

CALIFORNIA EXTERNAL QUALITY REVIEW ORGANIZATION

# STATEWIDE REPORT

*FY2007 (July 1, 2006 - June 30, 2007)*

## VOLUME II OF II



PRESENTED TO

**CALIFORNIA**

**DEPARTMENT OF MENTAL HEALTH**



# Year Three





**CALIFORNIA EXTERNAL QUALITY REVIEW ORGANIZATION**

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**California External Quality Review Organization**

## Individual MHP Summaries

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## MHP Summary Key

<sup>1</sup>Source: California, Department of Finance, E-1City/County Population Estimates, January 2007.

<b>Group Size</b>	<b>County Population – January 2007</b>
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

<sup>2</sup> Source: California, Department of Mental Health, Short-Doyle/Medi-Cal approved claims; plus Department of Health Services Medi-Cal Inpatient Consolidation paid claims.

FY03 – Final

FY04 – Claims processed through 10/7/2005

FY05 – Claims processed through 4/14/2006



## GLOSSARY

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

Acronym	Meaning
AOD	Alcohol and Other Drugs
ASOC	Adult Systems of Care
CalMEND	California Mental Health Disease Management
CBO	Community based organization
CIMH	California Institute of Mental Health
CMHDA	California Mental Health Directors Association
COD	Co-Occurring Disorders
CSI	Client Service Information
CSOC	Children's System of Care
CWS	Child Welfare System
DMH	Department of Mental Health
EBP	Evidence Based Practice
ECR	Error Correction Report
EOB	Explanation Of Benefits
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
FSP	Full Service Partnership
FTE	Full-time Equivalent
HIPAA	Health Insurance Portability and Accountability Act
IDDT	Integrated Dual Diagnosis Treatment
IMD	Institution for Mental Disease
IS	Information Systems
IT	Information Technology
LPS (Conservatorship)	Lanterman, Petris and Short
MH	Mental Health
MHP	Mental Health Plan
MHSA	Mental Health Services Act
MMEF	Monthly Medi-Cal Eligibility Extract File
OASOC	Older Adult Systems Of Care
PDSA	Plan, Do, Study, Act
PIP	Performance Improvement Project
QI	Quality Improvement
QIC	Quality Improvement Committee
SCERP	Small County Emergency Risk Pool
SMA	Statewide Approved Maximum (rate amount)
SD/MC	Short-Doyle/Medi-Cal
SOC	Systems of Care
TAY	Transition Age Youth
UMDAP	Uniform Method of Determining Ability to Pay



## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Alameda**

**Review Date: 26-28 Sep 2006**

CAEQRO Size:<sup>(1)</sup> Large

Region: Bay Area

### A. Response to Key Recommendations

1. Create formal mechanisms to improve communication with MHP staff. Identify successes that can be celebrated:  
 Fully Addressed                       Partially Addressed                       Not Addressed
2. Invest in training and other strategies for grooming MHP staff for promotion to vacant positions:  
 Fully Addressed                       Partially Addressed                       Not Addressed
3. Document important business and IS functions, including workflow diagrams. A comprehensive policies and procedures manual will assist in overcoming gaps that occur when core staff leave:  
 Fully Addressed                       Partially Addressed                       Not Addressed

### B. Strengths

1. The MHP has added to its infrastructure and enhanced the QM unit, which has excellent analytic capacity and regularly makes productive use of data.
2. Strong working relationships exist between IS and QI, Finance, senior managers, and other key IS partners.
3. The MHP has a higher penetration rate than other Bay Area MHPs.

### C. Opportunities for Improvement

1. The MHP has had little consumer involvement at the executive planning and decision making levels. This may improve after the hiring of a consumer relations office manager.
2. There is a need for improved collaboration between the MHP and other county departments and community organizations.
3. Line staff and supervisory staff have had no opportunity to provide meaningful input into the service delivery system.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |  |     |
|--|-----|
| 1. Identify strategies, goals, and timelines for improved Latino and older adult access.   | A   |
| 2. Increase consumers' participation on the executive planning and decision-making levels. Assure that there is strong consumer/family member representation on significant committees that influence the service delivery system.               | Q,O |
| 3. Routinely monitor process issues associated with timely access to intake, psychiatry, and outpatient care. At the QIC, discuss the problem areas and ways to remedy the problems of timeliness.   | A,T |
| 4. Provide consistent training to all of the staff regarding wellness and recovery principles, cultural competence, and best practices. Include consumer employees in training and provide them with additional support to ensure their success. | Q   |
| 5. Enhance the capacity within the MHP to provide comprehensive services to consumers with co-occurring mental health and substance abuse disorders, as identified in the MHP's strategic initiatives.   | A,Q |

**E. Performance Improvement Project - Clinical**

Title: None

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**F. Performance Improvement Project - Non-Clinical**

Title: Improving the rate of receipt of discharge instructions from the hospital to the outpatient clinic

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

Key Elements: Total - 13  
 Yes - 0, Partial - 4, No - 9

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	8.86%	7.54%	6.81%	6.27%	21
Foster Care PR	63.46%	56.11%	52.33%	53.15%	15
Hispanic PR	4.01%	3.34%	3.33%	3.08%	21

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	4.77%	34	6.32%	1.18% - 37.57%
05	6.94%	16	3.24%	0.00% - 36.78%
04	2.93%	38	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Alpine**

**Review Date: 16-May-2007**

CAEQRO Size:<sup>(1)</sup> Small-Rural

Region: Superior

### A. Response to Key Recommendations

1. Identify opportunities for staff, consumers, and family members to receive training in wellness and recovery principles for incorporation into standard practice. Offer group therapy as a way to begin:
 

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
2. Amend the current admission procedure for beneficiaries so that the process is not unreasonably burdensome:
 

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--
3. Establish procedures for obtaining relevant reports on service delivery for purposes of performance management. These issues should be examined in the QIC and may become potential PIPs:
 

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

### B. Strengths

1. The MHP has adopted UMDAP and eligibility procedures consistent with DMH guidelines and statewide practices.
2. The MHP completed a PIP about medication issues, which will likely lead to improved services for its beneficiaries.
3. The MHP is considering a number of ways to expand and improve its service delivery – group therapy and intentions for a wellness center and a Native American case manager.

### C. Opportunities for Improvement

1. Little concrete progress has been completed towards the establishment of a consumer directed program, primarily due to lack of space for such a program.
2. The MHP continues to struggle with correcting claims.
3. Medication monitoring has not been addressed.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |   |   |
|---|---|
| 1. Consider utilizing available funds, such as the existing SAMHSA grant, to start a tele-psychiatry program.   | A |
| 2. As funds become available, continue with plans to hire a member of the local Native American community.  | A |
| 3. Assist the contract physician residing in Nevada to get a California license so that the physician's prescriptions are paid by Medi-Cal when filled in a California pharmacy and develop a relationship with a pharmacy in California. | A |
| 4. Create a mechanism for routine medication monitoring, including processes for obtaining copies of lab results and peer review of medications prescribed.   | Q |
| 5. Begin utilizing the "void and replace" process currently being implemented by DMH on the ITWS Web site.  | I |

**E. Performance Improvement Project - Clinical**

Title: Access to Psychiatric Medication Services

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

Key Elements: Total - 13  
 Yes - 3, Partial - 6, No - 4

**F. Performance Improvement Project - Non-Clinical**

Title: Increased access to school based mental health services

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

Key Elements: Total - 13  
 Yes - 5, Partial - 4, No - 4

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	8.85%	10.17%	10.74%	6.27%	22
Foster Care PR	66.67%	56.01%	56.55%	53.15%	13
Hispanic PR	16.67%	3.68%	3.88%	3.08%	1

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	25.65%	4	6.32%	1.18% - 37.57%
05	0.00%	56	3.24%	0.00% - 36.78%
04	0.00%	56	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Amador**

**Review Date: 07-Dec-2006**

CAEQRO Size:<sup>(1)</sup> Small-Rural

Region: Central

### A. Response to Key Recommendations

1. Clarify and communicate the priority consumer populations and associated service packages to staff.. Identify service and volume capabilities for Medi-Cal and non-Medi-Cal individuals as well as priorities for adults and children:  
 Fully Addressed       Partially Addressed       Not Addressed
2. Complete the MHP's organizational integration with the former Alcohol and Drug Department, including information systems, data sources and integrity, and the ability of appropriate staff to utilize this data:  
 Fully Addressed       Partially Addressed       Not Addressed
3. MHP should consider utilizing an outside project manager for implementation of new information system to ensure that adequate resources are available and coordinated:  
 Fully Addressed       Partially Addressed       Not Addressed

### B. Strengths

1. The MHP has made changes intended to improve access to services, including the merger of Mental Health with Drug and Alcohol Programs, shortening the time to triage consumers, decreasing no shows and increasing outreach.
2. The MHP continues to reap the benefits of prior changes, such as additional psychiatric availability, hiring a part-time Physician's Assistant, transportation aide, and two Spanish speaking staff.
3. The MHP continues to collaborate with neighboring counties on a Senior Peer Counseling program, housing development projects, and training.

### C. Opportunities for Improvement

1. The Medi-Cal Denied Claims Rate of 26.4% is the third highest rate statewide and has increased over the past two years.
2. While there is little disparity between White and Hispanic populations and little disparity between male and female populations, the approved payment per unduplicated beneficiary served is lower than the region and the statewide average.
3. The foster care penetration rate and approved claims for this population are lower than the regional and statewide average rates.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |  |     |
|--|-----|
| 1. Dedicate the resources necessary to implement two PIPs as part of the move to use data driven management practices.   | Q   |
| 2. Develop a plan for empowering consumers within the MHP. Provide recovery groups, supported employment, peer support programs, supported employment, and consumer employees. | A,Q |
| 3. Perform a comprehensive fiscal practices evaluation to determine the source of high denial rates and low claims amounts.  | I   |
| 4. Consider adding an IS staff person/consultant, even on a part-time basis, which would greatly add to the MHP's ability to utilize available data and enhance revenue.       | I   |
| 5. Develop written policies and procedures for information system/billing/fiscal processes. Collaborate with the other members of the CRMHS where possible.                    | I   |

**E. Performance Improvement Project - Clinical**

Title: None

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**F. Performance Improvement Project - Non-Clinical**

Title: None

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	10.57%	6.19%	10.74%	6.27%	11
Foster Care PR	44.74%	50.97%	56.55%	53.15%	38
Hispanic PR	4.79%	3.09%	3.88%	3.08%	11

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	26.44%	3	6.32%	1.18% - 37.57%
05	21.67%	2	3.24%	0.00% - 36.78%
04	19.40%	3	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Butte**

**Review Date: 25-26 Sep 2006**

CAEQRO Size:<sup>(1)</sup> Medium

Region: Superior

### A. Response to Key Recommendations

1. Update the QI Work Plan to include all related activities, and track and trend data on all QI activities:
 

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
2. Identify specific recovery and wellness principles and implement them across the system of care with consistency:
 

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
3. Collaborate with contractors to streamline business practices, ameliorate duplicative and confusing efforts, and improve communication:
 

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

### B. Strengths

1. The MHP IS department includes many long-term technical experts who are knowledgeable about the MHP's business operations and programs, and local, state, and federal regulatory environments.
2. The MHP plans to start several new programs with MHSA funding, including a 23-hour crisis stabilization unit and others that emphasize consumer and family member involvement.
3. There truly appears to be a single door for entry into the system, whether identified needs are for issues of mental health, substance abuse, or both.

### C. Opportunities for Improvement

1. Many staff members throughout different levels of the MHP identified morale as improved over the past year, but still requiring a great deal of attention.
2. The MHP has not actively engaged consumers or family members in key roles within the organization. There is limited support for consumer self-help groups.
3. InSyst users at program sites appear to possess limited knowledge of and access to the information system. This results in redundant, extraneous spreadsheets and manual processes to track data that is readily accessible in InSyst.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |   |     |
|---|-----|
| 1. Increase the input and involvement of stakeholders (line staff, program supervisors, consumers, family members) in executive level processes and decision making to remedy staff morale and to enhance wellness and recovery in the system.      | Q,O |
| 2. Provide consistent training to all of the staff – including psychiatrists, senior management, and consumer staff/volunteers – regarding wellness and recovery principles and practices.  | Q   |
| 3. Identify the implementation of a new information system as a departmental strategic initiative. This process will require significant attention and resources at all levels of the organization.   | I   |
| 4. Plan to allow the program staff, the primary data source, greater access and ownership of the new IS, as opposed to restricted access currently allowed. Incorporate a comprehensive training program and tools for monitoring user performance. | Q,I |
| 5. Identify ways for the MHP's psychiatric staff to provide consultation to contract providers and primary care physicians.   | A,Q |

**E. Performance Improvement Project - Clinical**

Title: Peer Pals on the PHF – linkage to outpatient and readmissions

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

Key Elements: Total - 13  
 Yes - 2, Partial - 4, No - 7

**F. Performance Improvement Project - Non-Clinical**

Title: None

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	9.82%	10.17%	6.36%	6.27%	15
Foster Care PR	59.87%	56.01%	54.01%	53.15%	22
Hispanic PR	4.09%	3.68%	2.98%	3.08%	18

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	13.52%	15	6.32%	1.18% - 37.57%
05	8.65%	11	3.24%	0.00% - 36.78%
04	11.21%	10	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Calaveras**

**Review Date: 05-06 Dec 2006**

CAEQRO Size:<sup>(1)</sup> Small-Rural

Region: Central

### A. Response to Key Recommendations

1. Use data to measure and track change and improvement in the QI work plan and evaluation of the work plan:
 

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
2. Identify a Project Manager for new data system implementation:
 

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--
3. Improve collaboration with Drug and Alcohol Services moving toward a more integrated service delivery model for those consumers with co-occurring disorders:
 

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

### B. Strengths

1. The decision to add an IT staff person, even if part-time, should greatly benefit the integration of business practices with the implementation of a new IS.
2. The Health Services Agency and the Board of Supervisors support the MHP's efforts in helping to fund MHSA positions pending DMH approval.
3. Collaboration across county departments, community agencies, and with two other MHPs has strengthened the MHP's ability to provide services to its populations.

### C. Opportunities for Improvement

1. A relatively low reimbursement rate and a high Medi-Cal denial rate indicate the need for a review of billing processes.
2. The lack of data analysis capabilities hinders comprehensive performance monitoring.
3. The current business practice of failure to check Medi-Cal eligibility after the initial intake or prior to billing may contribute to the high denial rate. The MHP does not have direct access to the MEDS file.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |  |         |
|--|---------|
| 1. Analyze Medi-Cal EOB reports to aid in the determination of the causes of the high denial rate.   | I,Oth   |
| 2. Evaluate current methods and frequency of checking Medi-Cal eligibility, and consider developing direct staff access to the MEDS file to enhance eligibility verification.  | I,Oth   |
| 3. Utilize more formal mechanisms to monitor timeliness, track trends and address any barriers to timely services that are identified.   | A,T     |
| 4. Evaluate data required for comprehensive performance monitoring to identify reports that need to be developed for the new IS.   | Q,I,Oth |
| 5. Review access to and retention of services by Latinos. Conduct a barrier analysis to study the low penetration rate and approved claims, and develop a strategy to improve access to care, retention, and outcomes. | A,T     |

**E. Performance Improvement Project - Clinical**

Title: None

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**F. Performance Improvement Project - Non-Clinical**

Title: Increasing Older Adult Penetration Rates – Year 3 Review

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

Key Elements: Total - 13  
 Yes - 6, Partial - 5, No - 2

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	7.90%	6.19%	10.74%	6.27%	30
Foster Care PR	43.90%	50.97%	56.55%	53.15%	40
Hispanic PR	2.88%	3.09%	3.88%	3.08%	37

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	9.05%	22	6.32%	1.18% - 37.57%
05	6.59%	17	3.24%	0.00% - 36.78%
04	3.39%	34	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Colusa**

**Review Date: 11-Jul-2006**

CAEQRO Size:<sup>(1)</sup> Small-Rural

Region: Superior

### A. Response to Key Recommendations

1. Form a specific committee that will address the needs of the organization for utilizing data driven performance improvement projects consistent with federal requirements:
 

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---
2. Develop increased skills and reliance upon data analysis in all program and quality improvement areas:
 

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---
3. Seek to recruit additional consumers and family members to participate in the QIC and other administrative program planning activities:
 

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

### B. Strengths

1. The MHP has been successful in increasing staff diversity and bilingual capability.
2. The MHP is starting to use measurable data for QI activities and PIPs through manual collection.
3. Collaboration and multi-disciplinary team development has improved with the support of a Sierra Health Foundation grant to create incentives for individuals to attend collaborative meetings.

### C. Opportunities for Improvement

1. The allocation of adequate staffing resources will be critical to the implementation process of a new information system.
2. The MHP has not developed staff data analysis skills, routine use of reports, or a data driven decision making culture. The MHP is waiting for implementation of a new information system to obtain and use reports.
3. Without participation in performance improvement activities by employees and stakeholders at all levels of the organization, it will be difficult to develop a performance management culture where quality improvement activities are valued and prioritized.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |   |   |
|---|---|
| 1. Expand data analysis skills to promote an understanding of data driven decision making across the MHP.   | I |
| 2. Dedicate the resources needed to successfully implement two PIPs as part of the move to use data driven management practices, including broadening stakeholder involvement and willingness to implement meaningful changes in the delivery system. | Q |
| 3. Track the progress of quality improvement and cultural competence goals in a measurable, quantifiable, and easily readable format within the QI Work Plan.   | Q |
| 4. Develop a plan for empowering consumers within the MHP. Provide recovery groups, supported employment, training and administrative support for developing peer support programs, supported employment, and consumer employees.                     | Q |
| 5. Investigate wait time to after-hours crisis response and address any problems identified.  | A |

**E. Performance Improvement Project - Clinical**

Title: Decreasing Inpatient Recidivism - Year 1

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**F. Performance Improvement Project - Non-Clinical**

Title: Outpatient Follow up after Hospitalization – Year 3 of Reducing Hospitalization

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	6.64%	10.17%	10.74%	6.27%	38
Foster Care PR	28.26%	56.01%	56.55%	53.15%	53
Hispanic PR	3.26%	3.68%	3.88%	3.08%	30

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	7.29%	25	6.32%	1.18% - 37.57%
05	3.47%	26	3.24%	0.00% - 36.78%
04	7.78%	15	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Contra Costa**

**Review Date: 16-18 Jan 2007**

CAEQRO Size:<sup>(1)</sup> Large

Region: Bay Area

### A. Response to Key Recommendations

1. Create documentation that describes primary business and IS activities. This is essential to bridge the knowledge gap when key staff depart and will be valuable in the future IS implementation:
 

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
  
2. Improve communication with contract providers, providing sufficient notice and training when there are changes in significant business processes. Providers should also be involved in and aware of the IS selection process:
 

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
  
3. Increase involvement of the staff, consumers, and contract providers in quality improvement and program planning activities:
 

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

### B. Strengths

1. The development of three regional wellness programs designed to link consumers to primary care and improve health will benefit consumers and increase collaboration with primary care.
2. Mental health services at the adult Pittsburg Clinic in East County are co-located with a county-operated physical health clinic service site.
3. The Afternoon Clinic in Concord for first medication appointments and flexibility in other clinics has improved access and timeliness of services for adults.

