

CALIFORNIA EXTERNAL QUALITY REVIEW ORGANIZATION
STATEWIDE REPORT

FY2006 (July 1, 2005 - June 30, 2006)

VOLUME II OF II



PRESENTED TO
CALIFORNIA
DEPARTMENT OF MENTAL HEALTH

YEAR TWO



CALIFORNIA EXTERNAL QUALITY REVIEW ORGANIZATION

560 J Street
Suite #390
Sacramento, CA 95814
(916) 266-2578
1-800-305-3720 ext. 2578



Individual MHP Summaries

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MHP Summary Key

¹ Source: California, Department of Finance, E-1City/County Population Estimates, January 2006.

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

² Source: California, Department of Mental Health, Short-Doyle/Medi-Cal approved claims; 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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Alameda MHP** Review Date: **October 19-21, 2005**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²

Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	221,688	19,726	8.90%	\$93,479,415	\$422	\$4,739
FY04	216,040	18,672	8.64%	\$90,909,326	\$421	\$4,869
FY03	202,062	16,261	8.05%	\$80,030,005	\$396	\$4,922

B. Response to FY05 Key Recommendations

- Increase knowledge of QI activities and processes among staff throughout the system:
 Fully Addressed Partially Addressed Not Addressed
 The QA manual was revised, and staff training is planned.

- Examine the utilization review process to ensure that clinical indicators are addressed in addition to documentation-related compliance:
 Fully Addressed Partially Addressed Not Addressed
 The Clinical Quality Review Team added staff to allow more careful review of consumer cases. CQRT self monitors for consistency and adherence to policy. CQRT documents are on the website.

- Evaluate the best course of action for InSyst/eCura support or replacement. Consider how to protect more than 10 years of consumer data:
 Fully Addressed Partially Addressed Not Addressed
 MHP participated in the CBS Coalition to evaluate IS. No IS search efforts are currently underway.

C. Performance Improvement Project – Clinical

Area of Focus: Improved training in treating consumers with co-occurring disorders - effect on functional impairment and on Psychiatric Emergency Service utilization.

<u>Stage</u>	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>3</u>	Total Partial <u>3</u>	Total No <u>2</u>
	<input checked="" type="checkbox"/> Little Activity			
	<input type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes <u>2</u>	Total Partial <u>1</u>	Total No <u>2</u>

D. Performance Improvement Project – Non-Clinical

Area of Focus: Identify programs that successfully treat underserved populations. Expand, model new programs based on strategies that improve outcomes.

<u>Stage</u>	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>2</u>	Total Partial <u>2</u>	Total No <u>4</u>
	<input type="checkbox"/> Little Activity			
	<input checked="" type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes <u>1</u>	Total Partial <u>0</u>	Total No <u>4</u>

E. Current Systems/Applications				
Application	Years Used	Function	Vendor/Supplier	
InSyst	15	Practice management	Echo	
eCura	8	Managed care	InfoMC	

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Strengths
1. The MHP supports a culture that fosters problem-solving by thorough analysis of issues and data. 2. Strong relationships exist between contract providers and the MHP. 3. Knowledgeable IS, fiscal and billing staff provide a wealth of experience in InSyst and eCura.

H. Challenges
1. There is declining morale among dedicated staff with long tenure. Some MHP staff report poor communication from management and that for long periods they are expected to assume duties of vacant positions in addition to their own. 2. Staff losses in data management have negatively affected the area's ability to serve the organization. 3. There are few written policies and procedures to support core business functions.

I. Key Recommendations
1. Create formal mechanisms to improve communication with MHP staff. Identify successes that can be celebrated. 2. Invest in training and other strategies for grooming MHP staff for promotion to vacant positions. 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.

