inconsistent.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. Establish regular peer support groups and other mechanisms for training and support for consumer employees. **Q,Oth**
2. Create opportunities for consumer employee career advancement, including more regular, yet flexible, benefitted positions. **Q,Oth**
3. Create a matrix of key performance indicators for regular tracking and reporting data summaries for improved management decision support. **Q,O**
4. Cross train the in-house staff in the CMHC report generators to increase the availability of data and secure critical knowledge. **I**
5. Consult current consumers, family members, and other community stakeholders, to develop better communication tools so that the community is better informed regarding service options. **A**

E. Performance Improvement Project - Clinical

Title: SCERP - Reducing rehospitalizations

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 9, Partial - 4, No - 0

F. Performance Improvement Project - Non-Clinical

Title: The MHP did not submit a valid non-clinical PIP.

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 0, Partial - 0, No - 13

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	12.00%	10.06%	10.64%	6.19%	4
Foster Care PR:	52.50%	54.40%	53.72%	55.25%	30
Hispanic PR:	8.29%	3.92%	4.24%	3.29%	2
App Claims/Bene (ACB):	\$4,652	\$4,350	\$5,069	\$4,451	19
White ACB:	\$4,796	\$4,287	\$4,987	\$4,536	18
Hispanic ACB:	\$2,883	\$4,587	\$5,507	\$4,185	42
Male ACB:	\$5,406	\$4,871	\$5,907	\$5,058	18
Female ACB:	\$4,082	\$3,913	\$4,433	\$3,892	22
Foster Care ACB:	\$4,815	\$6,586	\$6,949	\$7,054	35

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Riverside

Review Date: 15-17 Jan 2008

CAEQRO Size:⁽¹⁾ Large

Region: Southern

A. Response to Key Recommendations from FY07

1. Review the retention results for overall beneficiaries as well as by sub-groups. Assess whether improved engagement or re-engagement strategies need to be considered:
 Fully Addressed Partially Addressed Not Addressed
2. Evaluate the foster care youth referral and assessment process to confirm that the Department of Social Services staff are referring many of the under-reported children for mental health evaluations and identify barriers to access:
 Fully Addressed Partially Addressed Not Addressed
3. Examine and work to eliminate the "silo" environment where data collaboration and information sharing between quality improvement unit and information system unit is currently not functioning effectively:
 Fully Addressed Partially Addressed Not Addressed

B. FY08 Strengths

1. The creation of a consumer employee career ladder, hiring of consumer/family members into management positions, the hiring and training of many peers, and the welcoming initiative show strong evidence of integration of recovery principles.
2. Good management practices of internal communication are a key factor in the successful operation of the organization.
3. The MHP operates a large and complex management information system that uses multiple systems to support clinical operations. IT staff are well trained, highly knowledgeable and experienced with the interface functions between systems.

C. FY08 Opportunities for Improvement

1. The MHP faces infrastructure weaknesses as capacity has not kept pace with population growth, including a lack of manager and supervisor position supports, workforce development, staff turnover, lack of space, and need for staff training.
2. Contractors identify procedures for communicating timely IS replacement project information, authorization procedures/timeliness, and assistance with Medi-Cal eligibility verification as areas of communication and MHP support needing improvement.
3. Low penetration rates and low approved claims continue for the Latino population.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. With continued low penetration rates and consumer perception of lack of access to needed services/supports, review service capacity and explore methods of measuring if consumers are getting the right amount and intensity of services. **A,Q,O**
2. Focus on reducing disparities for Hispanic and Foster Care populations. Examine process barriers, such as authorization procedures regarding frequency of services that may be impacting outcomes for children and adolescents. **A**
3. Initiate the use of a few key data elements to track system performance, such as timeliness to intake and medication services, and establish quantitative goals. If the goals are not met, employ an improvement process to address identified barriers. **T,Q,I**
4. Establish and use regular consistent communication vehicles to communicate the details and schedules of new management information system implementation. **I,Oth**
5. Continue to focus on increasing communication with the growing number of contractors, in areas beyond technology implementation, such as a regular survey of provider views and use of newsletters, meetings and intranet access. **Q,Oth**

E. Performance Improvement Project - Clinical

Title: Decreasing Adult Inpatient Treatment Facility Rehospitalizations

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 2, Partial - 1, No - 10

F. Performance Improvement Project - Non-Clinical

Title: Increasing Identification of Children with Co-occurring Disorders

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 2, Partial - 5, No - 6

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	5.44%	6.21%	6.52%	6.19%	48
Foster Care PR:	38.92%	50.53%	53.12%	55.25%	48
Hispanic PR:	2.89%	3.49%	3.48%	3.29%	42
App Claims/Bene (ACB):	\$2,798	\$3,679	\$4,155	\$4,451	45
White ACB:	\$2,897	\$3,932	\$4,180	\$4,536	43
Hispanic ACB:	\$2,388	\$3,432	\$3,725	\$4,185	48
Male ACB:	\$3,099	\$4,064	\$4,730	\$5,058	44
Female ACB:	\$2,526	\$3,331	\$3,640	\$3,892	45
Foster Care ACB:	\$2,780	\$5,181	\$6,709	\$7,054	51

H. Current Systems/Planned Changes

- No Plans for New IS
- Considering New IS
- Actively Searching for New IS
- New IS Selected
- Implementation in Progress
- New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Sacramento

Review Date: 16-17 Oct 2007

CAEQRO Size:⁽¹⁾ Large

Region: Central

A. Response to Key Recommendations from FY07

1. Evaluate whether the current delivery of acute psychiatric care through the 100-bed PHF could be reconfigured to include a Medi-Cal billable program:

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--
2. Refocus and prioritize efforts to select and implement a replacement for the CATS/MSO system:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
3. Review capacity for psychiatric appointments and consider alternative service delivery options:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--

B. FY08 Strengths

1. Good communication between administrative, QI, research, fiscal, and IS managers, as well as key staff, has led to reporting key data that evaluates strategic initiatives.
2. The MHP has demonstrated the ability to collect and analyze data from disparate sources to create key reports; the new dashboard report and analysis of ACP data are strong examples.
3. The MHP has created an environment in which there is a high level of consumer and family member involvement and expertise. This is important to maintain and expand upon as the system grows through MHSA program development.

C. FY08 Opportunities for Improvement

1. An impacted adult system results in large caseloads, difficulty accessing psychiatric services, fewer services per beneficiary, and over-reliance upon crisis services.
2. Distribution of information to appropriate providers and stakeholders, such as initiatives, new procedures, and consumer data remains problematic in this large, decentralized system.
3. Waiting for more direction from DMH, the MHP has made little progress toward replacing its antiquated IS in the past year.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. In the likelihood that it will take at several years to fully implement a new IS, consider developing interim approaches for collecting and utilizing clinical data electronically. **Q,O,I**
2. Utilize the website to provide more up to date information for providers and consumers including changes in policies, resource information, and access guides. **A,I,Oth**
3. Continue with work group efforts to increase timely system access, for adults in particular. Determine ways to decrease caseloads and optimize outcomes. **A,T**
4. Assure consumer and family member representation, among other stakeholders, on the system re-design work groups which are beginning. **Q**
5. Distribute dashboard information and other outcomes specific to individual programs so that there is a quality feedback loop. **Q,Oth**

E. Performance Improvement Project - Clinical

Title: Increasing the continuity of care between acute and outpatient settings through T-CORE

Status: Active Little/No Activity None Key Elements: (N=13)
 Completed Concept/Design Yes - 5, Partial - 5, No - 3

F. Performance Improvement Project - Non-Clinical

Title: Reducing 30-day inpatient readmission rate for adults and children

Status: Active Little/No Activity None Key Elements: (N=13)
 Completed Concept/Design Yes - 0, Partial - 0, No - 13

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	7.23%	5.83%	6.52%	6.19%	36
Foster Care PR:	61.85%	52.17%	53.12%	55.25%	15
Hispanic PR:	4.50%	3.13%	3.48%	3.29%	15
App Claims/Bene (ACB):	\$4,403	\$3,413	\$4,155	\$4,451	25
White ACB:	\$4,393	\$3,500	\$4,180	\$4,536	22
Hispanic ACB:	\$4,405	\$3,076	\$3,725	\$4,185	18
Male ACB:	\$4,942	\$3,884	\$4,730	\$5,058	22
Female ACB:	\$3,917	\$3,004	\$3,640	\$3,892	25
Foster Care ACB:	\$8,115	\$5,773	\$6,709	\$7,054	14

H. Current Systems/Planned Changes

- No Plans for New IS
- Considering New IS
- Actively Searching for New IS
- New IS Selected
- Implementation in Progress
- New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: San Benito

Review Date: 19-Nov-2007

CAEQRO Size:⁽¹⁾ Small

Region: Bay Area

A. Response to Key Recommendations from FY07

1. Review the current psychiatric capacity, needs, and wait times to determine if additional psychiatric resources are needed:
 Fully Addressed Partially Addressed Not Addressed
2. Analyze the cause for the decrease in Medi-Cal claims since the initiation of Anasazi and the high Medi-Cal denial rate. Create a written plan to resolve each problem discovered. Then, closely monitor the success and modify the plan as needed:
 Fully Addressed Partially Addressed Not Addressed
3. Develop consumer run support groups. Provide the necessary training and on-going supervision and support that peer leaders will need:
 Fully Addressed Partially Addressed Not Addressed

B. FY08 Strengths

1. MHP recently hired a QI coordinator who will also serve as the Ethnic Services Manager and has improved the QI plan.
2. MHP has opened the Esperanza wellness center and it is well attended. This is an opportunity for consumer employment and consumer program leadership.
3. The MHP continues its telepsychiatry program, which is focused on the Spanish speaking population. With MHSA funding, the MHP also intends to procure additional psychiatrist time.