### C. Opportunities for Improvement

1. Continued support for the aging InSyst application remains uncertain and the activities underway to find and implement a replacement system must be completed as soon as possible.
2. The lack of source code for the NetPro managed care application creates risk by limiting the ability to make software changes as business needs change and by creating a dependence on continued support for the existing NetPro platform.
3. The rate of missed appointments (no-shows) needs to be determined by program for targeted improvement efforts.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |   |     |
|---|-----|
| 1. Expand monitoring of timeliness of clinician and psychiatrist appointments to children's programs and implement interventions to improve timeliness.   | A,T |
| 2. Identify, implement and monitor significant clinical and business outcome data elements and key performance indicators, and develop procedures to collect and report the data to stakeholders. | O   |
| 3. Select and implement a new information system as soon as possible including NetPro.  | I   |
| 4. Complete the implementation of the replacement for the aging VAX minicomputer.   | I   |
| 5. Review rates of missed appointments by program to determine whether improvements are necessary.  | A,T |

**E. Performance Improvement Project - Clinical**

Title: Increasing Substance Abuse Diagnoses – Year 2

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

Key Elements: Total - 13  
 Yes - 3, Partial - 6, No - 4

**F. Performance Improvement Project - Non-Clinical**

Title: Decreasing Delays in appointment times with MDs (Intake Interval) – Year 3

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

Key Elements: Total - 13  
 Yes - 6, Partial - 5, No - 2

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	8.32%	7.54%	6.81%	6.27%	28
Foster Care PR	61.90%	56.11%	52.33%	53.15%	17
Hispanic PR	3.33%	3.34%	3.33%	3.08%	28

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	6.66%	28	6.32%	1.18% - 37.57%
05	7.24%	14	3.24%	0.00% - 36.78%
04	5.13%	21	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Del Norte**

**Review Date: 07-Nov-2006**

CAEQRO Size:<sup>(1)</sup> Small-Rural

Region: Superior

### A. Response to Key Recommendations

1. Formulate a detailed project plan and assign staff resources to the IS implementation project:  
 Fully Addressed                       Partially Addressed                       Not Addressed
2. Continue exploration of methods to extend medication services and reduce wait times:  
 Fully Addressed                       Partially Addressed                       Not Addressed
3. Create internal employment/volunteer opportunities to promote growth and independence among consumers:  
 Fully Addressed                       Partially Addressed                       Not Addressed

### B. Strengths

1. The MHP ranked among the top 10% in the state with an overall penetration rate of 13%.
2. On-going and well-attended trainings have been supported by administration, frequently attended by all two dozen staff members.
3. The MHP demonstrated collaborative and effective interdepartmental relationships with staff from the county IT and Social Services departments.

### C. Opportunities for Improvement

1. The major MHP challenges to improvement efforts are completion of the ongoing implementation of the Anasazi information system and becoming current on data entry and billing.
2. The MHP continues to take a passive approach to performance improvement activities and needs to actively define outcome indicators and goals.
3. There appears to have been no change within the MHP regarding the integration of wellness and recovery principles into all programs. Recovery is seen as a vision to be attained by opening a drop-in center.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |  |       |
|--|-------|
| 1. Establish information system implementation and greater use of data as high priorities for the organization.  | I     |
| 2. Demonstrate commitment to timely services by significantly lowering psychiatric wait times.   | A,T,O |
| 3. Collaborate with the Social Services department to develop programs for high risk groups such as foster care youth and older adults with intensive needs.                             | Q,I   |
| 4. Develop and implement a detailed quality management work plan that includes areas such as wait times for access to services, service pattern discrepancies and key clinical outcomes. | T,Q,O |
| 5. Increase efforts to promote wellness and recovery principles throughout the system and make these principles central to the culture of the organization.                              | Q     |

**E. Performance Improvement Project - Clinical**

Title: Improved functioning and symptoms reduction for those with depression

Status:  Active       Little/No Activity       None      Key Elements: Total - 13  
 Completed       Concept/Design      Yes - 6, Partial - 7, No - 0

**F. Performance Improvement Project - Non-Clinical**

Title: Improved access to initial medication appointments

Status:  Active       Little/No Activity       None      Key Elements: Total - 13  
 Completed       Concept/Design      Yes - 7, Partial - 6, No - 0

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	12.72%	10.17%	10.74%	6.27%	5
Foster Care PR	60.31%	56.01%	56.55%	53.15%	20
Hispanic PR	4.33%	3.68%	3.88%	3.08%	13

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	2.07%	48	6.32%	1.18% - 37.57%
05	0.88%	52	3.24%	0.00% - 36.78%
04	1.95%	44	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: El Dorado**

**Review Date: 17-18 Apr 2007**

CAEQRO Size:<sup>(1)</sup> Small

Region: Central

### A. Response to Key Recommendations

1. Identify priority issues and key data elements within the QI Work Plan that reflect true quality initiatives and warrant routine monitoring by the QIC:  
 Fully Addressed                       Partially Addressed                       Not Addressed
2. Increase consumer and family member participation in the QIC, its subcommittees, and other ad hoc committees within the organization:  
 Fully Addressed                       Partially Addressed                       Not Addressed
3. Complete and implement the identified policy and procedures for fiscal and IS business processes:  
 Fully Addressed                       Partially Addressed                       Not Addressed

### B. Strengths

1. The volunteer staff at Oasis comprise an available workforce ready to take on the challenges of part time and full time work, enabling consumers to make money and live more independently.
2. The management team and staff appear revitalized with the new leadership. Emerging from this, the MHP plans to utilize evidence based practices and define outcome measures to foster a data driven environment.
3. Conversion to new the IS should significantly increase the MHP's ability to analyze and report data.

### C. Opportunities for Improvement

1. The high level of adult outpatient disallowances indicates the need to better utilize the existing electronic clinical record system for documentation management and review.
2. The continued lack of fiscal and business practice policies and procedures presents a barrier to maximize the capabilities of the new information system.
3. Consumer involvement on committees and other venues for participation and input has been limited.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |   |   |
|---|---|
| 1. Continue plans to implement Avatar Clinician WorkStation: develop a multi-disciplinary team emphasizing clinician involvement; identify data elements in InterTrac that should be imported into Avatar; and involve contract providers in the process. | I |
| 2. Analyze service utilization to determine the sources of the low annual approved claims amount per beneficiary. Determine whether outcomes are in line with beneficiary needs and service provision.  | Q |
| 3. Increase the availability of paid positions, including those with benefits, for consumers – at Oasis and other areas in the MHP.   | Q |
| 4. Continue developing the policies and procedures identified by the MHP as necessary for clinical and business practices, including further refinement of the QI processes, priority goals, and key indicators of quality.                               | Q |
| 5. Explore implementing procedures and reports in the utilization of InterTrac which might help reduce the large number of disallowances.   | I |

**E. Performance Improvement Project - Clinical**

Title: CalMEND Performance Improvement Pilot Project

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**F. Performance Improvement Project - Non-Clinical**

Title: Improving PCP Coordination of Care

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

Key Elements: Total - 13  
 Yes - 7, Partial - 2, No - 4

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	9.93%	6.19%	8.12%	6.27%	14
Foster Care PR	50.95%	50.97%	46.51%	53.15%	32
Hispanic PR	2.63%	3.09%	3.69%	3.08%	46

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	2.81%	39	6.32%	1.18% - 37.57%
05	2.47%	34	3.24%	0.00% - 36.78%
04	3.22%	36	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Fresno**

**Review Date: 13-15 Dec 2006**

CAEQRO Size:<sup>(1)</sup> Large

Region: Central

### A. Response to Key Recommendations

1. Convene several priority work groups to examine processes to utilize the state Medi-Cal Eligibility File, the MHP's utilization of productivity reports, and analysis of the reliability of providers' claims:
 

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
2. Continue efforts to find a replacement for the MHP's aging primary information system:
 

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--
3. Create alternative ways for displays of quality improvement activities to efficiently monitor impact of cut-backs on consumers and disseminate information to stakeholders:
 

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

### B. Strengths

1. The MHP has developed impressive initial working relationships with local FQHCs.
2. DBH and DCFS IS staffs are knowledgeable and dedicated, working with an aging, at-risk information system, and are fully supportive of implementing the next generation of management information system.
3. DBH's Southeast Asian program appears to provide valuable and timely culturally competent services.

### C. Opportunities for Improvement

1. Personnel reductions, changes in senior management, and lack of input to program changes, have contributed to an environment in which the staff presents as frustrated and disempowered.
2. When compared to statewide averages, lower penetration rates, approved claims per beneficiary served, and retention rates suggest barriers to access and retention in services for consumers.
3. Current information technology projects – SD/MC claim changes, the future management information system implementation, implementing MHSA, CSI, and FSP data reporting requirements – exceed the MHP's available IS resources and personnel.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |   |       |
|---|-------|
| <ol style="list-style-type: none"> <li>1. With the reduction of many DBH service sites, consider offering alternate hours (e.g., evening or weekend), increased field-based services, tele-psychiatry services, and/or other creative alternatives to increase ease of access.</li> </ol> | A,T   |
| <ol style="list-style-type: none"> <li>2. Complete the testing and implementation of the MMEF project; this will improve timely submission of some Medi-Cal claims and will benefit both the MHP and contract providers' Medi-Cal revenue.</li> </ol>                                     | I,Oth |
| <ol style="list-style-type: none"> <li>3. As part of facilitating system transformation, give attention to the morale and programmatic buy-in from non-management level staff.</li> </ol>   | Q,Oth |
| <ol style="list-style-type: none"> <li>4. Expand strategies, such as those demonstrated in the collaboration with FQHCs, to enhance those working relationships with other county departments, including the coordination and collaboration between DBH and DCFS.</li> </ol>              | Q     |
| <ol style="list-style-type: none"> <li>5. Examine the retention patterns throughout the system to identify the barriers to engagement in continued services, especially for foster care youth, Latinos, and other demographic groups.</li> </ol>  | A,Q   |

**E. Performance Improvement Project - Clinical**

Title: Reducing reincarceration of TAY

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

Key Elements: Total - 13  
 Yes - 0, Partial - 6, No - 7

**F. Performance Improvement Project - Non-Clinical**

Title: Decreasing rehospitalization rate

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	5.06%	6.19%	6.81%	6.27%	52
Foster Care PR	55.59%	50.97%	52.33%	53.15%	28
Hispanic PR	3.14%	3.09%	3.33%	3.08%	33

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	17.67%	10	6.32%	1.18% - 37.57%
05	2.59%	33	3.24%	0.00% - 36.78%
04	2.07%	42	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Glenn**

**Review Date: 12-Jul-2006**

CAEQRO Size:<sup>(1)</sup> Small-Rural

Region: Superior

### A. Response to Key Recommendations

1. Enhance current recovery and wellness-focused empowerment trainings for consumers, families, and staff:  
 Fully Addressed                       Partially Addressed                       Not Addressed
2. Continue to explore ways to welcome the Latino community to mental health services:  
 Fully Addressed                       Partially Addressed                       Not Addressed
3. Improve the implementation of locally-identified quality improvement activities, including PIP-specific interventions that directly provide measurable benefits to consumers and families:  
 Fully Addressed                       Partially Addressed                       Not Addressed

### B. Strengths

1. The MHP established a strong multi-disciplinary team to plan and implement a new IS.
2. The MHP devoted considerable resources to assisting consumers and families with normalizing activities, and to fostering experiences that promote empowerment among both sets of stakeholders.
3. The MHP invested support and resources to sustain a quality improvement division that is thorough, detail-oriented, and committed to providing quality products.

### C. Opportunities for Improvement

1. The MHP has several years of experience collecting outcome data for the CSOC inter-agency collaborative. There is an on-going need for comparable adult services data analysis.
2. Implementation of a new IS while continuing to operate the existing system will tax limited staff resources.
3. The new IS will potentially create challenges for clinical staff with new forms and reports, and with the implementation of electronic client records.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |  |     |
|--|-----|
| 1. Include information system conversion as a strategic initiative for this year, and include all staff levels in the planning process for the new IS implementation.                    | I   |
| 2. Develop a unit that utilizes data and that conducts regular monitoring and reporting of MHP-specific outcome indicators.  | Q,O |
| 3. Include consumer and family leaders on the senior management team, the cultural competence committee, and in processes involving the integration of co-occurring disorders treatment. | Q   |
| 4. Examine service distribution and intensity among consumers in order to analyze the pattern of increased penetration rates and stable approved claims.                                 | O,I |
| 5. Create mechanisms to quantify the effectiveness of the Cultural Competence Committee's outreach efforts by measuring baseline and on-going access data for selected populations.      | A,O |

**E. Performance Improvement Project - Clinical**

Title: Reducing psychiatric re-hospitalizations

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

Key Elements: Total - 13  
 Yes - 8, Partial - 4, No - 1

**F. Performance Improvement Project - Non-Clinical**

Title: Improving older adult access through outreach at a senior center

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	8.95%	10.17%	10.74%	6.27%	19
Foster Care PR	63.22%	56.01%	56.55%	53.15%	16
Hispanic PR	3.64%	3.68%	3.88%	3.08%	26

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	5.98%	29	6.32%	1.18% - 37.57%
05	3.18%	29	3.24%	0.00% - 36.78%
04	14.73%	4	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Humboldt**

**Review Date: 23-24 Aug 2006**

CAEQRO Size:<sup>(1)</sup> Small

Region: Superior

### A. Response to Key Recommendations

1. Convene a PIP work group to examine the data and design PIPs and report routinely to the QIC:  
 Fully Addressed                       Partially Addressed                       Not Addressed
2. Enhance the QI program by reporting specific and measurable goals and timelines:  
 Fully Addressed                       Partially Addressed                       Not Addressed
3. Expand efforts for outreach to the Hispanic, older adult and Native American populations:  
 Fully Addressed                       Partially Addressed                       Not Addressed

### B. Strengths

1. Strong analytical capabilities are demonstrated by the Research and Evaluation staff, initiation of the Data Integrity Review Team, and staff ability to access data.
2. Overall Medi-Cal beneficiary penetration rates, as well as penetration rates for females, Hispanics, and foster care are higher than the regional and statewide rates.
3. MHP is spending 21% more per capita on Hispanics than Whites. In comparing approved claims per beneficiary for females and males to the statewide measurement, the MHP's ratio shows little disparity in costs.

### C. Opportunities for Improvement

1. The newly formed DHHS Office of Research and Evaluation has not yet published complete reports on outcomes for the Children's evidence-based practices programs.
2. Quantifiable measures have not yet been integrated into the QI Work Plan, the two PIPs did not directly address improvement of consumer outcomes, and there is a lack of data reports used to analyze problems.
3. The MHP has not yet completed a business risk assessment, as recommended in last year's report, to assist in the complex process of identifying requirements of a new IS within an integrated DHHS.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |  |         |
|--|---------|
| 1. Develop useful data reports, develop managers' ability to review reports, and integrate data analysis into the MHP's decision-making processes, particularly within adult outpatient services.                              | I,Oth   |
| 2. Review communication flow within the organization; identify barriers to positive, timely and consistent communication; and develop a culture of staff teamwork and mutual support.  | Oth     |
| 3. Develop staff readiness for collaborating with consumer employees, and for understanding consumer culture and workplace needs, mentoring, and empowerment models. Develop routine monitoring of areas of consumer concerns. | Q,Oth   |
| 4. Develop quantifiable measures for areas of study in the QI work plan, such as timeliness of routine services and penetration/retention, and create an easy system for tracking data.  | A,T,Q,O |
| 5. Address issues associated with recruitment and retention of psychiatrists.  | A       |

**E. Performance Improvement Project - Clinical**

Title: Decreasing No Show Rate for CALMAP Consumers

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

Key Elements: Total - 13  
 Yes - 9, Partial - 4, No - 0

**F. Performance Improvement Project - Non-Clinical**

Title: Grievance Timeliness

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	10.92%	10.17%	8.12%	6.27%	9
Foster Care PR	66.67%	56.01%	46.51%	53.15%	13
Hispanic PR	4.10%	3.68%	3.69%	3.08%	17

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	9.92%	20	6.32%	1.18% - 37.57%
05	3.65%	24	3.24%	0.00% - 36.78%
04	5.25%	19	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Imperial**

**Review Date: 13-14 Mar 2007**

CAEQRO Size:<sup>(1)</sup> Small

Region: Southern

### A. Response to Key Recommendations

1. Consider utilizing the Recovery Center that currently functions as a drop-in center, as an initial “wellness” facility. The already allocated space and the availability of consumers provide the fundamentals for introducing recovery-oriented opportunities:
 

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
2. Continue with efforts to increase access and services to underserved populations (e.g. Latinos, TAY, persons 60 years and older), particularly those who live in the outlying areas:
 

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
3. Develop a policy/procedure to control access to records in the IS managed care module. Develop a plan with realistic timelines and resource allocation to implement the clinical workstation module beyond the pilot phase:
 

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

### B. Strengths

1. Relatively high penetration and approved claims ratios for Latino/Hispanic Medi-Cal beneficiaries approach parity with Whites.
2. The MHP has a stable, HIPAA compliant billing system – currently claiming via 837 and NPI-ready.
3. In-house business analysts/application experts are capable of supporting the system and providing screens and reports tailored to MHP needs.

### C. Opportunities for Improvement

1. The MHP has the lowest Medi-Cal penetration ratio for Females vs. Males in the state, suggesting that females appear to be under-served in the MHP.
2. Users at outlying clinics report slow system response and being “kicked out of the system” at times, causing difficulty in entering data.
3. Some consumers reported that the 24-hour response team often consists of calling the police to respond to the situation.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |   |     |
|---|-----|
| 1. Examine causes for the low penetration rate for female Medi-Cal beneficiaries and consider appropriate strategies for improvement.   | A   |
| 2. Monitor system response time to determine patterns of slow activity – where, when, frequency, and length. Work with county ISD to determine causes and appropriate solutions.  | I   |
| 3. Closely monitor the volume of service activity before and after the implementation of electronic progress notes to determine unusual patterns and detect problems promptly.  | I   |
| 4. Staff the recovery center with consumers that are MHP employees with benefits, enabling the consumers to see how they might move forward in work opportunities, as well as enabling the MHP to benefit from consumer perspective on its workforce. | Q,O |
| 5. Track incidents of 24-hour response team calls for police assistance to ensure MHP policies for appropriate intervention are followed.   | A,Q |

**E. Performance Improvement Project - Clinical**

Title: Decreasing Hospitalization

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

Key Elements: Total - 13  
 Yes - 2, Partial - 6, No - 5

**F. Performance Improvement Project - Non-Clinical**

Title: Decrease No-Show Rates

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

Key Elements: Total - 13  
 Yes - 7, Partial - 4, No - 2

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	5.75%	6.57%	8.12%	6.27%	46
Foster Care PR	43.17%	50.59%	46.51%	53.15%	42
Hispanic PR	4.53%	3.34%	3.69%	3.08%	12

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	7.06%	26	6.32%	1.18% - 37.57%
05	6.22%	19	3.24%	0.00% - 36.78%
04	2.95%	37	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Inyo**

**Review Date: 17-18 May 2007**

CAEQRO Size:<sup>(1)</sup> Small-Rural

Region: Superior

### A. Response to Key Recommendations

1. Consider utilizing a project manager for implementation of the new IS to assure that resources are available and coordinated:  
 Fully Addressed       Partially Addressed       Not Addressed
2. Ensure consumer/family member input into QI planning, process and performance improvement projects by integrating the two QI Committees or ensuring communication between the two groups without reducing consumer/family member participation:  
 Fully Addressed       Partially Addressed       Not Addressed
3. Develop back up coverage for the psychiatrist and succession planning for upcoming retirements. Consider telepsychiatry services to expand provider resources into rural areas:  
 Fully Addressed       Partially Addressed       Not Addressed

### B. Strengths

1. Progress in introducing and maintaining recovery principles in all outpatient services is evident, as well as progress toward the hiring and recruitment of consumers to participate in MHP committees.
2. The participation of key staff in the implementation of the new IS has enabled customization of the new system. The implementation of the new IS offers the opportunity to collect and utilize clinical and other data not currently available.
3. The MHP opened a wellness center that is well attended by consumers, including TAY and other youth. Each age group has separate times to use the center.