J. Additional Observations (optional)
1. 2.

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Alpine MHP** Review Date: **May 24, 2006**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²						
Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	205	12	5.85%	\$35,982	\$176	\$2,999
FY04	230	7	3.04%	\$8,586	\$37	\$1,227
FY03	263	1	0.38%	\$8,190	\$31	\$8,190

B. Response to FY05 Key Recommendations

1. **This section is not applicable for the Alpine MHP this year.**
 Fully Addressed Partially Addressed Not Addressed

2. Fully Addressed Partially Addressed Not Addressed

3. Fully Addressed Partially Addressed Not Addressed

C. Performance Improvement Project – Clinical

Area of Focus: N/A – the MHP is expected to have one PIP in its first CAEQRO review

Stage <input type="checkbox"/> Active – Ongoing <input type="checkbox"/> Completed <input type="checkbox"/> Active – New <input type="checkbox"/> Little Activity <input type="checkbox"/> Concept Only <input type="checkbox"/> None	PIP Protocol Questions 1-8 (Concept) Total Yes ___ Total Partial ___ Total No ___
	Questions 12-16 (Study Design) Total Yes ___ Total Partial ___ Total No ___

D. Performance Improvement Project – Non-Clinical

Area of Focus: Increasing access to services for students in the school-based program

Stage <input checked="" type="checkbox"/> Active – Ongoing <input type="checkbox"/> Completed <input type="checkbox"/> Active – New <input type="checkbox"/> Little Activity <input type="checkbox"/> Concept Only <input type="checkbox"/> None	PIP Protocol Questions 1-8 (Concept) Total Yes <u>5</u> Total Partial <u>1</u> Total No <u>2</u>
	Questions 12-16 (Study Design) Total Yes <u>3</u> Total Partial <u>1</u> Total No <u>1</u>

E. Current Systems/Applications NA - No Electronic Systems Used

Application	Years Used	Function	Vendor/Supplier
None			

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G. Strengths				
<ol style="list-style-type: none"> 1. The MHP has assigned staff resources to give the necessary attention to developing a QI program. 2. Coordination with other county departments occurs routinely. 3. Service requests are responded to in a timely manner. 				
H. Challenges				
<ol style="list-style-type: none"> 1. The MHP does not provide groups, self-help services, vocational/educational support, or other non-traditional services. Involvement in wellness and recovery has not yet occurred for the MHP. The consumer on the mental health board is the only instance of consumer or family member participation within the MHP. 2. The admission paperwork required to complete a service request presents an unreasonable and significant barrier to actually accessing services. 3. The MHP receives no information from the contracting organization Enki for use in managing the local operation. 				
I. Key Recommendations				
<ol style="list-style-type: none"> 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. 2. Amend the current admission procedure for beneficiaries so that the process is not unreasonably burdensome. 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. 				
J. Additional Observations (optional)				
<ol style="list-style-type: none"> 1. 2. 				

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Amador MHP** Review Date: **March 7, 2006**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²

Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	3,398	365	10.74%	\$493,442	\$145	\$1,352
FY04	3,309	378	11.42%	\$709,874	\$215	\$1,878
FY03	3,336	394	11.81%	\$816,349	\$245	\$2,072

B. Response to FY05 Key Recommendations

- Obtain more training on Echo's available standard report and/or obtain training on the use of Structured Query Language (SQL) to manipulate data from INSYST:
 Fully Addressed Partially Addressed Not Addressed
 The MHP plans to migrate to a new billing and information system in the next year and it is not investing additional resources in the current system.

- Formalize the integration of mental health and substance abuse services:
 Fully Addressed Partially Addressed Not Addressed
 - o The MHP developed a transition team, and retained an outside consulting firm whose recommendations it is now reviewing.
 - o The integration of the two programs currently is the responsibility of the Director of Health and Human Services.

- Educate the staff about recovery and wellness principles:
 Fully Addressed Partially Addressed Not Addressed
 Though the MHP recently retained a consultant from "The Village" (a program affiliated with another California MHP) to train its staff, it does not appear to have instituted a systemic effort to address this issue.

C. Performance Improvement Project – Clinical

Area of Focus: "Depression and Weight Management: Implementing a Complete Wellness Approach to Impact Mood Symptoms."

<p><u>Stage</u></p> <input type="checkbox"/> Active – Ongoing <input type="checkbox"/> Completed <input type="checkbox"/> Active – New <input type="checkbox"/> Little Activity <input checked="" type="checkbox"/> Concept Only <input type="checkbox"/> None	<p><u>PIP Protocol</u></p> Questions 1-8 (Concept) Total Yes <u>1</u> Total Partial <u>2</u> Total No <u>5</u> Questions 12-16 (Study Design) Total Yes <u>0</u> Total Partial <u>1</u> Total No <u>4</u>
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D. Performance Improvement Project – Non-Clinical

Area of Focus: "Treatment and Timing: Access Issues in a small county setting."

