

CALIFORNIA EXTERNAL QUALITY REVIEW ORGANIZATION STATEWIDE REPORT YEAR ONE

FY2005 (July 1, 2004 - June 30, 2005)

VOLUME II OF II



PRESENTED TO
CALIFORNIA
DEPARTMENT OF MENTAL HEALTH



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CALIFORNIA EXTERNAL QUALITY REVIEW ORGANIZATION

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CALIFORNIA EXTERNAL QUALITY REVIEW ORGANIZATION

Individual MHP Summaries

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Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Alameda MHP	Review Date: October 5-7, 2004
Population ¹ : 1,501,952	Federal Poverty Level ² : 9.70%
Medi-Cal Penetration Rate FY03 ³ : 8.05%	Medi-Cal Beneficiary ⁴ : 14.40%
CAEQRO Size Group ⁵ : <input type="checkbox"/> Small-Rural <input type="checkbox"/> Small <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Large <input type="checkbox"/> Very Large	

A. Strengths

1. The MHP makes organizational decisions based upon objective information, and it then uses data to launch further queries about follow-up issues. Data analysis staff are involved in all MHP committees.
2. The MHP has strong consumer involvement. The MHP directly employs eight self-identified consumers and additional consumers are active through the provider agencies.
3. The MHP manages over 500 individual provider contracts in order to increase choice for beneficiaries.

B. Challenges

1. The MHP has difficulty communicating Quality Improvement Issues due to the size, complexity and decentralized nature of the system.
2. The MHP has limited trainings on Wellness and Recovery. It currently does not track training attendance by discipline or job classification.
3. The MHP is planning to migrate to a new information systems and is at risk to loose access to 10 years of archival data without detailed plans to archive and transfer information.

DMH Oversight Protocol: 30 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Clinician Faithfulness to IDDT Model and Treatment Outcomes

Stage: <input type="checkbox"/> Active <input type="checkbox"/> Concluded <input checked="" type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: 4 Total Partial: 3 Total No: 1
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D. Performance Improvement Project (PIP) Recommendations

1. The MHP should examine whether the caseload ranking criteria is both a valid and reliable method for measuring client outcomes and consider additional indicators.
2. The MHP should monitor data on drop-out clients who remain in the study population.

E. Information Systems Capabilities Assessment (ISCA)	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name: Alameda MHP (continued)
F. Key Recommendations
1. The MHP should expand mechanisms for increasing staff knowledge of Quality Improvement goals as they impact various service units.
2. The MHP should expand clinical staff training on Wellness and Recovery.
3. The MHP should increase consumer/family member awareness of the Consumer Advocate who works in the administrative offices and should widely distribute written consumer information materials.
G. Specific Issues (optional)
1.
2.

¹ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

² Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

³ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

⁴ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

⁵ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Alpine MHP	Review Date: _____
Population ⁶ : 1,289	Federal Poverty Level ⁷ : 15.60%
Medi-Cal Penetration Rate FY03 ⁸ : 0.38%	Medi-Cal Beneficiary ⁹ : 17.80%
CAEQRO Size Group ¹⁰ : <input checked="" type="checkbox"/> Small-Rural <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Very Large	

A. Strengths: See below

1. The MHP was not reviewed due to the absence of submission of the requested documents including a current QI Work Plan, a Cultural Competency Plan and a Performance Improvement Project. The MHP reported in a letter dated May 9, 2005 to APS that it did not enter into a contract with the State Department of Mental Health until the fiscal year 2003-2004. In June 2004, DMH conducted an on site review of Behavioral Health Services to determine what was necessary for the MHP to implement Medi Cal Services. The MHP indicated that they would be in compliance by June 2005. As of March 29, 2005, the MHP hired a consultant to develop a Performance Improvement Project. The MHP was to submit the PIP proposal upon completion. APS has not received any further documentation or communication from the MHP.

2. MHP did complete the ISCA questionnaire. That shows a Contract Provider provides all services and they manually collect the data.

- 3.

B. Challenges

1. _____

2. _____

3. _____

DMH Oversight Protocol: _____ out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: _____

Stage: <input type="checkbox"/> Active <input type="checkbox"/> Concluded <input type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input type="checkbox"/> Modify <input type="checkbox"/> Start Over	PIP Protocol Questions 1-8:	Total Yes: <u>0</u> Total Partial: <u>0</u> Total No: <u>0</u>
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D. Performance Improvement Project (PIP) Recommendations

1. _____

2. _____

E. Information Systems Capabilities Assessment (ISCA)

	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Processes and pays claims from external providers:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Name: Alpine MHP (continued)
F. Key Recommendations
1.
2.
3.
G. Specific Issues (optional)
1.
2.

⁶ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

⁷ Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

⁸ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

⁹ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

¹⁰ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Amador MHP	Review Date: January 5, 2005
Population ¹¹ : 37,468	Federal Poverty Level ¹² : 9.40%
Medi-Cal Penetration Rate FY03 ¹³ : 11.81%	Medi-Cal Beneficiary ¹⁴ : 8.80%
CAEQRO Size Group ¹⁵ : <input checked="" type="checkbox"/> Small-Rural <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Very Large	

A. Strengths

1. Active participation of the executive management in the Quality Improvement (QI) Work Plan and Cultural Competence Plan (CCP) guidelines. Up-to-date progress tracking of all QI goals and objectives.
2. Focused interventions on identified needs of elderly and gay/lesbian/bisexual/transgender populations.
3. Strong commitment to management improvement including recruitment of new personnel, workplans, and updated policies and procedures.

B. Challenges

1. Increased access to, and use of, pertinent data to better evaluate the MHP's potential areas of program improvement.
2. Utilization of line level staff to aid in the implementation of a strong QI program.
3. Integration of the County's Substance Abuse program in the coming months.

DMH Oversight Protocol: 30 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Why are "no-show" and cancellation rates high among children and adolescents.

Stage: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Concluded <input type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: 6 Total Partial: 2 Total No: 0
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D. Performance Improvement Project (PIP) Recommendations

1. More clearly define "no-show" and "cancellation."
2. Perform a more thorough study of possible correlative agents with regard to no-show/cancellation rates.

E. Information Systems Capabilities Assessment (ISCA)

	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Processes and pays claims from external providers:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Name: Amador MHP (continued)
F. Key Recommendations
1. Increase access to and use of pertinent data to better evaluate the MHP's potential areas of program improvement.
2. Include data gathering and data evaluation within the QI workplan as key elements of specific goals and/or activities.
3. Provide cross-training in Medi-Cal claims such that institutional knowledge does not reside with one individual.
G. Specific Issues (optional)
1.
2.

¹¹ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

¹² Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

¹³ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

¹⁴ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

¹⁵ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Butte MHP	Review Date: November 23, 2004
Population ¹⁶ : 213,065	Federal Poverty Level ¹⁷ : 16.40%
Medi-Cal Penetration Rate FY03 ¹⁸ : 10.51%	Medi-Cal Beneficiary ¹⁹ : 22.70%
CAEQRO Size Group ²⁰ : <input type="checkbox"/> Small-Rural <input type="checkbox"/> Small <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Very Large	

A. Strengths

1. The Performance Improvement Project development included beneficiary participation and resulted in supporting consumers to develop consumer operated programs and activities.
2. The MHP has a designated Decision Support Unit which uses data to drive the organization's direction of service delivery. The 23 hour crisis unit was created as a result of data analysis, as was a strategic plan to determine how to better serve youth.
3. In spite of recent budget cuts, program closures, internal personnel changes, and personnel changes in the social service system, the MHP continues to be committed to the quality improvement process.

B. Challenges

1. The MHP needs to continue work on the selection and procurement of a replacement system for INSYST, as The ECHO Group has previously announced a sunset date of the INSYST application of July 2006.
2. With the current budget constraints it is estimated that approximately 3000 beneficiaries (or 6%) will not be able to receive services this year. This has resulted in staff concern due to the MHP philosophy of being client centered. The MHP is using data driven information to prioritize expenditures.
3. The MHP continues to struggle to recruit mental health professionals. Recent recruitment efforts for Specialty Mental Health Services resulted in a total of six applicants, none of whom met the criteria for employment.

DMH Oversight Protocol: 30 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: "Does the failure to make post PHF appointments with outpatient services increase consumer chances of readmission to the PHF during a 12 month period?"

Stage: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Concluded <input type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: 7 Total Partial: 0 Total No: 1
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D. Performance Improvement Project (PIP) Recommendations

1. Conduct a detailed review of the process and information in the beneficiary's move from the PHF to outpatient services to determine the various barriers that may keep individuals from attending the post discharge appointments.
2. Revise the study question to focus on the specific population (i.e., age 18 and over, non-conservatorship, etc.)

E. Information Systems Capabilities Assessment (ISCA)

	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: Butte MHP (continued)
F. Key Recommendations
1. Implement strategies that, with regular frequency, close the feedback loop regarding quality improvement issues with line staff.
2. Develop a strategic plan to aggressively incorporate the “recovery” vision model.
3. More than ten (10) years of archival data are currently stored by the MHP’s INSYST system. Careful planning to protect these data is recommended as part of any future new system.
G. Specific Issues (optional)
1.
2.

¹⁶ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

¹⁷ Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

¹⁸ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

¹⁹ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

²⁰ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Calaveras MHP	Review Date: November 4, 2004
Population ²¹ : 44,325	Federal Poverty Level ²² : 9.70%
Medi-Cal Penetration Rate FY03 ²³ : 6.35%	Medi-Cal Beneficiary ²⁴ : 11.90%
CAEQRO Size Group ²⁵ : <input checked="" type="checkbox"/> Small-Rural <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Very Large	

A. Strengths

1. Active participation of all staff, including both executive management and line staff, in the QI Work Plan and Cultural Competence Plan.
2. Specialty psychiatry in each of the Children, Adults and Older Adults Programs.
3. Planned objectives and budgeting for an improved Information Systems.

B. Challenges

1. Increase utilization of current available Management Information Systems (MIS) resources from vendor and user group.
2. Cross train staff, particularly with regard to information and billing systems, in order that institutional knowledge does not leave with any one individual.
3. Increase access to and use of pertinent data to better evaluate the MHP's potential areas of program improvement.

DMH Oversight Protocol: 30 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Improving Access to Treatment Services for the Elderly in Rural County Mental Health Care.

Stage: <input type="checkbox"/> Active <input type="checkbox"/> Concluded <input checked="" type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: 6 Total Partial: 2 Total No: 0
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D. Performance Improvement Project (PIP) Recommendations

1. Reformulate the study question to articulate clearer specific goals as well as initially proposed interventions.
2. Increase the number of individuals in the study population by including non Medi-Cal individuals in the study.

E. Information Systems Capabilities Assessment (ISCA)

	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Processes and pays claims from external providers:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Name: Calaveras MHP (continued)
F. Key Recommendations
1. Explore pharmaceutical company Patient Assistance Programs (PAP) for ways to reduce beneficiary medication costs.
2. Investigate the current process and timeline for scheduling appointments as the consumer perception exists that the wait time is too long.
3. Work with other agencies to develop and expand classes offering practical living skills for beneficiaries.
G. Specific Issues (optional)
1.
2.

²¹ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

²² Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

²³ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

²⁴ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

²⁵ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Colusa MHP	Review Date: July 27, 2004
Population ²⁶ : 20,582	Federal Poverty Level ²⁷ : 13.20%
Medi-Cal Penetration Rate FY03 ²⁸ : 6.45%	Medi-Cal Beneficiary ²⁹ : 23.10%
CAEQRO Size Group ³⁰ : <input checked="" type="checkbox"/> Small-Rural <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Very Large	

A. Strengths

1. Utilization of a Spanish-language "How did we do today" survey instrument which includes an item regarding clients' access to written information in Spanish.
2. Coordination with community resources including schools and medical providers.
3. Commitment toward increasing penetration rates of underserved groups.

B. Challenges

1. Participation of consumer/family members in QI program is minimal.
2. Availability of ad-hoc reporting from existing MIS is negligible.
3. Concern of consumers and family members that they are not receiving services in a confidential environment has been strongly expressed.

DMH Oversight Protocol: N/A out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Lengths of Wait Time for Intake Assessments and the Impact of No-Show Rates.

Stage: <input type="checkbox"/> Active <input type="checkbox"/> Concluded <input checked="" type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Start Over	PIP Protocol Questions 1-8:	Total Yes: 4 Total Partial: 4 Total No: 0
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D. Performance Improvement Project (PIP) Recommendations

1. Establish baseline data and define terms such as "initial contact" versus "intake and assessment."
2. Identify the interventions that are under consideration in the study.

E. Information Systems Capabilities Assessment (ISCA)

	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Processes and pays claims from external providers:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Name: Colusa MHP (continued)
F. Key Recommendations
1. Retrain staff on confidentiality issues regarding front office procedures and confidentiality guidelines.
2. Educate key staff on data collection and analysis techniques.
3. Implement a process to monitor system integrity by routinely monitoring Medi-Cal claim error reports.
G. Specific Issues (optional)
1.
2.

²⁶ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

²⁷ Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

²⁸ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

²⁹ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

³⁰ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Contra Costa MHP	Review Date: February 9-11, 2005
Population ³¹ : 1,016,302	Federal Poverty Level ³² : 6.70%
Medi-Cal Penetration Rate FY03 ³³ : 8.54%	Medi-Cal Beneficiary ³⁴ : 10.60%
CAEQRO Size Group ³⁵ : <input type="checkbox"/> Small-Rural <input type="checkbox"/> Small <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Large <input type="checkbox"/> Very Large	

A. Strengths

1. The MHP has active consumer empowerment programs and consumer-run drop-in centers, demonstrating commitment to the Wellness & Recovery model.
2. The Quality Management Meeting and Quality Improvement Council Meeting structure has allowed for involvement by various stakeholders and improved expansion of attention to quality issues throughout the system.
3. IT personnel are well qualified and knowledgeable in the operation and support of the INSYST system.

B. Challenges

1. The large, decentralized system makes it difficult to create consistent practices and system-wide communication, resulting in a system that appears disjointed in terms of procedures and practices.
2. Collaboration between QI and IT has improved, but this working relationship will need to be further enhanced as the MHP's reliance upon data will only continue to grow. Communication barriers still exist between the two units.
3. Technology and data analysis has not been used widely throughout the system. The availability of data to measure the outcomes of clinical practice was reportedly limited.

DMH Oversight Protocol: 29 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Non-Clinical PIP Activity Validation - An assessment of the effects of appointment delays for access to psychiatrists.

Stage: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Concluded <input type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: 0 Total Partial: 4 Total No: 4
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D. Performance Improvement Project (PIP) Recommendations

1. Develop a PIP committee to include QI, Research, Clinic Operations, and Adult Psychiatry. Staff representing areas that will be impacted by potential PIP interventions should be at the center of the project development and examine issues and barriers associated with psychiatry access.
2. Select a methodology that will allow for more data collection, and thereby provide the potential for greater confidence in this data. Evaluating the wait time every two to three weeks by one phone call is a sporadic and limited method of data collection.

E. Information Systems Capabilities Assessment (ISCA)	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: Contra Costa MHP (continued)
F. Key Recommendations
<ol style="list-style-type: none"> 1. Continue to review current and future information needs while focusing on the options for a replacement system for INSYST. This should include involving key personnel and continuing to monitor the experiences of other MHPs that are currently in the process of implementing a new system. <hr/> 2. Examine whether recovery-oriented practice exists throughout the system or only within certain programs. Involvement of beneficiaries in their own treatment, as well as that of policy/planning, may differ greatly from clinic to clinic. <hr/> 3. Include both consumer staff and professional staff in the clinical PIP focused on Wellness and Recovery Action Plans. The consumer staff could be key trainers in the process. This activity may also serve to better incorporate the consumer staff into a more integrated treatment team.
G. Specific Issues (optional)
<ol style="list-style-type: none"> 1. _____ <hr/> 2. _____

³¹ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

³² Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

³³ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

³⁴ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

³⁵ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Del Norte MHP	Review Date: October 20, 2004
Population³⁶: 28,991	Federal Poverty Level³⁷: 21.10%
Medi-Cal Penetration Rate FY03³⁸: 12.04%	Medi-Cal Beneficiary³⁹: 27.70%
CAEQRO Size Group⁴⁰: <input checked="" type="checkbox"/> Small-Rural <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Very Large	

A. Strengths

1. The MHP has three psychiatrists who have been committed to providing services for the past 23 years. These psychiatrists commute daily to the clinic site and have available appointments to 7:00 pm.
2. Del Norte County has a high population of migrant workers who work in the lily fields during seasonal periods. The MHP has collaborated with other community agencies to take services and information to the fields, and has worked with the employers to allow the workers to attend classes.
3. Recently, Del Norte County assisted six of nine clients so they could move out of IMD's to their transitional living home called "Pacific House."