### C. Opportunities for Improvement

1. The very limited access to IS data has created a barrier to the development of measurable goals for performance improvement.
2. Most clinical staff have had minimal exposure to the new IS and will not have access to the system during the first implementation stage. This limits the IS features, such as scheduling, which can be utilized.
3. Providing services to consumers in remote areas remains problematic, as recruitment and retention of staff in clinical and business areas is challenging.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |  |     |
|--|-----|
| 1. Begin determining the data to collect and report in the new IS. Work with program and QI staff to identify reporting needs. Consider providing Avatar access and training for all staff throughout the implementation process.                      | O,I |
| 2. Increase consumer involvement through consumer hiring and participation on MHP committees, promoting a consumer advisory council to the MHP, and fostering consumer direction regarding the wellness center's transition to a consumer run program. | Q   |
| 3. Provide more training opportunities in cultural competence for staff. Develop strategies for recruitment and retention of bilingual and bicultural staff.   | Q   |
| 4. Develop strategies to provide access and services in remote areas of the county, including the use of telepsychiatry.   | A   |
| 5. Review effectiveness of half-time QI coordinator to determine whether a full-time coordinator would be beneficial. Complete the development of a QI plan that includes measurable goals.  | Q,O |

**E. Performance Improvement Project - Clinical**

Title: Discharge planning

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

Key Elements: Total - 13  
 Yes - 13, Partial - 0, No - 0

**F. Performance Improvement Project - Non-Clinical**

Title: Improved access to care

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

Key Elements: Total - 13  
 Yes - 1, Partial - 8, No - 4

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	9.97%	10.17%	10.74%	6.27%	13
Foster Care PR	80.00%	56.01%	56.55%	53.15%	3
Hispanic PR	3.92%	3.68%	3.88%	3.08%	22

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	10.54%	19	6.32%	1.18% - 37.57%
05	11.34%	7	3.24%	0.00% - 36.78%
04	13.41%	7	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Kern**

**Review Date: 21-23 Feb 2007**

CAEQRO Size:<sup>(1)</sup> Large

Region: Southern

### A. Response to Key Recommendations

1. Enhance communication to staff, providers, and consumers by highlighting the importance of the new MIS implementation and how it affects every facet of MHP operations:
 

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--
2. Assure future access to preserved archival data so meaningful baseline information can be accessed:
 

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--
3. Implement direct communication among administrative and line staffs:
 

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

### B. Strengths

1. The model of convening a "Core Team" from diverse areas of the department to enter data and work through information system "kinks" helped break down silos of knowledge, and led to a more thorough understanding of the system as a whole.
2. The MHP's commitment to performance outcomes is evident in staff being able to describe measures for their programs. Reports are in development to measure success.
3. Despite past difficulties in recruitment, seventy positions have been filled recently (2/3 of new MHSA positions) as a result of a workforce development initiative.

### C. Opportunities for Improvement

1. The MHP has an extensive amount of complex, richly detailed reports, but not a method of easily tracking some core indicators. The staff is at risk of "drowning in data" and not knowing how to make use of the valuable data they have.
2. Medi-Cal approved claim dollars have declined by 25% since the Anasazi system was implemented.
3. Users at outlying clinics report slow system response and being "kicked out of the system" at times, which may cause difficulty in entering data. The perception is that response time is getting worse as more users are added.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |   |       |
|---|-------|
| 1. Organize and display summary reports for a limited number of key indicators system wide in a form communicative to stakeholders.   | O     |
| 2. Make improved communication a priority initiative and consider building in some redundant communication opportunities and additional feedback loops to the information flow to ensure efficient communication. | Q,Oth |
| 3. Determine causes for the significant decrease in Medi-Cal revenue over the last 3 years. Prepare detailed plans to address factors contributing to the decline.  | Oth   |
| 4. Consider an initiative to facilitate a culture of family centered Children's Services, particularly among the medical staff.   | Q     |
| 5. Continue collaborative and performance improvement efforts to improve access and retention of the foster care population, even if it is not the topic of a PIP.  | A     |

**E. Performance Improvement Project - Clinical**

Title: Improving Latino service disparity

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

Key Elements: Total - 13  
 Yes - 2, Partial - 9, No - 2

**F. Performance Improvement Project - Non-Clinical**

Title: Increasing foster care penetration rates

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

Key Elements: Total - 13  
 Yes - 2, Partial - 1, No - 10

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	6.41%	6.57%	6.81%	6.27%	41
Foster Care PR	32.63%	50.59%	52.33%	53.15%	50
Hispanic PR	2.97%	3.34%	3.33%	3.08%	35

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	2.41%	44	6.32%	1.18% - 37.57%
05	1.40%	46	3.24%	0.00% - 36.78%
04	1.84%	47	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Kings**

**Review Date: 21-22 Sep 2006**

CAEQRO Size:<sup>(1)</sup> Small

Region: Central

### A. Response to Key Recommendations

1. Create a set of strategic initiatives that actively articulate a direction for continuous improvement in service delivery:
  - Fully Addressed                       Partially Addressed                       Not Addressed
2. Strengthen recovery and wellness principles by assuring involvement and working knowledge by the consumer and family members in the development and implementation of the Plan of Care:
  - Fully Addressed                       Partially Addressed                       Not Addressed
3. Develop a strategy to safeguard, and allow access to, the ten years of archival data that is currently stored in the CMHC system when planning for a new information system:
  - Fully Addressed                       Partially Addressed                       Not Addressed

### B. Strengths

1. The availability of Dual Diagnosis, DBT, and other Life Skills groups, along with the Drop-In-Socialization-Center (DISC), contribute to the positive perceptions of both consumers and staff.
2. Moving the QIAC meetings to the DISC has increased consumer involvement in QI activities.
3. There is evidence of a positive morale among the staff and a willingness to learn and use data.

### C. Opportunities for Improvement

1. The multi-step intake process seems overly complicated and long. There is no centralized scheduling of clinician appointments.
2. Consumers and family members perceive a need for timely medication refills, timely psychiatrist appointments, supported employment, bilingual clinicians, and lower staff turnover in Children's services.
3. The foster care penetration rate is decreasing and is below the regional and statewide rates.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |  |     |
|--|-----|
| 1. Cultivate a data driven decision-making culture by developing the ability to routinely extract, analyze, and use data reports.  | Q,I |
| 2. Investigate wait times and processes of care relating to initial appointments, psychiatry appointments, and medication refills.   | A,T |
| 3. Review foster care access to mental health services, analyze if unmet needs exist, develop a plan to address the needs of this population, and collaborate with the social services staff to manage risk for this group of beneficiaries. | A   |
| 4. Identify and add performance indicators to the QI Work Plan, and collect and report supporting data on a regular basis.   | Q,O |
| 5. Develop a plan for empowering consumers within the MHP. Provide recovery groups, supported employment, and peer support programs.   | Q   |

**E. Performance Improvement Project - Clinical**

Title: Decreasing Rehospitalizations – Year 3

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

Key Elements: Total - 13  
 Yes - 4, Partial - 2, No - 7

**F. Performance Improvement Project - Non-Clinical**

Title: Improving Documentation/Billing Compliance

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	7.35%	6.19%	8.12%	6.27%	34
Foster Care PR	29.10%	50.97%	46.51%	53.15%	52
Hispanic PR	4.01%	3.09%	3.69%	3.08%	20

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	3.57%	38	6.32%	1.18% - 37.57%
05	2.64%	32	3.24%	0.00% - 36.78%
04	3.67%	30	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Lake**

**Review Date: 13-Jul-2006**

CAEQRO Size:<sup>(1)</sup> Small

Region: Superior

### A. Response to Key Recommendations

1. Address demographic groups with low penetration rates and identify targets for service utilization. Give special attention to foster care children by examining interdepartmental relationships:
 

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
2. Continue the cross training of business staff to secure critical knowledge and to provide back up for key personnel:
 

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
3. Consider implementing an electronic signature and other automated mechanisms to eliminate the time intensive paper trail that is necessary in the current hybrid medical record and billing review processes:
 

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

### B. Strengths

1. Staff training initiatives on Wellness and Recovery and Co-Occurring Substance Abuse treatment are strengthening staff members' skills and improving services.
2. The training of the staff in ad hoc report generation tools allows for the continued ability to provide customized reports after the termination of a contractor who had provided much of the more complex reporting functions.
3. A collaborative and effective relationship with County IT provides exemplary support for the MHP.

### C. Opportunities for Improvement

1. An expansion of data analysis skills would allow the MHP to more fully take advantage of the data available.
2. A high staff turnover rate and problems recruiting qualified individuals make it difficult to build an effective team.
3. The MHP does not routinely report quantifiable performance progress on QI or cultural competence issues that could be monitored in the QI work plan.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |   |     |
|---|-----|
| 1. Develop the ability to routinely extract, analyze, and use data to make decisions within the organization.   | Q,I |
| 2. Identify a PIP designed to improve services or processes of care as a priority strategic initiative, broaden the involvement of relevant stakeholders, and be willing to implement meaningful changes in the delivery system as a result of the PIP process. | Q   |
| 3. Monitor the effects of staff training for a few key elements of desired learning, particularly for trainings on wellness and recovery, Co-occurring Disorders, and cultural competence.  | Q,O |
| 4. When migrating to a new system, maintain an active role in the needs assessment process. Involve the line staff and give attention to data extraction and reporting capabilities.  | I   |
| 5. Identify a dedicated project manager to assist in a successful IS implementation.  | I   |

**E. Performance Improvement Project - Clinical**

Title: Outpatient Follow Up After Hospitalization

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**F. Performance Improvement Project - Non-Clinical**

Title: Assessing Information System Needs

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	8.54%	10.17%	8.12%	6.27%	24
Foster Care PR	40.24%	56.01%	46.51%	53.15%	46
Hispanic PR	2.60%	3.68%	3.69%	3.08%	47

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	14.03%	14	6.32%	1.18% - 37.57%
05	9.35%	10	3.24%	0.00% - 36.78%
04	5.30%	18	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Lassen**

**Review Date: 01-May-2007**

CAEQRO Size:<sup>(1)</sup> Small-Rural

Region: Superior

### A. Response to Key Recommendations

1. Move forward on clinical and non-clinical PIPs in order to meet regulations and to develop additional performance improvement capabilities. Consider collaboration with another similar size MHP:
 

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
2. Create policies and procedures to support timely and accurate data collection and entry. Document billing processes:
 

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
3. Continue to cross train the staff in order to expand data extraction skills, to secure critical knowledge, and to provide back up for key personnel:
 

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

### B. Strengths

1. The Lassen Aurora Network, a contract provider, has strengthened its recovery services in providing peer outreach, support, and consumer employment opportunities.
2. The MHP is beginning to use data regularly, is monitoring quantifiable goals for quality improvement activities and is conducting pre and post-tests to evaluate staff training.
3. The MHP's overall penetration rate is more than twice that of the statewide average and is second highest in the state. The average approved claims amount per beneficiary served is also above the statewide average.

### C. Opportunities for Improvement

1. The MHP has a high claims denial rate needing analysis and resolution.
2. Family members do not appear to have adequate support. NAMI's Family to Family groups have not been held for three years and there is a lack of family support groups.
3. Data analysis and ad hoc reporting continue to be areas that require skill development of staff.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |  |       |
|--|-------|
| 1. Establish the root causes of the high claims denial rate and create policies and procedures that will help reduce the rate of denied claims.  | I     |
| 2. Continue to cross train staff, document business processes, and develop data extraction skills to secure critical knowledge and provide back-up for key personnel.                                      | I     |
| 3. Continue to monitor timely access to intake and medication support services; perform a barrier analysis and address identified issues to improve timeliness and access to services.                     | A,T   |
| 4. Continue and systematize formal workforce development activities to mitigate the effects of staff turnover.   | Q,Oth |
| 5. Improve communication with staff by developing multiple modes of informing staff of changes such as written protocols with sign off receipts, staff meeting discussions, email, and newsletter notices. | Q,Oth |

**E. Performance Improvement Project - Clinical**

Title: Decreasing unplanned readmissions through improved linkage to services (year 2)

Status:  Active       Little/No Activity       None      Key Elements: Total - 13  
 Completed       Concept/Design      Yes - 3, Partial - 3, No - 7

**F. Performance Improvement Project - Non-Clinical**

Title: Increasing adult retention by improving intake process (year 1)

Status:  Active       Little/No Activity       None      Key Elements: Total - 13  
 Completed       Concept/Design      Yes - 1, Partial - 2, No - 10

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	13.63%	10.17%	10.74%	6.27%	2
Foster Care PR	60.29%	56.01%	56.55%	53.15%	21
Hispanic PR	7.44%	3.68%	3.88%	3.08%	3

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	23.58%	5	6.32%	1.18% - 37.57%
05	12.84%	5	3.24%	0.00% - 36.78%
04	13.47%	6	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Los Angeles**

**Review Date: 02-05 Apr 2007**

CAEQRO Size:<sup>(1)</sup> Very Large

Region: Los Angeles

### A. Response to Key Recommendations

1. Prioritize cultural competence, wellness and recovery practices, data-driven outcomes measurements and convey clear and consistent expectations for care coordination:
  - Fully Addressed                       Partially Addressed                       Not Addressed
2. Create a multi-functional task force to investigate the root causes of the low SD/MC overall penetration rates:
  - Fully Addressed                       Partially Addressed                       Not Addressed
3. Initiate a process to check key clinical data elements to ensure validity of data warehouse information in support of clinical operations and quality improvement activities:
  - Fully Addressed                       Partially Addressed                       Not Addressed

### B. Strengths

1. The executive leadership team is comprised of diligent, experienced, and committed managers who have been able to prioritize overall goals and remain trusted and respected by the multiplicity of stakeholders.
2. The MHP values the multi-stakeholder involvement that was reflected in IS initiatives, including a very comprehensive RFP development process.
3. The MHP commitment to recovery and wellness values is apparent to consumers, families, and staff in both county-operated and contract provider organizations.

### C. Opportunities for Improvement

1. Some program staff and contract providers report that certain data elements from the IS cannot be trusted, as the same elements appear differently in some reports.
2. The data warehouse, which has proven to be a valuable data repository for business operations and for monitoring fiscal activity, is not used effectively to the same degree to support clinical operations.
3. Routine quality assurance activities are devoted to compliance issues. It is not clear that any systematic utilization controls or quality improvement activities are in place.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |   |       |
|---|-------|
| 1. Focus the organization's culture on the expectation that data promotes accountability to the MHP and to others. Reinforce that all decisions need to keep the priority spotlight on consumers' needs and outcomes. | Q,O,I |
| 2. Promote greater trust of data by offering staff multiple opportunities to learn to understand the purpose of data and make data a part of ongoing trainings.   | O,I   |
| 3. Encourage the use and understanding of clinical data, and produce additional reports and information that are more relevant to the clinical staff.   | Q,O,I |
| 4. Coordinate migration from a compliance-driven system to one of performance management.   | Q,O   |
| 5. Explore again to see how to involve a cultural competence manager in MHP activities, discussions, and decisions. Examine the concept of assigning a cultural competence change agent to each service area.         | Q     |

**E. Performance Improvement Project - Clinical**

Title: Improving outcomes of high-risk children and transition age youth

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

Key Elements: Total - 13  
 Yes - 1, Partial - 5, No - 7

**F. Performance Improvement Project - Non-Clinical**

Title: Increasing access for older adults

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

Key Elements: Total - 13  
 Yes - 5, Partial - 3, No - 5

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	5.19%	5.19%	5.19%	6.27%	51
Foster Care PR	54.81%	54.81%	54.81%	53.15%	29
Hispanic PR	2.80%	2.80%	2.80%	3.08%	38

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	20.45%	8	6.32%	1.18% - 37.57%
05	17.60%	3	3.24%	0.00% - 36.78%
04	19.78%	2	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Madera**

**Review Date: 08-09 Feb 2007**

CAEQRO Size:<sup>(1)</sup> Small

Region: Central

### A. Response to Key Recommendations

1. Develop both a business analysis and contingency plans for significant delays in the implementation of a new system:
 

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--
2. Carefully evaluate current processes for current and prospective data analysis and assess the impact of current utilization trends on consumers:
 

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
3. Address consumers' readiness for supportive and other employment opportunities:
 

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

### B. Strengths

1. Hope House, a contracted Recovery Center, has "given life" to the consumers. Their joy and enthusiasm are apparent when they speak about HH or while they are there. Building on this will be important for the future growth of recovery and wellness.
2. Adult Services has four DBT groups for clients. This is an evidence based practice when implemented fully. Outcomes are less clear with partial implementation; however, the MHP is attempting some innovation by this initiative.
3. The MHP is making good use of the data available from the current IS to track treatment access and program and staff time utilization.

### C. Opportunities for Improvement

1. Balancing the addition of new programs while simultaneously reducing existing programs is a difficult task to manage.
2. Staff vacancies and outdated equipment at some program sites have a negative impact on productivity; these resource issues may also interfere with the timely implementation of the new IS.
3. Low penetration and retention rates, as well as decreasing Medi-Cal revenues, warrant attention.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |   |     |
|---|-----|
| <ol style="list-style-type: none"> <li>1. Evaluate service utilization and retention patterns to determine the areas that are most underserved in order to prioritize resources and efforts to maximize outcomes. Identify and implement additional interventions to decrease barriers to access.</li> </ol>  | A   |
| <ol style="list-style-type: none"> <li>2. Provide training in psychiatric rehabilitation for staff to help them understand recovery and wellness and how therapy and other treatment interface with and enhance the recovery oriented services.</li> </ol>  | O   |
| <ol style="list-style-type: none"> <li>3. Expand upon consumer driven services like those provided at Hope House.</li> </ol>  | O   |
| <ol style="list-style-type: none"> <li>4. Evaluate the current computer equipment and, to the extent fiscally feasible, replace the outdated computers. This would benefit productivity and the implementation of the new IS.</li> </ol>  | I   |
| <ol style="list-style-type: none"> <li>5. Consider instituting a formal structural mechanism for the management to include staff input and feedback on appropriate issues. In turn, this can increase staff's ability to assist consumers to understand wellness and recovery and being empowered.</li> </ol> | Q,O |

**E. Performance Improvement Project - Clinical**

Title: Improving access to and Utilization of Psychiatric Services

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**F. Performance Improvement Project - Non-Clinical**

Title: None

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	4.87%	6.19%	8.12%	6.27%	53
Foster Care PR	53.92%	50.97%	46.51%	53.15%	30
Hispanic PR	2.67%	3.09%	3.69%	3.08%	43

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	2.18%	46	6.32%	1.18% - 37.57%
05	2.71%	31	3.24%	0.00% - 36.78%
04	30.11%	1	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Marin**

**Review Date: 14-15 Dec 2006**

CAEQRO Size:<sup>(1)</sup> Medium

Region: Bay Area

### A. Response to Key Recommendations

1. Establish a formal workgroup to address preliminary issues regarding InSyst/eCura support and eventual replacement:
  - Fully Addressed
  - Partially Addressed
  - Not Addressed
2. Document critical business and IS functions and create workflow diagrams:
  - Fully Addressed
  - Partially Addressed
  - Not Addressed
3. Create work groups with membership from relevant stakeholders to develop and implement PIPs:
  - Fully Addressed
  - Partially Addressed
  - Not Addressed

### B. Strengths

1. The MHP's overall Medi-Cal penetration rates are consistently high, while the average approved claim amount per beneficiary is moderate, suggesting an efficient service delivery model.
2. The MHP utilizes data to plan for enhancements to services, such as expansion of outreach activities to the southern part of the county, older adult collaboratives, Latino access improvements, and assessments of youth in foster care.
3. Collaboration and partnership with an FQHC for coordinated health services at the MHP medication clinic addresses the complex health care needs for medically and psychiatrically compromised consumers.