<p><u>Stage</u></p> <input type="checkbox"/> Active – Ongoing <input type="checkbox"/> Completed <input type="checkbox"/> Active – New <input checked="" type="checkbox"/> Little Activity <input type="checkbox"/> Concept Only <input type="checkbox"/> None	<p><u>PIP Protocol</u></p> Questions 1-8 (Concept) Total Yes <u>0</u> Total Partial <u>5</u> Total No <u>3</u> Questions 12-16 (Study Design) Total Yes <u>0</u> Total Partial <u>0</u> Total No <u>5</u>
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E. Current Systems/Applications			
Application	Years Used	Function	Vendor/Supplier
InSyst	10+	Practice Management	Echo

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Strengths
1. The MHP increased its psychiatric availability from three days to five, added a full time Physician's Assistant to coordinate with local primary care physicians and to do pre-psychotropic medication health screening, and increased its available nursing FTE from 0.6 to 1.6 – significant increases for small rural program. One of the psychiatrists is bi-lingual in Spanish.
2. One of the bi-lingual Spanish speaking mental health staff members regularly reaches out to the Hispanic and other populations by interfacing with local ESL classes.
3. MHP policies and procedures ensure timely and accurate data entry.

H. Challenges
1. There appears to be confusion amongst at least a portion of the staff as to service protocols; that is, what is the expectation of the MHP as to service delivery method and who is it that is to receive these services.
2. Integration of the Alcohol and Drug Department with the MHP continues to be a challenge.
3. Implementation of a new information system will tax available resources.

I. 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. .
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.
3. MHP should consider utilizing an outside project manager for implementation of new information system to ensure that adequate resources are available and coordinated.

J. Additional Observations (optional)
1.
2.

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Butte MHP** Review Date: **October 20-21, 2005**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²						
Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served/Month	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	48,145	4,747	9.86%	\$16,426,549	\$341	\$3,460
FY04	48,291	4,932	10.21%	\$18,191,833	\$377	\$3,689
FY03	48,952	5,143	10.51%	\$19,735,338	\$403	\$3,837

B. Response to FY05 Key Recommendations

- Review the data analysis of wait times to initial appointments:
 Fully Addressed Partially Addressed Not Addressed
 The MHP created a contact database for tracking wait times, but it does not track specific issues.
- Implement a formal process that informs consumers of the array of services and how to access them:
 Fully Addressed Partially Addressed Not Addressed
 The MHP did produce informational brochures that were widely distributed and consumers did find informative.
- Review strategies to increase outreach to the Hispanic community:
 Fully Addressed Partially Addressed Not Addressed
 The MHP conducted an intensive outreach effort that significantly increased survey participation of Hispanic consumers.

C. Performance Improvement Project – Clinical

Area of Focus: Peer support to decrease PHF recidivism.

Stage	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>3</u>	Total Partial <u>4</u>	Total No <u>1</u>
	<input checked="" type="checkbox"/> Little Activity	Questions 12-16 (Study Design)		
	<input type="checkbox"/> Concept Only	Total Yes <u>1</u>	Total Partial <u>1</u>	Total No <u>3</u>
	<input type="checkbox"/> None			

D. Performance Improvement Project – Non-Clinical

Area of Focus: Improving outcomes for transition age youth.

Stage	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>3</u>	Total Partial <u>0</u>	Total No <u>5</u>
	<input checked="" type="checkbox"/> Little Activity	Questions 12-16 (Study Design)		
	<input type="checkbox"/> Concept Only	Total Yes <u>3</u>	Total Partial <u>0</u>	Total No <u>2</u>
	<input type="checkbox"/> None			

E. Current Systems/Applications

Application	Years Used	Function	Vendor/Supplier
InSyst	>10 years	Practice Management	Echo
DataMart	>5 years	Reports and data analysis	Local MHP