C. FY08 Opportunities for Improvement

1. The ability to collect and analyze data from the new system remains a barrier. Insufficient report availability does not effectively support normal business operations.
2. Medi-Cal revenue per beneficiary served remains below both the statewide average and the average for small MHPs, suggesting that there may be avenues for increasing revenue.
3. A four year history of high percentage of Medi-Cal claims resulting in denials may indicate a problem in the system or claim operation.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

- | | |
|---|----------------|
| 1. As recommended last year, analyze the reasons for the high denial rate. Create a written plan to resolve each problem discovered. Monitor success routinely. | Q,I |
| 2. Dedicate in-house resources to learning the Anasazi system sufficiently to be able to create reports needed to effectively manage programs. | Q,I,Oth |
| 3. Participate in the Anasazi user group CalSIG (California Special Interest Group) that meets regularly via conference calls to establish contacts directly with other Anasazi users. | I,Oth |
| 4. Plan for the development of future PIPs, which will require remedying data collection and analysis problems. Start a process to conclude existing PIPs and institutionalize the lessons learned. | Q |
| 5. Develop a QI Work Plan aligned with the MHP's strategic plan. Create objectives and goals, to include providing community outreach and off-site services. Show how each goal will be measured for improvement. | Q |

E. Performance Improvement Project - Clinical

Title: Improved Services for Clients with Depression

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 8, Partial - 0, No - 5

F. Performance Improvement Project - Non-Clinical

Title: Improved Access for Older Adults

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 3, Partial - 6, No - 4

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	7.84%	7.52%	7.75%	6.19%	30
Foster Care PR:	43.90%	59.98%	46.03%	55.25%	44
Hispanic PR:	5.95%	3.72%	3.84%	3.29%	6
App Claims/Bene (ACB):	\$2,573	\$5,864	\$3,381	\$4,451	48
White ACB:	\$3,053	\$6,070	\$3,416	\$4,536	40
Hispanic ACB:	\$2,010	\$5,625	\$2,930	\$4,185	51
Male ACB:	\$2,857	\$6,844	\$3,794	\$5,058	47
Female ACB:	\$2,396	\$4,976	\$3,031	\$3,892	48
Foster Care ACB:	\$4,360	\$10,781	\$5,951	\$7,054	38

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: San Bernardino

Review Date: 09-11 Oct 2007

CAEQRO Size:⁽¹⁾ Large

Region: Southern

A. Response to Key Recommendations from FY07

1. Seek input from subject matter experts from various disciplines early and often throughout the search for a new IS and subsequent implementation:

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
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2. Establish a "Reports Committee" to address ad hoc report requests:

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--
3. Continue performance improvement efforts to address already identified problems, such as late evening, weekend and holiday service availability, and open access:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
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B. FY08 Strengths

1. Leadership and communication from the director is positively impacting the greater service delivery system; the MHP has strengthened its commitment to the principles of wellness and recovery in key areas.
2. The Integrated Information Systems Committee includes representation from senior management, program management, clinical, business operations and information technology.
3. The MHP has made extensive efforts to increase access through expanded clinic hours until late evenings and walk-in scheduling. The MHP continues to demonstrate a strong commitment in the use of data to monitor service access and timeliness.

C. FY08 Opportunities for Improvement

1. The MHP lists the equivalent of goals in three separate locations, thereby making it difficult to identify the top departmental goals/strategic initiatives.
2. During the complex and lengthy replacement processes of replacing the legacy system, procedures for timely communication to contract providers will be important as they serve a significant percentage of beneficiaries.
3. Foster care youth continues to have lower penetration and retention rates than the statewide averages. There appear to be barriers within the process for identifying and referring these youth for assessments and services.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. Establish methods for timely communication of IS replacement project to both MHP and contract provider staff. **I,Oth**
2. Track and monitor timeliness outcomes from initial and ongoing appointments, as well as no-show rates. Analyze data and implement strategies to improve access to beneficiaries. **A,T**
3. Examine process barriers for identifying and referring foster care youth for assessments and services. **A**
4. Provide training to staff on working with consumer employees; provide peer support to Peer Family Advocates (PFA). Explore issues of staff morale and consider actions that can bring about meaningful change. **Q**
5. Increase efforts toward true integration between mental health and alcohol and drug services to better serve the consumers with co-occurring disorders, including development of an integration plan with timelines for action. **Q,O**

E. Performance Improvement Project - Clinical

Title: Reducing wait times for initial child psychiatrist appointments and improving clinical outcomes

Status: Active Little/No Activity None Key Elements: (N=13)
 Completed Concept/Design Yes - 3, Partial - 9, No - 1

F. Performance Improvement Project - Non-Clinical

Title: Improving reporting and collecting of GAF score

Status: Active Little/No Activity None Key Elements: (N=13)
 Completed Concept/Design Yes - 0, Partial - 0, No - 13

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	6.20%	6.21%	6.52%	6.19%	40
Foster Care PR:	44.88%	50.53%	53.12%	55.25%	41
Hispanic PR:	3.38%	3.49%	3.48%	3.29%	29
App Claims/Bene (ACB):	\$2,842	\$3,679	\$4,155	\$4,451	44
White ACB:	\$2,889	\$3,932	\$4,180	\$4,536	44
Hispanic ACB:	\$2,783	\$3,432	\$3,725	\$4,185	43
Male ACB:	\$3,086	\$4,064	\$4,730	\$5,058	46
Female ACB:	\$2,627	\$3,331	\$3,640	\$3,892	43
Foster Care ACB:	\$4,298	\$5,181	\$6,709	\$7,054	39

H. Current Systems/Planned Changes

- No Plans for New IS
- Considering New IS
- Actively Searching for New IS
- New IS Selected
- Implementation in Progress
- New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: San Diego

Review Date: 11-13 Sep 2007

CAEQRO Size:⁽¹⁾ Large

Region: Southern

A. Response to Key Recommendations from FY07

1. Conduct caseload and service utilization assessments at contract and MHP providers to determine actual caseloads, and whether these impacted caseloads result in fewer services and negatively affected outcomes:
 Fully Addressed Partially Addressed Not Addressed
2. Provide training on fiscal issues to newly established clinical program monitors so that they have the tools necessary to oversee contracted programs, make informed decisions, and provide meaningful guidance:
 Fully Addressed Partially Addressed Not Addressed
3. Examine ways to improve the production of necessary ad hoc reports to the MHP:
 Fully Addressed Partially Addressed Not Addressed

B. FY08 Strengths

1. The MHP continues to demonstrate a strong commitment to the use of data to monitor service outcomes, including access and timeliness.
2. The IS implementation project is large and complex, and the MHP's risk analysis has identified a number risks involving potentially conflicting state requirements and the challenges in monitoring these risks and adjusting plans accordingly.
3. The MHP is the first in California to have achieved successful outcomes over first three years with two completed PIPs – one to improve access for Latino/Hispanic beneficiaries and a second for consumers with co-occurring disorders.

C. FY08 Opportunities for Improvement

1. The Anasazi conversion strategy is to convert all InSyst consumer demographic data, currently open episodes, and consumer financial data is minimal, but adequate. Closed episode and service data will not be converted.
2. With the exception of the Dashboard Indicators reports which contain high-level summary information, most system-wide data and reports provided to CAEQRO contain just one year of data.
3. Wait times for routine appointments reportedly vary from 6-7 days to three months, depending on the reporter.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

- | | |
|--|--------------|
| 1. Develop a business strategy that permanently retains InSyst archival data. | I |
| 2. Include more than one year of data for comparative or trend line analysis purposes. | Q,O |
| 3. Evaluate system-wide issues which affect timeliness to services. Determine what issues are affecting disparate reports in average waits for services. | T |
| 4. Implement a structured decision-making process into county contract monitor training in order to ensure consistent approaches and directives when they interact with providers. Additionally, consider assigning only one monitor to each provider. | Q,Oth |
| 5. Promote opportunities for expanded consumer and family member involvement on committees and forums designed to obtain their input. | Q,Oth |

E. Performance Improvement Project - Clinical

Title: Reducing poor outcomes for consumers with COD

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 12, Partial - 1, No - 0

F. Performance Improvement Project - Non-Clinical

Title: Improving Latino/Hispanic Access to Services

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 9, Partial - 4, No - 0

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	8.31%	6.21%	6.52%	6.19%	24
Foster Care PR:	65.79%	50.53%	53.12%	55.25%	10
Hispanic PR:	5.18%	3.49%	3.48%	3.29%	11
App Claims/Bene (ACB):	\$3,318	\$3,679	\$4,155	\$4,451	36
White ACB:	\$3,243	\$3,932	\$4,180	\$4,536	37
Hispanic ACB:	\$3,308	\$3,432	\$3,725	\$4,185	32
Male ACB:	\$3,853	\$4,064	\$4,730	\$5,058	32
Female ACB:	\$2,842	\$3,331	\$3,640	\$3,892	39
Foster Care ACB:	\$5,876	\$5,181	\$6,709	\$7,054	23

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

Met Partial Not Met No Review

1. Accurate, consistent and timely data collection and entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: San Francisco

Review Date: 18-20 Mar 2008

CAEQRO Size:⁽¹⁾ Large

Region: Bay Area

A. Response to Key Recommendations from FY07

1. Establish procedures for communicating project and related information with MHP and contract provider staffs:
 Fully Addressed Partially Addressed Not Addressed
2. Assess current demand and help all providers plan for what they have projected to be "pent up demand" for services:
 Fully Addressed Partially Addressed Not Addressed
3. Examine and improve apparent Latino service/claims disparity issues:
 Fully Addressed Partially Addressed Not Addressed

B. FY08 Strengths

1. Implementation of Coordinated Case Management System (CCMS) allows front-line staff and administrators to share critical information about coordinating and evaluating services to the high risk homeless population who impact multiple systems.
2. The MHP continues to utilize the Comprehensive, Continuous, Integrated System of Care (CCISC) model to implement a standardized system-wide approach to transform service delivery into a fully integrated behavioral health system.
3. The MHP has strengthened its peer support and consumer employment by hiring additional consumer/family members, including a full-time consumer manager, with more hiring to come. The MHP is also requiring all contractors to hire consumer employees.