B. Challenges

1. Due to the location and lack of resources, the MHP has to utilize acute hospital services in the Bay Area and in Sacramento. Humboldt County's psychiatric facility is almost always full and not a viable option.
2. The local emergency room has a high turnover in staff. Many of the new staff are not educated in understanding and treating mental health clients. Therefore, it is difficult to maintain a consistent collaborative effort in assisting mental health clients in crisis.
3. Del Norte County Mental Health is located on the Oregon border. A high percentage of those utilizing acute hospital services are not previously known to the Del Norte Mental Health staff.

DMH Oversight Protocol: 30 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Can training staff to clearly identify symptoms of depression, target those symptoms in their service plan goals and deliver symptom specific interventions improve adult client's functioning and decrease their symptoms of depression.

Stage: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Concluded <input type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Start Over	PIP Protocol Questions 1-8:	Total Yes: 6 Total Partial: 1 Total No: 1
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D. Performance Improvement Project (PIP) Recommendations

1. Determine GAF and Beck Depression Scale thresholds to indicate improvement in functioning and to measure decrease in symptoms.
2. Consider rewriting the study question to indicate client improvement instead of staff training as discussed in the review.

E. Information Systems Capabilities Assessment (ISCA)	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: Del Norte MHP (continued)
F. Key Recommendations
1. Increase data driven methodologies to explore quality improvement projects.
2. Develop consumer run/peer support programs that enhance consumer daily living skill development.
3. It is recommended that the MHP continue their current cooperative effort with other counties to evaluate and select a suitable new information systems.
G. Specific Issues (optional)
1.
2.

³⁶ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

³⁷ Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

³⁸ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

³⁹ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

⁴⁰ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: El Dorado MHP	Review Date: April 5, 2005
Population ⁴¹ : 172,244	Federal Poverty Level ⁴² : 7.10%
Medi-Cal Penetration Rate FY03 ⁴³ : 9.68%	Medi-Cal Beneficiary ⁴⁴ : 8.60%
CAEQRO Size Group ⁴⁵ : <input type="checkbox"/> Small-Rural <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Very Large	

A. Strengths

1. QIC members are involved in the development of the QI Work Plan. Subcommittees, including the Cultural Competence Committee, are active and report routinely to the QIC.
2. MHP has created positions for consumers to work in peer counseling and administrative support functions.
3. A consumer self-help program has been operating with the support of the MHP for seven years.

B. Challenges

1. MHP has had three Directors in less than two years, resulting in repeated changes in direction.
2. MHP has found difficulty in recruiting consumers and family members for active involvement in the QIC activities and other areas, including vacant consumer employee positions.
3. MHP has focused on creating policies and procedures associated with clinical program activity, but it has not yet created such documentation for its business processes.

DMH Oversight Protocol: **26** out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: No Shows and the Accessibility and Availability of Psychiatric Appointments

Stage: <input type="checkbox"/> Active <input type="checkbox"/> Concluded <input checked="" type="checkbox"/> Planned	Discussion Outcome: <input checked="" type="checkbox"/> Continue <input type="checkbox"/> Modify <input type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: 1 Total Partial: 2 Total No: 5
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D. Performance Improvement Project (PIP) Recommendations

1. Expand membership of the PIP committee to include a psychiatrist, preferably the Medical Director. To understand and address relevant barriers, all stakeholders should be represented in the development and implementation of PIP interventions.
2. Involve the IT Coordinator in designing the data collection methodology. A variety of data needs to be available to the committee throughout the phases of PIP development, implementation and analysis.

E. Information Systems Capabilities Assessment (ISCA)	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: EI Dorado MHP (continued)
F. Key Recommendations
1. Increase the use of data analysis to measure performance and direct QI activities. This will require increased collaboration between the QI unit and IT staff so that data and reports are readily available.
2. Clarify the vision, role, reporting relationship, and authority of the QIC in relation to the MHP management team.
3. Analyze the current staffing requirements to support the information systems. Adequate staffing is particularly significant when implementing and supporting a new management information systems.
G. Specific Issues (optional)
1.
2.

⁴¹ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

⁴² Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

⁴³ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

⁴⁴ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

⁴⁵ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Fresno MHP	Review Date: April 6-7, 2005
Population ⁴⁶ : 876,842	Federal Poverty Level ⁴⁷ : 21.00%
Medi-Cal Penetration Rate FY03 ⁴⁸ : 5.20%	Medi-Cal Beneficiary ⁴⁹ : 30.10%
CAEQRO Size Group ⁵⁰ : <input type="checkbox"/> Small-Rural <input type="checkbox"/> Small <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Large <input type="checkbox"/> Very Large	

A. Strengths

1. MHPs Cultural Competence Advisory Group has conducted several English and Spanish speaking community-based Focus Groups to identify consumer needs and concerns.
2. The Billing Committee performs a critical IT-operations role for the MHP. It provides key liaison support for the MHP with the subcontractor who provides the software application support for the CSM system.
3. United Consumers Advocacy Network (UCAN) is actively involved in promoting Recovery.

B. Challenges

1. Staff turnover of several key persons has left the organization with a great loss of operational knowledge and experience.
2. MHP should permit all large contract provider organizations direct access to the CSM system.
3. Fiscal pressures have resulted in a strong emphasis on productivity. However, supervisors each seem to define productivity differently and morale amongst the line staff appears to be very low at this time.

DMH Oversight Protocol: 30 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Improving Latino Access and Retention

Stage: <input type="checkbox"/> Active <input checked="" type="checkbox"/> Concluded <input type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input type="checkbox"/> Modify <input checked="" type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: 4 Total Partial: 1 Total No: 3
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D. Performance Improvement Project (PIP) Recommendations

1. Measure the effectiveness of Therapeutic Behavioral Services in reducing crisis services and acute psychiatric hospitalizations focused on the transition age youth population.
2. Since the previous study was cost-centered, the MHP should develop a consumer centered, clinical study.

E. Information Systems Capabilities Assessment (ISCA)

	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: Fresno MHP (continued)
F. Key Recommendations
1. Involve ethnically diverse consumers in culturally related "Wellness" trainings as a valuable addition to the system. Consider paying consumers who become involved.
2. Create processes to share QI results with staff members, consumers, and families.
3. Resume the process to select a replacement management information systems that directly supports clinician work activities and provides functionality for consumer Electronic Health Record.
G. Specific Issues (optional)
1. In January 2005, the MHP signed a Corporate Integrity Agreement with the Office of Inspector General.
2.

⁴⁶ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

⁴⁷ Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

⁴⁸ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

⁴⁹ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

⁵⁰ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Glenn MHP	Review Date: August 18, 2004
Population ⁵¹ : 27,926	Federal Poverty Level ⁵² : 15.40%
Medi-Cal Penetration Rate FY03 ⁵³ : 7.20%	Medi-Cal Beneficiary ⁵⁴ : 24.00%
CAEQRO Size Group ⁵⁵ : <input checked="" type="checkbox"/> Small-Rural <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Very Large	

A. Strengths

1. The development of the Glenn County SOC utilized the existing interagency collaboration and infrastructure, and expanded it to enhance services coordination.
2. The MHP has developed processes that will also allow them to monitor continuity and coordination with primary care providers and other organizations that affect Latino access to mental health services.
3. The MHP has taken a leadership position for many small counties seeking to upgrade their information systems.

B. Challenges

1. The review of the MHP's information systems indicated local dissatisfaction with the lack of an intuitive or "friendly" interface, unfulfilled commitments and slow vendor responsiveness. Replacing the current system will be a major upcoming challenge.
2. Glenn County recognizes the importance of recruiting and retaining bilingual staff although it has been difficult for them as with many other small, rural counties.
3. The cost of Medication acts as a barrier to continuation in services for some beneficiaries.

DMH Oversight Protocol: N/A out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Evaluation of improvement in the percent of clients who receive a first medication assessment within 30 days?

Stage: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Concluded <input type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input type="checkbox"/> Modify <input checked="" type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: 7 Total Partial: 0 Total No: 1
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D. Performance Improvement Project (PIP) Recommendations

1. Conduct a root cause analysis to define a system issue or problem.
2. Identify how the issue fits into the overall mission and priorities of the MHP.

E. Information Systems Capabilities Assessment (ISCA)

	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processes and pays claims from external providers:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Name: Glenn MHP (continued)
F. Key Recommendations
1. Incorporating feedback and discussion from CAEQRO, MHP should draw on its staff and consulting resources to revise their performance improvement project.
2. Continue efforts to implement and enhance Latino access and institute efforts to provide training on other cultural groups such as persons with disabilities, those in special education.
3. Continue collaborative efforts with JPA counties to select an appropriate information systems.
G. Specific Issues (optional)
1.
2.

⁵¹ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

⁵² Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

⁵³ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

⁵⁴ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

⁵⁵ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Humboldt MHP	Review Date: October 19, 2004
Population ⁵⁶ : 130,953	Federal Poverty Level ⁵⁷ : 15.50%
Medi-Cal Penetration Rate FY03 ⁵⁸ : 10.88%	Medi-Cal Beneficiary ⁵⁹ : 19.80%
CAEQRO Size Group ⁶⁰ : <input type="checkbox"/> Small-Rural <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Very Large	

A. Strengths

1. Increased services delivery capacity by increasing provider network from 13 to 23.
2. Implementation of the CALMAP medication algorithms in all programs.
3. Promotion of consumer involvement and recovery.

B. Challenges

1. Penetration and retention rates have decreased despite current outreach efforts.
2. Recruitment of qualified staff is difficult despite outreach to local schools.
3. Migration to a new information systems without loss of archived data will be a high priority to achieve.

DMH Oversight Protocol: 28 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Monitoring responses to requests to access services.

Stage: <input type="checkbox"/> Active <input type="checkbox"/> Concluded <input checked="" type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Start Over	PIP Protocol Questions 1-8:	Total Yes: 3 Total Partial: 2 Total No: 3
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D. Performance Improvement Project (PIP) Recommendations

1. Define terms such as "emergent", "urgent", and "routine" that are used in the proposed study.
2. Conduct an analysis of the reporting and documentation of the requests for services as related to response time.

E. Information Systems Capabilities Assessment (ISCA)	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Processes and pays claims from external providers:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Name: Humboldt MHP (continued)
F. Key Recommendations
<ol style="list-style-type: none"> 1. Develop measurable QI goals and track progress and implementation. 2. Expand the distribution of informational posters and flyers in appropriate languages to remote areas of the county to increase awareness of mental health services to underserved populations. 3. Develop and maintain a routine training program for Information Technology staff to enhance the current "as needed" training program.
G. Specific Issues (optional)
<ol style="list-style-type: none"> 1. The MHP has been reorganized to include responsibility for drug and alcohol programs in addition to mental health. 2.

⁵⁶ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

⁵⁷ Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

⁵⁸ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

⁵⁹ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

⁶⁰ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Name: Imperial MHP (continued)
F. Key Recommendations
<ol style="list-style-type: none"> 1. Create meaningful goals in the QI Work Plan that are measurable; include timelines and specific data to be collected and analyzed. 2. Build in some redundancy in the MHP IS staff. Initiate efforts to cross train other staff members on highly specialized billing and operations tasks and fully document all activities. 3. Incorporate a review of core data (e.g., age, ethnicity, etc.) in the chart review process. These are data used in calculating key penetration rates – so accuracy is crucial to subsequent statistical reporting.
G. Specific Issues (optional)
<ol style="list-style-type: none"> 1. Close proximity to the border with Mexico, resulting in high rate of undocumented individuals. MHP has developed partnerships with agencies in Mexico to address problems. 2.

⁶¹ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

⁶² Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

⁶³ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

⁶⁴ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

⁶⁵ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Inyo MHP	Review Date: May 17, 2005
Population ⁶⁶ : 18,636	Federal Poverty Level ⁶⁷ : 9.90%
Medi-Cal Penetration Rate FY03 ⁶⁸ : 9.80%	Medi-Cal Beneficiary ⁶⁹ : 16.20%
CAEQRO Size Group ⁷⁰ : <input checked="" type="checkbox"/> Small-Rural <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Very Large	

A. Strengths

1. Addition of a Spanish-speaking therapist as a network provider.
2. Cross-training of MHP and drug and alcohol staff.
3. Recruitment of a volunteer Consumer Advocate to assist with MHSA planning for increased beneficiary/family member participation throughout the organization.

B. Challenges

1. The QI coordinator position was cut by County Administration leaving the MHP Director in charge of QI part time. The Director's availability to attend QI trainings and to network with QI staff from other MHP's is very limited.
2. The Consumer Advocate position remains a volunteer position although MHSA planning funds were made available to the MHP.
3. Failure to monitor and fix errors in the claims error correction report most certainly results in a loss or revenue for the MHP.

DMH Oversight Protocol: 30 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Co-Occurring Disorders

Stage: <input type="checkbox"/> Active <input type="checkbox"/> Concluded <input checked="" type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input type="checkbox"/> Modify <input checked="" type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: 4 Total Partial: 1 Total No: 3
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D. Performance Improvement Project (PIP) Recommendations

1. Develop measurable indicators.
2. Identify what data to collect, the method for collection, and the individual who will be in charge.

E. Information Systems Capabilities Assessment (ISCA)

	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: Inyo MHP (continued)
F. Key Recommendations
1. Use data to support or disprove the MHP's belief that undocumented or latency age youth, many of who speak Spanish only, are not in need of service.
2. Create and complete policies and procedures on business processes and train staff to use the Error Correction (ECR) and Explanation of Benefits (EOB) reports.
3. Consider paying consumer advocates for their time working on MHP projects.
G. Specific Issues (optional)
1.
2.

⁶⁶ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

⁶⁷ Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

⁶⁸ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

⁶⁹ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

⁷⁰ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Kern MHP	Review Date: October 18-19, 2004
Population ⁷¹ : 744,325	Federal Poverty Level ⁷² : 18.30%
Medi-Cal Penetration Rate FY03 ⁷³ : 6.95%	Medi-Cal Beneficiary ⁷⁴ : 25.60%
CAEQRO Size Group ⁷⁵ : <input type="checkbox"/> Small-Rural <input type="checkbox"/> Small <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Very Large	

A. Strengths

1. Quality Improvement activities are well developed and integrated within the MHP system and have modified direct service practice.
2. Beneficiaries and family advocates are involved in all levels of planning and service delivery.
3. MHP has implemented standards and procedures for monitoring timeliness and accuracy of data entry for both county-operated and contract providers. The monitoring process extends to tracking submitted Medi-Cal claims to ensure that claims are fully accounted for.

B. Challenges

1. There are a number of minority groups currently being underserved, who were identified in the penetration rate data.
2. The MHP has identified outlying areas currently being underserved, and needs strategies to increase services that will target those areas.
3. From the consumer focus group, there is a general feeling that wait times are too long and consumers are "forced" to take other routes such as Emergency Room visits to receive services.

DMH Oversight Protocol: 30 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Latino Access Study

Stage: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Concluded <input type="checkbox"/> Planned	Discussion Outcome: <input checked="" type="checkbox"/> Continue <input type="checkbox"/> Modify <input type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: 8 Total Partial: 0 Total No: 0
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D. Performance Improvement Project (PIP) Recommendations

1. Identify and examine potential barriers to implementing the various steps in the study, which may also determine other strategies.
2. Develop a timetable for implementing findings through changes/modifications in service delivery or programs.

E. Information Systems Capabilities Assessment (ISCA)

	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: Kern MHP (continued)
F. Key Recommendations
1. Create a more accessible means for survey results and outcomes to reach providers and consumers who may not have internet access.
2. Develop strategies to increase penetration to underserved populations and to those in the outlying regions.
3. Include specific outcomes and projected timelines to the QI Work Plan so that annual progress is more readily identified.
G. Specific Issues (optional)
1.
2.

⁷¹ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

⁷² Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

⁷³ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

⁷⁴ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

⁷⁵ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Kings MHP	Review Date: January 21, 2005					
Population ⁷⁶ : 143,876	Federal Poverty Level ⁷⁷ : 19.60%					
Medi-Cal Penetration Rate FY03 ⁷⁸ : 8.38%	Medi-Cal Beneficiary ⁷⁹ : 21.40%					
CAEQRO Size Group ⁸⁰ : <table style="display: inline-table; border: none; margin-left: 20px;"> <tr> <td style="text-align: center;"><input type="checkbox"/> Small-Rural</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Small</td> <td style="text-align: center;"><input type="checkbox"/> Medium</td> <td style="text-align: center;"><input type="checkbox"/> Large</td> <td style="text-align: center;"><input type="checkbox"/> Very Large</td> </tr> </table>		<input type="checkbox"/> Small-Rural	<input checked="" type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> Very Large
<input type="checkbox"/> Small-Rural	<input checked="" type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> Very Large		

A. Strengths

1. The MHP is operated by a private agency and views its relationship with the County as very positive and thus feels it is empowered to implement changes to services as it sees necessary. This has resulted in a faster response to beneficiary complaints and creation of needed programs.