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Strengths				
<ol style="list-style-type: none"> 1. The MHP is beginning to implement recovery and wellness principles. 2. The Decision Support Unit performs data analysis for evaluation of business operations and clinical practices and works closely with quality management to provide current data and trend analysis. 3. The use of data by MHP in support of decision-making processes is exemplary. 				
H. Challenges				
<ol style="list-style-type: none"> 1. The MHP is in the formative stage of making a number of organizational changes. 2. A lack of communication with contract providers for pre-treatment authorizations has contributed to a labor-intensive process that contractors find confusing. 3. The MHP continues work on selecting and procuring a new management information system. 				
I. Key Recommendations				
<ol style="list-style-type: none"> 1. The MHP should update the QI Work Plan to include all related activities, and track and trend data on all QI activities. 2. The MHP needs to identify specific recovery and wellness principles and implement them across the system of care with consistency. 3. To improve communications with contract providers, the MHP should collaborate with contractors to streamline business practices to ameliorate duplicative and confusing efforts. 				
J. Additional Observations (optional)				
<ol style="list-style-type: none"> 1. 2. 				

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Calaveras MHP** Review Date: **March 9, 2006**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²

Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served/Month	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	5,192	425	8.19%	\$728,282	\$140	\$1,714
FY04	5,288	410	7.75%	\$875,638	\$166	\$2,136
FY03	5,734	364	6.35%	\$779,463	\$136	\$2,141

B. Response to FY05 Key Recommendations

- Include data, measurable goals, and progress toward goals within the QI Work Plan:
 Fully Addressed Partially Addressed Not Addressed
 QI Work Plan does not show data monitoring, baseline or numerical goals.
- Improve access to services and the penetration rate for the older adult population:
 Fully Addressed Partially Addressed Not Addressed
 MHP conducted surveys on barriers to access and provided outreach to seniors and primary care. Further tracking and analysis for the results of these efforts will need to occur to measure effectiveness.
- Obtain information from MIS contractor on data retrieval and available reports.
 Fully Addressed Partially Addressed Not Addressed
 The MHP has contracted with a consultant with extensive experience with the current billing and information system to evaluate their billing practices and to review the billing codes and settings.

C. Performance Improvement Project – Clinical

Area of Focus: Improved access to mental health and substance abuse services for consumers post-hospitalization

<p><u>Stage</u></p> <input type="checkbox"/> Active – Ongoing <input type="checkbox"/> Completed <input type="checkbox"/> Active – New <input type="checkbox"/> Little Activity <input checked="" type="checkbox"/> Concept Only <input type="checkbox"/> None	<p><u>PIP Protocol</u></p> Questions 1-8 (Concept) Total Yes <u>0</u> Total Partial <u>0</u> Total No <u>8</u> Questions 12-16 (Study Design) Total Yes <u>0</u> Total Partial <u>0</u> Total No <u>5</u>
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D. Performance Improvement Project – Non-Clinical

Area of Focus: Improved access for older adults

<p><u>Stage</u></p> <input checked="" type="checkbox"/> Active – Ongoing <input type="checkbox"/> Completed <input type="checkbox"/> Active – New <input type="checkbox"/> Little Activity <input type="checkbox"/> Concept Only <input type="checkbox"/> None	<p><u>PIP Protocol</u></p> Questions 1-8 (Concept) Total Yes <u>3</u> Total Partial <u>3</u> Total No <u>2</u> Questions 12-16 (Study Design) Total Yes <u>0</u> Total Partial <u>3</u> Total No <u>2</u>
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E. Current Systems/Applications

Application	Years Used	Function	Vendor/Supplier
InSyst	>10 years	Practice Management	Echo
Office Tracker	>2 years	Scheduling	MHP

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Strengths				
<ol style="list-style-type: none"> 1. MHP strengthened consumer and family member involvement in the QIC. 2. MHP has identified staff for implementation of a new system and budgeted for an information system conversion project manager. 3. MHP has partnered with Amador and Tuolumne Counties for housing development and other projects. 				
H. Challenges				
<ol style="list-style-type: none"> 1. Access to data from current information system and data analysis capability is very limited 2. Mental Health Services are isolated from Drug and Alcohol Services. 3. The ability to use and communicate data is limited. 				
I. Key Recommendations				
<ol style="list-style-type: none"> 1. Use data to measure and track change and improvement in the QI Work Plan. 2. Identify a Project Manager for new data system implementation. 3. Improve collaboration with Drug and Alcohol Services moving toward a more integrated service delivery model for those consumers with co-occurring disorders. 				
J. Additional Observations (optional)				
<ol style="list-style-type: none"> 1. 2. 				