### C. Opportunities for Improvement

1. The MHP appears to emphasize the analysis of fiscal data and trends more than consumer outcomes data.
2. Stakeholder groups report that administration does not recognize the contributions they make to improve the system.
3. Prolonged physician appointment wait times have been reported by stakeholders and documented by the MHP. Capacity studies have not been performed.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |   |       |
|---|-------|
| 1. Improve stakeholder awareness of strategic initiatives so all involved are vested in attaining the MHP's objectives.                             | Q     |
| 2. Capitalize on the MHP's effective use of data in the fiscal arena to support measurement and analysis of clinical outcomes.                      | Q,O   |
| 3. Determine ways to spread the business and application expertise of the primary data analyst in order to expand the MHP's data analytic capacity. | Q,O,I |
| 4. Address long wait times for physician appointments by performing capacity studies, including supply and demand analyses.                         | A,T   |
| 5. Integrate cultural competence-related activities into QIC membership, monitoring, reporting and planning.  | Q     |

**E. Performance Improvement Project - Clinical**

Title: Increased access and placement stabilization for foster care youth

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

Key Elements: Total - 13  
 Yes - 1, Partial - 2, No - 10

**F. Performance Improvement Project - Non-Clinical**

Title: Increased identification of secondary substance abuse diagnoses

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

Key Elements: Total - 13  
 Yes - 2, Partial - 7, No - 4

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	12.78%	7.54%	6.36%	6.27%	3
Foster Care PR	78.79%	56.11%	54.01%	53.15%	4
Hispanic PR	3.83%	3.34%	2.98%	3.08%	24

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	1.79%	52	6.32%	1.18% - 37.57%
05	0.86%	53	3.24%	0.00% - 36.78%
04	0.87%	54	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Mariposa**

**Review Date: 25-26 Apr 2007**

CAEQRO Size:<sup>(1)</sup> Small-Rural

Region: Central

### A. Response to Key Recommendations

1. Expand the use of data and ad hoc reports by staff and management in planning and decision-making. Add an IS expert as a standing member of the QI committee:  
 Fully Addressed       Partially Addressed       Not Addressed
2. Convene a committee to address issues related to the upcoming Anasazi implementation:  
 Fully Addressed       Partially Addressed       Not Addressed
3. Increase the use of consumers and family members as employees, members of QI committee and consumer run services:  
 Fully Addressed       Partially Addressed       Not Addressed

### B. Strengths

1. The MHP's staff can produce most of the basic reports needed for program management and QI activities.
2. Separate systems of care for adults and children were developed and respective managers were hired.
3. A wellness center opened. It is available to all adults in the community and is well attended.

### C. Opportunities for Improvement

1. The approved claims per Medi-Cal beneficiary served remains extremely low in comparison to statewide claims, suggesting areas for improvement in both clinical and billing practices and procedures.
2. Low retention rates may correspond with under-serving of beneficiaries. As outcomes are not directly monitored, it is unclear whether the existing service utilization is meeting the needs of the beneficiaries served.
3. The staff currently able to develop reports from the old CMHC system using proprietary report writing tools will be challenged to learn how to access data and develop reports in the more complex and data-rich Anasazi system.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |   |         |
|---|---------|
| 1. Examine the service utilization patterns and related processes associated with low retention and claims, which result in lower Medi-Cal revenue. Consider hiring a consultant to assist with analysis, developing a plan of correction and implementation. | O,I,Oth |
| 2. Because consumers report long wait times for intake and psychiatry appointments, address access issues in the QIC. Explore the barriers related to this matter and possible remedies including expanding tele-psychiatry to decrease wait times.           | A,T     |
| 3. Evaluate current billing practices and procedures to determine contributory factors to the low Medi-Cal claims rate; make improvements where possible in order to ensure receipt of all allowable revenue.   | I       |
| 4. Ensure that data analysis and report writing training for the new Anasazi system is scheduled early enough in the implementation schedule, ensuring uninterrupted access to critical data and effective development of new routine and ad hoc reports.     | I       |
| 5. Devote great efforts to improve consumer/family employment and participation in MHP committees.  | Q,Oth   |

**E. Performance Improvement Project - Clinical**

Title: Understanding of group process Increasing adult access to group treatment and consumer understanding of Group Process

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**F. Performance Improvement Project - Non-Clinical**

Title: None

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	10.52%	6.19%	10.74%	6.27%	12
Foster Care PR	41.18%	50.97%	56.55%	53.15%	43
Hispanic PR	3.90%	3.09%	3.88%	3.08%	23

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	13.33%	16	6.32%	1.18% - 37.57%
05	7.09%	15	3.24%	0.00% - 36.78%
04	5.17%	20	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Mendocino**

**Review Date: 12-Oct-2006**

CAEQRO Size:<sup>(1)</sup> Small

Region: Superior

### A. Response to Key Recommendations

1. Provide opportunities for line staff to communicate with the new leadership. Together, develop a clear direction for the organization and define how each staff member supports the overall mission:  
 Fully Addressed                       Partially Addressed                       Not Addressed
2. Train additional staff on the database structure and report-writing tools in order to expand local report specification and development capacity:  
 Fully Addressed                       Partially Addressed                       Not Addressed
3. Increase the role of the QIC in monitoring activities and goals, including PIPs, identified in the QI Work Plan:  
 Fully Addressed                       Partially Addressed                       Not Addressed

### B. Strengths

1. The MHP managers and staff are optimistic and motivated by the changes anticipated with new leadership. A restructuring process of HHS is underway and the MHP is actively involved.
2. A number of wellness and recovery trainings took place in the last year; the MHP is transitioning toward a consumer-driven system.
3. Collaborative and effective interdepartmental relationships provide communication and an exchange of ideas that are advantageous to the MHP.

### C. Opportunities for Improvement

1. Accessing psychiatric services in a timely manner is difficult due to psychiatry shortages and staff turnover. There is an active recruitment for a nurse practitioner but not for a psychiatrist.
2. While the written documents associated with the HHS restructuring process appear to describe stakeholder inclusion, other key staff and consumers do not seem to be receiving important information about the strategic planning process.
3. The MHP is referring indigent consumers to scarce community resources, offering only crisis services to this population.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |   |     |
|---|-----|
| 1. Make an active effort to recruit additional medication support practitioners and Spanish-speaking service providers.   | A,Q |
| 2. Increase consultation and collaboration with the primary care community, as planned, to improve the community's capacity to treat mental health conditions.                      | A,Q |
| 3. Continue to expand the data extraction and report writing skills of the fiscal manager, as well as additional staff members, to enable creation of more complex reports.         | I   |
| 4. Consider developing and implementing specific policies and procedures to address issues with indigent consumers' access to services.   | A   |
| 5. Routinely track and monitor processes associated with timely access to intake, psychiatry, and outpatient services. Address these issues within the QI Work Plan and at the QIC. | A,T |

**E. Performance Improvement Project - Clinical**

Title: Hospitalization of transition age youth

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**F. Performance Improvement Project - Non-Clinical**

Title: Consumer satisfaction with treatment planning

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	8.85%	10.17%	8.12%	6.27%	22
Foster Care PR	49.26%	56.01%	46.51%	53.15%	34
Hispanic PR	2.65%	3.68%	3.69%	3.08%	45

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	12.57%	17	6.32%	1.18% - 37.57%
05	7.25%	13	3.24%	0.00% - 36.78%
04	12.50%	8	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Merced**

**Review Date: 08-Jun-2007**

CAEQRO Size:<sup>(1)</sup> Medium

Region: Central

### A. Response to Key Recommendations

1. Initiate a formal system replacement project with a designated project manager and team, including timelines and milestones. The funding issues can be explored simultaneously:
 

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---
2. Take action with the many recommendations in the CAEQRO FY05 Final Report and begin to address key penetration deficits and care coordination issues for high-risk populations:
 

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
3. Utilize the drop-in center as an initial Wellness Center:
 

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

1. The MHP opened the Wellness Center where peer support, employment and housing services, medication support, and recreational activities occur. A psychiatrist is available on Saturdays. This center enables uninsured consumers to receive services.
2. The addition of a data analyst to track QI progress and develop detailed cost allocation reports adds a significant resource for data driven decision making and program improvement.
3. Utilizing clinical staff to enter service data should result in a significant improvement in the timeliness of data entry.

### C. Opportunities for Improvement

1. The current IS system remains limited in functionality and expensive to operate. Furthermore, given the complexity of the current system, there are only two staff that can run IS reports, which restricts information flow during their absences.
2. Despite having the largest Hispanic Medi-Cal beneficiary pool in the State, the MHP offers very limited services specifically meeting the needs of this population.
3. The MHP continues to experience ongoing fiscal problems which are resulting in service reductions.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |   |       |
|---|-------|
| 1. Initiate an information system replacement project with a designated project manager and team of administrative and clinical staff. Develop concrete timelines with major milestones and assignments. Report regularly to the MHP leadership.          | I     |
| 2. Examine retention data to identify trends and potential problems including factors contributing to low approved claims per Hispanic beneficiary served. Continue steps to meet the needs of unserved/underserved populations.                          | A,Q,O |
| 3. Promote consumer empowerment: appoint consumers to decision-making committees; support their attendance at conferences to network and develop tools for improving their peer support system; and increase the role and responsibility of the CSC.      | Q,Oth |
| 4. Promote an atmosphere of performance improvement by identifying outcome indicators the MHP can measure, track, trend, and share with the QIC to foster data driven decision making about consumers' needs. Institutionalize that value within the MHP. | O     |
| 5. Expand data analysis skills and the use of data in daily business operations to promote data driven decision making across the MHP. This includes quarterly review and analysis of key indicators.   | O,I   |

**E. Performance Improvement Project - Clinical**

Title: Coordination with PCP

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

Key Elements: Total - 13  
 Yes - 2, Partial - 8, No - 3

**F. Performance Improvement Project - Non-Clinical**

Title: Foster care access

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	4.37%	6.19%	6.36%	6.27%	56
Foster Care PR	27.73%	50.97%	54.01%	53.15%	54
Hispanic PR	2.12%	3.09%	2.98%	3.08%	53

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	18.00%	9	6.32%	1.18% - 37.57%
05	4.72%	22	3.24%	0.00% - 36.78%
04	11.22%	9	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Modoc**

**Review Date: 01-May-2007**

CAEQRO Size:<sup>(1)</sup> Small-Rural

Region: Superior

### A. Response to Key Recommendations

1. Convene a work group to develop, implement, and monitor PIPs. Ensure that these projects are given the necessary administrative attention and allocation of resources in order to achieve meaningful results:
 

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---
2. Create more avenues for implementing consumer opportunities that support key aspects of wellness and recovery within the MHP and in the community:
 

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
3. Train appropriate staff to query the database in order to improve access to data to reduce reliance on the vendor for ad hoc reports:
 

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

### B. Strengths

1. The MHP leadership provided support to the beginning "Rays of Hope" group to launch consumer directed activity.
2. Even with severe fiscal constraints, the MHP/county continued to provide transportation to enable consumers to obtain services.
3. The MHP implemented several creative strategies for on-going medication support services in order to facilitate what they describe as the provision of medication assessments within regularly and consistently acceptable timeframes.

### C. Opportunities for Improvement

1. Although the MHP is a division in an integrated health agency, lack of consistent coordination with other human services partners resulted in on-going challenges about access and service utilization.
2. The implementation of the new IS will continue to challenge the MHP and require a significant amount of personnel resources throughout the process.
3. The MHP lacks performance related outcome monitoring, resulting in the inability to prioritize the utilization of very limited personnel resources for the provision of services.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |  |     |
|--|-----|
| 1. Extend limited resources and provide needed service to consumers through collaboration with local public and private human service partners, and with other geographically close MHPs.  | Oth |
| 2. Prioritize the utilization of very limited personnel resources for the provision of services and performance-improving projects which are identified based on priority needs.   | Q,O |
| 3. While implementing the new IS, consider changing staff work assignments or adding more consultant resources early so staff are not overwhelmed with learning the new system and completing normal work activities simultaneously. | I   |
| 4. Assess current computer literacy skills and develop a training plan to improve clinical staff skills in preparation for implementing the clinician workstation module.  | I   |
| 5. Explore an access or drop-in model in which scheduled appointments are not necessary to eliminate wait times, use limited personnel resources efficiently and accommodate travel/transportation difficulties.                     | A,T |

**E. Performance Improvement Project - Clinical**

Title: None

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**F. Performance Improvement Project - Non-Clinical**

Title: None

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	8.35%	10.17%	10.74%	6.27%	27
Foster Care PR	20.00%	56.01%	56.55%	53.15%	56
Hispanic PR	2.46%	3.68%	3.88%	3.08%	50

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	2.47%	42	6.32%	1.18% - 37.57%
05	1.32%	49	3.24%	0.00% - 36.78%
04	3.80%	29	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Mono**

**Review Date: 15-16 May 2007**

CAEQRO Size:<sup>(1)</sup> Small-Rural

Region: Central

### A. Response to Key Recommendations

1. Hire a project manager to lead a successful and timely implementation of the new MIS:
  - Fully Addressed
  - Partially Addressed
  - Not Addressed
2. Review and update billing codes to improve revenues and prepare for the new IS:
  - Fully Addressed
  - Partially Addressed
  - Not Addressed
3. Provide outreach, information on services and benefit assistance to improve access to services:
  - Fully Addressed
  - Partially Addressed
  - Not Addressed

### B. Strengths

1. The implementation of the new IS, which was developed by a multidisciplinary team, offers the opportunity to collect and utilize clinical and other data not currently available.
2. The MHP has opened the wellness center to all community individuals, and offers English language classes as an effective method to outreach to the Latino community. Vigilance must be provided to ensure the priorities of consumers are honored.
3. A QIC was formed and a plan developed. Currently the MHP has identified 17 measurable objectives that will continue to be refined.

### C. Opportunities for Improvement

1. Although the implementation of the new IS offers opportunities to develop a data driven environment for improvement of performance, the MHP has not identified additional data elements it intends to collect for analysis.
2. The MHP is significantly below the statewide penetration rates for Latinos. Efforts continue to outreach and engage the Latino community.
3. Davidson House is available to address housing needs of consumers, but it is under-utilized with only 10 of 24 beds occupied.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |  |     |
|--|-----|
| 1. Begin identifying data elements to track and report within the new IS during the implementation process.  | I   |
| 2. Continue efforts to increase access to the Latino population, including a specific planned strategy for outreach and engagement. Look at the MHP's workforce development plan to recruit additional Spanish speaking support staff and community workers. | Q   |
| 3. Increase consumer/family participation in MHP committees, including the operations of the wellness center in order to move the center toward a consumer run program.  | Q   |
| 4. Consider developing a procedure to utilize EOB data from the new IS to address the ongoing high rate of Medi-Cal denials and to ensure that services are billed correctly.  | I   |
| 5. Begin to explore the use of tele-psychiatry for the more rural and remote areas of the county.  | A,Q |

**E. Performance Improvement Project - Clinical**

Title: SCERP hospitalization

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**F. Performance Improvement Project - Non-Clinical**

Title: Decreasing no-show rate

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

Key Elements: Total - 13  
 Yes - 6, Partial - 6, No - 1

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	7.12%	6.19%	10.74%	6.27%	37
Foster Care PR	72.73%	50.97%	56.55%	53.15%	9
Hispanic PR	1.39%	3.09%	3.88%	3.08%	56

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	23.32%	6	6.32%	1.18% - 37.57%
05	9.38%	9	3.24%	0.00% - 36.78%
04	7.78%	15	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Monterey**

**Review Date: 02-03 Aug 2006**

CAEQRO Size:<sup>(1)</sup> Medium

Region: Bay Area

### A. Response to Key Recommendations

1. Form a team to plan, implement and monitor improved access to care:
 

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--
2. Assign sufficient staff resources to the QI program, reflecting the value of QI efforts to the MHP:
 

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
3. Document important business and IS functions, including workflow diagrams. A comprehensive policies and procedures manual will assist in overcoming gaps that develop when core staff leave:
 

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

### B. Strengths

1. Foster care penetration rate is very high – above 95% compared to a statewide rate of 52%. MHP also provides very comprehensive services for children and adolescents.
2. The MHP continues, despite some challenges, to be invested in promoting wellness and recovery principles, paying attention to the development of vocational and housing support.
3. Despite few IS resources and near-obsolete software, an experienced staff and adequate equipment ensure that the system is available and performs well for use by the MHP staff.

### C. Opportunities for Improvement

1. Access to mental health services, though given attention via several working groups over the past year, remains a pressing issue, especially for children, youth, older adults, and Hispanic beneficiaries
2. While the Children's System of Care is in a process of developing an intense mechanism to track and monitor a comprehensive set of outcomes, the Adult System of Care has no comparable way to track and analyze outcome measures
3. Timely access to services, although reportedly improved over the last year, needs to be continuously monitored in order to assess the effectiveness of the implemented access related interventions

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |  |     |
|--|-----|
| 1. Identify specific strategies, measurable goals, and timelines for improved access for underserved populations as identified by the low penetration rate.  | A   |
| 2. Formalize IS replacement plans and develop a timeline for selection of a new system. This will require executive support and a project manager empowered to work with others to complete this task.                 | I   |
| 3. Develop, track, and monitor a comprehensive set of outcomes for the Adult and Older Adult Systems of Care. Consider using the quality improvement work plan as a tool to monitor and present the results over time. | Q,O |
| 4. Routinely monitor process issues associated with timely access to intake, psychiatry, and outpatient care.  | A,T |
| 5. Enhance recovery, cultural competence, best practices, and related outcomes principles throughout the system.   | Q,O |

**E. Performance Improvement Project - Clinical**

Title: Improve TAY Latino penetration

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**F. Performance Improvement Project - Non-Clinical**

Title: Increase assignment of a primary care provider to clients with identified hypertension, obesity, thyroidism, diabetes, and hypercholesterolemia.

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

Key Elements: Total - 13  
 Yes - 0, Partial - 4, No - 9

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	4.54%	7.54%	6.36%	6.27%	54
Foster Care PR	98.13%	56.11%	54.01%	53.15%	1
Hispanic PR	2.66%	3.34%	2.98%	3.08%	44

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	7.45%	24	6.32%	1.18% - 37.57%
05	3.11%	30	3.24%	0.00% - 36.78%
04	3.64%	31	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Napa**

**Review Date: 23-24 Aug 2006**

CAEQRO Size:<sup>(1)</sup> Small

Region: Bay Area

### A. Response to Key Recommendations

1. Increase the routine review and analysis of data aimed at tracking, trending, and improving outcomes, access, timeliness, and other quality measures:  
 Fully Addressed       Partially Addressed       Not Addressed
2. Assure adequate human resources, including a project manager and involvement of staff from all areas of the MHP, for the planned change to a new information system:  
 Fully Addressed       Partially Addressed       Not Addressed
3. Assess current case coordination venues between the MHP, contract providers, and other services:  
 Fully Addressed       Partially Addressed       Not Addressed

### B. Strengths

1. The MHP has added to its infrastructure through filling of key positions in quality management and other areas of the organization.
2. The MHP has an experienced data analyst who is skilled at extracting data from the Echo information system and shares the information with others within the MHP.
3. The MHP has begun to meet quarterly with the local FQHC and plans to increase opportunities for collaboration and coordination of access to care with primary care providers.