2. The penetration rates for the MHP are higher than the state averages for Latino/Hispanic, older adult, and youth. This is attributed to both the system's diverse services and the population's isolation from other services.

3. MHP offers a wide variety of group counseling services as a part of its outpatient services. This includes "tracks" tailored to the needs of behaviorally disordered youth, adults with schizophrenia, anger management, DBT (Dialectical Behavior Therapy), Co-Occurring Disorders, and parents.

B. Challenges

1. Currently, the MHP has no acute psychiatric facilities in its area. This means that it must hospitalize individuals outside the county.

2. The MHP has observed a dramatic increase in the indigent population in recent years. Approximately 38% of the county's population is now classified as indigent.

3. Kings County has a growing population of seasonal and migrant workers. This has led to an increased need for family and school based services.

DMH Oversight Protocol: 30 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Clinical: Improved Services to High Risk Consumers

Stage: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Concluded <input type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: 5 Total Partial: 3 Total No: 0
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D. Performance Improvement Project (PIP) Recommendations

1. Clearly identify the study population based upon cross referencing of the data. Identify any correlations between medication non-compliance and a history of substance abuse. This will offer a clearer idea of what population to address.

2. Assess the barriers that will be addressed by each intervention as proposed. This will aid in determining the efficacy of the project.

E. Information Systems Capabilities Assessment (ISCA)	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: Kings MHP (continued)
F. Key Recommendations
<ol style="list-style-type: none"> 1. Review the current eligibility verification process. Periodic eligibility reviews of all clients will produce more accurate claims and may improve revenue. 2. Consider ways to address the need for beneficiary awareness of services (Beneficiary Brochure), documents (Grievance Forms), activities, and position openings (Mental Health Board openings, etc.). 3. Explore other cultures within the county to be included in the plan's description of county makeup, and create goals to address the needs of some of these cultures.
G. Specific Issues (optional)
<ol style="list-style-type: none"> 1. 2.

⁷⁶ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

⁷⁷ Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

⁷⁸ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

⁷⁹ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

⁸⁰ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Lake MHP	Review Date: November 17, 2004
Population ⁸¹ : 63,110	Federal Poverty Level ⁸² : 15.80%
Medi-Cal Penetration Rate FY03 ⁸³ : 8.98%	Medi-Cal Beneficiary ⁸⁴ : 24.30%
CAEQRO Size Group ⁸⁵ : <input type="checkbox"/> Small-Rural <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Very Large	

A. Strengths

1. Through designation as a Mental Health Shortage Area, the MHP recently hired a licensed bi-lingual/bi-cultural therapist, achieving a primary goal of their Cultural Competence Plan.
2. New HUD-subsidized housing with independent living units for beneficiaries only has recently opened. Plans are underway to establish consumer self-help opportunities on-site. Recovery model activities, groups, and services will also be provided for residents and other beneficiaries.
3. The MHP has good access to its data through the collaborative effort of the staff and external consultation. Such access should provide good support to the MHP's quality improvement efforts.

B. Challenges

1. Frequent hospitalizations and re-hospitalizations are a focus of the MHP, both for financial reasons and consumer care issues. Locating inpatient hospital beds - especially for children - is very difficult.
2. Transportation is a problem for consumers, with the geography of the area imposing substantial obstacles. The MHP exists within a medium-sized county, with a huge lake in the middle, and the two main population centers at opposite ends of the lake.
3. As with many similar small programs, the MHP has difficulty in attracting qualified, talented mental health clinicians.

DMH Oversight Protocol: 29 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Effect of supported community housing placement/services on hospitalization rates.

Stage: <input type="checkbox"/> Active <input type="checkbox"/> Concluded <input checked="" type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: 1 Total Partial: 3 Total No: 4
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D. Performance Improvement Project (PIP) Recommendations

1. Since the number of hospitalizations is relatively small, establish a new study population of all clients hospitalized annually. Collect baseline data prior to the intervention. Identify underlying causes for hospitalizations to assist in developing appropriate interventions.
2. The goal must be a quantifiable measure. For example, "X% decrease in inpatient hospital days for a mental health diagnosis for consumers receiving community housing and support services".

E. Information Systems Capabilities Assessment (ISCA)	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: Lake MHP (continued)
F. Key Recommendations
<ol style="list-style-type: none"> 1. Continue efforts to improve penetration into the Hispanic population. Explore additional avenues of cooperation with the Health Division to bring mental health services to the community. Perform assessments of progress at regular intervals to determine whether goals are being achieved. 2. Create a plan for improving service penetration to the over 60 age group. Continue to work with the Multi-Disciplinary Team already in place, and initiate other outreach efforts. Perform assessments of progress at regular intervals. 3. To the extent the current telecommunication system limits clinical or other uses of the system, upgrades should be evaluated in cooperation with the MHP's information systems vendor and consultant.
G. Specific Issues (optional)
<ol style="list-style-type: none"> 1. 2.

⁸¹ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

⁸² Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

⁸³ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

⁸⁴ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

⁸⁵ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Lassen MHP	Review Date: October 7, 2004
Population ⁸⁶ : 35,510	Federal Poverty Level ⁸⁷ : 16.90%
Medi-Cal Penetration Rate FY03 ⁸⁸ : 12.23%	Medi-Cal Beneficiary ⁸⁹ : 14.20%
CAEQRO Size Group ⁹⁰ : <input checked="" type="checkbox"/> Small-Rural <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Very Large	

A. Strengths

1. Lassen County has been able to retain a full time staff psychiatrist for the past two years. Consumers and family members stated that the accessibility of the psychiatrist and the nurse is consistent, reliable, and is a definite strength in the delivery of services.
2. Lassen County is currently working with the local hospital to implement telepsychiatry in local federally qualified health clinics.
3. Lassen County Mental Health has just hired a Native American therapist. This is in response to their growing Native American population. They have also developed a protocol with the Lassen Indian Health Clinic which has some limited services for mental health consumers.

B. Challenges

1. Developing and integrating the IS system will require more data driven methodologies to be incorporated so that services can be implemented with data-based decision support. Lassen County has been collecting data manually. The use of the Yolo system was discontinued in February 2004 and a conversion to ECHO's Shared Care System has taken place. This conversion has been labor intensive to implement.
2. Lassen County served only two mono-lingual Spanish speaking clients this past year and showed that 54 consumers identify themselves as Hispanic. Spanish continues to be a threshold language. One of their QI goals is to increase the penetration rate for the Hispanic population by another 2% above current level. Recruiting a bi-lingual and bi-cultural therapist continues to be a challenge in spite of aggressive recruitment attempts that include a salary enhancement.
3. Currently it takes up to 15-20 minutes to input data about a new client. Such slow performance is a problem requiring resolution.

DMH Oversight Protocol: 30 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Will intensive outpatient services targeting individuals at risk for readmission result in a decline in hospital readmissions and acute days?

Stage: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Concluded <input type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: 8 Total Partial: 0 Total No: 0
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D. Performance Improvement Project (PIP) Recommendations

1. Determine data collection process and ensure reliability when determining all variables.
2. Identify other variables in the study population that have or may have contributed to readmission to a hospital other than the lack of natural support systems.

E. Information Systems Capabilities Assessment (ISCA)	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Processes and pays claims from external providers:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Name: Lassen MHP (continued)
F. Key Recommendations
<ol style="list-style-type: none"> 1. Work with the IS vendor to determine the best strategy to improve system processing speed. Current performance is problematic. 2. Conduct a systematic rather than "periodic" medication monitoring chart review that includes at least 5% of the total number of the current client census if N=600 or fewer, or at least a 100% if N is fewer than 30. Review findings indicated that a medication monitoring chart review had not occurred for the past year. 3. Continue efforts to assist consumers in establishing peer run support groups, drop in centers and a warm line.
G. Specific Issues (optional)
<ol style="list-style-type: none"> 1. 2.

⁸⁶ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

⁸⁷ Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

⁸⁸ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

⁸⁹ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

⁹⁰ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Los Angeles MHP	Review Date: May 2-5, 2005
Population ⁹¹ : 10,179,716	Federal Poverty Level ⁹² : 17.30%
Medi-Cal Penetration Rate FY03 ⁹³ : 4.88%	Medi-Cal Beneficiary ⁹⁴ : 25.60%
CAEQRO Size Group ⁹⁵ : <input type="checkbox"/> Small-Rural <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input checked="" type="checkbox"/> Very Large	

A. Strengths

1. Strong culture of recovery and wellness throughout the provider community. Consumers and staff exhibit full support for recovery practices and participate jointly in expanding and promoting recovery.
2. New Chief Information Officer who is a member of the senior leadership team and is included in all planning efforts.
3. Formal strategic plan developed several years ago that continues as a guide for priority setting as possible.

B. Challenges

1. Indigent care remains a high priority of the organization, and now represents 30-40% of the MHP's budget.
2. Continuing significant problems with the "Integrated System" affect claims processing, performance and reliability - more than 6 months post implementation. Contract and staff IS users are dissatisfied and distrustful of the system.
3. There is a lack of data-driven culture in QI and elsewhere due to inability to access data and create ad hoc reports needed to evaluate progress toward goals.

DMH Oversight Protocol: 30 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Will rapid access and linkage to appropriate level of care (community based programs) for individuals hospitalized many times prevent or reduce re-hospitalization?

Stage: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Concluded <input type="checkbox"/> Planned	Discussion Outcome: <input checked="" type="checkbox"/> Continue <input type="checkbox"/> Modify <input type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: <u>6</u> Total Partial: <u>1</u> Total No: <u>1</u>
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D. Performance Improvement Project (PIP) Recommendations

1. Review utilization review procedures to identify barriers to finding consumers after discharge from hospitals.
2. Specify types of "Hospital Days" including Administrative as applicable indicators.

E. Information Systems Capabilities Assessment (ISCA)

	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: Los Angeles MHP (continued)
F. Key Recommendations
1. Evaluate IS claims generation programs and operations to determine potential logic or procedural errors. LA MHP has the lowest Medi-Cal penetration rate of all large MHPs.
2. Expand QI resources available to programs. The lack of QI staff creates systemic challenges for contract and county operated programs, administration, and the QI team.
3. Take necessary steps to re-build relationships with contract providers who participated in IS pilot projects and lost revenue as a result of its failures.
G. Specific Issues (optional)
1.
2.

⁹¹ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

⁹² Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

⁹³ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

⁹⁴ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

⁹⁵ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Madera MHP	Review Date: February 22, 2005
Population ⁹⁶ : 139,406	Federal Poverty Level ⁹⁷ : 20.50%
Medi-Cal Penetration Rate FY03 ⁹⁸ : 5.50%	Medi-Cal Beneficiary ⁹⁹ : 26.00%
CAEQRO Size Group ¹⁰⁰ : <input type="checkbox"/> Small-Rural <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Very Large	

A. Strengths

1. Because of limited public transportation, the MHP operates clinics in the three large population areas and has co-located services with the Departments of Social Services and Probation.
2. The MHP has been able to support the efforts of a consumer-run group, WE CAN.
3. The MHP staff is very knowledgeable about the CMHC information systems and the use of reporting tools.

B. Challenges

1. Selecting a new Information Systems that will integrate both the Mental Health services and the Managed Care databases is a responsibility that will result in meaningful data to the MHP.
2. There are no Individual Providers located in Madera County. The closest are located in Fresno. Though some clients might have been seen in the community, the MHP serves all consumers who meet medical necessity criteria.
3. Medi-Cal beneficiaries comprise a third of the County's population, making Madera one of the poorest per capita counties in the State.

DMH Oversight Protocol: 20 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Clinical PIP Activity Validation – DBT to Reduce Adult Hospitalization Days and Crisis Hours”

Stage: <input type="checkbox"/> Active <input type="checkbox"/> Concluded <input checked="" type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input type="checkbox"/> Modify <input checked="" type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: 4 Total Partial: 1 Total No: 3
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D. Performance Improvement Project (PIP) Recommendations

1. There is a need to develop a PIP that is driven by a problem which is identified by MHP-specific data collection and analysis.
2. It was suggested that further exploration of data for the identification of variables surrounding hospitalization, such as identified sub-populations, admitting physicians, re-hospitalization data, and co-morbid diagnoses may help to identify a problem.

E. Information Systems Capabilities Assessment (ISCA)

	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: Madera MHP (continued)
F. Key Recommendations
<ol style="list-style-type: none"> 1. Examine the treatment planning processes that involve families in order to determine whether those processes are adequate. Beneficiaries receiving services need the support that families and significant others provide. 2. Create a QI Work Plan which outlines measurable goals, timelines, parties responsible, and all areas being monitored, including Cultural Competence goals and PIPs. 3. The MHP should carefully review Information Systems staffing requirements. The need for staffing is particularly relevant with the prospect of a new information systems.
G. Specific Issues (optional)
<ol style="list-style-type: none"> 1. 2.

⁹⁶ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

⁹⁷ Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

⁹⁸ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

⁹⁹ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

¹⁰⁰ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Marin MHP		Review Date: December 6-7, 2004	
Population ¹⁰¹ : 251,440		Federal Poverty Level ¹⁰² : 6.80%	
Medi-Cal Penetration Rate FY03 ¹⁰³ : 12.89%		Medi-Cal Beneficiary ¹⁰⁴ : 6.70%	
CAEQRO Size Group ¹⁰⁵ :	<input type="checkbox"/> Small-Rural	<input type="checkbox"/> Small	<input checked="" type="checkbox"/> Medium
		<input type="checkbox"/> Large	<input type="checkbox"/> Very Large

A. Strengths

- Consumer and family member input is highly valued and plays a significant role in program planning and provision of services.
- Cultural competence is a high priority, demonstrated by recruitment and retention of bilingual staff in the threshold language (Spanish), placement of Spanish speaking staff at locations with greatest need, and numerous staff training events
- Overall penetration rate is twice the State average. Penetration rates by age, gender, and ethnic group exceed that of the Bay Area and the State.

B. Challenges

- Data has not been readily available to program managers for use in assessing program performance.
- Like many areas in the State, Latino access has been a challenge, even though the penetration rate is 50% higher than the State average. A staff focus group recently convened to address this continuing gap.
- The QI Work Plan and goals associated with quality improvement are not known to staff outside QI. The Work Plan itself appears irrelevant and insignificant even within the QI unit.

DMH Oversight Protocol: 28 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Impact of twice weekly "relapse prevention and support" program on hospitalizations and psychiatric emergency services utilization.

Stage: <input type="checkbox"/> Active <input type="checkbox"/> Concluded <input checked="" type="checkbox"/> Planned	Discussion Outcome: <input checked="" type="checkbox"/> Continue <input type="checkbox"/> Modify <input type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: 4 Total Partial: 3 Total No: 1
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D. Performance Improvement Project (PIP) Recommendations

- Baseline data for each of the indicators needs to be collected and analyzed.
- If the target population includes all MHP consumers who are admitted to the inpatient hospital or PES, ensure that the intervention is offered to applicable consumers.

E. Information Systems Capabilities Assessment (ISCA)	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: Marin MHP (continued)
F. Key Recommendations
<ol style="list-style-type: none"> 1. Develop increased reliance upon data analysis in all program and quality improvement areas. Improve the QI Work Plan through the provision of specific details regarding processes, timelines, responsibilities, and measurable goals. 2. Determine whether a suitable working relationship exists between Alcohol/Drug Services and the MHP, allowing for beneficiaries to be appropriately referred between services and for services to be coordinated for the dually diagnosed. 3. Continue to evaluate the need for selecting and procuring an information systems to replace INSYST. Monitor Echo's stated sunset date for the product.
G. Specific Issues (optional)
<ol style="list-style-type: none"> 1. _____ 2. _____

¹⁰¹ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

¹⁰² Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

¹⁰³ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

¹⁰⁴ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

¹⁰⁵ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Mariposa MHP		Review Date: <u>April 25, 2005</u>	
Population ¹⁰⁶ : <u>17,856</u>		Federal Poverty Level ¹⁰⁷ : <u>11.70%</u>	
Medi-Cal Penetration Rate FY03 ¹⁰⁸ : <u>12.08%</u>		Medi-Cal Beneficiary ¹⁰⁹ : <u>13.60%</u>	
CAEQRO Size Group ¹¹⁰ :	<input checked="" type="checkbox"/> Small-Rural	<input type="checkbox"/> Small	<input type="checkbox"/> Medium
		<input type="checkbox"/> Large	<input type="checkbox"/> Very Large

A. Strengths

1. The MHP has a high percentage of experienced direct service clinical staff.
2. The MHP has strong policies and procedures regarding the timeliness and accuracy of data collection and entry.
3. Personnel are well qualified and knowledgeable in the use of CMHC report generators and so have access to important data.

B. Challenges

1. The MHP staff, beneficiaries, and family members continue to struggle with the transition from terminating the Kings View Corporation contract and transferring the MHP to direct management by the County.
2. The MHP needs to further explore whether a short term brief therapy model is appropriate for maximum positive outcomes for all beneficiaries. Preliminary data analysis, as well as feedback from beneficiaries, suggests some drawbacks to the current mode of service delivery.
3. The QI Coordinator is also the Deputy Director over clinical programs. This presents the MHP with a resource challenge in addressing all of the relevant QI activities and issues.