C. FY08 Opportunities for Improvement

1. The data user groups are county-focused with limited contractor or consumer/family member input. Program managers do not appear to use the available data to make changes.
2. The Avatar system implementation lacks meaningful involvement from non-IS stakeholders such as clinical and administrative staff, consumers, and contract providers.
3. Prioritizing indicators for current and ongoing monitoring of outcomes of services continues to be limited to a few programs.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. Include contractors, staff and consumer/family members in assessing and addressing system capacity. Regularly utilize the data compiled by the MHP within the context of this expanded committee. **A,Oth**
2. Ensure that the Avatar implementation is a system wide initiative. Invite contract providers to participate and create a secure web site as well as utilize standing committees to disseminate updated information. **I,Oth**
3. Develop standardized ongoing orientation, mentoring and coaching for peer support and consumer employees. **Q,Oth**
4. Investigate solutions that permit authorized contract providers staff access to Clinician's I Gateway, as well as Internet access by authorized MHP clinical staff, while maintaining the MHPs privacy and security policies for protected health information. **I**
5. Continue to make measurement of system-wide consumer outcomes a priority and evaluate effectiveness of training efforts to improve outcomes. **Q,O**

E. Performance Improvement Project - Clinical

Title: Increasing Capacity to Effectively Treat Clients with BPD

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 4, Partial - 6, No - 3

F. Performance Improvement Project - Non-Clinical

Title: Incredible Years

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 5, Partial - 5, No - 3

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	10.96%	7.52%	6.52%	6.19%	8
Foster Care PR:	45.41%	59.98%	53.12%	55.25%	40
Hispanic PR:	5.94%	3.72%	3.48%	3.29%	7
App Claims/Bene (ACB):	\$6,291	\$5,864	\$4,155	\$4,451	5
White ACB:	\$6,593	\$6,070	\$4,180	\$4,536	6
Hispanic ACB:	\$4,740	\$5,625	\$3,725	\$4,185	13
Male ACB:	\$7,202	\$6,844	\$4,730	\$5,058	5
Female ACB:	\$5,270	\$4,976	\$3,640	\$3,892	9
Foster Care ACB:	\$9,477	\$10,781	\$6,709	\$7,054	9

H. Current Systems/Planned Changes

- No Plans for New IS
- Considering New IS
- Actively Searching for New IS
- New IS Selected
- Implementation in Progress
- New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: San Joaquin

Review Date: 22-23 Jan 2008

CAEQRO Size:⁽¹⁾ Medium

Region: Central

A. Response to Key Recommendations from FY07

1. Prioritize and include performance improvement activities as a strategic initiative:
 Fully Addressed Partially Addressed Not Addressed
2. Improve access to services for the MHP's underserved populations. Determine causes, initiate service capacity, and utilization analysis to promote improved penetration, and address appropriate actions to improve outcomes:
 Fully Addressed Partially Addressed Not Addressed
3. Provide alternative service delivery models promoting service provision according to consumer need, such as open access/walk-in clinics, use of physician extenders / telemedicine:
 Fully Addressed Partially Addressed Not Addressed

B. FY08 Strengths

1. The IS staff have strong technical skills. Long term use of InSyst has resulted in deep knowledge of how to get the most from the aging system.
2. The MHP has recognized the need for system redesigning and taken some initial steps to address problems faced by dually diagnosed consumers.
3. The CC Committee selected and administered a Cultural Competency Agency Self-Assessment. The data has been aggregated to provide the mean score for the 20 domains surveyed. This provides the MHP with a baseline to determine strategies for improvement.

C. FY08 Opportunities for Improvement

1. Low rates of penetration, approved claims, and retention continue to suggest ongoing barriers to access, engagement, and retention in services.
2. Timeliness to services remains problematic, with no systematic attention to monitoring and improving consistent timely access. This may be complicated by inconsistent practices among programs and psychiatric staff.
3. Significant concerns regarding quality of services, including safety of consumer care, in the PHF was noted in a number of sessions throughout the review.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. Develop and implement a systematic plan to investigate, and intervene to reduce drop-out and increase penetration rates for a few selected priority areas and beneficiary populations as a first step to dealing with this complex issue. **A,Q**
2. Develop consistent methodology and standards of care regarding timeliness of appointments that include the request for services through routine service initiation. **A,T**
3. Investigate and address significant complaints during multiple focus groups concerning consumer maltreatment while receiving services at the PHF. **Q**
4. Improve mechanisms for collecting and entering data from contract provider organizations, enhancing both the accuracy and timeliness of data. **I**
5. Re-evaluate the efficiency of using DSG for creating and submitting Medicare claims. Determine if Echo provides similar functionality so labor, expense and delays can be minimized. **I**

E. Performance Improvement Project - Clinical

Title: Improving Treatment Through Engagement

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 0, Partial - 9, No - 4

F. Performance Improvement Project - Non-Clinical

Title: Co-Occurring Disorders-Access to Care

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 0, Partial - 8, No - 5

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	5.50%	5.83%	6.20%	6.19%	47
Foster Care PR:	31.54%	52.17%	57.15%	55.25%	52
Hispanic PR:	2.57%	3.13%	3.19%	3.29%	48
App Claims/Bene (ACB):	\$2,218	\$3,413	\$4,873	\$4,451	52
White ACB:	\$2,329	\$3,500	\$5,107	\$4,536	51
Hispanic ACB:	\$2,252	\$3,076	\$4,478	\$4,185	49
Male ACB:	\$2,642	\$3,884	\$5,527	\$5,058	51
Female ACB:	\$1,899	\$3,004	\$4,283	\$3,892	53
Foster Care ACB:	\$5,476	\$5,773	\$7,339	\$7,054	28

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

Met Partial Not Met No Review

1. Accurate, consistent and timely data collection and entry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: San Luis Obispo

Review Date: 06-07 Nov 2007

CAEQRO Size:⁽¹⁾ Medium

Region: Southern

A. Response to Key Recommendations from FY07

1. Complete a capacity study for psychiatric services. Develop an aggressive strategy to recruit and retain additional psychiatrists and determine interim solutions to meet existing needs:

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
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2. Enhance the capacity within the MHP to provide comprehensive services to consumers with COD:

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--
3. Hire additional staff members to provide behavioral health business and analytical capability for the MHP:

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
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B. FY08 Strengths

1. Continued development of the Latino outreach program via additional staff and programming is continuing to increase community awareness and use of services.
2. The MHP has utilized creative recruiting of psychiatrists and has optimized retention, which has significantly improved availability of psychiatry appointments.
3. The MHP has continued development of a variety of MHPSA services and training in wellness and recovery, including beginning implementation of IDDT and peer to peer and family to family training.

C. FY08 Opportunities for Improvement

1. The MHP has made little progress in developing data analytic skills and developing standardized reports for use in managing operations and evaluating clinical performance.
2. Direct service staff report serious problems with Medical Records timely processing of intake paper work. This results in delays for consumers and inefficiencies for staff providing services because complete records are not available in a timely fashion.
3. Increased communication is needed between IS and QI in order to share knowledge of available data. This sharing of knowledge and expertise will be a significant first step in moving towards a data driven environment.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. Expand data analysis skills to promote an understanding of data driven decision making across the MHP and incorporate use of regular data to manage fiscal and clinical performance. **O,Oth**
2. When migrating to a new system, maintain an active role in the needs assessment and involve line staff in the process. **I**
3. Continue to develop coordination with primary care physicians; develop indicators of success and measure change over time, addressing deficiencies through staff training and inter-agency collaboration processes. **Q,Oth**
4. Develop a focused project addressing lingering productivity management issues, including strategy for gaining staff recognition of need and participation in developing solutions. **A,Oth**
5. Create a clearly defined PIP committee, with a documented and accountable reporting process and assignment of qualified and available leadership, to enhance quality of PIPs and ensure consistent and productive attention to the projects. **Q**

E. Performance Improvement Project - Clinical

Title: The role of Integrated Dual Disorder Treatment (IDDT) in increasing # of clients in Dual Disorder Program (DDP)

Status: Active Little/No Activity None Completed Concept/Design Key Elements: (N=13)
Yes - 2, Partial - 5, No - 6

F. Performance Improvement Project - Non-Clinical

Title: Improving client outcomes through collaborative treatment planning

Status: Active Little/No Activity None Completed Concept/Design Key Elements: (N=13)
Yes - 2, Partial - 5, No - 6

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	8.80%	6.21%	6.20%	6.19%	20
Foster Care PR:	77.22%	50.53%	57.15%	55.25%	5
Hispanic PR:	3.31%	3.49%	3.19%	3.29%	31
App Claims/Bene (ACB):	\$5,115	\$3,679	\$4,873	\$4,451	12
White ACB:	\$4,825	\$3,932	\$5,107	\$4,536	17
Hispanic ACB:	\$4,628	\$3,432	\$4,478	\$4,185	14
Male ACB:	\$6,290	\$4,064	\$5,527	\$5,058	11
Female ACB:	\$4,086	\$3,331	\$4,283	\$3,892	21
Foster Care ACB:	\$9,189	\$5,181	\$7,339	\$7,054	10

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: San Mateo

Review Date: 19-20 Feb 2008

CAEQRO Size:⁽¹⁾ Medium

Region: Bay Area

A. Response to Key Recommendations from FY07

1. Enlist the support of line staff to target a manageable set of strategic initiatives to work on simultaneously. Develop tools to effectively communicate priorities:
 - Fully Addressed Partially Addressed Not Addressed
2. Create simple, easy to follow, dashboards taken from the data book to display a few quality improvement indicators for each initiative, so that all stakeholders can clearly understand the MHP's expectations and values:
 - Fully Addressed Partially Addressed Not Addressed
3. Assess hardware needs to optimally support an individual clinician workstation:
 - Fully Addressed Partially Addressed Not Addressed

B. FY08 Strengths

1. The MHP has formed collaborative committees to lead and assist the implementation of its strategic initiatives.
2. Through MHSA, the MHP created a new position, "Health Disparities Manager", adding leadership and additional resource to its cultural competence and outreach goals and is a strong and visible communication of the MHP's priority to increasing access.
3. The current IS and related Medi-Cal billing functions remain stable and effectively managed. Continued stability will be extremely useful during the transition to a new IS.