### C. Opportunities for Improvement

1. Turnover within the psychiatric staff has created problems for both staff and consumers who have often been unable to access psychiatric appointments in a timely manner or develop stable relationships with their psychiatric providers.
2. Contract providers contribute significantly to overall service delivery for consumers, but do not currently have access to the MHP's management information system. This produces a fragmented system requiring manual tracking or duplicative data entry.
3. The low penetration rate for Latinos suggests barriers to access. This could be addressed through some of the MHP's MHSA programs, but this access issue will require multiple system-wide interventions to successfully address.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |   |       |
|---|-------|
| 1. Improve access to psychiatric services by investigating issues associated with the recruitment and retention of the psychiatric staff.   | A,T   |
| 2. Identify strategies, goals, and timelines for improved Latino access Investigate utilization patterns by age and ethnicity, and determine whether any disparities in utilization patterns or outcomes warrant demographic-specific strategies. | A,Q   |
| 3. Enhance the capacity within the MHP to provide comprehensive services to consumers with co-occurring mental health and substance abuse disorders.  | A     |
| 4. Begin a process of sharing information through quarterly meetings with contract provider management and staff regarding the upcoming IS implementation project.  | I,Oth |
| 5. Assure that there is strong consumer/family member representation on significant committees that influence the service delivery system (e.g., various leadership meetings, QI committee, MHSA Steering Committee).                             | Q,Oth |

**E. Performance Improvement Project - Clinical**

Title: Providing therapy in addition to medication services for depressed consumers

Status:  Active  Little/No Activity  None Key Elements: Total - 13  
 Completed  Concept/Design Yes - 2, Partial - 4, No - 7

**F. Performance Improvement Project - Non-Clinical**

Title: Use of the Children’s Mental Health Priority Criteria Tool to screen for the timely admission to the medication clinic.

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

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	8.43%	7.54%	8.12%	6.27%	26
Foster Care PR	53.33%	56.11%	46.51%	53.15%	31
Hispanic PR	2.56%	3.34%	3.69%	3.08%	49

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	30.20%	2	6.32%	1.18% - 37.57%
05	5.10%	21	3.24%	0.00% - 36.78%
04	6.24%	17	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Nevada**

**Review Date: 09-Mar-2007**

CAEQRO Size:<sup>(1)</sup> Small

Region: Superior

### A. Response to Key Recommendations

1. Require regular IS implementation status reports to administration from a Project Manager who has the authority to make decisions and take action when needed:
 

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---
2. Implement a Wellness and Recovery task force to promote this orientation and plan for progressive changes towards implementing these concepts:
 

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
3. Regularly analyze claim errors to identify and resolve billing issues in a timely fashion:
 

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

### B. Strengths

1. New leadership and the move to a new location in Grass Valley will support the organization in its own recovery.
2. The SPIRIT drop-in center is well attended and is an example of consumer driven recovery services.
3. Previous hands-on experience and familiarity with InSyst, which is used successfully by a number of other MHPs for basic claiming and reporting needs, is a good interim solution to provide a stable, working IS.

### C. Opportunities for Improvement

1. High turnover in finance/accounting and the changeover to a new IS will require new or updated policies/procedures, including improved tracking of Medi-Cal claims and other accounts receivable. Training and cross-training will need to be completed.
2. Limited services appear to be available in the outpatient system, with an over-reliance upon peer support as a primary mode of intervention for those presenting for crisis services.
3. Staff lay-offs and subsequent staff departures have led to recruitment and morale problems that affect staff and consumers. Balancing the system's need for safety with growth for the system, its consumers, and families will be an ongoing challenge.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |   |         |
|---|---------|
| 1. Evaluate staffing and training needs in the finance/accounting and IS areas. Take action as necessary to ensure competent and effective support from these valuable resources, to meet the needs of management and other stakeholders.                     | I       |
| 2. Identify and develop improvements to tracking of Medi-Cal and other revenue, in order to identify problems as early as possible. Early detection will allow corrective measures to be taken to minimize or avoid negative impacts to staff and operations. | Q,I     |
| 3. Examine services and resources in the outpatient programs. Identify ways to expand the availability of groups and services to consumers and families.  | A,Q     |
| 4. Examine the decrease in beneficiaries served over time to determine how barriers to access or retention have affected those requesting or receiving services.  | A,T,Q,O |
| 5. Continue to address means of increasing the MHP's relationship with other county departments and community based organizations through routine communication, collaboration and cooperation.   | A,Q     |

**E. Performance Improvement Project - Clinical**

Title: Reducing deaths due to multiple drug toxicity

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

Key Elements: Total - 13  
Yes - 0, Partial - 8, No - 5

**F. Performance Improvement Project - Non-Clinical**

Title: Increasing satisfaction survey completion rate with peer support/training

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

Key Elements: Total - 13  
Yes - 0, Partial - 0, No - 13

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	8.47%	10.17%	8.12%	6.27%	25
Foster Care PR	22.94%	56.01%	46.51%	53.15%	55
Hispanic PR	2.57%	3.68%	3.69%	3.08%	48

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	17.52%	11	6.32%	1.18% - 37.57%
05	3.42%	27	3.24%	0.00% - 36.78%
04	0.90%	53	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Orange**

**Review Date: 24-26 Jan 2007**

CAEQRO Size: <sup>(1)</sup> Large

Region: Southern

### A. Response to Key Recommendations

1. Provide more reports for both county-operated programs and contract providers. Use IRIS Reports Committee as the clearinghouse and forum for report and data requests:
  - Fully Addressed                       Partially Addressed                       Not Addressed
2. Investigate the feasibility of periodic batch transfers of service information from contract providers to eliminate or reduce the current duplicate data entry:
  - Fully Addressed                       Partially Addressed                       Not Addressed
3. Develop additional personnel resources such as a formal career ladder, academic affiliation for training or peer certification programs such as those contained in some state regulations for consumer/family employees:
  - Fully Addressed                       Partially Addressed                       Not Addressed

### B. Strengths

1. The MHP is highly data-driven in its approach to administrative, programmatic, and clinical decision making activities.
2. The MHP is proactive in its efforts to provide leadership and collaboration, particularly demonstrated in its efforts to create housing opportunities and to improve primary care linkages for consumers.
3. The IRIS Reports Committee activities have proven to be a resounding success for end-users. Many new and some enhanced reports were made available to the staff in the past year.

### C. Opportunities for Improvement

1. Efforts to train and support consumer employees do not appear to have reached those consumers who are already working in the system.
2. IRIS slow response time remains a critical issue for end-users.
3. The penetration rate for Latinos is lower than that of the region and the state.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |  |       |
|--|-------|
| <ol style="list-style-type: none"> <li>1. IRIS response time remains a critical issue for end-users. Consider further investigation of internal Millennium functionality, with technical support from Cerner and the hardware manufacturer.</li> </ol>   | I     |
| <ol style="list-style-type: none"> <li>2. Consider creating "dashboard" type reports and consistently publishing the results to a wide audience.</li> </ol>  | O,I   |
| <ol style="list-style-type: none"> <li>3. Continue with creative avenues already underway to increase access to Latinos. Analyze outcomes by ethnicity to determine any effect of disparity in utilization.</li> </ol>   | A,O   |
| <ol style="list-style-type: none"> <li>4. The MHP's proactive approach to consumer involvement in quality improvement activities demonstrates a successful mentoring strategy that could expand consumer involvement in leadership, program development and other areas of the MHP.</li> </ol> | Q,O   |
| <ol style="list-style-type: none"> <li>5. Assure that consumer employees attend the immersion training and have other opportunities for education and support.</li> </ol>  | Q,Oth |

**E. Performance Improvement Project - Clinical**

Title: A collaborative PIP addressing poly-pharmacy

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

Key Elements: Total - 13  
 Yes - 1, Partial - 0, No - 12

**F. Performance Improvement Project - Non-Clinical**

Title: Primary Care Coordination

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

Key Elements: Total - 13  
 Yes - 10, Partial - 3, No - 0

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	5.38%	6.57%	6.81%	6.27%	48
Foster Care PR	73.97%	50.59%	52.33%	53.15%	7
Hispanic PR	2.79%	3.34%	3.33%	3.08%	40

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	11.39%	18	6.32%	1.18% - 37.57%
05	8.31%	12	3.24%	0.00% - 36.78%
04	7.84%	14	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Placer/Sierra**

**Review Date: 04-05 Apr 2007**

CAEQRO Size:<sup>(1)</sup> Medium

Region: Central

### A. Response to Key Recommendations

1. Evaluate Avatar implementation plans to determine elements necessary for collection and tracking of treatment outcome results:
  - Fully Addressed                       Partially Addressed                       Not Addressed
2. Involve MHP leadership, staff, data analyst staff, and consumer/family members in PIP Committees to support improvement efforts:
  - Fully Addressed                       Partially Addressed                       Not Addressed
3. Include Sierra beneficiaries as recipients of QI efforts, including data collection and analysis, staff training and performance improvement strategies:
  - Fully Addressed                       Partially Addressed                       Not Addressed

### B. Strengths

1. There has been a substantial change of staff at the top management level. Staff morale appears to have improved due to these changes. This represents an opportunity to improve internal communication between management and staff.
2. The MHP has contracted outreach and engagement services to increase Latino access in South Lake Tahoe; this includes incorporation of Family Resource Centers and Promotoras.
3. The MHP has hired two consultants to assist the MHP in identifying ways to reduce wait time for services.

### C. Opportunities for Improvement

1. Continued efforts to increase Latino access in the western slope are necessary.
2. There is excessive delay in the recording of billable services in Avatar PM.
3. Long wait times to initiate services remain problematic.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |  |       |
|--|-------|
| 1. Increase Latino access in the western slope through duplicating strategies used successfully in South Lake Tahoe.   | A     |
| 2. Analyze issues/problems regarding long wait times for services, and develop plan/strategies to reduce wait time to time frames that are clinically acceptable. Consider open access models or other methods for timely service provision.     | A,T   |
| 3. Investigate whether access issues exist for Sierra beneficiaries.   | A     |
| 4. Complete an analysis of the service recording process leading to data entry in Avatar in order to identify remaining obstacles and to determine ways to reduce delays in data entry.  | I     |
| 5. Review the issue and establish MHP goals for increased consumer and family member involvement, employment, and committee participation. Create a consumer advisory council and invite consumers to have a greater role in the Welcome Center. | Q,Oth |

**E. Performance Improvement Project - Clinical**

Title: Decreasing wait time for psychiatrist appointment

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

Key Elements: Total - 13  
 Yes - 10, Partial - 0, No - 3

**F. Performance Improvement Project - Non-Clinical**

Title: Increasing Functional Family Therapy Program Completion for Juveniles

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

Key Elements: Total - 13  
 Yes - 0, Partial - 11, No - 2

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	9.81%	6.19%	6.36%	6.27%	16
Foster Care PR	59.04%	50.97%	54.01%	53.15%	25
Hispanic PR	4.33%	3.09%	2.98%	3.08%	14

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	6.83%	27	6.32%	1.18% - 37.57%
05	3.29%	28	3.24%	0.00% - 36.78%
04	4.26%	23	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Plumas**

**Review Date: 03-May-2007**

CAEQRO Size:<sup>(1)</sup> Small-Rural

Region: Superior

### A. Response to Key Recommendations

1. Train the staff, consumers, and family members on recovery and wellness principles and practices:  
 Fully Addressed                       Partially Addressed                       Not Addressed
2. Move forward on clinical and non-clinical PIPs in order to meet regulations and develop additional performance improvement capabilities:  
 Fully Addressed                       Partially Addressed                       Not Addressed
3. Cross train the staff in ad hoc report generation and expand data analysis skills:  
 Fully Addressed                       Partially Addressed                       Not Addressed

### B. Strengths

1. The MHP has been employing mental health consumers and family members for over ten years. Staff and management regard this as routine operation within the agency.
2. The MHP demonstrates a strong commitment to developing employment skills and opportunities for their consumers, particularly youth.
3. Kings View provides timely and effective IT support, ad hoc report assistance, and security policies and procedures, including hourly virus scans and off site data storage in a bank vault controlled by biometric verification.

### C. Opportunities for Improvement

1. Consumers interviewed felt their skills are underutilized and are ready to participate more in system transformation in all levels of the organization.
2. Staff reports limited access to clinical data when providing services outside of the Quincy clinic and after business hours – clinical staff is unable to access the existing database to retrieve demographic or clinical history information.
3. Data analysis skills and the use of data in support of daily business operations continue to require development.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |   |       |
|---|-------|
| 1. Promote consumer empowerment: Appoint consumers to decision-making committees; support consumers attending conferences to network with other consumers and develop tools for improving their peer support system.  | Q,Oth |
| 2. Promote an atmosphere of performance improvement by identifying outcome indicators that the MHP can measure, track, trend, and share to foster data driven decision making about consumers' needs.   | Q,O,I |
| 3. Expand data analysis skills/data usage in daily business operations to promote an understanding of data driven decision making across the MHP. Institutionalize this value, facilitating a cultural shift toward viewing data as meaningful and necessary. | Q,O,I |
| 4. Examine retention data to identify trends and potential problems. Further analyze and research the low approved claims for transitional age youth.   | A,I   |
| 5. Routinely monitor the average wait time for assessments to assure that the perception of timely access is indeed accurate. Address any problems identified in the QIC.   | T,Q   |

**E. Performance Improvement Project - Clinical**

Title: Mountain Visions Program

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**F. Performance Improvement Project - Non-Clinical**

Title: Clinician productivity

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	12.31%	10.17%	10.74%	6.27%	7
Foster Care PR	56.14%	56.01%	56.55%	53.15%	27
Hispanic PR	6.02%	3.68%	3.88%	3.08%	5

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	4.90%	33	6.32%	1.18% - 37.57%
05	2.36%	36	3.24%	0.00% - 36.78%
04	3.83%	28	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Riverside**

**Review Date: 13-15 Feb 2007**

CAEQRO Size:<sup>(1)</sup> Large

Region: Southern

### A. Response to Key Recommendations

1. Complete the new information system RFP and selection process to avoid any business interruption that an earlier than planned termination of vendor support for the current system might cause:
 

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--
2. Include contract providers in information systems and business process discussions for better collaboration, avoiding duplication, and ultimately providing better service to the consumer:
 

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
3. Review and better tailor the current process for transitioning youth to the adult system of care:
 

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

### B. Strengths

1. The MHP increased services in which consumers are involved as employees and volunteers. The Jefferson Transitional Program and Oasis appear to be strong examples of this philosophy and practice.
2. The new wellness center in Indio has started quickly and successfully.
3. The shift to hire psychiatrists as county employees appears to be a strong move toward ultimately improving psychiatric services.

### C. Opportunities for Improvement

1. The quality improvement and information systems staffs do not appear to have routine communication or real sense of how each unit could collaborate more effectively to help each other achieve goals.
2. There is a lack of focus on important routine quality improvement functions such as adverse incidents, poor clinical care, and timeliness of access to services.
3. Although overall funding is below average per capita, low penetration rates and approved claims exist, especially for various demographic groups.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |  |         |
|--|---------|
| 1. Review the retention results for overall beneficiaries as well as by sub-groups. Assess whether improved engagement or re-engagement strategies need to be considered.  | A,Q     |
| 2. Evaluate the foster care youth referral and assessment process to confirm that the Department of Social Services staff are referring many of the under-reported children for mental health evaluations and identify barriers to access.             | A,Q     |
| 3. Examine and work to eliminate the "silo" environment where data collaboration and information sharing between quality improvement unit and information system unit is currently not functioning effectively.  | Q,O,I   |
| 4. Continue to increase consumer involvement and employment throughout the decentralized service delivery system. The staff at the JTP is an excellent example of recovery and consumer-run services that could be duplicated elsewhere in the system. | A,Q,Oth |
| 5. Establish regular and consistent communication with contract providers regarding the replacement information system, as many current business processes may change significantly.   | I,Oth   |

**E. Performance Improvement Project - Clinical**

Title: Co-occurring Disorders

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**F. Performance Improvement Project - Non-Clinical**

Title: Children's hospital diversion

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	5.63%	6.57%	6.81%	6.27%	47
Foster Care PR	40.91%	50.59%	52.33%	53.15%	44
Hispanic PR	2.76%	3.34%	3.33%	3.08%	41

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	5.55%	30	6.32%	1.18% - 37.57%
05	2.23%	38	3.24%	0.00% - 36.78%
04	3.42%	33	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Sacramento**

**Review Date: 14-16 Nov 2006**

CAEQRO Size:<sup>(1)</sup> Large

Region: Central

### A. Response to Key Recommendations

1. Identify the implementation of MHBAR as an MHP strategic initiative to ensure that this project continues to receive the necessary attention of MHP leadership and staff at all levels:
  - Fully Addressed                       Partially Addressed                       Not Addressed
2. Identify annual goals and priorities for evaluation within the Quality Management and Research units, and outline them in the QI Work Plan:
  - Fully Addressed                       Partially Addressed                       Not Addressed
3. Convene work groups of involved stakeholders to meet routinely to develop and implement PIPs:
  - Fully Addressed                       Partially Addressed                       Not Addressed

### B. Strengths

1. The additional staff being added to the Research unit provides needed resources that will create valuable opportunities for enhanced support of QI-related activities.
2. There is effective communication among QM, Research, and program management. Contractors indicate that the MHP's website is helpful.
3. The knowledge and experience gained by participation in the MHBAR project has better prepared the MHP for selecting and implementing a viable IS replacement .

### C. Opportunities for Improvement

1. The MHP operates a 100-bed PHF that is ineligible to bill Medi-Cal.
2. Contract providers indicated a preference for more information in writing.
3. The Hispanic/Latino CY05 penetration rate and approved payment per beneficiary served was lower than the regional and statewide rates.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |   |     |
|---|-----|
| 1. Refocus and prioritize efforts to select and implement a replacement for the CATS/MSO system.  | I   |
| 2. Review capacity for psychiatric appointments and consider alternative service delivery options.  | A,T |
| 3. Review service delivery capacity and consumer level of care needs for service intensity to adjust adult caseload size and provide adequate access to services.                   | A,T |
| 4. Review access to services for Latinos, and if underserved, conduct a barrier analysis to study the low penetration rate, and develop a strategy to improve access and retention. | A   |
| 5. Infuse PIPs with continuous support and guidance to produce results in a timely way.   | A   |

**E. Performance Improvement Project - Clinical**

Title: Increasing the Rate of Substance Abuse Diagnoses

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

Key Elements: Total - 13  
 Yes - 0, Partial - 1, No - 12

**F. Performance Improvement Project - Non-Clinical**

Title: Validity of Diagnosis Data in Foster Care Medi-Cal Claim

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	7.33%	6.19%	6.81%	6.27%	35
Foster Care PR	60.43%	50.97%	52.33%	53.15%	19
Hispanic PR	4.19%	3.09%	3.33%	3.08%	16

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	9.19%	21	6.32%	1.18% - 37.57%
05	2.25%	37	3.24%	0.00% - 36.78%
04	1.94%	45	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: San Benito**

**Review Date: 11-12 Jan 2007**

CAEQRO Size:<sup>(1)</sup> Small

Region: Bay Area

### A. Response to Key Recommendations

1. Prepare a comprehensive project plan, designate a project manager, and allocate personnel resources necessary for the planned rapid information system conversion and implementation:
  - Fully Addressed                       Partially Addressed                       Not Addressed
2. Develop the policies and procedures necessary to ensure the accuracy and integrity of billing data and the claims process:
  - Fully Addressed                       Partially Addressed                       Not Addressed
3. Develop a quality improvement work plan which reflects the needs of the population served by the MHP in addition to meeting statutory requirements:
  - Fully Addressed                       Partially Addressed                       Not Addressed

### B. Strengths

1. The MHP demonstrates a commitment to the continued development of community based resources and collaborative relationships with CBOs and other county departments.
2. The establishment of a satellite clinic in an outlying rural area and expansion of mental health services for TAY, homeless, and older adults improves access to services.
3. The MHP has maintained an ability to provide services to non-Medi-Cal eligible county residents.