DMH Oversight Protocol: 22 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Clinical PIP Activity Validation - What is the impact on 5150 assessments and hospitalizations on clients with severe mental health issues pursuant to changing measures of medical necessity on long term severe clients?

Stage: <input type="checkbox"/> Active <input type="checkbox"/> Concluded <input checked="" type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input type="checkbox"/> Modify <input checked="" type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: <u>0</u> Total Partial: <u>1</u> Total No: <u>7</u>
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D. Performance Improvement Project (PIP) Recommendations

1. Create a work group that includes the QI Coordinator, a data analyst, relevant clinical staff, beneficiaries, and family members to examine the service delivery program and develop the PIP.
2. Conduct a barrier analysis to determine what effective interventions can be implemented, and determine the feasibility of each intervention and the resources required.

E. Information Systems Capabilities Assessment (ISCA)	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: **Mariposa MHP (continued)**

F. Key Recommendations

1. Assess the efficacy of the new brief therapy model by analyzing utilization data, retention rates, hospitalization and other outcome data, beneficiary feedback, survey results, or other relevant information.
2. Increase beneficiary and family member involvement in program and policy planning. Significant stakeholders should be involved in major changes that may occur within the service delivery system.
3. Continue to develop collaborative relationships between IT/Fiscal and QI to increase task understanding and share skill sets between departments. Continuing to develop a focus on the analysis of data will increase data driven decision making across the MHP.

G. Specific Issues (optional)

1. Kings View staff were transferred to the MHP without seniority and as probationary employees for one year, thus creating widespread low morale.
2. The county Board of Supervisors mandated a specific model of treatment of brief individual therapy of six sessions followed by "recovery" services. This has further increased upset and low morale within the MHP and many beneficiaries.

¹⁰⁶ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

¹⁰⁷ Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

¹⁰⁸ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

¹⁰⁹ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

¹¹⁰ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Mendocino MHP	Review Date: March 3, 2005
Population ¹¹¹ : 89,701	Federal Poverty Level ¹¹² : 14.60%
Medi-Cal Penetration Rate FY03 ¹¹³ : 9.03%	Medi-Cal Beneficiary ¹¹⁴ : 24.30%
CAEQRO Size Group ¹¹⁵ : <input type="checkbox"/> Small-Rural <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Very Large	

A. Strengths

1. The MHP offers a wide range of programs and services and, based upon feedback from the focus group as well as analysis of paid claims data, beneficiaries appear to be receiving intensive services.
2. A Latino-focused local agency is expected to expand its services into specialty mental health and join the provider network. This may increase access to services by the underserved Latino population.
3. The MHP has excellent working relationships among other county departments, using informal communication channels. Many departments are co-located on one campus, making exchange of information and documents efficient.

B. Challenges

1. The currently mandated, reduced work-week for salary savings creates a strain that is experienced by staff and beneficiaries.
2. A clear challenge for the MHP is to find ways to keep the staff enthused and invested in working with the new Management Information Systems, given the many errors that have been encountered. The reliance on multiple homegrown spreadsheets to track a variety of data is a symptom of distrust in the core Information Systems.
3. Implementing recovery based practices has been challenging for the MHP, with some clinical staff seeming to resist the shift from a medical model orientation.

DMH Oversight Protocol: 30 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: New PIP post review: Impact of receiving different types of outpatient mental health services on rate of hospitalization among transition age youth.

Stage: <input type="checkbox"/> Active <input type="checkbox"/> Concluded <input checked="" type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input type="checkbox"/> Modify <input checked="" type="checkbox"/> Start Over	PIP Protocol Questions 1-8:	Total Yes: 4 Total Partial: 4 Total No: 0
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D. Performance Improvement Project (PIP) Recommendations

1. Identify key staff, management, beneficiaries, and family members who can comprise a work group devoted to the development and implementation of this PIP. This group could report its progress to the QIC and/or the management team.
2. Clarify the indicators for the PIP, including clear baselines and goals for each indicator.

E. Information Systems Capabilities Assessment (ISCA)

	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: Mendocino MHP (continued)
F. Key Recommendations
<ol style="list-style-type: none"> 1. Ensure that useful and understandable data and reports are available to QI staff and program managers/supervisors. To that end, the QI Coordinator and the Director should work closely with the Information Systems staff. 2. Evaluate current practices with the MHP's implementation plan for recovery oriented services. The MHP should take steps to adjudicate the perception some beneficiaries have of disconnectedness in the vision held by the executive administration and that of the clinical staff. 3. Continue efforts to stabilize the new Information System through diligent error discovery, reporting to the vendor, and testing.
G. Specific Issues (optional)
<ol style="list-style-type: none"> 1. 2.

¹¹¹ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

¹¹² Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

¹¹³ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

¹¹⁴ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

¹¹⁵ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Merced MHP	Review Date: February 23-24, 2005
Population ¹¹⁶ : 237,155	Federal Poverty Level ¹¹⁷ : 18.80%
Medi-Cal Penetration Rate FY03 ¹¹⁸ : 4.67%	Medi-Cal Beneficiary ¹¹⁹ : 31.00%
CAEQRO Size Group ¹²⁰ : <input type="checkbox"/> Small-Rural <input type="checkbox"/> Small <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Very Large	

A. Strengths

1. Certification of interpreters and location of Spanish Speaking staff in all clinics.
2. Involvement of 15 consumers on a QI sub-committee.
3. Knowledgeable staff with experience with the existing county-developed information systems.

B. Challenges

1. The legacy information systems is outdated, the MHP is having difficulty retaining younger IS staff, and the Managed Care Module is undocumented and the author no longer works for the MHP.
2. Penetration rates for youth age 0-17 are extremely low.
3. The Recovery principles have not yet been implemented.

DMH Oversight Protocol: 28 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Can Process Improvement in the Children's System of Care Reduce Hospitalizations

Stage: <input type="checkbox"/> Active <input type="checkbox"/> Concluded <input checked="" type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: 5 Total Partial: 3 Total No: 0
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D. Performance Improvement Project (PIP) Recommendations

1. Evaluate data before moving ahead with a PIP. The MHP felt that the number of children and adolescents had increased when if fact the data showed just the opposite.
2. Involve Medical and Children's System of Care staff in a PIP about children and adolescents.

E. Information Systems Capabilities Assessment (ISCA)

	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: Merced MHP (continued)
F. Key Recommendations
<ol style="list-style-type: none"> 1. Review the business practices of the billing systems since the processes used are cumbersome and ineffective. Retroactive Medi-Cal eligibility is tracked only manually. The Automation Services staff maintain manually created Excel spreadsheets. 2. Implement training on Recovery and Wellness. Include consumers and family members in this training. 3. Bring Cultural Competence under the aegis of Quality Improvement and track progress towards reaching goals of the plans.
G. Specific Issues (optional)
<ol style="list-style-type: none"> 1. The MHP area is designated a Health Professionals Shortage Area designation to assist in recruiting physicians. 2.

¹¹⁶ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

¹¹⁷ Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

¹¹⁸ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

¹¹⁹ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

¹²⁰ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Modoc MHP		Review Date: May 10, 2005	
Population ¹²¹ : 9,917		Federal Poverty Level ¹²² : 16.90%	
Medi-Cal Penetration Rate FY03 ¹²³ : 11.62%		Medi-Cal Beneficiary ¹²⁴ : 23.00%	
CAEQRO Size Group ¹²⁵ :	<input checked="" type="checkbox"/> Small-Rural	<input type="checkbox"/> Small	<input type="checkbox"/> Medium
		<input type="checkbox"/> Large	<input type="checkbox"/> Very Large

A. Strengths

1. The membership of the QI Committee includes a Mental Health Board member and the Patients Rights Advocate, in addition to family and consumer representation.
2. The staff is proactively seeking useful resources to increase information systems skills.
3. The MHP has close working relationships with the Indian Health Clinic and the Migrant Parents Association.

B. Challenges

1. Implementation of a Recovery & Wellness program.
2. Preparation for the new information systems, and the planning for the transfer of old data to new information systems.
3. Development of written policies and procedures for business practices

DMH Oversight Protocol: 30 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Clinical PIP Activity Validation - "Can a socialization group experience increase the independence of its participants?"

Stage: <input type="checkbox"/> Active <input type="checkbox"/> Concluded <input checked="" type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: 4 Total Partial: 1 Total No: 3
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D. Performance Improvement Project (PIP) Recommendations

1. Consider formulating a questionnaire about interactive and social experiences for consumers to complete at intervals. This may objectify their growth and provide a measurement tool for the MHP.
2. Invite the California Institute for Mental Health (CIMH) or other consultants to train the staff, beneficiaries and families on Recovery & Wellness principles so experiences can be provided that will aid in implementing appropriate changes.

E. Information Systems Capabilities Assessment (ISCA)	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: Modoc MHP (continued)
F. Key Recommendations
1. Move forward with implementation of a wellness and recovery program.
2. Create information systems policies and procedures to ensure that the business flow will not be disrupted when experienced staff members are unavailable
3. Provide training for staff using INSYST to query data to assist in projects and/or policy decision making.
G. Specific Issues (optional)
1.
2.

¹²¹ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

¹²² Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

¹²³ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

¹²⁴ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

¹²⁵ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Mono MHP		Review Date: May 16, 2005	
Population ¹²⁶ : 13,568		Federal Poverty Level ¹²⁷ : 8.10%	
Medi-Cal Penetration Rate FY03 ¹²⁸ : 5.36%		Medi-Cal Beneficiary ¹²⁹ : 9.00%	
CAEQRO Size Group ¹³⁰ :	<input checked="" type="checkbox"/> Small-Rural	<input type="checkbox"/> Small	<input type="checkbox"/> Medium
		<input type="checkbox"/> Large	<input type="checkbox"/> Very Large

A. Strengths

1. Addition of a Quality Assurance Coordinator has strengthened the MHPs ability to track and complete initiatives and has increased the utilization of INSYST information as a management tool.
2. MHP staff routinely provide services in-home to beneficiaries who do not have transportation to the clinic.
3. Key staff have the ability to run customized INSYST reports and the fiscal staff is cross trained for mutual support.

B. Challenges

1. Dramatically escalating housing costs have made staff recruitment difficult.
2. Low penetration rate for Latino beneficiaries remains partially because the MHP believes many youth do not meet medical necessity or do not have Medi-Cal because of their legal status.
3. Elimination of all but safety-net services to non-Medi-Cal beneficiaries has resulted in treatment changes such as reduction in groups, although the MHP has open slots within current staffing.

DMH Oversight Protocol: 30 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Access to Treatment/Missed Appointments

Stage: <input type="checkbox"/> Active <input type="checkbox"/> Concluded <input checked="" type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: 6 Total Partial: 2 Total No: 0
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D. Performance Improvement Project (PIP) Recommendations

1. Define indicators that clearly measure the progress of the PIP with time periods and quantifiable goals.
2. Identify the method of data analysis.

E. Information Systems Capabilities Assessment (ISCA)	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processes and pays claims from external providers:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Name: Mono MHP (continued)
F. Key Recommendations
<ol style="list-style-type: none"> 1. Open services to all individuals who meet medical or service necessity to reach under served groups including Latinos and Native Americans. Some of these individuals may need assistance in getting Medi-Cal. 2. Recruit consumers and family members to participate in the Quality Improvement program. 3. Create and complete policies and procedures on business practices in preparation for migration to a new information systems.
G. Specific Issues (optional)
<ol style="list-style-type: none"> 1. The MHP has recently merged with substance abuse services. 2. The MHP ' s area has become certified as a Health Professional Shortage Area(HPSA) in order to recruit physicians more effectively.

¹²⁶ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

¹²⁷ Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

¹²⁸ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

¹²⁹ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

¹³⁰ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Monterey MHP		Review Date: <u>July 21-22, 2004</u>	
Population ¹³¹ : <u>425,521</u>		Federal Poverty Level ¹³² : <u>13.30%</u>	
Medi-Cal Penetration Rate FY03 ¹³³ : <u>4.00%</u>		Medi-Cal Beneficiary ¹³⁴ : <u>18.00%</u>	
CAEQRO Size Group ¹³⁵ :	<input type="checkbox"/> Small-Rural	<input type="checkbox"/> Small	<input checked="" type="checkbox"/> Medium
		<input type="checkbox"/> Large	<input type="checkbox"/> Very Large

A. Strengths

1. Aggressive approach to improving access to the underserved Latino community.
2. Active consumer and family involvement in the treatment planning process.
3. Experienced IS staff adept at creating ad hoc reports for program managers and administration.

B. Challenges

1. Significant underutilization of mental health services by the large and growing Latino population.
2. Loss of long term, experienced staff due to retirement.
3. Providing adequate services to address the diverse mental health needs of transition aged youth.

DMH Oversight Protocol: N/A out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Increase utilization of mental health services by Latino population. PIP is well supported by collection and analysis of baseline data.

Stage: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Concluded <input type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: <u>4</u> Total Partial: <u>3</u> Total No: <u>1</u>
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D. Performance Improvement Project (PIP) Recommendations

1. Clarify definition of population included in PIP, and length of treatment.
2. Determine method to ensure capture of data on all members of target population.

E. Information Systems Capabilities Assessment (ISCA)	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: Monterey MHP (continued)
F. Key Recommendations
1. Continue use and analysis of data to enhance QI activities.
2. Train/mentor new staff to eventually fill key positions left open by staff ready to retire.
3. Continue staff training efforts to promote culturally competent delivery of mental health services.
G. Specific Issues (optional)
1. Awarded a multi-year SAMSHA grant addressing needs of transition aged youth.
2.

¹³¹ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

¹³² Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

¹³³ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

¹³⁴ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

¹³⁵ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Napa MHP	Review Date: October 13-14, 2004
Population ¹³⁶ : 132,530	Federal Poverty Level ¹³⁷ : 7.00%
Medi-Cal Penetration Rate FY03 ¹³⁸ : 7.55%	Medi-Cal Beneficiary ¹³⁹ : 9.90%
CAEQRO Size Group ¹⁴⁰ : <input type="checkbox"/> Small-Rural <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Very Large	

A. Strengths

1. Emphasis on accurate and complete documentation which has resulted in a documentation error rate of less than 0.05%.
2. Inclusion of specific program-level organizational issues within the Quality Improvement Work Plan.
3. Rigorous staff training on Clinician's Desktop prior to authorization to enter data.

B. Challenges

1. Increasing the penetration rate for Hispanics who make up 42% of Medi-Cal beneficiaries.
2. Recruitment of consumers to actively participate in the QIC, other committees and program planning activities.
3. Development of appropriate services for consumers who previously would have received services from the recently closed day treatment program. Include consumers/families in this development.

DMH Oversight Protocol: 30 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Reducing Weight Gain on Atypical Anti-psychotic Medications

Stage: <input type="checkbox"/> Active <input type="checkbox"/> Concluded <input checked="" type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input type="checkbox"/> Modify <input checked="" type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: <u>1</u> Total Partial: <u>4</u> Total No: <u>3</u>
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D. Performance Improvement Project (PIP) Recommendations

1. Collection and analysis of MHP data should precede PIP selection. The MHP proposed a PIP which was not based upon review of available data and subsequent project selection.
2. Definition of the study population to include all individuals to whom the identified study question and related indicators are relevant.

E. Information Systems Capabilities Assessment (ISCA)	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: Napa MHP (continued)
F. Key Recommendations
1. Expand outreach to the under served Latino population.
2. Increase beneficiary involvement in planning at the level of individual treatment as well as program planning.
3. Implement activities that will increase the inclusion of program supervisors in Quality Improvement activities.
G. Specific Issues (optional)
1. The MHP is entering into its fifth and final year of a Federal Integrity Agreement.
2.

¹³⁶ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

¹³⁷ Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

¹³⁸ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

¹³⁹ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

¹⁴⁰ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Nevada MHP	Review Date: September 15, 2004
Population ¹⁴¹ : 98,857	Federal Poverty Level ¹⁴² : 7.60%
Medi-Cal Penetration Rate FY03 ¹⁴³ : 12.03%	Medi-Cal Beneficiary ¹⁴⁴ : 8.60%
CAEQRO Size Group ¹⁴⁵ : <input type="checkbox"/> Small-Rural <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Very Large	

A. Strengths

1. MHP has collaborative teams that are designed to use the combined knowledge and resources to deal with complex consumer problems.
2. MHP has implemented a peer-counseling program and provides support for a small consumer-run business.
3. To assist mental health consumers who lack affordable housing, the MHP has worked with the community to develop a new "rooming house", where the MHP provides case management support.