C. FY08 Opportunities for Improvement

1. As identified by the MHP, many opportunities for utilizing available data remain limited and appear to be applied mostly at the system planning/ senior management level.
2. Although the MHP reactivated the Cultural Competence Committee, the committee does not have specific, identified goals and ways to track the effectiveness of its selected activities on consumer outcomes.
3. Deferring the replacement of the substance abuse programs' system will hinder integration efforts. A major obstacle in IS integration will be that a consumer has a different medical record number in mental health and substance abuse programs.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. As recommended last year, conduct capacity analysis to inform program planning, and resource management and development especially as access increases at particular clinics. **A,T,Q,O**
2. Identify specific goals, strategies, and timelines in Cultural Competence Committee and relevant Co-Occurring committees and conduct regular evaluation. Consider creating shorter term, manageable goals in ethnic group access disparities reduction. **Q**
3. Develop a plan for dealing with the existence of different consumer identification numbers for mental health and substance abuse programs, in preparation for future IS integration efforts. **I**
4. Provide additional, focused computer training to those staff needing to improve computer skills, in order to help ensure effective use of the new IS. **I**
5. None

E. Performance Improvement Project - Clinical

Title: Identification of Clients with Co-occurring Mental Health and Substance Abuse Problems

Status: Active Little/No Activity None Completed Concept/Design Key Elements: (N=13)
 Yes - 5, Partial - 8, No - 0

F. Performance Improvement Project - Non-Clinical

Title: Open Access East Palo Alto (EPA)

Status: Active Little/No Activity None Completed Concept/Design Key Elements: (N=13)
 Yes - 11, Partial - 2, No - 0

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	8.22%	7.52%	6.20%	6.19%	25
Foster Care PR:	95.45%	59.98%	57.15%	55.25%	3
Hispanic PR:	4.85%	3.72%	3.19%	3.29%	12
App Claims/Bene (ACB):	\$4,631	\$5,864	\$4,873	\$4,451	20
White ACB:	\$5,072	\$6,070	\$5,107	\$4,536	14
Hispanic ACB:	\$3,653	\$5,625	\$4,478	\$4,185	27
Male ACB:	\$5,241	\$6,844	\$5,527	\$5,058	20
Female ACB:	\$4,151	\$4,976	\$4,283	\$3,892	19
Foster Care ACB:	\$5,617	\$10,781	\$7,339	\$7,054	27

H. Current Systems/Planned Changes

- No Plans for New IS
- Considering New IS
- Actively Searching for New IS
- New IS Selected
- Implementation in Progress
- New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Santa Barbara

Review Date: 29-30 Nov 2007

CAEQRO Size:⁽¹⁾ Medium

Region: Southern

A. Response to Key Recommendations from FY07

1. Commit resources to recruiting staff for programs in outlying areas:
 Fully Addressed Partially Addressed Not Addressed
2. Create employment opportunities for consumers and provide vocational support for jobs in the community:
 Fully Addressed Partially Addressed Not Addressed
3. Identify strategies, goals and timelines to improve service retention for Latino beneficiaries and address apparent service disparities among different age groups:
 Fully Addressed Partially Addressed Not Addressed

B. FY08 Strengths

1. The MHP has developed a formal assessment tool in the Level of Care and Recovery Inventory (LOCRI); the timeline from development to implementation has been impressive.
2. The development of the Latino Advisory Committee (LAC) and the MHP's pledge to hire bilingual/bicultural staff demonstrates the agency's commitment to improving Latino access and retention.
3. The IS staff has shown itself to be very responsive to the needs and requests of the MHP.

C. FY08 Opportunities for Improvement

1. Due to the many changes the MHP is experiencing, it may be difficult to create meaningful strategic plans, communicate them to staff, and execute them.
2. Staff morale is low, at risk for burnout due to the combined stressors of budget problems, staff shortages, increased caseloads, incomplete communication from leadership, and a perception that supervisors' experience is untapped and undervalued.
3. The MHP is unable to accurately monitor and assess timeliness to appointments, especially from point of initial service request to first appointment.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. Seek feedback from long term staff to maintain critical institutional knowledge while benefitting from a new management team. Develop clear, concise strategic plans and regularly communicate these plans. **Q,Oth**
2. Continue with LOCRI implementation; include formal tests of reliability and consistency across raters. The MHP's high percentage of retention past fifteen services warrants some analysis, as does the claims disparities for Latinos and women. **A,Q,O**
3. Conduct a needs assessment of clinical staff regarding recovery and consumer employment. Implement formalized support and training structures for consumer employees and other staff as indicated. **Q**
4. Establish a multi-disciplinary IS advisory committee or similar entity composed of MHP and contractor members, ranging from leadership to line staff, to determine priorities in the development of reports and implementation of additional functionality. **I**
5. Facilitate closer working relationships between the IS and clinical staff in order to enable adequate access to historic information during the process of migrating to an EHR. **Q,I**

E. Performance Improvement Project - Clinical

Title: The MHP did not submit a clinical PIP

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 0, Partial - 0, No - 13

F. Performance Improvement Project - Non-Clinical

Title: The MHP did not submit a non-clinical PIP

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 0, Partial - 0, No - 13

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	6.90%	6.21%	6.20%	6.19%	37
Foster Care PR:	74.10%	50.53%	57.15%	55.25%	7
Hispanic PR:	4.27%	3.49%	3.19%	3.29%	18
App Claims/Bene (ACB):	\$7,822	\$3,679	\$4,873	\$4,451	3
White ACB:	\$8,437	\$3,932	\$5,107	\$4,536	3
Hispanic ACB:	\$6,379	\$3,432	\$4,478	\$4,185	4
Male ACB:	\$8,581	\$4,064	\$5,527	\$5,058	3
Female ACB:	\$7,113	\$3,331	\$4,283	\$3,892	3
Foster Care ACB:	\$8,428	\$5,181	\$7,339	\$7,054	13

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Santa Clara

Review Date: 25-27 Feb 2008

CAEQRO Size:⁽¹⁾ Large

Region: Bay Area

A. Response to Key Recommendations from FY07

1. Assertively address issues associate with staff morale:

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
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2. Continue efforts to improve the reliability and efficiency of the entire Medi-Cal processing cycle:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
3. Create positions with benefits and career ladders for consumers who are employees:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--

B. FY08 Strengths

1. Development of the Mental Health Screening Assessment Center provides mental and primary health evaluations for all newly enrolled consumers, to date 500 consumers have been enrolled.
2. The MHP has begun to fully integrate clinical and administrative responsibilities of the Acute Psychiatric Services within the MHP. A consulting firm was utilized that outlined specific recommendations, objectives, tasks and benchmarks.
3. The MHP established the Ethnic Community Advisory Committee, made up of nine community advisory groups, as well as provided funding and administrative support.

C. FY08 Opportunities for Improvement

1. Clinical supervisors and line staff knowledge of critical information to effectively perform job tasks were site and manager dependent.
2. Despite five years of experience and valiant efforts, even sophisticated UNI/CARE system users find the system unfriendly, difficult and cumbersome to use. There seems to be little likelihood that this situation can be improved.
3. Lack of integration of UNI/CARE and INVISION requires redundant data entry of consumer information to support the Mental Health Screening Assessment Center. The systems currently do not have common identifiers.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. Actively and consistently include consumer employees, line staff and clinical supervisors in the decision-making process of strategic initiatives and service delivery. **Q,Oth**
2. Initiate a formal cost/benefit study to address the pros and cons of continuing to use the current IS. **I**
3. Create specific and ongoing orientation/training and mentoring for consumer employees **Q,O**
4. Develop an ongoing process that utilizes data, current committees and stakeholders to identify service needs and capacity in an integrated fashion throughout the whole system. **A,O**
5. Continue to focus on improving the SD/MC claim operation, improving the claim denial rate, and attaining a less volatile monthly claim volume. **I**

E. Performance Improvement Project - Clinical

Title: Increasing Appointment Adherence for TAY

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 1, Partial - 12, No - 0

F. Performance Improvement Project - Non-Clinical

Title: Customer Satisfaction Survey

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 0, Partial - 0, No - 13

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	5.67%	7.52%	6.52%	6.19%	43
Foster Care PR:	51.89%	59.98%	53.12%	55.25%	32
Hispanic PR:	3.29%	3.72%	3.48%	3.29%	32
App Claims/Bene (ACB):	\$6,210	\$5,864	\$4,155	\$4,451	6
White ACB:	\$6,625	\$6,070	\$4,180	\$4,536	5
Hispanic ACB:	\$7,462	\$5,625	\$3,725	\$4,185	3
Male ACB:	\$7,107	\$6,844	\$4,730	\$5,058	6
Female ACB:	\$5,451	\$4,976	\$3,640	\$3,892	7
Foster Care ACB:	\$18,492	\$10,781	\$6,709	\$7,054	2

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

Met Partial Not Met No Review

1. Accurate, consistent and timely data collection and entry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Santa Cruz

Review Date: 26-27 Sep 2007

CAEQRO Size:⁽¹⁾ Medium

Region: Bay Area

A. Response to Key Recommendations from FY07

1. Analyze patterns of service to identify desired utilization patterns and understand the high approved claims per beneficiary served:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
2. Formalize the InSyst replacement project with a designated project manager, along with full executive support and attention to hardware replacement that will be necessary:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
3. Increase the use of reports to increase understanding of the "big picture," in terms of business processes and consumer services:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--

B. FY08 Strengths

1. Penetration rate for the Latino population increased significantly from 2.32% in CY05 to 4.22% in CY06.
2. The wellness center at MHCAN and other contract providers demonstrate consumer leadership and a number of opportunities for promotion of wellness and meaningful life activities.
3. Improved communication and co-location with primary health care appears to contribute to easier access and collaborative treatment.

C. FY08 Opportunities for Improvement

1. Complex and unclear processes for admission to the system appear to affect the timeliness of delivery of this service.
2. The use of multiple information systems to record data redundantly is labor intensive and prone to error. There appears to be little attention paid to cross-system quality control.
3. At the time of the review (September 26), August services had not been entered to the system. This represents a serious delay in recording service data.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. Continue with efforts already underway to understand better the patterns of service delivery. Consider whether outcomes could be maintained while services are expanded to others who have traditionally not met criteria for inclusion. **Q**
2. Analyze the continuing need to support multiple information systems. **I**
3. To satisfy the need for access to more clinical information, consider interim steps toward electronic health records if full systems replacement is not feasible in foreseeable future. **Q,I**
4. Continue efforts to create multiple points of entry to the system. **A,T**
5. Consider expanding upon services such as the groups being developed for consumers who do not meet the system of care criteria as well as consumers who are unfunded. **A**

E. Performance Improvement Project - Clinical

Title: Diagnosing co-occurring disorders

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 1, Partial - 3, No - 9

F. Performance Improvement Project - Non-Clinical

Title: Timeliness of initial services

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 4, Partial - 4, No - 5

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	7.92%	7.52%	6.20%	6.19%	28
Foster Care PR:	96.81%	59.98%	57.15%	55.25%	2
Hispanic PR:	4.48%	3.72%	3.19%	3.29%	16
App Claims/Bene (ACB):	\$11,572	\$5,864	\$4,873	\$4,451	1
White ACB:	\$11,582	\$6,070	\$5,107	\$4,536	1
Hispanic ACB:	\$10,801	\$5,625	\$4,478	\$4,185	2
Male ACB:	\$12,359	\$6,844	\$5,527	\$5,058	2
Female ACB:	\$10,727	\$4,976	\$4,283	\$3,892	1
Foster Care ACB:	\$20,316	\$10,781	\$7,339	\$7,054	1

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Shasta

Review Date: 04-05 Oct 2007

CAEQRO Size:⁽¹⁾ Small

Region: Superior

A. Response to Key Recommendations from FY07

1. Implement quality improvement monitoring activities by defining a minimum of 2-3 specific and measurable goals after baseline analyses, and utilize internal processes to assess MHP success in achieving desired outcomes for consumers:

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---
2. Avoid assumptions about the claims history being related strictly to rates, and analyze numbers and patterns of services, consumers, programs, and categories of clinical outcomes to ensure that these results are not reflective of other problematic issues:

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---
3. Develop a plan for conversion of data from InSyst to the Avatar system. Weigh the conversion of data based upon perceived value, volume, and integrity of data. Begin clean-up of data that will be converted:

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--

B. FY08 Strengths

1. Multi-disciplinary teams monitored the planning, testing and implementation of AvatarPM. Consistent communication was maintained with both the vendor and the California Regional Mental Health System (CRMHS) during planning and implementation.
2. The MHP has maintained a low rate of denied claims due to well documented policies and procedures and the cross training of staff.
3. The MHP is part of an interagency collaborative serving foster care children and families that supports access to services for this high risk population.