### C. Opportunities for Improvement

1. Recruitment of professional staff is problematic, particularly for bilingual staff.
2. Medi-Cal claim dollars have decreased by \$20,000 to \$60,000 per month since the new system implementation. To compound this, the high Medi-Cal denial rate over several years represents lost revenue.
3. Gaining possession of historic data and determining adequate storage, access, and integration strategies will be an ongoing challenge.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |  |     |
|--|-----|
| 1. Review the current psychiatric capacity, needs, and wait times to determine if additional psychiatric resources are needed.   | A,T |
| 2. Analyze the cause for the decrease in Medi-Cal claims since the initiation of Anasazi and the high Medi-Cal denial rate. Create a written plan to resolve each problem discovered. Then, closely monitor the success and modify the plan as needed. | I   |
| 3. Develop consumer run support groups. Provide the necessary training and on-going supervision and support that peer leaders will need.   | Q   |
| 4. Re-gain ownership of historical consumer data from the previous vendor, The Echo Group. This valuable archive is important to support research efforts, PIPs, and cost reporting.   | I   |
| 5. Determine whether the medication refill protocols and after-hours crisis services warrant improvement.  | A,T |

**E. Performance Improvement Project - Clinical**

Title: Improved Services for Clients with Depression

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

Key Elements: Total - 13  
 Yes - 3, Partial - 7, No - 3

**F. Performance Improvement Project - Non-Clinical**

Title: Improved Access for Older Adults

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

Key Elements: Total - 13  
 Yes - 4, Partial - 5, No - 4

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	8.26%	7.54%	8.12%	6.27%	29
Foster Care PR	43.66%	56.11%	46.51%	53.15%	41
Hispanic PR	5.72%	3.34%	3.69%	3.08%	8

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	22.10%	7	6.32%	1.18% - 37.57%
05	15.71%	4	3.24%	0.00% - 36.78%
04	8.81%	12	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: San Bernardino**

**Review Date: 10-12 Oct 2006**

CAEQRO Size:<sup>(1)</sup> Large

Region: Southern

### A. Response to Key Recommendations

1. Establish a clinical PIP through a multi-functional PIP committee:
 

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--
2. Review paid claims data discrepancies and implement changes to rectify the discrepancies:
 

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
3. Hire and retain bi-lingual staff members as a priority, and provide training to assure that interpreters are familiar with mental health issues:
 

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

### B. Strengths

1. Administration values staff as an important resource, and supports inclusive problem solving and innovation that includes major actions to improve consumer access.
2. Installation of the VAX emulation soft/hardware expands processing and eligibility determination capability.
3. Widespread utilization of InSyst at both county-operated and contract program sites speaks to an effective training program and strong help desk support.

### C. Opportunities for Improvement

1. Opportunities exist to promote the creativity of supervisory staff, including re-initiating monthly peer supervisory meetings.
2. Needless duplication of effort results from multiple processes to collect similar data and by inconsistent sharing of resources and reports.
3. Proliferation of databases and spreadsheets external to the core information system is difficult to monitor and control.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |  |       |
|--|-------|
| 1. Seek input from subject matter experts from various disciplines early and often throughout the search for a new IS and subsequent implementation.                 | I     |
| 2. Establish a "Reports Committee" to address ad hoc report requests.  | I     |
| 3. Continue performance improvement efforts to address already identified problems, such as late evening, weekend and holiday service availability, and open access. | A,T,O |
| 4. Prioritize strategic initiatives and goals to improve the access rates of currently underserved populations such as older adults and foster care youth.           | A     |
| 5. Transition consumers from volunteer experiences to paid employment.   | A,Q   |

**E. Performance Improvement Project - Clinical**

Title: Improving initial child psychiatrist visit wait times

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

Key Elements: Total - 13  
 Yes - 3, Partial - 5, No - 5

**F. Performance Improvement Project - Non-Clinical**

Title: Improving clinic flow to increase access and decrease wait times

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

Key Elements: Total - 13  
 Yes - 12, Partial - 1, No - 0

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	6.45%	6.57%	6.81%	6.27%	40
Foster Care PR	45.28%	50.59%	52.33%	53.15%	37
Hispanic PR	3.26%	3.34%	3.33%	3.08%	31

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	4.64%	35	6.32%	1.18% - 37.57%
05	2.20%	39	3.24%	0.00% - 36.78%
04	3.61%	32	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: San Diego**

**Review Date: 01-03 Nov 2006**

CAEQRO Size:<sup>(1)</sup> Large

Region: Southern

### A. Response to Key Recommendations

1. Continue to monitor progress toward achieving an integrated Behavioral Health System. Assign additional resources for planning and monitoring, determine appropriate role for QI:  
 Fully Addressed                       Partially Addressed                       Not Addressed
2. Carefully plan implementation of a replacement IS, including conversion of historic data, and establishment of pilot projects with clear criteria for success:  
 Fully Addressed                       Partially Addressed                       Not Addressed
3. Include contract providers (who provide over 50% of services) in QI activities:  
 Fully Addressed                       Partially Addressed                       Not Addressed

### B. Strengths

1. The MHP management, quality improvement, data analysis, and program staff demonstrate skill and knowledge in using data to drive decisions and monitor achievements.
2. The MHP is using its MHPA funding and programming to achieve specific overarching goals of system transformation.
3. At the program sites, many sophisticated end-users understand policies that govern system use and can be important resources during implementation of a new IS.

### C. Opportunities for Improvement

1. The managed competition work atmosphere has resulted in the staff perceiving "overloaded" caseloads and poor morale, "having to do more services with fewer resources."
2. The new contract monitoring process appears to necessitate additional training and skill development in order to be able to make fiscally responsible decisions with consistent principles.
3. Lack of access to timely ad hoc reports appears to have slowed progress in the MHP's PIPs, and possibly other areas of quality improvement.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |   |       |
|---|-------|
| 1. Conduct caseload and service utilization assessments at contract and MHP providers to determine actual caseloads, and whether these potentially increased caseloads result in fewer services and negatively affect outcomes. | Q     |
| 2. Provide training on fiscal issues to newly established clinical program monitors so that they have the tools necessary to oversee contracted programs, make informed decisions, and provide meaningful guidance.             | Q     |
| 3. Examine ways to improve the production of necessary ad hoc reports to the MHP.   | I     |
| 4. Assure that an adequate network infrastructure is in place to support the new Anasazi system with adequate response time at all locations.   | I     |
| 5. Create a plan for training and supervising existing consumer employees and the cohort of consumer/family member employees who will fill positions over the next year.  | Q,Oth |

**E. Performance Improvement Project - Clinical**

Title: Improved outcomes for COD clients

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

Key Elements: Total - 13  
 Yes - 5, Partial - 7, No - 1

**F. Performance Improvement Project - Non-Clinical**

Title: Improved Latino access to care

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

Key Elements: Total - 13  
 Yes - 10, Partial - 0, No - 3

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	8.92%	6.57%	6.81%	6.27%	20
Foster Care PR	61.44%	50.59%	52.33%	53.15%	18
Hispanic PR	5.04%	3.34%	3.33%	3.08%	10

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	2.72%	41	6.32%	1.18% - 37.57%
05	1.35%	47	3.24%	0.00% - 36.78%
04	2.13%	41	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: San Francisco**

**Review Date: 14-16 Mar 2007**

CAEQRO Size:<sup>(1)</sup> Large

Region: Bay Area

### A. Response to Key Recommendations

1. Require participation by clinical program staff in IS vendor selection and implementation teams. Buy-in from staff at all levels is necessary for a successful system implementation:
  - Fully Addressed
  - Partially Addressed
  - Not Addressed
2. Identify measurable indicators of behavioral health integration within programs. Ensure that all programs have identified Change Agents and executive level support:
  - Fully Addressed
  - Partially Addressed
  - Not Addressed
3. Continue efforts to increase communication and collaboration between MHP administration and program leaders and the MHP's contract providers:
  - Fully Addressed
  - Partially Addressed
  - Not Addressed

### B. Strengths

1. The MHP implemented an exemplary practice: this year participating agencies developed both behavioral health and primary care provider "partners" to mentor behavioral health integration within public and private sector agencies.
2. Clinicians Gateway application provides an excellent interim solution until the new information system is fully implemented, as it will provide a transition to gradually move the clinical staff to more active data entry activity.
3. The umbrella health agency created a standardized contract program format which now includes specific and measurable parameters for several outcomes for all behavioral healthcare services providers.

### C. Opportunities for Improvement

1. The MHP needs to obtain adequate input from various departments and contract providers, as well as establish procedures for communicating project status information on a regular basis.
2. Shared network directories allow visibility to program managers for data and reports, but supervisory staff are not included in the access.
3. Providers shared the need for a plan for "every door, the right door" to accommodate for what they projected to be pent up demand for services.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |   |           |
|---|-----------|
| 1. Establish procedures for communicating project and related information with MHP and contract provider staffs.  | I,Oth     |
| 2. Assess current demand and help all providers plan for what they have projected to be "pent up demand" for services.  | A,T,Q,O   |
| 3. Examine and improve apparent Latino service/claims disparity issues.   | Q,O       |
| 4. Continue efforts already begun to mitigate for low foster care penetration rates by strategizing with partners in probation and social services to plan and measure effectiveness of enhanced outreach activities. | A,Q,O,Oth |
| 5. Identify IS-interested staff at program sites to serve on planning workgroups and then later as "champions" for the new system during implementation.  | I,Oth     |

**E. Performance Improvement Project - Clinical**

Title: Improving access for those who are homeless

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

Key Elements: Total - 13  
 Yes - 0, Partial - 5, No - 8

**F. Performance Improvement Project - Non-Clinical**

Title: Improving accuracy of secondary diagnoses for those with COD

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

Key Elements: Total - 13  
 Yes - 0, Partial - 7, No - 6

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	11.24%	7.54%	6.81%	6.27%	8
Foster Care PR	40.59%	56.11%	52.33%	53.15%	45
Hispanic PR	5.99%	3.34%	3.33%	3.08%	6

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	5.03%	32	6.32%	1.18% - 37.57%
05	1.53%	44	3.24%	0.00% - 36.78%
04	4.09%	27	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: San Joaquin**

**Review Date: 16-17 Jan 2007**

CAEQRO Size:<sup>(1)</sup> Medium

Region: Central

### A. Response to Key Recommendations

1. Find creative and effective ways to reach out to children and minorities in need, while investigating any barriers to access that may account for the decrease in consumers served:
 

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---
2. Assess service capacity to ensure that successful outreach efforts have the resources/capacity and a strategic plan in place to provide timely access and efficient evidence-based treatment to its consumers:
 

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---
3. Reassess the current functionality of ShareCare to establish viability for future business needs:
 

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

### B. Strengths

1. The IS staff is well qualified and knowledgeable about the operation of InSyst and the interfaces between other systems, and the MHP's low denied claims rate for three consecutive years demonstrates that high level of knowledge and experience.
2. The Transcultural Clinic (TCC) serves approximately 1200 consumers and offers the first appointment on a walk-in basis.
3. The MHP has a strong culture of promoting educational endeavors, and frequent, varied, and well attended cultural competence and recovery-oriented events are evidence of this value.

### C. Opportunities for Improvement

1. The MHP strongly supports a well organized compliance program which monitors and tracks administrative indicators, yet the MHP only monitors clinical outcomes in one small grant program.
2. The MHP's approved claims per beneficiary served is \$1,400 less than the statewide average. Problematic overall access and service delivery patterns continue for several groups, including youth, foster care beneficiaries, and Asian/Pacific Islanders.
3. Walk-in capability was instituted at TCC, yet delays for initial psychiatric appointments exist in other clinics, and a reported 50% re-admission rate for the PHF may be linked to lack of timeliness of these appointments.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |  |       |
|--|-------|
| 1. Prioritize and include performance improvement activities as a strategic initiative.  | Q     |
| 2. Improve access to services for the MHP's underserved populations. Determine causes, initiate service capacity, and utilization analysis to promote improved penetration, and address appropriate actions to improve outcomes. | A,T,O |
| 3. Provide alternative service delivery models promoting service provision according to consumer need, such as open access/walk-in clinics, use of physician extenders / telemedicine.   | A,Q   |
| 4. Improve providers' access to reports in order to eliminate the need for redundant manual processes to track data.   | I,Oth |
| 5. Ensure that adequate staff resources are available and assigned to information system replacement and health care services information technology strategic plan projects.  | I     |

**E. Performance Improvement Project - Clinical**

Title: Improved post-discharge psychiatric appointment no-show rates and/or re-hospitalization rates

Status:  Active       Little/No Activity       None      Key Elements: Total - 13  
 Completed       Concept/Design      Yes - 6, Partial - 4, No - 3

**F. Performance Improvement Project - Non-Clinical**

Title: Improved consumer satisfaction and utilization of services

Status:  Active       Little/No Activity       None      Key Elements: Total - 13  
 Completed       Concept/Design      Yes - 3, Partial - 6, No - 4

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	6.10%	6.19%	6.36%	6.27%	44
Foster Care PR	33.76%	50.97%	54.01%	53.15%	49
Hispanic PR	2.36%	3.09%	2.98%	3.08%	51

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	2.75%	40	6.32%	1.18% - 37.57%
05	2.11%	40	3.24%	0.00% - 36.78%
04	1.88%	46	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: San Luis Obispo**

**Review Date: 25-26 Oct 2006**

CAEQRO Size:<sup>(1)</sup> Medium

Region: Southern

### A. Response to Key Recommendations

1. Integrate wellness and recovery principles throughout all programs:  
 Fully Addressed       Partially Addressed       Not Addressed
2. Incorporate contractors into routine communications including QI, policies, and current initiatives:  
 Fully Addressed       Partially Addressed       Not Addressed
3. Consolidate and back up databases used for quality management:  
 Fully Addressed       Partially Addressed       Not Addressed

### B. Strengths

1. Overall Medi-Cal beneficiary penetration rates are higher than the regional and statewide rates, indicating greater than average access to mental health services.
2. The MHP appears to have a close, integrated relationship with contract provider organizations.
3. Latino outreach project activities over the last two years resulted in an improved penetration rate for Latino consumers.

### C. Opportunities for Improvement

1. Difficulty recruiting psychiatrists and turnover within the psychiatric staff result in long wait times for consumers requiring psychiatry appointments.
2. There are few options within the county for consumers to access treatment for COD.
3. Within the last two years, four out of six data automation specialist positions have been lost, greatly limiting business analytic capacity in the MHP.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |   |     |
|---|-----|
| 1. Complete a capacity study for psychiatric services. Develop an aggressive strategy to recruit and retain additional psychiatrists and determine interim solutions to meet existing needs.  | A   |
| 2. Enhance the capacity within the MHP to provide comprehensive services to consumers with COD.   | A,Q |
| 3. Hire additional staff members to provide behavioral health business and analytical capability for the MHP.   | I   |
| 4. Increase attention to enhancing recovery and related outcomes.   | Q,O |
| 5. Monitor process issues associated with timely access to services. Measure frequently to identify problems and implement solutions using an organized and consistently applied methodology. | A,Q |

**E. Performance Improvement Project - Clinical**

Title: Providing integrated dual disorder treatment to consumers with COD

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**F. Performance Improvement Project - Non-Clinical**

Title: Improving coordination with physical health care providers

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

Key Elements: Total - 13  
 Yes - 5, Partial - 4, No - 4

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	9.43%	6.57%	6.36%	6.27%	18
Foster Care PR	67.08%	50.59%	54.01%	53.15%	12
Hispanic PR	3.29%	3.34%	2.98%	3.08%	29

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	2.01%	49	6.32%	1.18% - 37.57%
05	1.32%	49	3.24%	0.00% - 36.78%
04	1.14%	52	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: San Mateo**

**Review Date: 14-16 Feb 2007**

CAEQRO Size:<sup>(1)</sup> Medium

Region: Bay Area

### A. Response to Key Recommendations

1. Continue to expand wellness and recovery/resiliency implementation plans and educational efforts, including the number of peer support groups:  
 Fully Addressed       Partially Addressed       Not Addressed
2. Develop a plan for conversion of data from the legacy IS to the new system:  
 Fully Addressed       Partially Addressed       Not Addressed
3. Assist consumers to navigate the system of care, including obtaining benefits and services, especially in areas that cannot be simplified:  
 Fully Addressed       Partially Addressed       Not Addressed

### B. Strengths

1. The MHP leadership values “the integration of silos,” incorporating wellness and recovery, cultural competence, co-occurring disorders identification and treatment, and outcome-driven program planning.
2. The MHP's in-depth understanding of IS operations and thorough documentation of business processes will prove invaluable in the difficult process of setting up the new system to correspond to its clinical and business environment.
3. The MHP's ongoing commitment to improve service delivery is evident by its use of best practices in all new programs and initiatives.

### C. Opportunities for Improvement

1. The implementation of many new, complicated, and challenging strategic initiatives simultaneously may be increasing communication difficulties.
2. The MHP devotes time and effort to sophisticated and detailed planning and tracking of performance improvement and PDSA activities; however, meticulous systems may present barriers to stakeholder involvement.
3. There appears to be insufficient hardware to support maximum use of the IS at program sites.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |   |     |
|---|-----|
| 1. Enlist the support of line staff to target a manageable set of strategic initiatives to work on simultaneously. Develop tools to effectively communicate priorities.   | Oth |
| 2. Create simple, easy to follow, dashboards taken from the data book to display a few quality improvement indicators for each initiative, so that all stakeholders can clearly understand the MHP's expectations and values. | O   |
| 3. Assess hardware needs to optimally support an individual clinician workstation.  | I   |
| 4. Focus energies on two to three concrete and measurable access goals within each system of care/program.  | A,O |
| 5. Consider early adoption of automated appointment scheduling in the new e-Clinical Care System.   | A,I |

**E. Performance Improvement Project - Clinical**

Title: Improved COD diagnoses

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

Key Elements: Total - 13  
 Yes - 10, Partial - 3, No - 0

**F. Performance Improvement Project - Non-Clinical**

Title: Improved documentation completion

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

Key Elements: Total - 13  
 Yes - 4, Partial - 8, No - 1

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	6.32%	7.54%	6.36%	6.27%	43
Foster Care PR	57.06%	56.11%	54.01%	53.15%	26
Hispanic PR	3.82%	3.34%	2.98%	3.08%	25

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	2.19%	45	6.32%	1.18% - 37.57%
05	6.38%	18	3.24%	0.00% - 36.78%
04	1.19%	51	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Santa Barbara**

**Review Date: 15-17 Nov 2006**

CAEQRO Size:<sup>(1)</sup> Medium

Region: Southern

### A. Response to Key Recommendations

1. Examine the use of the business analyst in QI activities to enhance assessment, monitoring, and analysis of the committee's initiatives:
 

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--
2. Include contract providers and consumers in QI activities:
 

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--
3. Expand training of wellness and recovery principles:
 

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

### B. Strengths

1. The MHP demonstrates effective methods of communication with the community, contract providers, and staff through the quarterly newsletter and a very informative web site.
2. The MHP is in the process of transitioning the system from an "8-5 clinic based system" to a "24/7 community based system."
3. The MHP demonstrates high rates of penetration and engagement.