B. Challenges

1. Quality improvement goals should be clearly identified with specific outcomes and projected timelines so that annual progress is more readily identified.
2. THE MHP will be implementing a new management information systems (CalCiS) next year. The system conversion and implementation will create a staff resource challenge for this small organization.
3. The MHP needs to develop outreach strategies to increase the penetration and retention rates of Hispanic and older adults.

DMH Oversight Protocol: N/A out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Multiple Medication Program

Stage: <input type="checkbox"/> Active <input type="checkbox"/> Concluded <input checked="" type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input type="checkbox"/> Modify <input checked="" type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: 0 Total Partial: 2 Total No: 6
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D. Performance Improvement Project (PIP) Recommendations

1. Clearly identify the study population. Measurement and improvement efforts must represent the entire Medi-Cal population to which the study indicators apply.
2. Analyze data prior to identifying interventions to be applied.

E. Information Systems Capabilities Assessment (ISCA)	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: Nevada MHP (continued)
F. Key Recommendations
1. Increased access to and use of data, combined with data analysis training can help the MHP develop quality improvement initiatives.
2. Quality improvement initiatives will be improved by linking each process to specific timelines and goals.
3. Determine the most appropriate course of action for maintaining more than ten years of archived data on the legacy INSYST system when implementing the CalCiS system.
G. Specific Issues (optional)
1.
2.

¹⁴¹ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

¹⁴² Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

¹⁴³ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

¹⁴⁴ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

¹⁴⁵ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Orange MHP	Review Date: February 1-3, 2005
Population ¹⁴⁶ : 3,044,819	Federal Poverty Level ¹⁴⁷ : 10.20%
Medi-Cal Penetration Rate FY03 ¹⁴⁸ : 6.00%	Medi-Cal Beneficiary ¹⁴⁹ : 12.40%
CAEQRO Size Group ¹⁵⁰ : <input type="checkbox"/> Small-Rural <input type="checkbox"/> Small <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Large <input type="checkbox"/> Very Large	

A. Strengths

1. Cultural competence is a high priority of the organization, demonstrated by a dedicated Ethnic Services department, designation of bilingual clinical staff positions, and specialized clinics serving needs of Vietnamese and Hispanic communities.
2. Inter-agency collaborative efforts with Juvenile Justice and Foster Care systems (among others) address special needs of targeted consumers.
3. "Program Liaisons" with clinical knowledge and experience recruited as subject matter experts for the new IS to help tailor the system to the needs of the departments.

B. Challenges

1. Deep-rooted culture of compliance, which promotes quality assurance - but can hinder efforts toward quality improvement.
2. Significant problems and delays (going on 5 years) in implementation of Cerner Corporation's Millennium System, resulting in lost revenue and lack of accessible data for management to evaluate and monitor service delivery patterns and program performance.
3. Recruitment of bi-lingual, bi-cultural psychiatrists.

DMH Oversight Protocol: 30 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Will improvement of case coordination between behavioral health services and primary care physicians improve consumer outcomes?

Stage: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Concluded <input type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: 7 Total Partial: 0 Total No: 1
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D. Performance Improvement Project (PIP) Recommendations

1. Set up system and procedures to accurately collect data necessary to measure proposed interventions as expanded.
2. Use the Access Team to coordinate data gathering and analysis with IT staff.

E. Information Systems Capabilities Assessment (ISCA)

	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: Orange MHP (continued)
F. Key Recommendations
1. Improve communication with line staff on system issues to alleviate confusion, frustration and pessimism about the changes in the information systems.
2. Provide county and contract operated programs access to reports needed for clinic management purposes.
3. Complete the Medi-Cal billing application implementation by planned date of July 2005.
G. Specific Issues (optional)
1. Successful public-private partnership with PacifiCare Behavioral Health as the ASO that evaluates and refers Medi-Cal beneficiaries to over 300 network providers.
2.

¹⁴⁶ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

¹⁴⁷ Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

¹⁴⁸ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

¹⁴⁹ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

¹⁵⁰ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Placer/Sierra MHP	Review Date: May 20, 2005
Population ¹⁵¹ : 303,016	Federal Poverty Level ¹⁵² : 5.50%
Medi-Cal Penetration Rate FY03 ¹⁵³ : 11.21%	Medi-Cal Beneficiary ¹⁵⁴ : 7.30%
CAEQRO Size Group ¹⁵⁵ : <input type="checkbox"/> Small-Rural <input type="checkbox"/> Small <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Very Large	

A. Strengths

1. Personnel are well qualified and knowledgeable in the use of ad hoc report generation tools associated with the new Avatar information systems.
2. Peer members and a family advocate are available to provide support to consumers and their families.
3. Mental Health Statistics Improvement Project (MHSIP) survey distribution is given a high priority within the system and a high percentage of beneficiaries complete the surveys.

B. Challenges

1. The MHP is in the process of clarifying its responsibilities in functioning as the MHP for Sierra County.
2. The three-year long Avatar implementation process has created barriers to obtaining relevant data for analysis.
3. Cultural competence has been narrowly interpreted and addressed.

DMH Oversight Protocol: 27 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Non-Clinical PIP Activity Validation - "Timeliness to Psychiatry Appointments"

Stage: <input type="checkbox"/> Active <input type="checkbox"/> Concluded <input checked="" type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: <u>0</u> Total Partial: <u>2</u> Total No: <u>6</u>
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D. Performance Improvement Project (PIP) Recommendations

1. Expand the PIP committee membership to include representation from Access and Psychiatry. This work group should be actively involved in the development and implementation of the PIP activity, and routinely report its progress to the QIC.
2. Continue with the analysis of data that recently began by adding a data analyst to the PIP committee. Analyze data associated with the multi-step intake process to understand significant barriers may be present, including any differential access for various cultural groups.

E. Information Systems Capabilities Assessment (ISCA)	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: **Placer/Sierra MHP (continued)**

F. Key Recommendations

1. Examine and prioritize measurable goals within the Annual QI Work Plan and the Cultural Competence Plan. Annual goals, activities, and parties responsible for expanded cultural competence priorities should be included in the QI Work Plan.
2. Increase the reliance upon data analysis at all levels of QI activity and program management. The inclusion of data analysts on the QIC and other related committees is essential to facilitate a transition to a more data driven environment.
3. Review the allocation of resources for the Avatar implementation to determine whether they are adequate. A fully implemented information systems will support the information needs of the organization.

G. Specific Issues (optional)

1. Placer County has not conducted many of the activities associated with being the MHP for Sierra County. This relationship needs to be clarified and implemented or discontinued.
- 2.

¹⁵¹ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

¹⁵² Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

¹⁵³ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

¹⁵⁴ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

¹⁵⁵ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: <u>Plumas MHP</u>		Review Date: <u>May 18, 2005</u>	
Population ¹⁵⁶ : <u>21,158</u>		Federal Poverty Level ¹⁵⁷ : <u>9.80%</u>	
Medi-Cal Penetration Rate FY03 ¹⁵⁸ : <u>11.27%</u>		Medi-Cal Beneficiary ¹⁵⁹ : <u>13.00%</u>	
CAEQRO Size Group ¹⁶⁰ :	<input checked="" type="checkbox"/> Small-Rural	<input type="checkbox"/> Small	<input type="checkbox"/> Medium
		<input type="checkbox"/> Large	<input type="checkbox"/> Very Large

A. Strengths

1. Longevity of management staff. Staff feel they are supported by Management staff.
2. Development of experiential programs such as the wilderness program have consumer support.
3. The MHP benefits from well documented billing procedures and experienced staff

B. Challenges

1. Quality improvement discussions and decisions are not data driven.
2. The MHP relies on clinician report to determine caseloads.
3. Recruitment of qualified staff is difficult in a rural county and has resulted in a vacancy for the Quality Improvement Coordinator position.

DMH Oversight Protocol: 24 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: _____

Stage: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Concluded <input type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: 5 Total Partial: 2 Total No: 1
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D. Performance Improvement Project (PIP) Recommendations

1. Review and check data collection methodologies so that establish accurate baseline data are established.
2. Collect data monthly and analyze data for accuracy and continued relevance to topic and interventions.

E. Information Systems Capabilities Assessment (ISCA)	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processes and pays claims from external providers:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Name: Plumas MHP (continued)
F. Key Recommendations
1. Development of a strategic plan to involve additional consumers and family members in Quality Improvement and other activities.
2. Development of increased data driven decision making in all programs including Quality Improvement.
3. Examination of the causes for lower Latino penetration rates and Implementation an outreach plan to assess and address the needs of the Older Adult population to increase services to underserved populations.
G. Specific Issues (optional)
1.
2.

¹⁵⁶ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

¹⁵⁷ Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

¹⁵⁸ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

¹⁵⁹ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

¹⁶⁰ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: <u>Riverside MHP</u>		Review Date: <u>April 25-26, 2005</u>	
Population ¹⁶¹ : <u>1,846,095</u>		Federal Poverty Level ¹⁶² : <u>12.90%</u>	
Medi-Cal Penetration Rate FY03 ¹⁶³ : <u>6.59%</u>		Medi-Cal Beneficiary ¹⁶⁴ : <u>15.30%</u>	
CAEQRO Size Group ¹⁶⁵ :	<input type="checkbox"/> Small-Rural	<input type="checkbox"/> Small	<input type="checkbox"/> Medium
	<input checked="" type="checkbox"/> Large	<input type="checkbox"/> Very Large	

A. Strengths

1. Implementation of innovative programs including Goal Attainment Treatment Evaluation and First Five Program treating children with Post Traumatic Stress Symptoms.
2. Reduction of pharmacy costs from approximately \$2,000,000 annually to \$2,000 through the use of currently available pharmacy Patient Assistance Programs.
3. Strong and experienced information team working closely with Fiscal and Billing staff has, with the assistance of Research and Development staff, produced many management reports.

B. Challenges

1. High population growth is increasing the demand for affordable housing and services for beneficiaries. The MHP is in the lowest category of amount spent per beneficiary served.
2. It has become increasingly difficult and time consuming for IS staff to provide solutions to data issues due to the inflexible and outmoded technology.
3. Continued recruitment of Spanish speaking staff for the expanding Latino population during times of budget reductions continues to be difficult.

DMH Oversight Protocol: 30 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Children's Emergency Screening Unit

Stage: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Concluded <input type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: <u>6</u> Total Partial: <u>2</u> Total No: <u>0</u>
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D. Performance Improvement Project (PIP) Recommendations

1. Review hospitalization rates per 1,000 to identify possible influence of for population increases.
2. Review information in the consumer management system to clearly identify the population that is increasing in hospitalization rates. Consider looking at sub-groups of the population

E. Information Systems Capabilities Assessment (ISCA)

	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: Riverside MHP (continued)
F. Key Recommendations
1. Include representatives from all areas in the selection, planning, and implementation of a new Information Systems.
2. Implement use of the DMH automated Error Correction Report and research and correct denied claims from the Medi-Cal Explanation of Benefits file.
3. Consider policies and procedures about best practices across each service area to aid in establishing consistency for staff and beneficiaries.
G. Specific Issues (optional)
1.
2.

¹⁶¹ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

¹⁶² Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

¹⁶³ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

¹⁶⁴ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

¹⁶⁵ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Sacramento MHP	Review Date: September 28-29, 2004
Population ¹⁶⁶ : 1,360,346	Federal Poverty Level ¹⁶⁷ : 12.70%
Medi-Cal Penetration Rate FY03 ¹⁶⁸ : 7.04%	Medi-Cal Beneficiary ¹⁶⁹ : 20.00%
CAEQRO Size Group ¹⁷⁰ : <input type="checkbox"/> Small-Rural <input type="checkbox"/> Small <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Large <input type="checkbox"/> Very Large	

A. Strengths

1. Consumers and family advocates are involved in all levels of planning and service delivery.
2. Quality Improvement activities are valued in the organization and well integrated throughout the system.
3. MHP employs a full-time Ethnic Services Manager whose focus is cultural competence. The MHP currently has five threshold languages.

B. Challenges

1. The MHP has an extremely diverse community. Maintaining all of the requirements associated with five threshold languages is a challenge, particularly with regard to written documents.
2. MHP has not tracked attendance at trainings for its organizational provider network to determine whether provider staff are appropriately attending.
3. Implementing a new management information systems is a significant challenge for any MHP. Devoting the necessary staff resources to do so should remain a high priority for MHP management and staff.

DMH Oversight Protocol: 30 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Dual Diagnosis

Stage: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Concluded <input type="checkbox"/> Planned	Discussion Outcome: <input checked="" type="checkbox"/> Continue <input type="checkbox"/> Modify <input type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: 7 Total Partial: 1 Total No: 0
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D. Performance Improvement Project (PIP) Recommendations

1. Identify possible indicators of improved consumer care that may come from more accurate identification and reporting of co-occurring disorders.
2. Identify potential barriers for PIP implementation, which may also uncover additional interventions to consider.

E. Information Systems Capabilities Assessment (ISCA)	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: Sacramento MHP (continued)
F. Key Recommendations
1. Examine low service penetration for the older adult population.
2. Encourage community-based organizations to send line staff, supervisors and management to various training opportunities sponsored by the MHP.
3. Determine the most appropriate course of action for maintaining more than ten years of archived data on the legacy CAT/MSO system when implementing the MHBAR system.
G. Specific Issues (optional)
1.
2.

¹⁶⁶ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

¹⁶⁷ Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

¹⁶⁸ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

¹⁶⁹ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

¹⁷⁰ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: San Benito MHP	Review Date: March 22, 2005
Population ¹⁷¹ : 57,353	Federal Poverty Level ¹⁷² : 8.80%
Medi-Cal Penetration Rate FY03 ¹⁷³ : 8.69%	Medi-Cal Beneficiary ¹⁷⁴ : 13.50%
CAEQRO Size Group ¹⁷⁵ : <input type="checkbox"/> Small-Rural <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Very Large	

A. Strengths

1. Use of data to identify and validate problems and implement best practices in response with major use of experienced consultant.
2. In spite of modest circumstances, the MHP has created an unusually welcoming environment for beneficiaries especially through the use of multi-cultural artwork in waiting areas, offices, and hallways.
3. A Quality Leadership Team which includes representation from the local acute care hospital to identify areas of joint concern and success.

B. Challenges

1. Budget reductions that have resulted in personnel cuts, leaving a balance of 20 staff - including 8 Spanish speaking employees.
2. Difficult relationship with the local Federally Qualified Health Center (FQHC) due to turnover in FQHC leadership.
3. Reported sunset of current INSYST IS requiring tough decisions in selection of new system and subsequent implementation, conversion, and training.

DMH Oversight Protocol: 28 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Can improvement in the service planning and treatment process for consumers with a diagnosis of depression improve client functioning and reduce symptoms of depression?

Stage: <input type="checkbox"/> Active <input type="checkbox"/> Concluded <input checked="" type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: 4 Total Partial: 3 Total No: 1
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D. Performance Improvement Project (PIP) Recommendations

1. Collaborate with Del Norte MHP that has the same PIP topic and employs the same data analysis consultant.
2. Begin the study with a "pilot" team to develop the methodology and assess effectiveness.

E. Information Systems Capabilities Assessment (ISCA)

	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: San Benito MHP (continued)
F. Key Recommendations
<ol style="list-style-type: none"> 1. Continue efforts to increase services to the Latino community. Consider forming a Latino Task Force comprised of staff, consumers and family members to support the goal of increasing the penetration rate. 2. Create policies and procedures to ensure that business processes are not disrupted when experienced staff members are unavailable. 3. Develop a "dashboard" to display monitored areas, timelines, and person responsible to help staff visualize the areas of importance to the organization.
G. Specific Issues (optional)
<ol style="list-style-type: none"> 1. Political and management turmoil at the County and a changing community result in an uncertain environment. 2.

¹⁷¹ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

¹⁷² Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

¹⁷³ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

¹⁷⁴ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

¹⁷⁵ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: San Bernardino MHP	Review Date: January 10-12, 2005
Population ¹⁷⁶ : 1,930,416	Federal Poverty Level ¹⁷⁷ : 15.70%
Medi-Cal Penetration Rate FY03 ¹⁷⁸ : 6.37%	Medi-Cal Beneficiary ¹⁷⁹ : 19.00%
CAEQRO Size Group ¹⁸⁰ : <input type="checkbox"/> Small-Rural <input type="checkbox"/> Small <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Large <input type="checkbox"/> Very Large	

A. Strengths

1. The recruitment for clinical staff has been focused on bi-lingual professional staff in order to ameliorate potential cultural barriers within the services provided by the MHP.
2. The MHP is conducting the Healthy Homes Project - a program geared toward foster care providers. It is intended to provide mental health and physical health assessments for all foster youth.
3. The MHP has begun Telepsychiatry in its outlying areas. It also plans to use the equipment for communication with the outlying region staff, consumers, and family members.