C. FY08 Opportunities for Improvement

1. Methodologies for tracking appointment wait times and outcomes for routine clinical and initial medication assessment appear problematic or absent.
2. Reports to support clinical management and monitor the quality of services are not available.
3. The MHP has only one Spanish speaking clinician available, employed at a contract provider. Strategies for increasing bilingual clinical capacity are not developed.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. As recommended by CAEQRO last year, advance mechanisms to track and measure timeliness and outcomes of initial and on-going appointment wait times, and engagement. **T,O**
2. Prioritize increasing psychiatric service capacity and monitor consumer access despite current physician shortage. Use the data to inform planning, treatment strategies and monitoring of consumer status during this time of low access. **T,O**
3. Ensure that documentation is created for new policies, procedures and business practices as enhancements are implemented and current processes or job functions are modified during Clinical Workstation (CWS) implementation. **I,Oth**
4. Perform further analysis of service utilization patterns in relation to outcomes, particularly in light of the MHP's lower approved claims per beneficiary served. **A,Q,O**
5. Continue to work collaboratively with CRMHS to develop data analytic skills and Crystal Report writing expertise. This sharing of knowledge and expertise is a significant benefit of CRMHS participation. **Q,Oth**

E. Performance Improvement Project - Clinical

Title: SCERP - Reducing rehospitalizations

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 9, Partial - 4, No - 0

F. Performance Improvement Project - Non-Clinical

Title: Satisfaction with 24/7 Helpline Service

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 2, Partial - 7, No - 4

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	9.97%	10.06%	7.75%	6.19%	12
Foster Care PR:	51.99%	54.40%	46.03%	55.25%	31
Hispanic PR:	5.84%	3.92%	3.84%	3.29%	8
App Claims/Bene (ACB):	\$3,144	\$4,350	\$3,381	\$4,451	39
White ACB:	\$3,195	\$4,287	\$3,416	\$4,536	38
Hispanic ACB:	\$2,984	\$4,587	\$2,930	\$4,185	39
Male ACB:	\$3,427	\$4,871	\$3,794	\$5,058	41
Female ACB:	\$2,899	\$3,913	\$3,031	\$3,892	36
Foster Care ACB:	\$5,670	\$6,586	\$5,951	\$7,054	24

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

Met Partial Not Met No Review

1. Accurate, consistent and timely data collection and entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Siskiyou

Review Date: 22-Apr-2008

CAEQRO Size:⁽¹⁾ Small-Rural

Region: Superior

A. Response to Key Recommendations from FY07

1. Reassess the value of data and the potential use of examining the outcomes of high penetration rates and amount claimed per beneficiary:

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---

2. Analyze service provision patterns to assess the service capacity and consumer progression through the system. Use this information to address the long wait times, high crisis service demand, and increase in community suicide or other adverse events:

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---

3. Invest executive and management attention and resources on the need to incorporate monitoring of clinical outcomes into program and business management practices:

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---

B. FY08 Strengths

1. The MHP continues to have one of the highest Medi-Cal penetration rates in the state.
2. The MHP continues to support access by providing transportation for consumers.
3. The addition of the ten Family Resource Centers through MHSA has brought resources and potential links to services to several and outlying areas.

C. FY08 Opportunities for Improvement

1. The continued lack of examination of treatment capacity and service delivery patterns hinder development of strategies to address long wait times and barriers to timely service delivery.
2. Performance management practices remain absent, and ideas or initial plans to monitor clinical outcomes have not begun.
3. The communication system for medication services is difficult and a barrier for timely care and information for consumers.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. Examine the outcomes of the high amount claimed per beneficiary to develop system strategies for treatment and access within the available resources. Establish standards, monitoring, and measures to ensure access and effectiveness. **A,Q,O**

2. Increase quality management and performance improvement activities. **Q**

3. As started, continue efforts to add consumer and family member input at all levels to contribute to quality improvement and monitoring practices. **Q,Oth**

4. Identify the production of HIPAA compliant claims and required state reports as critical priorities. **I**

5. Define outcome measures and other performance indicators available from the IS and develop a plan for accurately collecting and reporting the data. **Q,O,I**

E. Performance Improvement Project - Clinical

Title: SCERP - Reducing rehospitalizations

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 0, Partial - 0, No - 13

F. Performance Improvement Project - Non-Clinical

Title: The MHP did not submit a Non-Clinical PIP.

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 0, Partial - 0, No - 13

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	13.20%	10.06%	10.64%	6.19%	1
Foster Care PR:	65.25%	54.40%	53.72%	55.25%	11
Hispanic PR:	7.28%	3.92%	4.24%	3.29%	3
App Claims/Bene (ACB):	\$10,932	\$4,350	\$5,069	\$4,451	2
White ACB:	\$10,628	\$4,287	\$4,987	\$4,536	2
Hispanic ACB:	\$13,613	\$4,587	\$5,507	\$4,185	1
Male ACB:	\$12,848	\$4,871	\$5,907	\$5,058	1
Female ACB:	\$9,325	\$3,913	\$4,433	\$3,892	2
Foster Care ACB:	\$15,747	\$6,586	\$6,949	\$7,054	3

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

Met Partial Not Met No Review

1. Accurate, consistent and timely data collection and entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Solano

Review Date: 20-21 Sep 2007

CAEQRO Size:⁽¹⁾ Medium

Region: Bay Area

A. Response to Key Recommendations from FY07

1. Improve tracking of the timely response to service requests, linkages to the initiation of services, and the resulting utilization patterns, with particular attention to underserved demographic groups and geographic region:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
2. Address methods for increasing staff involvement in program planning and improving staff morale as part of a systemic focus on wellness, recovery, and resilience:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
3. Maintain high-level attention to the selection and procurement of a new information system:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--

B. FY08 Strengths

1. The current IS remains stable and reasonably effective for basic administrative operations, while the MHP continues its search for a replacement as soon as possible, to include clinical functionality and better adherence to industry standards.
2. Written documentation, including policies and procedures and cross-training of staff in the billing/collections area have improved significantly since the last review. Further opportunities for improvement have been identified and work is underway.
3. A consumer and family member have each been added as members of the senior management team. The next step will be to create meaningful venues for input and the ability for these stakeholders to affect change.

C. FY08 Opportunities for Improvement

1. Replacement of the current IS with a complete, electronic health record system will challenge the organization during the transition but will bring many lasting benefits.
2. Obtaining detailed encounter data from Kaiser for those Medi-Cal consumers served under the capitated arrangement with the MHP can provide useful information that can help assess the effectiveness of this service delivery system.
3. Access to services and the amount of approved claims for females when compared to men represents a significant disparity which may be increasing over time. Latino access has improved but requires ongoing attention.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

- | | |
|---|----------------|
| 1. Maintain a high priority on the current plan for selection of an IS replacement and establish an initial implementation timeline by mid-2008, in order to complete replacement before existing software product support is discontinued. | I |
| 2. Conduct program capacity analyses in order to determine realistic ways to improve system responsiveness for the initiation of services throughout the system. Create a system for centralized monitoring of effectiveness of strategies. | A,T,Q |
| 3. Increase the spread of information regarding the wellness centers; monitor outcomes closely to assure that consumer needs are met and are flexibly addressed depending upon needs of different populations. | Q,O,Oth |
| 4. Develop processes that support increasing the role of the consumer and family member representatives on the management team. | Q,Oth |
| 5. Work to improve the relationships among the compliance and quality improvement units and the programs. | Q,Oth |

E. Performance Improvement Project - Clinical

Title: Improving the Clinical Screening Process for Trauma Exposure in Mentally Ill Beneficiaries

Status: Active Little/No Activity None Key Elements: (N=13)
 Completed Concept/Design Yes - 7, Partial - 6, No - 0

F. Performance Improvement Project - Non-Clinical

Title: Increasing access to assessments by decreasing wait times

Status: Active Little/No Activity None Key Elements: (N=13)
 Completed Concept/Design Yes - 5, Partial - 5, No - 3

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	5.63%	7.52%	6.20%	6.19%	46
Foster Care PR:	61.96%	59.98%	57.15%	55.25%	14
Hispanic PR:	2.43%	3.72%	3.19%	3.29%	49
App Claims/Bene (ACB):	\$5,043	\$5,864	\$4,873	\$4,451	13
White ACB:	\$4,895	\$6,070	\$5,107	\$4,536	16
Hispanic ACB:	\$4,582	\$5,625	\$4,478	\$4,185	15
Male ACB:	\$6,134	\$6,844	\$5,527	\$5,058	12
Female ACB:	\$3,938	\$4,976	\$4,283	\$3,892	23
Foster Care ACB:	\$7,883	\$10,781	\$7,339	\$7,054	16

H. Current Systems/Planned Changes

- No Plans for New IS
- Considering New IS
- Actively Searching for New IS
- New IS Selected
- Implementation in Progress
- New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Sonoma

Review Date: 22-23 Aug 2007

CAEQRO Size:⁽¹⁾ Medium

Region: Bay Area

A. Response to Key Recommendations from FY07

1. Support the planning and implementation of a new IS by including this goal as a strategic initiative:
 - Fully Addressed Partially Addressed Not Addressed
2. Reinforce system-wide initiatives to promote access by improving consumer penetration rates, focusing on foster care youth, Latinos, and Native Americans:
 - Fully Addressed Partially Addressed Not Addressed
3. Advance mechanisms to track and measure the timeliness and outcomes of initial and on-going appointment wait times:
 - Fully Addressed Partially Addressed Not Addressed

B. FY08 Strengths

1. The MHP's leadership created new opportunities to assure the provision of mental health services within non-traditional sites such as all FQHCs, urban and rural, in the county.
2. The MHP's skilled and dedicated QM staff has maintained consistently low denial, low disallowance, and low audit exception rates as a result of strong documentation training and quality audits.
3. As part of a system-wide initiative to include the expertise and input of consumer/family member leaders, the MHP created two management level positions as liaisons among consumer/family members, service providers and MHP administration.