### C. Opportunities for Improvement

1. It is difficult for consumers in outlying areas to access services, especially psychiatric services.
2. The MHP has no significant job opportunities for parent partners or peer counselors outside MHSA initiatives.
3. Statistics reveal that beneficiaries age 0-15 receive significantly less in average dollar amount of services than beneficiaries age 26-59.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |   |     |
|---|-----|
| 1. Commit resources to recruiting staff for programs in outlying areas.   | A   |
| 2. Create employment opportunities for consumers and provide vocational support for jobs in the community.  | Q,O |
| 3. Identify strategies, goals and timelines to improve service retention for Latino beneficiaries and address apparent service disparities among different age groups.            | A   |
| 4. Monitor outcomes as the MHP implements level of care strategies and attempts to decrease the cost per beneficiary served.  | Q,O |
| 5. Encourage staff to utilize available training opportunities. Monitor and measure effectiveness especially in key areas of wellness and recovery, COD, and cultural competence. | Q,O |

**E. Performance Improvement Project - Clinical**

Title: Prevalence of COD to hospitalizations

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**F. Performance Improvement Project - Non-Clinical**

Title: Improved medication access for indigent populations and reduced pharmacy costs

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	7.54%	6.57%	6.36%	6.27%	32
Foster Care PR	76.67%	50.59%	54.01%	53.15%	6
Hispanic PR	4.05%	3.34%	2.98%	3.08%	19

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	4.41%	36	6.32%	1.18% - 37.57%
05	2.46%	35	3.24%	0.00% - 36.78%
04	1.32%	50	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Santa Clara**

**Review Date: 21-23 Feb 2007**

CAEQRO Size:<sup>(1)</sup> Large

Region: Bay Area

### A. Response to Key Recommendations

1. Continue efforts to improve the IS: stabilize Medi-Cal claims operations, reduce the amount of double data entry, and develop reports to satisfy clinical end users:
 

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
2. Examine systemic barriers that may be affecting low penetration rates to determine areas in which service capacity can be increased:
 

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
3. Address issues of the MHP staff morale and perceived lack of communication – inform the staff of this priority and related efforts to improve the situation:
 

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

### B. Strengths

1. The physician at the South County Clinic demonstrates excellence in his collaboration with patients and monitors indicators of connection to primary care, polypharmacy, and metabolic syndromes using a customized Excel spreadsheet.
2. There is progress in improving the IS, and the executive team has been supportive and helpful in finding ways to deal with the issues.
3. Consumer involvement in program and policy planning has increased in the central office.

### C. Opportunities for Improvement

1. Challenges remain with the IS implementation, particularly in further stabilizing Medi-Cal claims/revenue and improving access to data and meaningful reports to help measure service access, quality, and outcomes.
2. Although there is discussion of increased inclusion of consumers, more can be done to include consumers in the MHP process.
3. Staff remain skeptical that further performance and usability improvements will be made to the IS any time soon.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |  |       |
|--|-------|
| 1. Assertively address issues associated with staff morale.  | Q,Oth |
| 2. Continue efforts to improve the reliability and efficiency of the entire Medi-Cal processing cycle.                 | I,Oth |
| 3. Create positions with benefits and career ladders for consumer employees.   | Q,Oth |
| 4. Identify ways to allow self help centers to accept gifts and to raise funds.  | Q,Oth |
| 5. Evaluate the cost effectiveness of the contractor hired to assist individuals in Medi-Cal applications and appeals. | A     |

**E. Performance Improvement Project - Clinical**

Title: Reducing no-show rate and improving psychosocial functioning for TAY

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

**F. Performance Improvement Project - Non-Clinical**

Title: Increasing service Initiation rate

Status:  Active       Little/No Activity       None      Key Elements: Total - 13  
 Completed       Concept/Design      Yes - 1, Partial - 0, No - 12

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	5.31%	7.54%	6.81%	6.27%	49
Foster Care PR	45.35%	56.11%	52.33%	53.15%	36
Hispanic PR	2.79%	3.34%	3.33%	3.08%	39

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	37.57%	1	6.32%	1.18% - 37.57%
05	36.78%	1	3.24%	0.00% - 36.78%
04	8.61%	13	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Santa Cruz**

**Review Date: 11-12 Oct 2006**

CAEQRO Size:<sup>(1)</sup> Medium

Region: Bay Area

### A. Response to Key Recommendations

1. Continue efforts to improve the IS: stabilize Medi-Cal claims operations, reduce the amount of double data entry, and develop reports to satisfy clinical end users:
  - Fully Addressed                       Partially Addressed                       Not Addressed
2. Examine systemic barriers that may be affecting low penetration rates to determine areas in which service capacity can be increased:
  - Fully Addressed                       Partially Addressed                       Not Addressed
3. Address issues of the MHP staff morale and perceived lack of communication – inform the staff of this priority and related efforts to improve the situation:
  - Fully Addressed                       Partially Addressed                       Not Addressed

### B. Strengths

1. The MHP staff and the contract providers are optimistic and motivated by the changes anticipated with new leadership.
2. The MHP continues its history of outreach to the homeless and providing well-coordinated, intensive services to children, and routine cultural competence training.
3. Consumers have a wide variety of services available between the MHP and contract providers. It appears that many consumers participate in multiple modes of service.

### C. Opportunities for Improvement

1. There has been no analysis of the high approved claims per beneficiary served to determine whether service patterns and outcomes warrant these levels of service.
2. An improved information system with more clinical functionality and operational flexibility has great potential to increase efficiency and improve the care provided to consumers.
3. As the MHP hires consumers to work in the system, this effort will challenge some of the clinical staff that has no experience working alongside consumer employees – and, in turn, create challenges for the consumer staff.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |  |       |
|--|-------|
| 1. Analyze patterns of service to identify desired utilization patterns and understand the high approved claims per beneficiary served.  | A,Q   |
| 2. Formalize the InSyst replacement project with a designated project manager, along with full executive support and attention to hardware replacement that will be necessary. | I     |
| 3. Increase the use of reports to increase understanding of the “big picture,” in terms of business processes and consumer services.   | Q     |
| 4. Conduct analysis of the system demand, current capacity, and the potential staffing necessary to provide timely access to initial assessments and psychiatric evaluations.  | A,T,Q |
| 5. Examine ways to create more collaboration and coordination between various programs – MH versus AOD and child/family versus adult programs.                                 | A,Q   |

**E. Performance Improvement Project - Clinical**

Title: Diagnosing Co-occurring Disorders

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

Key Elements: Total - 13  
 Yes - 0, Partial - 5, No - 8

**F. Performance Improvement Project - Non-Clinical**

Title: Timeliness of assessment appointments

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

Key Elements: Total - 13  
 Yes - 0, Partial - 1, No - 12

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	7.53%	7.54%	6.36%	6.27%	33
Foster Care PR	84.92%	56.11%	54.01%	53.15%	2
Hispanic PR	4.22%	3.34%	2.98%	3.08%	15

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	17.12%	12	6.32%	1.18% - 37.57%
05	10.23%	8	3.24%	0.00% - 36.78%
04	14.64%	5	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Shasta**

**Review Date: 28-29 Sep 2006**

CAEQRO Size:<sup>(1)</sup> Small

Region: Superior

### A. Response to Key Recommendations

1. Give high priority to QA and QI activities within the organization:  
 Fully Addressed       Partially Addressed       Not Addressed
2. Implement formal processes to monitor the clinical outcomes of consumers who are seen in crisis or hospitalized out of county, and then returned to the community:  
 Fully Addressed       Partially Addressed       Not Addressed
3. Improve communication and collaboration with contract providers. Providing them with monthly caseload, eligibility, and service activity reports will increase the efficiency of both providers and the MHP:  
 Fully Addressed       Partially Addressed       Not Addressed

### B. Strengths

1. All levels of the MHP staff, contract providers, and FQHC administrators expressed confidence in the leadership skills and commitment of the interim mental health director.
2. The MHP demonstrates strong commitment to access with higher than state average penetration rates for services to Hispanics, Southeast Asians, children, and foster care youth and the implementation of an ACA model.
3. The MHP has established a number of strong multi-disciplinary teams.

### C. Opportunities for Improvement

1. Quality improvement monitoring has focused on documentation and regulatory standards; mechanisms now need to expand to monitoring clinical outcomes.
2. The MHP would benefit from preserving Insyst archival data as a resource when the current system is replaced.
3. The MHP attributes its low claims history to rates that are lower than the Statewide Maximum Allowances, even though many categories of claims are 40% lower than all benchmarks.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |  |       |
|--|-------|
| 1. Implement quality improvement monitoring activities by defining specific and measurable goals. Conduct baseline analyses and utilize internal processes to assess desired outcomes for consumers.                     | Q,O   |
| 2. Avoid assumptions about the claims history being related strictly to rates. Analyze service patterns, plus consumer and program outcomes to ensure that these results are not reflective of other problematic issues. | Q,O   |
| 3. Develop a conversion plan for InSyst data to the Avatar system and begin data clean-up.   | I     |
| 4. Assess the best course of action to preserve InSyst archival data. Access to the historical data is critical for ongoing operational and analytical purposes.   | I,Oth |
| 5. Commit to a regular reporting schedule so outcomes are reported to the Quality Assurance and Performance Improvement Committee, and then to all stakeholder groups, at least quarterly.                               | Q,O   |

**E. Performance Improvement Project - Clinical**

Title: Protocol utilization to decrease the number of LPS Conservatorships

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

Key Elements: Total - 13  
 Yes - 2, Partial - 2, No - 9

**F. Performance Improvement Project - Non-Clinical**

Title: Quality of responses from a 24/7 Help Line service

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

Key Elements: Total - 13  
 Yes - 4, Partial - 5, No - 4

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	10.80%	10.17%	8.12%	6.27%	10
Foster Care PR	59.17%	56.01%	46.51%	53.15%	24
Hispanic PR	5.79%	3.68%	3.69%	3.08%	7

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	1.58%	53	6.32%	1.18% - 37.57%
05	1.34%	48	3.24%	0.00% - 36.78%
04	1.69%	49	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Siskiyou**

**Review Date: 03-May-2007**

CAEQRO Size: <sup>(1)</sup> Small-Rural

Region: Superior

### A. Response to Key Recommendations

1. Complete and/or update a current QI Work Plan and Cultural Competence Plan that highlight goals, priorities, and activities designed to monitor and improve quality and outcomes:
 

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---
2. Offer a selection of professional training on topics related to co-occurring disorders, cultural competency, evidence-based practices, early interventions, and the wellness and recovery perspective:
 

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---
3. Provide monthly caseload and service activity reports to the contract providers:
 

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

### B. Strengths

1. Medi-Cal penetration rate and the approved claims per beneficiary served have been among the highest statewide for the past three fiscal years. The high penetration rate is consistent across all age groups including all demographic categories.
2. The MHP succeeded in increasing consumer employment through MHPSA contracts, supporting providers in the hiring of nine consumer employees in the Family Resource Centers.
3. The formation of the Children System of Care utilization review committee has effectively increased communication, improved collaboration with contract providers, and provides useful groundwork for establishing a utilization review process for adults.

### C. Opportunities for Improvement

1. Very high penetration and service retention rates appear to create a system which cannot readily accommodate to the service/acuity needs of consumers.
2. There is an ongoing absence of performance management practices, and monitoring of quality or outcomes of care have not appeared as a priority. MHP staff members do not routinely use data to guide clinical practice or administrative decisions.
3. There is a relative isolation and lack of participation at statewide meetings and conferences.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |   |         |
|---|---------|
| 1. Reassess the value of data and the potential use of examining the outcomes of high penetration rates and amount claimed per beneficiary.   | Q,O     |
| 2. Analyze service provision patterns to assess the service capacity and consumer progression through the system. Use this information to address the long wait times, high crisis service demand, and increase in community suicide or other adverse events. | A,T,O   |
| 3. Invest executive and management attention and resources on the need to incorporate monitoring of clinical outcomes into program and business management practices.   | Q,O,I   |
| 4. Take advantage of many opportunities to gain knowledge by attendance and participation at statewide committees and meetings geared to improving leadership, technical, clinical, and performance methodologies.  | Q,I,Oth |
| 5. Provide, at the minimum, monthly caseload and service activity reports to contract providers.  | I,Oth   |

**E. Performance Improvement Project - Clinical**

Title: None

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**F. Performance Improvement Project - Non-Clinical**

Title: Parental satisfaction with services received for their children

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	12.74%	10.17%	10.74%	6.27%	4
Foster Care PR	69.09%	56.01%	56.55%	53.15%	11
Hispanic PR	5.65%	3.68%	3.88%	3.08%	9

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	1.18%	56	6.32%	1.18% - 37.57%
05	0.81%	54	3.24%	0.00% - 36.78%
04	0.44%	55	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Solano**

**Review Date: 09-10 Aug 2006**

CAEQRO Size: <sup>(1)</sup> Medium

Region: Bay Area

### A. Response to Key Recommendations

1. Continue efforts to obtain data from Kaiser on Medi-Cal beneficiary activity so that a complete picture of service utilization for Solano beneficiaries is available:  
 Fully Addressed       Partially Addressed       Not Addressed
2. Initiate a formal project for the procurement of a new information system. Identify a project lead and develop a team of representative stakeholders:  
 Fully Addressed       Partially Addressed       Not Addressed
3. Convene a PIP work group to examine data, develop PIPs and report activities regularly to the QIC:  
 Fully Addressed       Partially Addressed       Not Addressed

### B. Strengths

1. The MHP has increased the number of quality improvement staff and plans to fill additional vacancies.
2. The planning process for a new information system has been comprehensive thus far, and it should form a sound foundation for selecting a new system.
3. The MHP's community-based drop-in centers appear to provide creative and geographically accessible services.

### C. Opportunities for Improvement

1. The lack of attention to outcome data, routine monitoring of service data, or other indicators of performance such as timeliness of services rendered, results in limited use of data for performance management and improvement.
2. Outside of the MHSA planning process, there has been little attention to issues of wellness and recovery or cultural competence over the past year.
3. Consumer and family member involvement appears to have a limited effect on the delivery system. This involvement is even less apparent in ethnic communities.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |   |       |
|---|-------|
| 1. Improve tracking of the timely response to service requests, linkages to the initiation of services, and the resulting utilization patterns with particular attention to underserved demographic groups and geographic region. | A,T   |
| 2. Address methods for increasing staff involvement in program planning and improving staff morale as part of a systemic focus on wellness, recovery, and resilience.   | Q,Oth |
| 3. Maintain high-level attention to the selection and procurement of a new information system   | I,Oth |
| 4. Assure that there is strong consumer/family member representation on significant committees that influence the service delivery system.  | Q,Oth |
| 5. Develop a program for training and providing ongoing support, including cross training, for the business office staff.   | I,Oth |

**E. Performance Improvement Project - Clinical**

Title: None

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**F. Performance Improvement Project - Non-Clinical**

Title: None

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	5.93%	7.54%	6.36%	6.27%	45
Foster Care PR	59.24%	56.11%	54.01%	53.15%	23
Hispanic PR	2.05%	3.34%	2.98%	3.08%	54

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	1.95%	51	6.32%	1.18% - 37.57%
05	1.97%	41	3.24%	0.00% - 36.78%
04	2.02%	43	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Sonoma**

**Review Date: 12-13 Sep 2006**

CAEQRO Size:<sup>(1)</sup> Medium

Region: Bay Area

### A. Response to Key Recommendations

1. Include information system replacement as a high priority strategic initiative to ensure that this process receives the necessary attention of MHP leadership and appropriate resources:
 

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
2. Increase collaboration with contract providers, including consideration of improved access to the information system:
 

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---
3. Broaden the involvement of relevant stakeholders in the PIP committees:
 

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

### B. Strengths

1. The MHP provides varied and well-attended regularly-scheduled educational sessions.
2. The MHP has promoted access by creating linkages with rural health clinics and by recruiting and retaining bicultural/bilingual staff members.
3. The small IS/data analysis staff is knowledgeable and responsive to internal requests for reports.

### C. Opportunities for Improvement

1. Continued emphasis on the timely provision of reports and outcome-focused indicators will enable the MHP and contract provider staff to provide information, plan for services, and evaluate results.
2. Develop strategies to enable coordination of services for populations jointly served by Probation, CWS, and the MHP.
3. Limited training resources may be inadequate to support a new IS implementation.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |  |     |
|--|-----|
| 1. Support the planning and implementation of a new IS by including this goal as a strategic initiative.   | I   |
| 2. Reinforce system-wide initiatives to promote access by improving consumer penetration rates, focusing on foster care youth, Latinos, and Native Americans.            | A   |
| 3. Advance mechanisms to track and measure the timeliness and outcomes of initial and on-going appointment wait times.   | T,I |
| 4. Convene a multi-functional task force to identify, implement, and monitor significant clinical, business, and performance outcome data elements.                      | A,O |
| 5. Include staff members with substance abuse treatment skills within each SOC team to promote identification and appropriate treatment planning for consumers with COD. | A,Q |

**E. Performance Improvement Project - Clinical**

Title: Increasing co-occurring MH/A&D diagnoses

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

Key Elements: Total - 13  
 Yes - 2, Partial - 3, No - 8

**F. Performance Improvement Project - Non-Clinical**

Title: Decreasing continued LPS conservatorships

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

Key Elements: Total - 13  
 Yes - 4, Partial - 4, No - 5

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	6.40%	7.54%	6.36%	6.27%	42
Foster Care PR	35.20%	56.11%	54.01%	53.15%	48
Hispanic PR	1.60%	3.34%	2.98%	3.08%	55

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	1.22%	55	6.32%	1.18% - 37.57%
05	0.76%	55	3.24%	0.00% - 36.78%
04	2.32%	40	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Stanislaus**

**Review Date: 18-19 Oct 2006**

CAEQRO Size:<sup>(1)</sup> Medium

Region: Central

### A. Response to Key Recommendations

1. Continue with plans to analyze staff satisfaction data and distribute to MHP staff:
 

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--
2. Form a high-level team that meets regularly to plan for InSyst replacement or an alternate strategy:
 

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
3. The availability of walk-in services for medication support, especially for individuals who did not keep previous appointments, allows easy access for consumers to obtain medications:
 

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

### B. Strengths

1. The core group of IS staff are highly competent and experienced.
2. The MHP has great diversity among staff members and many bilingual positions including a Spanish-speaking psychiatrist.
3. There is good use of web-based technology that provides access to information and improves communications.

### C. Opportunities for Improvement

1. The closure of regional clinic services and Common Ground consumer drop in center, plus the loss of 21 staff positions have negatively impacted access and caseload size.
2. The uncertainty regarding the inpatient psychiatric facility affects personnel and morale, takes up leadership time, and may affect access to services and outcomes if it closes or downsizes.
3. Retention of key technology staff members and the hiring and training of technology staff remains an ongoing issue.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |  |       |
|--|-------|
| 1. Conduct contingency planning regarding possible psychiatric inpatient service changes with stakeholders and assure that consumers and family members are informed.  | Q     |
| 2. Implement formal performance improvement projects especially those associated with strategies to identify and mitigate effects of program reductions.   | Q     |
| 3. As consumers and family members often represent different interests and perspectives, committees and meetings should include representatives from each group. Reconsider development of a Family Advocate position. | Q     |
| 4. Determine whether the closing of particular programs has negatively affected access and/or outcomes for the affected groups, including indigent populations.  | A     |
| 5. The MHP needs to immediately start addressing the issues of hiring, training and retention of technology staff.   | A,Q,I |

**E. Performance Improvement Project - Clinical**

Title: Co-Occurring Substance Disorders – Year 1

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

Key Elements: Total - 13  
 Yes - 5, Partial - 3, No - 5

**F. Performance Improvement Project - Non-Clinical**

Title: Primary Care Physician Contact (Year 2)

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

Key Elements: Total - 13  
 Yes - 3, Partial - 4, No - 6

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	6.58%	6.19%	6.36%	6.27%	39
Foster Care PR	71.63%	50.97%	54.01%	53.15%	10
Hispanic PR	3.17%	3.09%	2.98%	3.08%	32

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	5.28%	31	6.32%	1.18% - 37.57%
05	1.78%	42	3.24%	0.00% - 36.78%
04	4.11%	26	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Sutter/Yuba**

**Review Date: 13-14 Mar 2007**

CAEQRO Size:<sup>(1)</sup> Small

Region: Central

### A. Response to Key Recommendations

1. Implement an active and representative PIP committee as a means for implementing important systemic changes in the quality of service, rather than simply for meeting governmental mandates:
  - Fully Addressed
  - Partially Addressed
  - Not Addressed
2. Address escalating change of clinician requests due to cultural reasons by implementing proposed MHSA plans and/or other interventions relating to this issue:
  - Fully Addressed
  - Partially Addressed
  - Not Addressed
3. Consider using external resources for the selection and implementation of a new information system:
  - Fully Addressed
  - Partially Addressed
  - Not Addressed

### B. Strengths

1. Data/business analysis and IT staffs are experienced and highly knowledgeable in the operation of Sutter AS400.
2. Collaborative and effective interdepartmental relationships provide communication and an exchange of ideas.
3. The development by a staff member of the Cultural Competence Desktop Guide covering five cultural groups is evidence of positive resource development dedicated to the delivery of culturally competent services.