B. Challenges

1. The MHP recently cut more than 120 positions. Supervisors now spend 50% of their time in direct care. The number of MHP clinics was decreased and regional service areas combined. Among the lost programs were a children's psychiatric unit and a hospital facility.
2. The county of San Bernardino has the largest area of any county in the United States (including Alaska or Texas). Therefore, it is very difficult to reach beneficiaries in the far outlying areas. Transportation and weather are often major barriers.
3. The selection and procurement of a replacement system for INSYST and eCura is a major technology project that requires administrative attention, as The Echo Group has previously announced a sunset date of the application of July 2006.

DMH Oversight Protocol: 30 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: San Bernardino County Behavioral Health Wait Time Reduction for Jail inmates through improved referral processes.

Stage: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Concluded <input type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input type="checkbox"/> Modify <input checked="" type="checkbox"/> Start Over	PIP Protocol Questions 1-8:	Total Yes: 7 Total Partial: 1 Total No: 0
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D. Performance Improvement Project (PIP) Recommendations

1. The measurement of improved beneficiary outcomes is not clear. Initially, the MHP evaluated the use of improved treatment results vs. improved satisfaction ratings. This should be clarified as the project is solidified.
2. Review of the topic showed that another topic may be more appropriate.

E. Information Systems Capabilities Assessment (ISCA)

	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: San Bernardino MHP (continued)
F. Key Recommendations
<ol style="list-style-type: none"> 1. Consider avenues for increased beneficiary involvement at the levels of policy and program planning. Examine the membership of other committees within the organization for the potential of beneficiary or family membership. <hr/> 2. Continue ongoing efforts to better reach and serve the Latino population. The alliances built with outside organizations could benefit the MHP in further understanding of the needs of the Latino population, and the progression of its Latino Access Study. <hr/> 3. Begin development of an additional PIP activity. In the absence of the Telepsychiatry project, the MHP should begin to consider other problem areas such as those identified as a result of the survey.
G. Specific Issues (optional)
<ol style="list-style-type: none"> 1. _____ <hr/> 2. _____

¹⁷⁶ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

¹⁷⁷ Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

¹⁷⁸ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

¹⁷⁹ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

¹⁸⁰ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: San Diego MHP	Review Date: October 26-27, 2004
Population ¹⁸¹ : 3,036,373	Federal Poverty Level ¹⁸² : 10.90%
Medi-Cal Penetration Rate FY03 ¹⁸³ : 9.13%	Medi-Cal Beneficiary ¹⁸⁴ : 11.80%
CAEQRO Size Group ¹⁸⁵ : <input type="checkbox"/> Small-Rural <input type="checkbox"/> Small <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Large <input type="checkbox"/> Very Large	

A. Strengths

1. The level of understanding and commitment of the system to a recovery orientation appeared high.
2. Very good communication processes exist between the MHP and UBH (United Behavioral Health), the Administrative Services Organization (ASO) that performs the major Management Information Systems support functions.
3. The MHP's overall quality improvement activities for both Children's Mental Health and Adult Mental Health are imbedded in the body of the system.

B. Challenges

1. The selection process for a replacement system for the INSYST and eCura systems and subsequent new system implementation will be a major initiative requiring involvement by all parts of the MHP and the contract providers.
2. Developing a strategy for preserving over six years of archival data currently stored on INSYST and eCura databases will require particular attention and resources.
3. The MHP has struggled to maintain consumer/family members on the advisory board. This has led to increase efforts to recruit appropriate individuals for the positions

DMH Oversight Protocol: 30 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Co-Occurring Disorders

Stage: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Concluded <input type="checkbox"/> Planned	Discussion Outcome: <input checked="" type="checkbox"/> Continue <input type="checkbox"/> Modify <input type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: 8 Total Partial: 0 Total No: 0
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D. Performance Improvement Project (PIP) Recommendations

1. The MHP may want to identify clear indicators of outcomes. Currently, their indicators are not concrete and measurable. Specific, tangible goals will help the MHP in measuring their success.
2. Consider identifying clear timelines for the project. These timelines would be useful in evaluating the outcome data for success.

E. Information Systems Capabilities Assessment (ISCA)

	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: San Diego MHP (continued)
F. Key Recommendations
<ol style="list-style-type: none"> 1. Consider alternative routes for recruiting consumer/family members to participate in the Cultural Competence Resource Team such as partnerships with consumer community organizations, and recruitment by other consumer members <hr/> 2. The MHP may want to consider a project to define and then review consumer demographics, satisfaction, and clinical outcomes for those attending the clubhouses in comparison with those in day treatment, given the changes in service delivery systems. <hr/> 3. The selection and procurement of a replacement for the current information system is a major project that requires attention soon as the vendor has previously announced a July 2006 sunset date.
G. Specific Issues (optional)
<ol style="list-style-type: none"> 1. _____ <hr/> 2. _____

¹⁸¹ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

¹⁸² Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

¹⁸³ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

¹⁸⁴ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

¹⁸⁵ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: San Francisco MHP	Review Date: March 8-10, 2005
Population ¹⁸⁶ : 795,180	Federal Poverty Level ¹⁸⁷ : 10.70%
Medi-Cal Penetration Rate FY03 ¹⁸⁸ : 11.52%	Medi-Cal Beneficiary ¹⁸⁹ : 15.70%
CAEQRO Size Group ¹⁹⁰ : <input type="checkbox"/> Small-Rural <input type="checkbox"/> Small <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Large <input type="checkbox"/> Very Large	

A. Strengths

1. Cultural competence is highly valued at all levels of the organization, as evidenced by penetration rates for every ethnic group that are higher than the average for the region and the state.
2. Legacy IS that is strong on billing - supported by documented procedures, long-term knowledgeable staff, and an excellent training program provides support for the system.
3. One of the four Wellness Centers is consumer-run. There is an active consumer employment effort throughout the MHP and provider organizations.

B. Challenges

1. Administration that is perceived as isolated from clinical programs and the challenges faced by line staff and contract providers.
2. Procurement of a new information systems that supports clinical needs for information as well as billing requirements. Implementation of a new system brings a new set of issues to resolve, i.e., setup of a system supporting a complex organization, conversion, training, etc.
3. Assuming responsibility for QI for entire Health Department that carries the potential of diluting needs specific to MH consumers.

DMH Oversight Protocol: 28 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Will augmented services for dialectical behavioral therapy (DBT) consumers at psychiatric emergency services (PES) reduce: length of stay at PES, recidivism at PES, acute inpatient admissions?

Stage: <input type="checkbox"/> Active <input type="checkbox"/> Concluded <input checked="" type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: <u>3</u> Total Partial: <u>1</u> Total No: <u>4</u>
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D. Performance Improvement Project (PIP) Recommendations

1. Identify data that supports the selection of the PIP topic and problem-identification. The PIP appears to be designed to determine the efficacy of a program or set of interventions. The association between the selected intervention and an identified problem is unclear.
2. Include more participants in the PIP to yield meaningful results. A PIP should study an entire population to which a study question applies or an appropriately significant identified statistical sample of that population. Current sample is too small and was not systematically derived.

E. Information Systems Capabilities Assessment (ISCA)	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: San Francisco MHP (continued)
F. Key Recommendations
<ol style="list-style-type: none"> 1. Secure a new information systems, ensuring that the selected system addresses the needs identified by a wide variety of the staff, who should also be involved in IS selection and implementation processes. 2. Continue ongoing efforts to increase utilization by underserved Latino and Asian American populations. Improve and expand beneficiary and family member involvement in QI from these and other ethnic communities. 3. Increase the use of data analysis to measure performance and direct QI activities.
G. Specific Issues (optional)
<ol style="list-style-type: none"> 1. Integration of mental health and substance abuse programs is due to occur. 2.

¹⁸⁶ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

¹⁸⁷ Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

¹⁸⁸ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

¹⁸⁹ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

¹⁹⁰ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: San Joaquin MHP	Review Date: January 26-27, 2005
Population ¹⁹¹ : 646,007	Federal Poverty Level ¹⁹² : 14.20%
Medi-Cal Penetration Rate FY03 ¹⁹³ : 6.86%	Medi-Cal Beneficiary ¹⁹⁴ : 21.60%
CAEQRO Size Group ¹⁹⁵ : <input type="checkbox"/> Small-Rural <input type="checkbox"/> Small <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Very Large	

A. Strengths

1. Quality improvement activities appear to be valued by leadership and well-understood by line staff.
2. Provides creative services including extended hours for on-site crisis services, mobile pharmacy, case management support after-hours, and a specialized clinic for Southeast Asian beneficiaries.
3. Line staff clinicians are involved in the comprehensive review of chart documentation, and a feedback loop occurs to the treating clinician, supervisor, as well as the QI unit.

B. Challenges

1. Services are largely centralized in Stockton area clinics. Populations in outlying area are growing and their service needs presents a challenge.
2. Improving penetration of the Latino/Hispanic population remains challenging, despite having the availability of clinical staff that are culturally and linguistically matched.
3. The implementation of Echo/ShareCare system has been and remains a significant challenge. There have been staffing cutbacks as well as staff loss due to retirements.

DMH Oversight Protocol: 29 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: What are the variables associated with re-admission to the PHF.

Stage: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Concluded <input type="checkbox"/> Planned	Discussion Outcome: <input checked="" type="checkbox"/> Continue <input type="checkbox"/> Modify <input type="checkbox"/> Start Over	PIP Protocol Questions 1-8:	Total Yes: <u>2</u> Total Partial: <u>4</u> Total No: <u>2</u>
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D. Performance Improvement Project (PIP) Recommendations

1. The MHP has identified the PHF as an area of interest. Data supporting existence of a problem has not been evident.
2. Data analysis needs to include consideration of multiple variables to examine more sub-groups.

E. Information Systems Capabilities Assessment (ISCA)

	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: San Joaquin MHP (continued)
F. Key Recommendations
1. Examine QIC membership to determine whether the input of beneficiaries and family members is appropriately represented.
2. Determine whether cultural competence goals should be amended in light of current financial priorities. Or, whether financial priorities should be amended in light of cultural competence goals.
3. Examine possible reasons for under-utilization of services for beneficiaries ages 0-17 and consider avenues for increasing services to this age group.
G. Specific Issues (optional)
1.
2.

¹⁹¹ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

¹⁹² Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

¹⁹³ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

¹⁹⁴ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

¹⁹⁵ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: San Luis Obispo MHP	Review Date: March 28, 2005
Population ¹⁹⁶ : 259,924	Federal Poverty Level ¹⁹⁷ : 10.70%
Medi-Cal Penetration Rate FY03 ¹⁹⁸ : 9.22%	Medi-Cal Beneficiary ¹⁹⁹ : 11.50%
CAEQRO Size Group ²⁰⁰ : <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> Small-Rural <input type="checkbox"/> Small <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Very Large </div>	

A. Strengths

1. The MHP currently has eight full-time psychiatrists and contracts for services with several others. Of the eight, three are bi-lingual Spanish speaking women. It was noted that beneficiaries and staff have appreciated the flexibility and availability of the psychiatrists.
2. IT personnel are well qualified and knowledgeable in the operation and support of the INSYST system.
3. The penetration rate for services to individuals in Foster Care (64.23%) is higher than the average for the Southern California region and the State.

B. Challenges

1. The MHP has struggled to find bilingual, clinical staff. It has offered a pay incentive and a contract (rather than network) provider option in order to offer a more "flexible" schedule. This was reported to have had little impact on recruitment efforts to date.
2. The MHP receives a county "overmatch." Even with this money, the MHP reports a shortage of \$1.3M due to an increase in both the provision of services to a large homeless/non-Medi-Cal eligible population.
3. The MHP's information systems vendor has announced a July, 2006 sunset date for the INSYST application. The selection and implementation of a new system is a technology project that requires continued attention.

DMH Oversight Protocol: 30 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Latino Access Study

Stage: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Concluded <input type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: <u>7</u> Total Partial: <u>1</u> Total No: <u>0</u>
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D. Performance Improvement Project (PIP) Recommendations

1. Clarify "contact" in order to clearly understand how much each individual has been told to be considered "informed" about the services.
2. Identify the barriers to treatment associated with each intervention in order to insure each intervention is appropriate and important to the project.

E. Information Systems Capabilities Assessment (ISCA)	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: **San Luis Obispo MHP (continued)**

F. Key Recommendations

1. Develop a strategic plan to aggressively incorporate the "recovery" vision model.
2. The selection of a replacement system for INSYST that will support the information needs of the organization and allow future access to the more than 10 years of archival data will be critical to the future quality improvement efforts of the MHP.
3. Clear assignment of responsibility for QI activities should be implemented into the work plan. This will help to maintain accountability for monitoring and serve as a reference point for activity ideas or concerns.

G. Specific Issues (optional)

1. The MHP is becoming consolidated into the Health Services department and will be appointing a Health Services Director to oversee all operations.
- 2.

¹⁹⁶ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

¹⁹⁷ Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

¹⁹⁸ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

¹⁹⁹ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

²⁰⁰ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: San Mateo MHP	Review Date: December 13-14, 2005
Population ²⁰¹ : 720,691	Federal Poverty Level ²⁰² : 5.90%
Medi-Cal Penetration Rate FY03 ²⁰³ : 8.29%	Medi-Cal Beneficiary ²⁰⁴ : 9.10%
CAEQRO Size Group ²⁰⁵ : <input type="checkbox"/> Small-Rural <input type="checkbox"/> Small <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Very Large	

A. Strengths

1. Quality Improvement appears to be well developed, highly valued, and integrated within the MHP's system.
2. The MHP has an experienced IT team with a well documented system for the management of Medi-Cal eligibility and claims information.
3. The MHP has a history of conducting staff and consumer surveys which are used in a variety of ways, including access improvement and appropriateness of services for various consumer populations.

B. Challenges

1. The impending change from capitation to fee-for-service represents a clear challenge. Analysis of current data collection processes should continue to identify any potential billable service activity which is not currently being captured.
2. The recognition of Recovery values ranges widely among staff and consumers. The MHP should continue its outreach to the community and its clinicians about these principles.
3. The selection and implementation of a new information system will stress all elements of the organization.

DMH Oversight Protocol: 30 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: The effectiveness of dialectical behavioral therapy (DBT) in reducing acute services for adult clients.

Stage: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Concluded <input type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: <u>5</u> Total Partial: <u>3</u> Total No: <u>0</u>
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D. Performance Improvement Project (PIP) Recommendations

1. The current PIP includes 40-45 individuals. Given the size of the population that the MHP serves, future PIPs should examine issues which effect larger populations of beneficiaries.
2. The analysis of control groups should include a match of service patterns of individuals as compared to the study group.

E. Information Systems Capabilities Assessment (ISCA)	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: **San Mateo MHP (continued)**

F. Key Recommendations

1. The MHP should use its data analytic capabilities to study the source of any potential revenue loss. Such analyses may include the assessment of time lag for service entry.
2. Planning and implementation activities for the new system should use a team drawn from all elements of the organization. The planning effort should pay careful attention to current well established operational procedures surrounding eligibility determination and claims generation. The MHP should be confident that any new system will adequately replace or enhance its operations.
3. The MHP has many years of data in its current VAX systems. The value of this historical data set is substantial and staff planning efforts to protect these data is important. The MHP should have a clear strategy to maintain access to historical data

G. Specific Issues (optional)

1. The MHP manages its own pharmacy benefit. This means there is access to useful data that can be combined with service data to provide a full picture of beneficiary treatment.
- 2.

²⁰¹ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

²⁰² Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

²⁰³ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

²⁰⁴ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

²⁰⁵ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Santa Barbara MHP	Review Date: March 29-30, 2005
Population ²⁰⁶ : 416,625	Federal Poverty Level ²⁰⁷ : 12.40%
Medi-Cal Penetration Rate FY03 ²⁰⁸ : 6.82%	Medi-Cal Beneficiary ²⁰⁹ : 16.20%
CAEQRO Size Group ²¹⁰ : <input type="checkbox"/> Small-Rural <input type="checkbox"/> Small <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Very Large	

A. Strengths

1. Recent adoption of management principles which guide the system of care include outcomes data, expansion of the role of the Cultural Competence Coordinator, and a goal to address the shortage of bilingual Spanish speaking staff.
2. Improved communication between the QI staff and the IT personnel has producing systems which meet the quality improvement needs.
3. Successful integration of INSYST with an automated charting application, Clinician's Gateway.

B. Challenges

1. Lack of geographically dispersed service sites for increased beneficiary access.
2. Selection and implementation of a replacement system for INSYST which retains legacy data.
3. Minimal consumer/family member involvement in the QI process without inclusion of all underserved populations.

DMH Oversight Protocol: 30 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Acute Care Sub-Committee for Hospitalizations

Stage: <input type="checkbox"/> Active <input type="checkbox"/> Concluded <input checked="" type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: 3 Total Partial: 5 Total No: 0
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D. Performance Improvement Project (PIP) Recommendations

1. Review local data to clearly identify many aspects of a significant problem.
2. Review the quantifiable measures and identify the baseline data as well as benchmarks for each measure. Clearly define key terms such as "inappropriate" to help identify correct data to collect.