C. FY08 Opportunities for Improvement

1. The IS selection and implementation have been delayed by over a year because of internal concerns about technical issues. Continued challenges include departmental barriers, internal stakeholder and provider inclusion.
2. Limited resources for QM activities have resulted in the prioritization of compliance-related activities and the minimization of clinical performance outcome measurements and analysis.
3. MHP lacks stable, consistent measures to track initial and ongoing appointment wait times. Further, these are assessed only annually.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. Ensure that the planning process for a new IS includes key stakeholders and users, including contract providers and clinicians. **I**
2. Ensure that clinical quality management efforts achieve the same levels of success as documentation compliance. **Q,O**
3. As recommended by CAEQRO last year, develop mechanisms to track timeliness and outcomes of initial and on-going appointment wait times **T,O**
4. Involve significant stakeholders to identify ways to improve care coordination in a cost-effective manner. **Q**
5. Foster multi-stakeholder dialogue and support of "lay" consumer and family advocates into existing "professional" models. **Q,Oth**

E. Performance Improvement Project - Clinical

Title: The MHP did not submit a Clinical PIP. All elements are rated as "not met" for purposes of analysis.

Status: Active Little/No Activity None Key Elements: (N=13)
 Completed Concept/Design Yes - 0, Partial - 0, No - 13

F. Performance Improvement Project - Non-Clinical

Title: Reducing LPS Conservatorships

Status: Active Little/No Activity None Key Elements: (N=13)
 Completed Concept/Design Yes - 9, Partial - 4, No - 0

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	5.80%	7.52%	6.20%	6.19%	42
Foster Care PR:	47.26%	59.98%	57.15%	55.25%	35
Hispanic PR:	1.59%	3.72%	3.19%	3.29%	54
App Claims/Bene (ACB):	\$6,117	\$5,864	\$4,873	\$4,451	7
White ACB:	\$6,122	\$6,070	\$5,107	\$4,536	7
Hispanic ACB:	\$5,504	\$5,625	\$4,478	\$4,185	6
Male ACB:	\$6,572	\$6,844	\$5,527	\$5,058	9
Female ACB:	\$5,683	\$4,976	\$4,283	\$3,892	5
Foster Care ACB:	\$7,528	\$10,781	\$7,339	\$7,054	18

H. Current Systems/Planned Changes

- No Plans for New IS
- Considering New IS
- Actively Searching for New IS
- New IS Selected
- Implementation in Progress
- New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Stanislaus

Review Date: 03-04 Apr 2008

CAEQRO Size:⁽¹⁾ Medium

Region: Central

A. Response to Key Recommendations from FY07

1. Conduct contingency planning regarding possible psychiatric inpatient service changes with stakeholders and assure that consumers and family members are informed:
 - Fully Addressed Partially Addressed Not Addressed
2. Implement formal performance improvement projects especially those associated with strategies to identify and mitigate effects of program reduction:
 - Fully Addressed Partially Addressed Not Addressed
3. As consumers and family members often represent different interests and perspectives, committees and meetings should include representatives from each group. Reconsider development of a Family Advocate position:
 - Fully Addressed Partially Addressed Not Addressed

B. FY08 Strengths

1. The MHP is data-driven in its approach to administrative, programmatic, and clinical decision making activities. Ad hoc reporting capabilities, data analysis skills and inter-departmental collaboration assure the availability of data across the MHP.
2. Supportive and focused leadership within the MHP and strong staff morale contribute to a high quality service delivery system.
3. Contract providers report strong working relationships with the MHP; they have access to meaningful reports, are integrated into decision making committees, and are generally able to resolve problems in an expedient and satisfactory manner.

C. FY08 Opportunities for Improvement

1. Due to ongoing budget challenges, program sites in outlying communities have closed, leaving consumers and family members with greater barriers to services.
2. Many consumers previously served at the MHP were referred to community agencies, but there does not appear to be a process for monitoring that the referral was successful.
3. The MHP does not track specific health-related outcomes resulting from collaboration with primary care.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. Determine whether the closing of particular programs, particularly those in outlying areas, has negatively affected access including indigent populations and underserved groups. **A**
2. Identify specific health-related indicators pertaining to consumer outcomes, and thereby analyze the effectiveness of communication between the MHP and primary care. **O**
3. Continue to obtain line staff feedback on weaknesses of the daily operations of the current IS system and desired functionality of the new system. The ability to continue to obtain data via both standard and ad hoc reporting will be of high priority. **I**
4. Consider a dedicated project manager for the information system replacement, which should help ensure a successful implementation. **I**
5. Analyze issues associated with the low Asian/Pacific Islander penetration rate, including barriers to access and whether current outreach strategies need improvement. This recommendation was made in the last CAEQRO report. **A**

E. Performance Improvement Project - Clinical

Title: Co-Occurring Treatment

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 5, Partial - 3, No - 5

F. Performance Improvement Project - Non-Clinical

Title: Primary Care Physician Contact

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 11, Partial - 1, No - 1

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	5.90%	5.83%	6.20%	6.19%	41
Foster Care PR:	58.96%	52.17%	57.15%	55.25%	20
Hispanic PR:	3.13%	3.13%	3.19%	3.29%	36
App Claims/Bene (ACB):	\$3,521	\$3,413	\$4,873	\$4,451	32
White ACB:	\$3,659	\$3,500	\$5,107	\$4,536	32
Hispanic ACB:	\$2,886	\$3,076	\$4,478	\$4,185	41
Male ACB:	\$3,656	\$3,884	\$5,527	\$5,058	35
Female ACB:	\$3,384	\$3,004	\$4,283	\$3,892	28
Foster Care ACB:	\$6,004	\$5,773	\$7,339	\$7,054	22

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

Met Partial Not Met No Review

1. Accurate, consistent and timely data collection and entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Sutter/Yuba

Review Date: 12-Feb-2008

CAEQRO Size:⁽¹⁾ Small

Region: Central

A. Response to Key Recommendations from FY07

1. Assign a dedicated project manager to increase the chance of a successful IS implementation. Include line staff feedback in the implementation and ensure that business practices are documented:

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---
2. Continue to review the intake process and timely access to medication support services; perform a barrier analysis and address identified issues:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
3. Analyze factors affecting the low foster care and Asian/Pacific Islander penetration rates and consider improvements to manage risk and improve access for these beneficiaries:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
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B. FY08 Strengths

1. Wellness and Recovery is enhanced by the Navigation Map pilot for identifying consumer strengths, goals and current self-assessment.
2. The hiring of resource specialists focusing on employment, housing, parenting, and self-help development is strengthening wellness and recovery efforts in the county.
3. The hiring of bilingual/bicultural staff, outreach to ethnic communities, co-location of services at primary care clinics, and opening of a Hmong Center are strengthening efforts to increase access and retention of underserved populations.

C. FY08 Opportunities for Improvement

1. While consumer and family member employees express enthusiasm and love of their jobs, they also express a need for further role-specific training and opportunities to expand work hours, obtain benefits, and career advancement.
2. Timely access to medication support services remains an issue that is largely unaddressed.
3. While the MHP is using more data for performance management than it has done in the past, challenges remain in data access, analysis, report development and sharing, and data-based decision making.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. Support the RFP development and release, while waiting for MHSA IT guidelines to be published. **I**
2. Continue to review the intake process and timely access to medication support services; monitor timeliness, perform a barrier analysis and address identified issues to improve timeliness and access to services. **A,T**
3. Provide consumer and family member employees with role-specific training and opportunities to expand work hours, obtain benefits, and career advancement. **Q,Oth**
4. Review the service delivery system for foster care youth for needed improvements and consider providing support groups for parents and children, and socialization opportunities for consumers. **A**
5. Continue to recruit for the business analyst positions, improve data collection accuracy, and address barriers to use data analysis in performance management activities. **Q,I**

E. Performance Improvement Project - Clinical

Title: SCERP - Reducing rehospitalizations

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 9, Partial - 4, No - 0

F. Performance Improvement Project - Non-Clinical

Title: Decreasing No Show Rates

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 3, Partial - 7, No - 3

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	7.52%	5.83%	7.75%	6.19%	34
Foster Care PR:	32.47%	52.17%	46.03%	55.25%	51
Hispanic PR:	2.78%	3.13%	3.84%	3.29%	47
App Claims/Bene (ACB):	\$3,745	\$3,413	\$3,381	\$4,451	30
White ACB:	\$3,775	\$3,500	\$3,416	\$4,536	30
Hispanic ACB:	\$3,636	\$3,076	\$2,930	\$4,185	28
Male ACB:	\$4,733	\$3,884	\$3,794	\$5,058	28
Female ACB:	\$2,973	\$3,004	\$3,031	\$3,892	33
Foster Care ACB:	\$9,770	\$5,773	\$5,951	\$7,054	7

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Tehama

Review Date: 30-Jul-2007

CAEQRO Size:⁽¹⁾ Small

Region: Superior

A. Response to Key Recommendations from FY07

1. Perform a business needs assessment and develop a long term plan to replace the current aging information system:
 Fully Addressed Partially Addressed Not Addressed
2. Promote an atmosphere of performance improvement by identifying outcome indicators and sharing the information with committees to foster data-driven decisions about consumers' needs:
 Fully Addressed Partially Addressed Not Addressed
3. Develop strategies and goals to address the disparities in Latino - Caucasian penetration rates and approved claims:
 Fully Addressed Partially Addressed Not Addressed

B. FY08 Strengths

1. The MHP has taken tangible steps to improve timely access to services.
2. Collaboration across county departments and community agencies has strengthened the MHP's ability to provide services to its populations and coordinate care within its crisis unit.
3. Clinical staff appears to embrace wellness and recovery principles and view working with consumer employees as routine business operation.