### C. Opportunities for Improvement

1. Participants in the review reported that the intake process is lengthy, resulting in an access barrier for consumers. When medication appointments are missed, it is very difficult to obtain a timely follow up appointment.
2. The ten slots for the TAY FSP were filled as soon as they were available. Other consumers potentially needing this service will not have this level of care available.
3. The plans to remodel PES are timely as the current waiting room is small, waits are long, and children and adults share the waiting room, as reported by review participants.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |  |     |
|--|-----|
| 1. Assign a dedicated project manager to increase the chance of a successful IS implementation. Include line staff feedback in the implementation and ensure that business practices are documented. | I   |
| 2. Continue to review the intake process and timely access to medication support services; perform a barrier analysis and address identified issues.   | A,T |
| 3. Analyze factors affecting the low foster care and Asian/Pacific Islander penetration rates and consider improvements to manage risk and improve access for these beneficiaries.                   | A   |
| 4. Continue to recruit Spanish speaking staff and consider alternative coverage to address access for monolingual Spanish families at Youth Services.  | A,Q |
| 5. Consider flexible or extended hours of operation to allow access for consumers who are employed and need to receive their services outside of normal business hours                               | A   |

**E. Performance Improvement Project - Clinical**

Title: Decreasing Recidivism through FFT (Year 3)

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

Key Elements: Total - 13  
 Yes - 11, Partial - 2, No - 0

**F. Performance Improvement Project - Non-Clinical**

Title: Timeliness of Appointment following PHF Discharge

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	7.68%	6.19%	8.12%	6.27%	31
Foster Care PR	32.00%	50.97%	46.51%	53.15%	51
Hispanic PR	2.73%	3.09%	3.69%	3.08%	42

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	2.18%	46	6.32%	1.18% - 37.57%
05	0.92%	51	3.24%	0.00% - 36.78%
04	1.81%	48	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Tehama**

**Review Date: 11-Jul-2006**

CAEQRO Size:<sup>(1)</sup> Small

Region: Superior

### A. Response to Key Recommendations

1. Carefully monitor consequences of staff turnover and low morale on consumers and families:  
 Fully Addressed                       Partially Addressed                       Not Addressed
2. Perform a business risk assessment to assist in the development of plans for a replacement system:  
 Fully Addressed                       Partially Addressed                       Not Addressed
3. Support quality improvement activities through the allocation of appropriate resources:  
 Fully Addressed                       Partially Addressed                       Not Addressed

### B. Strengths

1. Open communication with a new administration has resulted in improved staff morale.
2. To improve timely access, the MHP began a walk-in model to assess all potential consumers at its main site, and plans to expand that access to its satellite facility.
3. Monthly caseload reports are currently provided by capable health services agency analysts. The MHP anticipates that additional tools to improve system quality, additional data, and reports will result from updated policies and procedures.

### C. Opportunities for Improvement

1. The current IS provides few opportunities to collect and report outcome data; thus, the MHP has been unable to date to quantify problems and track the timeliness, effectiveness and outcomes of actions taken to improve care.
2. Although limited in scope and volume, the distribution of currently generated reports would promote inclusiveness and communication among the line staff and contract providers, and thereby contribute to efforts of service quality.
3. Disparities in Latino - Caucasian penetration rates and approved claims need to be addressed.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |   |       |
|---|-------|
| 1. Perform a business needs assessment and develop a long term plan to replace the current aging information system.  | I     |
| 2. Promote an atmosphere of performance improvement by identifying outcome indicators and sharing the information with committees to foster data-driven decisions about consumers' needs. | Q,O,I |
| 3. Develop strategies and goals to address the disparities in Latino - Caucasian penetration rates and approved claims.   | A     |
| 4. Track performance levels for MHP timeliness to provide initial and on-going services according to standards developed by management and the quality improvement committee.             | T,Q,O |
| 5. Develop alternative methods of collecting and reporting outcome information that is not available in the current IS.   | O,I   |

**E. Performance Improvement Project - Clinical**

Title: None

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**F. Performance Improvement Project - Non-Clinical**

Title: None

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	9.80%	10.17%	8.12%	6.27%	17
Foster Care PR	50.72%	56.01%	46.51%	53.15%	33
Hispanic PR	2.98%	3.68%	3.69%	3.08%	34

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	8.46%	23	6.32%	1.18% - 37.57%
05	5.69%	20	3.24%	0.00% - 36.78%
04	10.15%	11	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Trinity**

**Review Date: 22-23 May 2007**

CAEQRO Size: <sup>(1)</sup> Small-Rural

Region: Superior

### A. Response to Key Recommendations

1. Document business processes to assure standardized workflow:
  - Fully Addressed                       Partially Addressed                       Not Addressed
2. Prioritize performance improvement project efforts and develop PIP committees with appropriate stakeholders:
  - Fully Addressed                       Partially Addressed                       Not Addressed
3. Develop a plan to empower consumers including recovery groups and supported employment services:
  - Fully Addressed                       Partially Addressed                       Not Addressed

### B. Strengths

1. The MHP has an experienced staff with positive morale, and low turnover that supports the organization.
2. The MHP's Medi-Cal penetration rate and the approved claims per beneficiary served have been among the highest statewide for the past three fiscal years. The high penetration rate is consistent across all age groups and demographic categories.
3. The MHP obtained funding to augment its delivery system and plans to increase evidence based practices through grant funding and contracting with an e-learning vendor.

### C. Opportunities for Improvement

1. Few outcome indicators have been identified or monitored by the MHP, making it difficult to evaluate the results of ongoing practices and the results of strategic initiatives.
2. Succession planning, recruitment, and knowledge preservation are challenges with the number of impending leadership departures.
3. Available data and information have not been utilized to inform management practices and staff training needs.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |  |         |
|--|---------|
| 1. Develop the ability to routinely extract, analyze, and use data to make decisions within the organization.  | Q,O,I   |
| 2. Continue to increase consumers' participation on the executive planning and decision-making levels. Assure that there is strong consumer/family member representation on committees that influence the service delivery system.                         | Q       |
| 3. Expand monitoring of timeliness to psychiatrist appointments, explore strategies to minimize provider turnover, and regularly evaluate service quality and effectiveness. Consider adopting clear psychiatric prescribing guidelines.                   | A,T,Q,O |
| 4. Maintain consistent communication with Kings View and take an active role in the needs assessment when migrating to Anasazi. Involve line staff to identify the weaknesses of the current system and to obtain feedback on functionality of the new IS. | I       |
| 5. Update and implement goals associated with the cultural competence plan. Prioritize expanding staff training opportunities on cultural competence to address areas in the staff cultural competence survey data.  | Q       |

**E. Performance Improvement Project - Clinical**

Title: Improved access and outcomes for children 0-5

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

Key Elements: Total - 13  
 Yes - 1, Partial - 3, No - 9

**F. Performance Improvement Project - Non-Clinical**

Title: Improved Access for Older Adults

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

Key Elements: Total - 13  
 Yes - 0, Partial - 6, No - 7

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	12.69%	10.17%	10.74%	6.27%	6
Foster Care PR	73.53%	56.01%	56.55%	53.15%	8
Hispanic PR	7.22%	3.68%	3.88%	3.08%	4

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	1.98%	50	6.32%	1.18% - 37.57%
05	4.03%	23	3.24%	0.00% - 36.78%
04	4.40%	22	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Tulare**

**Review Date: 18-20 Sep 2006**

CAEQRO Size:<sup>(1)</sup> Medium

Region: Central

### A. Response to Key Recommendations

1. Include Performance Improvement Projects in the goals and tracking functions of the Quality Improvement Work Plan and the newly formed Quality Work Group:
 

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--
2. Work with the vendor and monitor other MHPs regarding possible future eCET and BUI implementation:
 

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
3. Include contract providers, consumers/family members, and physical health care representatives in relevant quality improvement committees and activities:
 

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

### B. Strengths

1. The MHP enhanced its resources by hiring a physician assistant and nurse practitioner, using consulting pharmacists, and telepsychiatry.
2. The MHP has hired a very diverse staff with a high ratio of Spanish speaking staff and other language abilities, such as Asian dialects.
3. The addition of a Family Advocate position has strengthened the MHP's ability to support a family centered approach to mental health services.

### C. Opportunities for Improvement

1. Consumers and family members report that it can take several months to obtain an intake appointment or for them to be assigned a psychiatrist, and there is dissatisfaction with psychiatrists' lack of response to reported medication side effects.
2. The MHP has one of the lowest statewide penetration rates of Medi-Cal beneficiaries and foster care youth.
3. Consumers and family members are unaware of what services are available and that a Family Advocate is an available resource.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |   |     |
|---|-----|
| 1. Address the issues of access and timeliness of services, penetration rates, and access to quality medication support services.   | A,T |
| 2. Focus on successful PIP development by identifying a project as a priority strategic initiative and broaden the involvement of relevant stakeholders.  | Q,O |
| 3. Review the performance of treatment for co-occurring disorders, comparing prevalence rates to rates of diagnoses in mental health consumers, the accessibility of dual diagnosis groups, and outcomes. | Q,O |
| 4. Perform an analysis as to the cause of the low foster care penetration rate and address barriers to access for this group of beneficiaries.  | A   |
| 5. The MHP should include the ECET/Front Desk Plus implementation in its strategic initiatives.   | I   |

**E. Performance Improvement Project - Clinical**

Title: MDD Referral Rates to Psychiatry (Year 2)

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

Key Elements: Total - 13  
 Yes - 7, Partial - 2, No - 4

**F. Performance Improvement Project - Non-Clinical**

Title: Timeliness of PGO Checks to Conservatees (Year 2)

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	4.53%	6.19%	6.36%	6.27%	55
Foster Care PR	44.04%	50.97%	54.01%	53.15%	39
Hispanic PR	2.92%	3.09%	2.98%	3.08%	36

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	4.14%	37	6.32%	1.18% - 37.57%
05	1.48%	45	3.24%	0.00% - 36.78%
04	3.23%	35	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Tuolumne**

**Review Date: 11-May-2007**

CAEQRO Size:<sup>(1)</sup> Small

Region: Central

### A. Response to Key Recommendations

1. Carefully plan and monitor implementation of the new Anasazi system. Establish standards for a successful implementation, test-drive setups, and "turn off" the CMHC system only after success is achieved:
 

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--
2. Enter hospital admission and discharge information for Behavioral Health consumers as non-billable, non-CSI reportable episodes in the information system:
 

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
3. Offer a selection of professional trainings on topics related to cultural competency, evidence based practice, co-occurring disorders, and the wellness and recovery perspective:
 

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

### B. Strengths

1. Penetration rates for different race/ethnicities indicate equitable access to MHP services.
2. The MHP had the highest Medi-Cal penetration rate in the state for CY05 that was consistent across demographic sub-categories of age group, gender, and race/ethnicity.
3. The MHP and Kings View have data analysts on their respective QICs, an effective strategy for promoting and developing the capacity to use data in performance and process improvement activities.

### C. Opportunities for Improvement

1. Declining Medi-Cal revenue in recent years reduces available resources for services; concurrently, there has been an even larger proportion of clinical staff reduction.
2. QIC activities do not identify any concrete quality initiatives that the management and staff can focus on as priorities.
3. Clinical line staff are not involved in QI meetings or related processes. As many staff appear anxious about the future of Kings View, it is even more important to engage them in decision-making.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |  |   |
|--|---|
| 1. Investigate and determine causes for recent Medi-Cal revenue declines and explore processes that can help mitigate this revenue loss.   | I |
| 2. Identify a few specific, reliable measures to help support QI activities, decision-making at all levels, monitoring effectiveness and disseminating progress reports.   | Q |
| 3. Continue to engage line staff in organizational processes, including QIC membership. Utilize the staff advisory committee to address low staff morale.  | Q |
| 4. Determine if low retention rate past four service encounters is planned, or if barriers to engagement exist. High penetration rates may represent easy access and appropriately brief services, but this warrants analysis. | A |
| 5. Closely monitor the Anasazi implementation for its effect on Medi-Cal claims as the IS replacement progresses.  | I |

**E. Performance Improvement Project - Clinical**

Title: SCERP Hospitalization

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**F. Performance Improvement Project - Non-Clinical**

Title: Retention past the first assessment appointment

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

Key Elements: Total - 13  
 Yes - 1, Partial - 7, No - 5

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	14.11%	6.19%	8.12%	6.27%	1
Foster Care PR	77.19%	50.97%	46.51%	53.15%	5
Hispanic PR	9.49%	3.09%	3.69%	3.08%	2

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	1.49%	54	6.32%	1.18% - 37.57%
05	1.59%	43	3.24%	0.00% - 36.78%
04	4.25%	24	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Ventura**

**Review Date: 31 Jan - 01 Feb 2007**

CAEQRO Size:<sup>(1)</sup> Large

Region: Southern

### A. Response to Key Recommendations

1. Re-define the Quality Improvement Committee to be an active group that tracks and trends data elements for systematic review of goals, analysis of data, and implementation of interventions to improve the service delivery system:
 

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
  
2. Develop strategies to include consistent consumer/family involvement in all functions of the organization and thereby provide a broader wellness and recovery perspective better able to meet consumers' needs:
 

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
  
3. Assign staff members full time to the implementation of the new information system. A project of this magnitude requires dedicated experts, advocates and project managers:
 

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

### B. Strengths

1. Within the last year, the youth and family division began shifting into a more data driven organizational culture, focused on increased collection and use of data related to fiscal and quality improvement issues.
2. The restructured and strengthened QI department initiated a number of QI related projects that are tracked through various developmental stages and various committees involved in their implementation.
3. The new Integrated Dual Diagnosis Treatment (IDDT) program reportedly received the highest SAMHSA reviewer scores of any of the participating IDDT sites throughout California.

### C. Opportunities for Improvement

1. The adult division lacks focused organizational attention in the areas of quality improvement, best practices, measured indicators, and use of data for decision making.
2. The Medi-Cal penetration rates remain low. This is especially true for the Hispanic population and foster care youth.
3. While an IS project manager is now on board, the implementation is still lacking dedicated staff resources.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |   |     |
|---|-----|
| 1. Use strategies to measure quality and outcomes that are now operational in the Youth and Family Division throughout the entire MHP.  | Q,O |
| 2. Review access to services and service utilization patterns for Latinos and foster care children. Conduct a barrier analysis and develop strategies to improve access to care, retention, and outcomes for these populations. | O,I |
| 3. Recruit additional staff internally or externally to devote full time to the IS implementation.  | I   |
| 4. Increase consumers' participation on the executive planning and decision-making levels as well as peer-to-peer counseling level.   | Q,O |
| 5. Provide consistent training to all of the staff regarding wellness and recovery principles, best practices, and cultural competence.   | A,Q |

**E. Performance Improvement Project - Clinical**

Title: Reducing depression and anxiety with IDDT

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

Key Elements: Total - 13  
 Yes - 0, Partial - 8, No - 5

**F. Performance Improvement Project - Non-Clinical**

Title: Using videos to correct mis-perceptions and improve consumer satisfaction and retention

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

Key Elements: Total - 13  
 Yes - 0, Partial - 2, No - 11

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	5.22%	6.57%	6.81%	6.27%	50
Foster Care PR	47.11%	50.59%	52.33%	53.15%	35
Hispanic PR	2.12%	3.34%	3.33%	3.08%	52

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	2.44%	43	6.32%	1.18% - 37.57%
05	3.56%	25	3.24%	0.00% - 36.78%
04	4.19%	25	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

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

\*Please refer to page 7 for the MHP Summary Key.

## Individual Mental Health Plan Summary - FY07 CA External Quality Review Organization

**MHP: Yolo**

**Review Date: 10-11 Jan 2007**

CAEQRO Size:<sup>(1)</sup> Small

Region: Central

### A. Response to Key Recommendations

1. Address and improve the declining overall penetration rate. Where called for, improve penetration for various subgroups, such as Hispanic beneficiaries and foster care youth:
 

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---
2. Provide additional Crystal Reports training to increase the availability of data and to improve the turn around time for reports, some pending for a year:
 

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--
3. Include in the QI Work Plan a baseline/numerical description of past and current identified area status to make the plan more useful for tracking, analyzing, and monitoring service delivery procedures over time:
 

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

### B. Strengths

1. The MHP improved the timeliness of psychiatric appointments by restructuring and flexing the appointment system, such as reserving blocks of psychiatrists' time for walk-in consumers, as well as hiring additional psychiatrists.
2. An organizational culture of emphasis on data-driven decision making, accountability and productivity has been slowly permeating the service delivery system.
3. A process to improve collaboration with primary care providers has been taking place, resulting in a series of meetings targeting development of forms, policy changes, and referral procedures.

### C. Opportunities for Improvement

1. The overall penetration rate has steadily decreased over the past three years, suggesting barriers to access. Lower retention rates add another layer of complexity to this issue.
2. The MHP's denied claims rate is more than twice the statewide average.
3. The MHP has not fully implemented wellness and recovery principles and has not fully utilized consumers within the system of care.

### D. Top Five Recommendations

A-Access, T-Timeliness, Q-Care Quality, O-Outcomes, I-IS, Oth - Other

- |  |     |
|--|-----|
| 1. Routinely monitor process issues associated with timely access to intake, psychiatry, and outpatient care. Assess the time it takes to provide an initial assessment after the request for services.                        | A,T |
| 2. Review access to services and service utilization patterns, especially for Latinos and foster care children. Conduct a barrier analysis and develop strategies to improve access to care, retention, and improved outcomes. | A,O |
| 3. Identify, implement and monitor significant clinical and business outcome data elements and key performance indicators. Develop procedures to collect and report the data to stakeholders.                                  | Q,O |
| 4. Analyze the root causes of the high claim denial rate and create policies and procedures to reduce the rate.  | I   |
| 5. Enhance the capacity within the MHP to provide comprehensive services to transition age youth; review the structure, functionality, and effectiveness/outcomes of services.   | Q,O |

**E. Performance Improvement Project - Clinical**

Title: Reducing in-patient hospitalizations

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**F. Performance Improvement Project - Non-Clinical**

Title: Reducing psychiatric appointment no-show rates

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

Key Elements: Total - 13  
 Yes - 0, Partial - 0, No - 13

**G. Medi-Cal Approved Claims Data Calendar Year 2005 <sup>(2)</sup>**

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR)	7.28%	6.19%	8.12%	6.27%	36
Foster Care PR	37.20%	50.97%	46.51%	53.15%	47
Hispanic PR	3.63%	3.09%	3.69%	3.08%	27

**H. Medi-Cal Denied Claims Information**

Fiscal Year	Denial Rate	Denial Rate Rank	Statewide Median	Statewide Range
06	14.39%	13	6.32%	1.18% - 37.57%
05	11.97%	6	3.24%	0.00% - 36.78%
04	2.67%	39	3.82%	0.00% - 30.11%

**I. Current Systems/Planned Changes**

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

**J. Review of Information Systems Components**

	Met	Partial	Not Met	No Review
1. Accurate, consistent and timely data collection and entry	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity of Medi-Cal claim production process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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5. Demonstrated capability to support business analysis and data analytic activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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9. Collaboration between quality improvement and IS departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Documented data security and back up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Please refer to page 7 for the MHP Summary Key.