E. Information Systems Capabilities Assessment (ISCA)

	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: Santa Barbara MHP (continued)
F. Key Recommendations
1. Make the Cultural Competence Plan and the Quality Improvement Plans more relevant to stakeholders. Results of surveys, studies, and QI achievements should be made available to participants.
2. Increase the involvement of beneficiaries and family members in the treatment planning process.
3. Incorporate the performance improvement project and Cultural Competence Plan into the QI work plan to expand participation in the process and to facilitate monitoring of progress towards meeting set goals for accomplishment.
G. Specific Issues (optional)
1.
2.

²⁰⁶ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

²⁰⁷ Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

²⁰⁸ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

²⁰⁹ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

²¹⁰ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Santa Clara MHP	Review Date: May 11-13, 2005
Population ²¹¹ : 1,749,365	Federal Poverty Level ²¹² : 7.80%
Medi-Cal Penetration Rate FY03 ²¹³ : 6.48%	Medi-Cal Beneficiary ²¹⁴ : 12.60%
CAEQRO Size Group ²¹⁵ : <input type="checkbox"/> Small-Rural <input type="checkbox"/> Small <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Large <input type="checkbox"/> Very Large	

A. Strengths

1. Over half of the clinical staff is bilingual, and cultural competence is valued at all levels of the organization.
2. The QI unit produces a monthly newsletter that is provided to MHP and contractor clinical staff. Clinical staffs report they are well-informed of quality-related expectations and that QI is a valuable resource.
3. The QIC has broadened its membership and increased its role in examining QI issues over the past year.

B. Challenges

1. The UniCare/Pro-Fler, outpatient management information systems, remains problematic eighteen months after implementation. Many of the staff feel disconnected from the implementation process and feel unable to access the data that they need.
2. Recovery and Wellness efforts appear to be isolated with the self-help centers and a limited number of programs. The model has not yet been embedded throughout the service delivery system.
3. The complexity of operating three distinct information systems on different hardware/software platforms for inpatient, outpatient, and managed care remains a significant challenge.

DMH Oversight Protocol: 26 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Young Adult Transition Team

Stage: <input type="checkbox"/> Active <input type="checkbox"/> Concluded <input checked="" type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input type="checkbox"/> Modify <input checked="" type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: 0 Total Partial: 1 Total No: 7
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D. Performance Improvement Project (PIP) Recommendations

1. The QI and clinical program staffs need to increase collaboration and design the PIP together.
2. Identify the study population and the study question.

E. Information Systems Capabilities Assessment (ISCA)

	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: Santa Clara MHP (continued)
F. Key Recommendations
1. The QI and IS staffs should continue to work closely at increasing the availability of key reports that QI needs to evaluate the quality of care throughout the system.
2. The MHP should expand consumer involvement in the areas of program and policy planning.
3. Continue regular assessment of the UniCare/Pro-Filer system implementation to ensure that the project is completed soon and transitioned to routine operations and maintenance, which includes getting current on all State-required data reporting.
G. Specific Issues (optional)
1.
2.

²¹¹ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

²¹² Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

²¹³ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

²¹⁴ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

²¹⁵ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Santa Cruz MHP	Review Date: August 26, 2004												
Population ²¹⁶ : 259,990	Federal Poverty Level ²¹⁷ : 10.60%												
Medi-Cal Penetration Rate FY03 ²¹⁸ : 7.96%	Medi-Cal Beneficiary ²¹⁹ : 13.10%												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">CAEQRO Size Group²²⁰:</td> <td style="width: 12.5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 12.5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 12.5%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 12.5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 12.5%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: center;">Small-Rural</td> <td style="text-align: center;">Small</td> <td style="text-align: center;">Medium</td> <td style="text-align: center;">Large</td> <td style="text-align: center;">Very Large</td> </tr> </table>		CAEQRO Size Group ²²⁰ :	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Small-Rural	Small	Medium	Large	Very Large
CAEQRO Size Group ²²⁰ :	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	Small-Rural	Small	Medium	Large	Very Large								

A. Strengths

1. The MHP appears to have a number of competent and dedicated staff members who are struggling to meet regulatory requirements with a shortage of staff resulting from budgetary concerns.
2. Cultural competence issues appear to be actively known and pursued at all levels.
3. The MHP appears to attempt to involve beneficiaries in the delivery of services – with support of beneficiary employment by contracting agencies.

B. Challenges

1. The MHP has established Quality Improvement and Cultural Competence goals, but does not appear to be actively monitoring the progress of the goals.
2. The MHP is in the formative stages of understanding Performance Improvement Projects. There is a need for further effort and technical assistance as requested in order to understand and pursue these processes appropriately.
3. The QI Work Plan does not appear to be actively supported by the executive and management levels, is not consistently followed by the QIC, and its contents and goals do not appear to be known to either line staff or the current QI Manager.

DMH Oversight Protocol: 27 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: An evaluation of Adventure/Experiential (A/E) Therapies for Children's System of Care consumers.

Stage: <input type="checkbox"/> Active <input type="checkbox"/> Concluded <input checked="" type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input type="checkbox"/> Modify <input checked="" type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: 0 Total Partial: 2 Total No: 6
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D. Performance Improvement Project (PIP) Recommendations

1. Review relevant federal guidelines for Performance Improvement Projects, specifically: "Conducting Performance Improvement Projects," (Department of Health and Human Services, Centers for Medicare & Medicaid Services, Final Protocol, Version 1.0, May 1, 2002).
2. Identify clear indicators of a problem that, if improved, would represent a significant positive change in the service system, and frame the Project's question.

E. Information Systems Capabilities Assessment (ISCA)

	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: Santa Cruz MHP (continued)
F. Key Recommendations
1. A more active utilization of data to inform and guide the MHP's understanding and direction for improvement of both beneficiary service access and outcomes.
2. Establishment of a structured process to create a consistent reporting procedure between the State and the MHP in order to address demographic reporting discrepancies.
3. A more active commitment from all levels of the MHP for the articulation, utilization, tracking, and evolution of a guiding plan of quality improvement.
G. Specific Issues (optional)
1.
2.

²¹⁶ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

²¹⁷ Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

²¹⁸ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

²¹⁹ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

²²⁰ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Shasta MHP	Review Date: October 5, 2004
Population ²²¹ : 177,002	Federal Poverty Level ²²² : 13.40%
Medi-Cal Penetration Rate FY03 ²²³ : 11.52%	Medi-Cal Beneficiary ²²⁴ : 20.90%
CAEQRO Size Group ²²⁵ : <input type="checkbox"/> Small-Rural <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Very Large	

A. Strengths

1. High Medi-Cal penetration rate, almost double the statewide rate.
2. Gender and ethnic diversity of psychiatrist staff.
3. IS and Billing Managers who demonstrate expert knowledge of current information systems.

B. Challenges

1. Closure of the PHF and resulting loss of local inpatient acute care beds.
2. Lack of transportation resulting in underserved populations in remote areas of the county.
3. Difficulty in attracting bi-lingual, bi-cultural mental health clinical staff.

DMH Oversight Protocol: 25 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: How to confirm that a service plan has been completed and meets documentation requirements.

Stage: <input type="checkbox"/> Active <input type="checkbox"/> Concluded <input checked="" type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: 3 Total Partial: 0 Total No: 5
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D. Performance Improvement Project (PIP) Recommendations

1. Conduct root cause analysis to justify PIP activity. Develop specific interventions to address the data-driven problems identified.
2. Revise study question to include what direct benefit accrues to the consumer as a result of the PIP.

E. Information Systems Capabilities Assessment (ISCA)

	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: Shasta MHP (continued)
F. Key Recommendations
1. Conduct more aggressive recruitment of clinical staff to address needs of rapidly growing Hispanic and Southeast Asian communities.
2. Explore future IS requirements with all staff to ensure acquisition of a system that includes clinical as well as billing functionality.
3. Include goals with measurable outcomes in QI work plan, clearly defining how QICs can use data to improve quality of services provided.
G. Specific Issues (optional)
1. Under Integrity Agreement with the Office of the Inspector General for the past three years.
2.

²²¹ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

²²² Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

²²³ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

²²⁴ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

²²⁵ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Siskiyou MHP		Review Date: May 19, 2005	
Population ²²⁶ : 45,440		Federal Poverty Level ²²⁷ : 15.60%	
Medi-Cal Penetration Rate FY03 ²²⁸ : 13.27%		Medi-Cal Beneficiary ²²⁹ : 22.40%	
CAEQRO Size Group ²³⁰ :	<input checked="" type="checkbox"/> Small-Rural	<input type="checkbox"/> Small	<input type="checkbox"/> Medium
		<input type="checkbox"/> Large	<input type="checkbox"/> Very Large
A. Strengths			
1. MHP staff are taking ownership of the CMHC information systems product as well as their data since assuming responsibility and control in December 2004.			
2. Clinical staff enter their own schedules, services and progress notes into the CMHC system, which will contribute to a more accurate system.			
3. Excellent working relationships between IS and QI departments exist at the MHP.			
B. Challenges			
1. Implementing the scheduling and electronic clinical records modules that are fully configured to the needs of the MHP will be necessary for full operation of the CMHC application.			
2. Reliance on a few key staff to perform all processing and billing functions is unwise for smooth functioning and back-up.			
3. MHSA implementation may become problematic, as the political climate could present challenges to progressive mental health program changes. Only one town in the county agreed to support MHSA.			
DMH Oversight Protocol: <u>30</u> out of 30 in compliance			
C. Performance Improvement Project (PIP) Status			
Area of Focus: <u>Improve Day Treatment Program Participation</u>			
Stage:	<input type="checkbox"/> Active <input type="checkbox"/> Concluded <input checked="" type="checkbox"/> Planned	Discussion Outcome:	<input type="checkbox"/> Continue <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Start Over
PIP Protocol Questions 1-8:		Total Yes: 5	Total Partial: 1
		Total No: 2	
D. Performance Improvement Project (PIP) Recommendations			
1. Explore ways to provide experiences for consumers that might encourage beneficiaries to participate in roles of responsibility.			
2. Invite CIMH to provide trainings on Recovery and Wellness for the staff and consumers.			
E. Information Systems Capabilities Assessment (ISCA)			
	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: Siskiyou MHP (continued)
F. Key Recommendations
1. Modify the procedures to gather all consumer demographic information at intake and incorporate a review of the core demographic elements in the chart review process.
2. Develop ways to provide experiences for consumers that encourage the beneficiaries to participate in roles of responsibility to support the Recovery and Wellness model.
3. Initiate efforts to cross train other staff members on important billing functions, as currently they are routinely performed by a single staff member.
G. Specific Issues (optional)
1.
2.

²²⁶ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

²²⁷ Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

²²⁸ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

²²⁹ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

²³⁰ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Sonoma MHP	Review Date: November 18, 2004
Population ²³¹ : 477,437	Federal Poverty Level ²³² : 7.50%
Medi-Cal Penetration Rate FY03 ²³³ : 7.70%	Medi-Cal Beneficiary ²³⁴ : 10.20%
CAEQRO Size Group ²³⁵ : <input type="checkbox"/> Small-Rural <input type="checkbox"/> Small <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Very Large	

A. Strengths

1. With the financial decisions resulting in the closure of clinics in outlying areas, the MHP has managed to adapt its models of service delivery and still provide the same annual units of service.
2. The MHP demonstrates a strong commitment to consumer satisfaction as evidenced by its ongoing survey efforts. This commitment will assist the organization in its transition to recovery-oriented practice.
3. The MHP has an experienced IT staff that uses reporting tools to query and analyze their current database.

B. Challenges

1. Like many MHPs, despite ongoing efforts, increasing penetration into the Hispanic communities has been difficult and the penetration rate (1.5%) is significantly below that of the State average (2.2%).
2. Consumers perceive a decrease in service offerings, especially day treatment and psychotherapy. A transition age youth program has been discontinued, which is viewed as a real loss by both staff and beneficiaries.
3. Preparation to move from the current information systems to a next-generation system will prove challenging. The MHP has used its legacy system with good results for many years. A new system will bring considerable change to the organization.

DMH Oversight Protocol: 29 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Would a clinically appropriate, standardized protocol for conservatorship reduce the number and length of conservatorships?

Stage: <input type="checkbox"/> Active <input type="checkbox"/> Concluded <input checked="" type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: <u>5</u> Total Partial: <u>2</u> Total No: <u>1</u>
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D. Performance Improvement Project (PIP) Recommendations

1. The PIP Committee should begin to focus on developing a standardized protocol for conservatorship renewal. Stakeholders include: psychiatrists, clinicians, Deputy Public Guardians, and Public Defender's office representatives, as well as consumers and family members.
2. Indicators should measure changes in mental health status, functional status, beneficiary satisfaction, or process of care, with strong associations for improved outcomes.

E. Information Systems Capabilities Assessment (ISCA)	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: Sonoma MHP (continued)
F. Key Recommendations
1. Continue ongoing efforts to better reach and serve the Latino population. Measure progress on a quarterly basis.
2. Improve the collaborative treatment planning process between staff, consumers, and family members. This effort is consistent with the MHP's efforts to transition to a more recovery-oriented model of practice.
3. Examine whether programs can be enhanced to: 1) fill the gap left by loss of day treatment. 2) improve treatment to individuals with co-occurring disorders. 3) improve services to transition aged youth.
G. Specific Issues (optional)
1.
2.

²³¹ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

²³² Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

²³³ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

²³⁴ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

²³⁵ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Stanislaus MHP	Review Date: February 16-17, 2005
Population ²³⁶ : 500,172	Federal Poverty Level ²³⁷ : 13.80%
Medi-Cal Penetration Rate FY03 ²³⁸ : 7.08%	Medi-Cal Beneficiary ²³⁹ : 23.20%
CAEQRO Size Group ²⁴⁰ : <input type="checkbox"/> Small-Rural <input type="checkbox"/> Small <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Very Large	

A. Strengths

1. Managers, supervisors, and line staff review and understand relevant and available data that are used in establishing priorities, monitoring activities, and evaluating attainment of objectives.
2. The concept of "Recovery" is present, understood, and implemented by both staff and consumers in a number of key programs.
3. Cultural competency and Quality improvement have been incorporated into Strategic Planning for all facets of the organization.

B. Challenges

1. The legacy MIS is outdated. There is consensus that a new Behavioral Health Informations system is needed; however financial constraints make moving forward difficult but necessary.
2. Members of the core leadership group are nearing retirement and the MHP must develop new leadership by encouraging potential new leaders to assume increasing responsibilities.
3. Reliance on a paper medical records system will continue to tax limited resources of both clinical and support staff.

DMH Oversight Protocol: 30 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Improving Treatment Outcomes of Depressed Elderly Clients

Stage: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Concluded <input type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: 7 Total Partial: 1 Total No: 0
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D. Performance Improvement Project (PIP) Recommendations

1. Incorporate specific Geriatric Depression Scale parameters to indicate participant level of depression over time.
2. Track group participants through regular case management activities for such data elements as continuing contact with group members, involvement with Wellness-Recovery activities, and satisfaction with medication regimens.

E. Information Systems Capabilities Assessment (ISCA)

	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: Stanislaus MHP (continued)
F. Key Recommendations
1. Develop a succession plan for retiring key managers and staff.
2. Continue aggressive recruitment of bilingual and bicultural staff.
3. Define steps and specify timeframes for the implementation of an electronic medical record.
G. Specific Issues (optional)
1.
2.

²³⁶ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

²³⁷ Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

²³⁸ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

²³⁹ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

²⁴⁰ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Sutter/Yuba MHP	Review Date: April 13, 2005
Population ²⁴¹ : 153,755	Federal Poverty Level ²⁴² : 13.00%
Medi-Cal Penetration Rate FY03 ²⁴³ : 7.64%	Medi-Cal Beneficiary ²⁴⁴ : 23.50%
CAEQRO Size Group ²⁴⁵ : <input type="checkbox"/> Small-Rural <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Very Large	

A. Strengths

1. Unique bi-county organizational structure in place for over 30 years, a small but positive example of successful regionalization efforts.
2. Long-term, stable, and loyal staff.
3. Legacy system that operates reliably. Expert IS staff able to retrieve data for ad hoc reporting needs.

B. Challenges

1. Selection of a new IS over the next couple of years, along with conversion of 20 plus years of data, staff training, and learning about the new system.
2. Effective transfer of knowledge about business procedures to new staff.
3. Achieving consistent representation by consumers and family members in QI and other activities.

DMH Oversight Protocol: 30 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Does functional family therapy (FFT) improve outcomes for consumers with conduct disorders?

Stage: <input type="checkbox"/> Active <input type="checkbox"/> Concluded <input checked="" type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: 3 Total Partial: 4 Total No: 1
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D. Performance Improvement Project (PIP) Recommendations

1. Define the overall rationale used to select the PIP activity. State the problem identified along with interventions.
2. Determine the source of data to support the PIP analysis (MH, probation), determine the data collection methodology, and identify analyst staff.