C. FY08 Opportunities for Improvement

1. Despite recent improvements in timeliness of initial access, lengthy wait times for appointments after intake remain significant barriers, especially for individual appointments with the psychiatrist and clinicians.
2. The MHP has the necessary equipment to provide telepsychiatry services, but plans to continue recruiting for another psychiatrist rather than pursuing the use of telepsychiatry in the meantime.
3. The MHP staff has limited knowledge of available data and skills to access data from the aging CHMC system.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. Pursue telepsychiatry as an interim solution to mitigate long wait times while continuing recruitment for additional medical staff. **A,T**
2. Analyze service utilization and system capacity. Develop strategies to address low Latino penetration rates, below-average claims per beneficiary served for Latinos and foster care youth, and gender disparity in foster care claims. **A,O**
3. Develop specific indicators to measure and monitor clinical and business outcomes, such as timely access to psychiatrists and clinicians, retention patterns, and effectiveness of cultural competence efforts. **O**
4. Increase internal MHP knowledge of the CMHC report generation tools, thereby increasing access to data and reporting capabilities, and reducing dependence on the limited resources of the HSA IS department. **I**
5. Develop and disseminate a protocol addressing the need for flexibility and individualizing expectations of participation in First Steps to Success program for incoming consumers. **A,T**

E. Performance Improvement Project - Clinical

Title: SCERP - Reducing rehospitalizations

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 9, Partial - 4, No - 0

F. Performance Improvement Project - Non-Clinical

Title: Improving Outcomes for Tehama County Latino Medi-Cal beneficiaries

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 4, Partial - 5, No - 4

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	9.65%	10.06%	7.75%	6.19%	14
Foster Care PR:	50.00%	54.40%	46.03%	55.25%	33
Hispanic PR:	3.45%	3.92%	3.84%	3.29%	26
App Claims/Bene (ACB):	\$2,918	\$4,350	\$3,381	\$4,451	43
White ACB:	\$2,986	\$4,287	\$3,416	\$4,536	41
Hispanic ACB:	\$2,117	\$4,587	\$2,930	\$4,185	50
Male ACB:	\$3,372	\$4,871	\$3,794	\$5,058	43
Female ACB:	\$2,622	\$3,913	\$3,031	\$3,892	44
Foster Care ACB:	\$5,165	\$6,586	\$5,951	\$7,054	32

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

Met Partial Not Met No Review

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Trinity

Review Date: 24-Apr-2008

CAEQRO Size:⁽¹⁾ Small-Rural

Region: Superior

A. Response to Key Recommendations from FY07

1. Develop the ability to routinely extract, analyze, and use data to make decisions within the organization:
 Fully Addressed Partially Addressed Not Addressed
2. Continue to increase consumers' participation on the executive planning and decision-making levels. Assure that there is strong consumer/family member representation on committees that influence the service delivery system:
 Fully Addressed Partially Addressed Not Addressed
3. Expand monitoring of timeliness to psychiatrist appointments, explore strategies to minimize provider turnover, and regularly evaluate service quality and effectiveness. Consider adopting clear psychiatric prescribing guidelines:
 Fully Addressed Partially Addressed Not Addressed

B. FY08 Strengths

1. The MHP has developed multiple strategies partnering with health clinics and other MHPs to increase access.
2. As last year, the MHP has invested resources to increase the use of data by hiring a database consultant from a contract provider partner.
3. Despite a high turn-over in support staff, the MHP has managed to continue its practice of timely and accurate data entry and claiming as demonstrated by stable revenue and low denial rate.

C. FY08 Opportunities for Improvement

1. Consumers and family member involvement at all levels of the MHP remains limited.
2. The MHP does not have program and clinical outcome indicators, limiting its ability to evaluate results of ongoing practices.
3. The average approved claim per foster care beneficiary continues to decline and analysis to understand the issue has not been conducted.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

- | | |
|--|----------------|
| 1. Continue efforts to develop the ability to routinely extract, analyze, and use data to monitor and manage performance in program and business processes. | Q,O,I |
| 2. As recommended last year, examine current service provision patterns, especially retention and penetration rates to assess system capacity and improve timeliness. | A,T,Q,O |
| 3. Develop goals and strategies to increase consumer and family member participation on decision making levels. Develop effective and feasible ways to assure consumer/family members influence the service system. | Q |
| 4. Assign a project manager for the IS implementation with the skills and time availability necessary for the job. This will potentially be a critical factor in ensuring a successful and timely completion of the project. | I |
| 5. Use the collected outcome data for the recently implemented evidence based practices and develop a plan to analyze the data to evaluate the effectiveness of these practices. | Q,O,I |

E. Performance Improvement Project - Clinical

Title: MHP did not submit an active Clinical and Non-Clinical PIP

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 0, Partial - 0, No - 13

F. Performance Improvement Project - Non-Clinical

Title: MHP did not submit an active Clinical and Non-Clinical PIP

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 0, Partial - 0, No - 13

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	11.14%	10.06%	10.64%	6.19%	6
Foster Care PR:	44.19%	54.40%	53.72%	55.25%	43
Hispanic PR:	8.82%	3.92%	4.24%	3.29%	1
App Claims/Bene (ACB):	\$4,484	\$4,350	\$5,069	\$4,451	23
White ACB:	\$4,386	\$4,287	\$4,987	\$4,536	23
Hispanic ACB:	\$3,990	\$4,587	\$5,507	\$4,185	25
Male ACB:	\$4,848	\$4,871	\$5,907	\$5,058	26
Female ACB:	\$4,207	\$3,913	\$4,433	\$3,892	17
Foster Care ACB:	\$3,670	\$6,586	\$6,949	\$7,054	45

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Tulare

Review Date: 11-12 Sep 2007

CAEQRO Size:⁽¹⁾ Medium

Region: Central

A. Response to Key Recommendations from FY07

1. Address the issues of access and timeliness of services, penetration rates, and access to quality medication support services:
 - Fully Addressed
 - Partially Addressed
 - Not Addressed
2. Focus on successful PIP development by identifying a project as a priority strategic initiative and broaden the involvement of relevant stakeholders:
 - Fully Addressed
 - Partially Addressed
 - Not Addressed
3. Review the performance of treatment for co-occurring disorders, comparing prevalence rates to rates of diagnoses in mental health consumers, the accessibility of dual diagnosis groups, and outcomes:
 - Fully Addressed
 - Partially Addressed
 - Not Addressed

B. FY08 Strengths

1. The high numbers of bilingual/bicultural staff, farm worker outreach, and the efforts to improve medication services strengthen the MHP's continued ability to deliver culturally competent services, particularly to Latino consumers/families.
2. Although the staff vacancy rate is high, remaining staff members express positive and hopeful thoughts about their work. Staff perceive the training they receive as useful.
3. The MHP is assuming a cautious approach to implementation of the newly developed eCET clinical module. Proceeding slowly on a small scale and taking precautions to preserve the revenue stream will benefit the organization in the long run.

C. FY08 Opportunities for Improvement

1. The penetration rate at 4.32% is the next to lowest in the state and decreased from the previous year. The penetration rates for all ethnic groups except Asian/Pacific Islander are below the statewide averages.
2. High staff turnover continues to negatively impact access/timeliness to services. Review participants described waits of up to three months for services, a different psychiatrist at each visit, and staff cancellation of appointments.
3. There is no project plan to guide the implementation of new IS modules Front Desk Plus and eCET.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. Identify strategies, goals and timelines to improve service access for beneficiaries and develop targeted engagement strategies for Latinos, older adults and foster youth. **A**
2. Continue workforce development initiatives and consider collaborative strategies to recruit and retain quality staff. **Oth**
3. Identify and monitor several key performance indicators within the QI Work Plan. Develop procedures to collect and routinely report the data to stakeholders. **Q**
4. Develop a high level project plan for implementation of Front Desk Plus and eCET. A project plan is a living document that lays out key elements of a successful implementation, and provides a relative measure of progress. **I**
5. Identify consumers for leadership positions and provide opportunities for consumers to take more responsibility for personal recovery and system transformation. **Q,Oth**

E. Performance Improvement Project - Clinical

Title: Improving satisfaction by increasing medication consent forms in preferred language of parent (Spanish)

Status: Active Little/No Activity None Key Elements: (N=13)
 Completed Concept/Design Yes - 3, Partial - 4, No - 6

F. Performance Improvement Project - Non-Clinical

Title: The MHP did not submit a Non-Clinical PIP. All elements are rated as "not met" for purposes of analysis.

Status: Active Little/No Activity None Key Elements: (N=13)
 Completed Concept/Design Yes - 0, Partial - 0, No - 13

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	4.52%	5.83%	6.20%	6.19%	55
Foster Care PR:	46.53%	52.17%	57.15%	55.25%	37
Hispanic PR:	3.12%	3.13%	3.19%	3.29%	37
App Claims/Bene (ACB):	\$4,177	\$3,413	\$4,873	\$4,451	26
White ACB:	\$4,299	\$3,500	\$5,107	\$4,536	24
Hispanic ACB:	\$3,881	\$3,076	\$4,478	\$4,185	26
Male ACB:	\$4,613	\$3,884	\$5,527	\$5,058	29
Female ACB:	\$3,734	\$3,004	\$4,283	\$3,892	26
Foster Care ACB:	\$5,624	\$5,773	\$7,339	\$7,054	26

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Tuolumne

Review Date: 08-May-2008

CAEQRO Size:⁽¹⁾ Small

Region: Central

A. Response to Key Recommendations from FY07

1. Investigate and determine causes for recent Medi-Cal revenue declines and explore processes that can help mitigate this revenue loss:
 - Fully Addressed
 - Partially Addressed
 - Not Addressed
2. Identify a few specific, reliable measures to help support QI activities, decision-making at all levels, monitoring effectiveness and disseminating progress reports:
 - Fully Addressed
 - Partially Addressed
 - Not Addressed
3. Continue to engage line staff in organizational processes, including QIC membership:
 - Fully Addressed
 - Partially Addressed
 - Not Addressed

B. FY08 Strengths

1. The MHP continues to have the highest penetration rate in the state, and the ethnicities of the beneficiaries served mirror the eligible population.
2. Claims data indicates near parity in penetration rates and claims between Hispanic and white beneficiaries served, as well as between females and males.
3. The MHP has identified strategic priorities to address once it becomes the primary provider of clinical services.