E. Information Systems Capabilities Assessment (ISCA)	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: Sutter/Yuba MHP (continued)
F. Key Recommendations
1. Develop strategic goals for recruiting consumers and family members to participate in the QIC, CCP and program planning.
2. Identify strategies for outreach to the older adult community, where the already low penetration rates have further declined over the last year.
3. Document information systems policies and procedures to ensure continuation of business workflow, even in the absence of experienced staff.
G. Specific Issues (optional)
1.
2.

²⁴¹ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

²⁴² Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

²⁴³ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

²⁴⁴ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

²⁴⁵ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Tehama MHP		Review Date: November 2, 2004	
Population ²⁴⁶ : 59,825		Federal Poverty Level ²⁴⁷ : 16.30%	
Medi-Cal Penetration Rate FY03 ²⁴⁸ : 10.50%		Medi-Cal Beneficiary ²⁴⁹ : 23.80%	
CAEQRO Size Group ²⁵⁰ :	<input type="checkbox"/> Small-Rural	<input checked="" type="checkbox"/> Small	<input type="checkbox"/> Medium
			<input type="checkbox"/> Large
			<input type="checkbox"/> Very Large

A. Strengths

1. The MHP has extremely positive relationships with other local social service agencies and law enforcement. This is a by-product of ongoing weekly meetings with all of the social service agencies to collaborate on clinical issues of the clients they serve.
2. The MHP conducted intensive recruitment to hire a full time bilingual bicultural female staff psychiatrist who has been there for the past two years and recently renewed her contract.
3. The MHP has established positive relationships with local landlords in order to create supportive housing for consumers. Currently, there are 5 houses with 3 consumers in each home. These homes are unidentifiable to the lay person as supportive housing for mental health consumers.

B. Challenges

1. In spite of many proactive efforts to increase the penetration of Latino clients, the penetration rate remains below the State and Superior area averages, according to 2003 data.
2. Coordinating with physical health providers continues to be a challenge and a barrier to increasing penetration rates.
3. Due to a lack of local hospital beds, consumers must be hospitalized out of the area in Sacramento, Woodland, or the Bay Area.

DMH Oversight Protocol: 30 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Improving Compliance with Medication Monitoring Guidelines Calling for Evidence of Informed Consents.

Stage: <input type="checkbox"/> Active <input type="checkbox"/> Concluded <input checked="" type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: 4 Total Partial: 0 Total No: 4
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D. Performance Improvement Project (PIP) Recommendations

1. Specify a study question that follows the CMS guidelines of including data driven and measurable outcomes of consumer health, functionality, and/ or satisfaction.
2. Develop more interventions focused on the recovery vision model that will support the revised PIP study question.

E. Information Systems Capabilities Assessment (ISCA)

	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: Tehama MHP (continued)
F. Key Recommendations
1. Establish meaningful strategic plans as a result of survey results that will enhance consumer satisfaction and overall access to care.
2. Consider revision of the PIP study to include measurement in beneficiary functional status or process of care issues.
3. Establish more data driven quality improvement initiatives.
G. Specific Issues (optional)
1.
2.

²⁴⁶ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

²⁴⁷ Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

²⁴⁸ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

²⁴⁹ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

²⁵⁰ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Trinity MHP		Review Date: <u>April 27, 2005</u>	
Population ²⁵¹ : <u>13,732</u>		Federal Poverty Level ²⁵² : <u>16.10%</u>	
Medi-Cal Penetration Rate FY03 ²⁵³ : <u>10.75%</u>		Medi-Cal Beneficiary ²⁵⁴ : <u>18.80%</u>	
CAEQRO Size Group ²⁵⁵ :	<input checked="" type="checkbox"/> Small-Rural	<input type="checkbox"/> Small	<input type="checkbox"/> Medium
		<input type="checkbox"/> Large	<input type="checkbox"/> Very Large

A. Strengths

1. The use of tele-psychiatry for providing psychiatric medication services increases access.
2. MHP contracts for management information systems services from Kings View, who have a dedicated employee that works at the MHP. The staff person has many years of information technology experience with financial and data management activities.
3. The MHP has a program dedicated to youth with co-occurring substance abuse and mental health issues.

B. Challenges

1. Connecting an MHP satellite office to the MHPs network would share resources and enable data collection to be more complete and efficient.
2. Consumer transportation issues continue to plague the MHP.
3. The MHP needs to develop a strategy to aid increased consumer involvement in the Mental Health Board.

DMH Oversight Protocol: 30 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Decrease the no show rate for scheduled consumers

Stage: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Concluded <input type="checkbox"/> Planned	Discussion Outcome: <input checked="" type="checkbox"/> Continue <input type="checkbox"/> Modify <input type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: 5 Total Partial: 3 Total No: 0
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D. Performance Improvement Project (PIP) Recommendations

1. Involve IT staff in PIP discussions so they can participate in gathering and analyzing data.
2. Add additional demographic and MHP system variables to review the path from beneficiary access to termination to determine barriers and interventions.

E. Information Systems Capabilities Assessment (ISCA)	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: Trinity MHP (continued)
F. Key Recommendations
1. Document information systems policies and procedures to ensure that the business work flow will not be disrupted when experienced staff members leave or are unavailable.
2. Provide Recovery information to consumers and assist them with setting goals in this context.
3. Involve IT staff in retrieving data that is already available in the Information Systems. As it will reduce the need for manual collection of data by clinical staff and will improve the efficiency of the staff persons involved.
G. Specific Issues (optional)
1. The MHP Director also serves as the County Auditor/Controller, both positions report to the Board of Supervisors.
2.

²⁵¹ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

²⁵² Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

²⁵³ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

²⁵⁴ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

²⁵⁵ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Tulare MHP	Review Date: January 20, 2005
Population ²⁵⁶ : 405,438	Federal Poverty Level ²⁵⁷ : 22.50%
Medi-Cal Penetration Rate FY03 ²⁵⁸ : 4.18%	Medi-Cal Beneficiary ²⁵⁹ : 32.80%
CAEQRO Size Group ²⁶⁰ : <input type="checkbox"/> Small-Rural <input type="checkbox"/> Small <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Very Large	

A. Strengths

1. An Executive Management team that is fully involved in promoting quality improvement and cultural competence initiatives.
2. Active consumer and family member participation in the MH Board, QI committees, and in MHP outreach activities.
3. Experienced IT team working cooperatively with fiscal and clinical staff members.

B. Challenges

1. Lack of PHF or crisis residential beds in the children's system of care within the county.
2. Serving a growing population of migrant seasonal workers attracted to the county to work in the large orange-growing industry.
3. Adding clinical functionality to IS over the next year, requiring extensive system setup and user training.

DMH Oversight Protocol: 25 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Preventing juvenile recidivism in jail system by identifying need for and providing mental health services as appropriate.

Stage: <input type="checkbox"/> Active <input type="checkbox"/> Concluded <input checked="" type="checkbox"/> Planned	Discussion Outcome: <input checked="" type="checkbox"/> Continue <input type="checkbox"/> Modify <input type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: 3 Total Partial: 4 Total No: 1
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D. Performance Improvement Project (PIP) Recommendations

1. Review data in order to clearly identify, through data analysis that a problem exists. If so, support it with clinical evidence that states recidivism is a valid proxy measure.
2. Clearly define the population and the meaning of "recidivism," as well as the tool intended to be used for measurement of mental health status.

E. Information Systems Capabilities Assessment (ISCA)	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: Tulare MHP (continued)
F. Key Recommendations
<ol style="list-style-type: none"> 1. Collaborate with Kings View MHP (or other MHPs with like concerns) on PIPs and other projects, building on the relationship developed on the joint homelessness project. 2. Create a team of key IS and clinical staff to work together on planning and data analysis for PIPs, evaluation of survey data and determining viable measures for future projects. 3. Use the QIC as a resource and communication tool for new initiatives.
G. Specific Issues (optional)
<ol style="list-style-type: none"> 1. 2.

²⁵⁶ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

²⁵⁷ Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

²⁵⁸ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

²⁵⁹ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

²⁶⁰ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Tuolumne MHP	Review Date: April 20, 2005
Population ²⁶¹ : 56,977	Federal Poverty Level ²⁶² : 12.10%
Medi-Cal Penetration Rate FY03 ²⁶³ : 15.43%	Medi-Cal Beneficiary ²⁶⁴ : 13.20%
CAEQRO Size Group ²⁶⁵ : <input type="checkbox"/> Small-Rural <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Very Large	

A. Strengths

1. MHP has combined the implementation of dialectical behavioral therapy groups and peer counseling to reduce the rate of hospitalizations among the youth population.
2. The MHP has developed a strong collaborative relationship with the judicial system through the use of Mentally Ill Offender Crime Reduction Grant funds.
3. MHP has embraced the Recovery Model as evidenced by the Drop in Center and Community Peer Recovery Program. The Drop in Center is staffed by peers, volunteers and family members; Peer Recovery is staffed with professionals and peer run with coordination between the two staffs'.

B. Challenges

1. MHP has had a 55% reduction in its staff (120 to 55) in the past three years. Two areas that have been significantly impacted are the Older Adult System of Care and the full time position of Ethnic Services Coordinator was eliminated as well.
2. Housing costs have increased dramatically resulting in less available housing for beneficiaries.
3. MHP needs to expand the use and analysis of data.

DMH Oversight Protocol: 30 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Reduce hospitalization of consumers with a Borderline Personality Disorder.

Stage: <input type="checkbox"/> Active <input type="checkbox"/> Concluded <input checked="" type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: <u>1</u> Total Partial: <u>2</u> Total No: <u>5</u>
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D. Performance Improvement Project (PIP) Recommendations

1. Identify the study population from data analysis of consumers with Borderline Personality Disorder and determine if the study question continues to be a viable and meaningful improvement activity.
2. Identify quantifiable measures, and corresponding data, that will address changes in mental health status, function status or consumer satisfaction.

E. Information Systems Capabilities Assessment (ISCA)	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: Tuolumne MHP (continued)
F. Key Recommendations
1. Focus on developing collaborative relationships between IT and QI to increase the use and analysis of data to drive future quality improvement initiatives.
2. Develop specific strategies to recruit consumer participation in the MHP program planning process.
3. Develop guiding principles for the QIC to enhance the process of overall organizational quality improvement and management activities.
G. Specific Issues (optional)
1.
2.

²⁶¹ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

²⁶² Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

²⁶³ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

²⁶⁴ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

²⁶⁵ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Ventura MHP	Review Date: December 10, 2004
Population ²⁶⁶ : 811,505	Federal Poverty Level ²⁶⁷ : 9.00%
Medi-Cal Penetration Rate FY03 ²⁶⁸ : 5.62%	Medi-Cal Beneficiary ²⁶⁹ : 13.00%
CAEQRO Size Group ²⁷⁰ : <input type="checkbox"/> Small-Rural <input type="checkbox"/> Small <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Large <input type="checkbox"/> Very Large	

A. Strengths

1. The MHP staff are making considerable efforts to create community partnerships.
2. The MHPs Children's System of Care has developed a plan to target ages 0-5 to provide prevention, education, and early intervention.
3. The MHP is installing a new information systems which will meet internal and external requirements. A large team is participating in this effort.

B. Challenges

1. The MHP does not have an Ethnic Service Manager or coordinator.
2. The MHPs loss of staff due to budget cuts requires system re-tooling to accommodate qualified beneficiaries.
3. The MHP is implementing a new information systems which will require careful testing before deciding to shift from the legacy system.

DMH Oversight Protocol: 4 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Adult Residential Board and Care Home Project

Stage: <input type="checkbox"/> Active <input type="checkbox"/> Concluded <input checked="" type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input type="checkbox"/> Modify <input checked="" type="checkbox"/> Start Over	PIP Protocol Questions 1-8: Total Yes: 4 Total Partial: 0 Total No: 4
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D. Performance Improvement Project (PIP) Recommendations

1. The MHP should identify a clear problem as defined by review of local data showing inadequate outcomes and performance.
2. The MHP should study a target population by identifying a group that will be large enough to at least statistically represent a larger important beneficiary population, but not too large for the MHP's resources to handle.

E. Information Systems Capabilities Assessment (ISCA)	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has training program for the information systems users:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy specifies the timeliness of information systems data:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Policy specifies the degree of accuracy required for data:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name: Ventura MHP (continued)
F. Key Recommendations
1. The MHP should develop a Cultural Competence Plan that is understood and supported by the current administration. Responsibility for the plan should be assigned.
2. The MHP should develop a plan to survey beneficiaries in their primary language so that significant numbers of surveys are returned.
3. The MHP should conduct a Latino Access Study as required.
G. Specific Issues (optional)
1. Ventura County has been operating under a Federal Integrity Agreement.
2.

²⁶⁶ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

²⁶⁷ Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

²⁶⁸ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

²⁶⁹ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

²⁷⁰ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, CA: May 2004.

Group Size	County Population – May 2004
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	>4,000,000,000

Individual Mental Health Plan Summary FY05 CA External Quality Review Organization

Name: Yolo MHP	Review Date: February 9, 2005					
Population ²⁷¹ : 186,554	Federal Poverty Level ²⁷² : 11.30%					
Medi-Cal Penetration Rate FY03 ²⁷³ : 8.32%	Medi-Cal Beneficiary ²⁷⁴ : 15.30%					
CAEQRO Size Group ²⁷⁵ : <table style="display: inline-table; border: none; margin-left: 20px;"> <tr> <td style="text-align: center;"><input type="checkbox"/> Small-Rural</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Small</td> <td style="text-align: center;"><input type="checkbox"/> Medium</td> <td style="text-align: center;"><input type="checkbox"/> Large</td> <td style="text-align: center;"><input type="checkbox"/> Very Large</td> </tr> </table>		<input type="checkbox"/> Small-Rural	<input checked="" type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> Very Large
<input type="checkbox"/> Small-Rural	<input checked="" type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> Very Large		

A. Strengths

1. Transition from a clinic based model of service delivery to community based, similar to the Assertive Community Treatment model.

2. Highly regarded children's community services mentoring program, receiving awards from West Sacramento and Esparto.

3. Increased communication between the MH Director and representatives of the local NAMI chapter.

B. Challenges

1. Large reductions in staff (both voluntary and involuntary) resulting in some disruption in staff/consumer relationships and coordination of treatment.

2. A lengthy IS implementation with resulting lack of key data for measuring effectiveness of new initiatives and the quality of services delivered.

3. Inevitable tensions of restructuring process.

DMH Oversight Protocol: 25 out of 30 in compliance

C. Performance Improvement Project (PIP) Status

Area of Focus: Determine gaps in the service delivery system that prevent consumers from remaining in the community successfully for extended periods without being re-hospitalized.

Stage: <input type="checkbox"/> Active <input type="checkbox"/> Concluded <input checked="" type="checkbox"/> Planned	Discussion Outcome: <input type="checkbox"/> Continue <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Start Over	PIP Protocol Questions 1-8:	Total Yes: 6 Total Partial: 1 Total No: 1
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D. Performance Improvement Project (PIP) Recommendations

1. Identify sources of data and confirm its validity and reliability, especially with regard to length of stay. Determine actual rates of hospitalization as well as over or under-represented populations.

2. Publicize the PIP to clinical staff and solicit suggestions regarding meaningful interventions.

E. Information Systems Capabilities Assessment (ISCA)	YES	NO	No Answer
Plans for a new information systems in the next 2 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employs staff/consultants to extract data and/or produce reports on Medi-Cal data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Policy specifies the degree of accuracy required for data:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Processes and pays claims from external providers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name: Yolo MHP (continued)
F. Key Recommendations
<ol style="list-style-type: none"> 1. Develop and implement a concrete action plan to ensure that the new Regional Centers will implement rehabilitation and recovery activities provided with meaningful consumer and family involvement. 2. Create benchmarks within the QI department to enable the MHP to assess the overall performance of key indicators and the implementation of programmatic changes resulting from organizational re-structuring. 3. Cross-train more staff to secure critical knowledge on the Avatar information systems to provide back-up for key staff.
G. Specific Issues (optional)
<ol style="list-style-type: none"> 1. Unusual direct involvement by elected officials in specific decisions about service delivery presents potential complications as well as possible support and resources. 2.

²⁷¹ Source: California, Department of Finance, E-1City/County Population Estimates. Sacramento, California: May 2004

²⁷² Source: U.S. Census Bureau, Housing and Household Economic Statistics Division: Estimates for California Counties, 2002. Washington, DC: December 2004.

²⁷³ Source: California, Department of Mental Health (FY2003 Short-Doyle/Medi-Cal Approved Claims data, as FY2004 Approved Claims data not finalized).

²⁷⁴ Source: California, Department of Health Services, Medical Care Statistics Section: Overview for the Medi-Cal-Beneficiaries-Profiles-by-County File for July 2003 and July 2004. Sacramento, CA: February 2005.

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