C. FY08 Opportunities for Improvement

1. Staff and consumers express a lack of knowledge and therefore anxiety about the upcoming transition of service responsibility to the county. No concrete transition plans had been provided or communicated to staff or consumers.
2. Wait times for first appointment after intake are not being tracked. Anecdotal feedback suggests it may take several weeks for the first appointment with a clinician and months to see a psychiatrist.
3. With adequate training and support from leadership, the new IS offers fresh opportunities for decision support and outcomes reporting using available data.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. Both Kings View and the MHP need to develop and publicize a detailed transition plan for the imminent change in management of the clinical service system. **Q**
2. Monitor timeliness of service provision, specifically from initial request for service to intake, from intake to first clinical appointment, and from intake to first medication appointment. **T**
3. Openly communicate transition plans and strategic initiatives to staff. **Q,Oth**
4. Identify and utilize data sources, including the new IS, to document and provide reliable data for the QIC and for other QI and outcomes measurement activities. **Q,I**
5. Prioritize the production of claims for all payers, especially Medi-Cal, in order to generate cash flow and become current with pending billings. **I,Oth**

E. Performance Improvement Project - Clinical

Title: SCERP - Reducing rehospitalizations

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 9, Partial - 4, No - 0

F. Performance Improvement Project - Non-Clinical

Title: Client Follow-up After a Psychiatric Crisis Service – this proposal is not an active PIP.

Status: Active Little/No Activity None
 Completed Concept/Design

Key Elements: (N=13)
 Yes - 0, Partial - 0, No - 13

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	11.58%	5.83%	7.75%	6.19%	5
Foster Care PR:	57.32%	52.17%	46.03%	55.25%	22
Hispanic PR:	6.19%	3.13%	3.84%	3.29%	5
App Claims/Bene (ACB):	\$2,698	\$3,413	\$3,381	\$4,451	46
White ACB:	\$2,622	\$3,500	\$3,416	\$4,536	48
Hispanic ACB:	\$4,303	\$3,076	\$2,930	\$4,185	20
Male ACB:	\$2,699	\$3,884	\$3,794	\$5,058	49
Female ACB:	\$2,698	\$3,004	\$3,031	\$3,892	41
Foster Care ACB:	\$2,445	\$5,773	\$5,951	\$7,054	53

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Ventura

Review Date: 12-14 Dec 2007

CAEQRO Size:⁽¹⁾ Large

Region: Southern

A. Response to Key Recommendations from FY07

1. Use strategies to measure quality and outcomes that are now operational in the Youth and Family Division throughout the entire MHP:

Fully Addressed Partially Addressed Not Addressed
2. Review access to services and service utilization patterns for Latinos and foster care children. Conduct a barrier analysis and develop strategies to improve access to care, retention, and outcomes for these populations:

Fully Addressed Partially Addressed Not Addressed
3. Recruit additional staff internally or externally to devote full time to the IS implementation:

Fully Addressed Partially Addressed Not Addressed

B. FY08 Strengths

1. Replacement plans for the existing IS have been done with careful consideration of MHP's current and future needs.
2. The recent introduction of process mapping methodology holds great promises for better QI and Performance Management.
3. There is a noticeable cultural shift valuing the use of data and increased communication and collaboration between units, specifically between IS/QI, and adult/youth services.

C. FY08 Opportunities for Improvement

1. While the MHP has identified timeliness goals, wait times for initial appointments remain excessive.
2. The Patient Oriented Record (POR) information system and associated support infrastructure remains extremely fragile and must be replaced as soon as possible.
3. Staff continue to be less than adequately informed about the philosophy of wellness and recovery.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. Examine system capacity, length of stay patterns, timeliness, and no show rates. **A,T,Q**
Consider use of Rapid Process Improvement techniques to streamline processes and improve productivity.
2. Actively promote principles of wellness and recovery, including consumer employment, education, stigma busting, and immersion trainings. **Q,Oth**
3. Continue to place the highest priority on replacement of POR. Ensure adequate project staffing, as well as regular communications to staff and contract providers. **I**
4. Survey staff and document specific computer network problems and equipment needs. Work with the County IT department, vendors, and others as necessary to prepare for the new IS. **I**
5. Take inventory of existing databases and spreadsheets to identify those that could be replaced by the new IS and others that should be consolidated into a central database or data warehouse. **I**

E. Performance Improvement Project - Clinical

Title: The MHP did not submit a project that qualifies as an active Clinical PIP.

Status: Active Little/No Activity None Key Elements: (N=13)
 Completed Concept/Design Yes - 0, Partial - 0, No - 13

F. Performance Improvement Project - Non-Clinical

Title: Zero to Five Project

Status: Active Little/No Activity None Key Elements: (N=13)
 Completed Concept/Design Yes - 12, Partial - 1, No - 0

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	4.85%	6.21%	6.52%	6.19%	52
Foster Care PR:	55.05%	50.53%	53.12%	55.25%	27
Hispanic PR:	2.39%	3.49%	3.48%	3.29%	50
App Claims/Bene (ACB):	\$6,076	\$3,679	\$4,155	\$4,451	8
White ACB:	\$5,893	\$3,932	\$4,180	\$4,536	8
Hispanic ACB:	\$5,446	\$3,432	\$3,725	\$4,185	7
Male ACB:	\$6,918	\$4,064	\$4,730	\$5,058	7
Female ACB:	\$5,329	\$3,331	\$3,640	\$3,892	8
Foster Care ACB:	\$12,496	\$5,181	\$6,709	\$7,054	5

H. Current Systems/Planned Changes

No Plans for New IS New IS Selected
 Considering New IS Implementation in Progress
 Actively Searching for New IS New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.

Individual Mental Health Plan Summary - FY08 CA External Quality Review Organization

MHP: Yolo

Review Date: 14-15 Nov 2007

CAEQRO Size:⁽¹⁾ Small

Region: Central

A. Response to Key Recommendations from FY07

1. Routinely monitor process issues associated with timely access to intake, psychiatry, and outpatient care. Assess the time it takes to provide an initial assessment after the request for services:

Fully Addressed Partially Addressed Not Addressed
2. Review access to services and service utilization patterns, especially for Latinos and foster care children. Conduct a barrier analysis and develop strategies to improve access to care, retention, and improved outcomes:

Fully Addressed Partially Addressed Not Addressed
3. Identify, implement and monitor significant clinical and business outcome data elements and key performance indicators. Develop procedures to collect and report the data to stakeholders:

Fully Addressed Partially Addressed Not Addressed

B. FY08 Strengths

1. The MHP's Transformation Plan provides a clear direction for system improvement and supports recovery integration and utilization of data for performance management.
2. The decision to hire eight new administrative positions, including the recent hiring of a data administrator who will assist with report creation and data analytics, strengthens the ability of the MHP to manage performance.
3. The addition of up to eight consumers as intern trainees strengthens the opportunities for consumer employment and the integration of recovery principles within the mental health system.

C. FY08 Opportunities for Improvement

1. Continuing department reorganization, changes in leadership, staff turnover, and budget deficits contribute to staff anxiety and lowered morale.
2. Review participants reported a lack of support for consumers' to find meaningful activities, volunteer opportunities, leadership roles, jobs, and supported employment.
3. An ongoing issue, the MHP's denied claims rate remains at more than twice the statewide median.

D. FY08 Top Five Recommendations

A-Access, T-Timeliness, Q-Quality, O-Outcomes, I-Info Systems, Oth - Other

1. Develop a stabilization plan that decreases annual "reorganizations," focuses on strategic initiative follow through and on staff retention. **Q,Oth**
2. As many civil service job descriptions may be generalized, develop clear and specific written job responsibilities for each employee. Provide ongoing training, supervision and support for staff regarding their roles. **Oth**
3. Provide training, support and mentoring for consumer interns and employees. Provide regular training for staff on consumer culture. **Q,Oth**
4. Monitor, analyze, and routinely report on several key indicators, such as timeliness of mental health and medication services. Improve performance through quantitative projects and inform stakeholders of progress. **A,T,Q,I**
5. Continue to investigate the continued high claim denial rate. Based on this analysis, create policies and procedures that will reduce the rate of denied claims and assure optimal revenue collection. **I**

E. Performance Improvement Project - Clinical

Title: The MHP did not submit a Clinical PIP. All elements are rated as "not met" for purposes of analysis

Status: Active Little/No Activity None Key Elements: (N=13)
 Completed Concept/Design Yes - 0, Partial - 0, No - 13

F. Performance Improvement Project - Non-Clinical

Title: The MHP did not submit a Non-Clinical PIP. All elements are rated as "not met" for purposes of analysis

Status: Active Little/No Activity None Key Elements: (N=13)
 Completed Concept/Design Yes - 0, Partial - 0, No - 13

G. Medi-Cal Approved Claims Data Calendar Year 2007 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	7.37%	5.83%	7.75%	6.19%	35
Foster Care PR:	44.52%	52.17%	46.03%	55.25%	42
Hispanic PR:	3.64%	3.13%	3.84%	3.29%	22
App Claims/Bene (ACB):	\$3,407	\$3,413	\$3,381	\$4,451	33
White ACB:	\$3,661	\$3,500	\$3,416	\$4,536	31
Hispanic ACB:	\$3,127	\$3,076	\$2,930	\$4,185	36
Male ACB:	\$3,695	\$3,884	\$3,794	\$5,058	34
Female ACB:	\$3,169	\$3,004	\$3,031	\$3,892	31
Foster Care ACB:	\$4,433	\$5,773	\$5,951	\$7,054	37

H. Current Systems/Planned Changes

- No Plans for New IS
- Considering New IS
- Actively Searching for New IS
- New IS Selected
- Implementation in Progress
- New System in Place

I. Review of Information Systems Components

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete and reliable authorization processes for contract providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Complete and reliable claims adjudication for contract providers, including timely and accurate payment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrated capability to support business analysis and data analytic activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information systems training program and help desk support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For references (1) and (2), please refer to the MHP Summary Key on page 9.