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Colusa MHP** Review Date: **July 27, 2005**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²						
Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	4916	359	7.30%	\$784,312	\$160	\$2,185
FY04	4755	357	7.51%	\$867,061	\$182	\$2,429
FY03	4776	308	6.45%	\$599,135	\$125	\$1,945

B. Response to FY05 Key Recommendations

- Increase outreach efforts to the Hispanic community:
 Fully Addressed Partially Addressed Not Addressed
 MHSA planning was inclusive and many of the staff members are bi-lingual Spanish speaking.
- Review consumer participation in the Quality Improvement Committee and/or activities:
 Fully Addressed Partially Addressed Not Addressed
 Consumer/family member committee participation is limited. The QIC participant did not attend meetings and then resigned. Recruitment activities continue.
- Compare claim lines to rejected lines on a monthly basis:
 Fully Addressed Partially Addressed Not Addressed

C. Performance Improvement Project – Clinical

Area of Focus: Decrease the no show rate for initial appointments.

Stage	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input checked="" type="checkbox"/> Active – New	Total Yes <u>2</u>	Total Partial <u>2</u>	Total No <u>4</u>
	<input type="checkbox"/> Little Activity	Questions 12-16 (Study Design)		
	<input type="checkbox"/> Concept Only	Total Yes <u>2</u>	Total Partial <u>2</u>	Total No <u>1</u>
	<input type="checkbox"/> None			

D. Performance Improvement Project – Non-Clinical

Area of Focus: None

Stage	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>8</u>
	<input type="checkbox"/> Little Activity	Questions 12-16 (Study Design)		
	<input type="checkbox"/> Concept Only	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>5</u>
	<input checked="" type="checkbox"/> None			

E. Current Systems/Applications

Application	Years Used	Function	Vendor/Supplier
Insyst	13	Practice Management	Echo

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Strengths

1. The MHP developed strategic initiatives that are reachable and appropriate for the community, the staff, and the consumers.
2. The MHP has well documented billing procedures.
3. The MHP has initiated a dual diagnosis program for consumers.

H. Challenges

1. The MHP needs improvement in data extraction/analysis in order to measure the organization's performance across the service delivery system consistently.
2. The service information provided to the Hispanic population requires improvement – especially in local physical healthcare settings.
3. The MHP has not been able to develop effective means to achieve consumer/family participation in ongoing committees and activities.

I. 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.
2. Develop increased skills and reliance upon data analysis in all program and quality improvement areas. Similarly, improve the Quality Improvement Work Plan through the provision of specific details regarding processes, timelines, responsibilities, measurable goals, and status of goals.
3. Seek to recruit additional consumers and family members to participate in the QIC and other administrative program planning activities. Utilize consumer and family members for issues such as how to provide survey results and other helpful information to active and potential consumers.

J. Additional Observations (optional)

1. No non-clinical PIP was underway, nor were there any plans for one.
- 2.

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Contra Costa MHP** Review Date: **February 22-24, 2006**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²						
Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	111,641	9,421	8.44%	\$48,545,263	\$435	\$5,153
FY04	107,343	9,106	8.48%	\$48,081,680	\$448	\$5,280
FY03	100,293	8,561	8.54%	\$44,947,010	\$448	\$5,250

B. Response to FY05 Key Recommendations

- Create an executive level committee to plan for the selection and implementation of a new information system. Emphasize collaboration between executive level staff in the MHP and IT:
 Fully Addressed Partially Addressed Not Addressed
 A group of this level has met several times to discuss the issues associated with the final selection of a new IS. No formal contingency plan for the operation of InSyst beyond the sunset date is in place, though options are being considered.
- Improve communication between executive leadership, QI, and program staff:
 Fully Addressed Partially Addressed Not Addressed
 The MHP has given some attention to this matter, but program staff do not yet perceive improvement.
- Create a QI Work Plan that represents the activities and measurable goals regarding quality improvement for the MHP. The senior management team should participate in establishing priorities:
 Fully Addressed Partially Addressed Not Addressed
 The QI Work Plan does not address MHP-specific issues. The senior management team has not been involved in identifying quality initiatives or priorities.

C. Performance Improvement Project – Clinical

Area of Focus: Improving identification of secondary substance abuse diagnoses in the IS

Stage	<input checked="" type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>7</u>	Total Partial <u>0</u>	Total No <u>1</u>
	<input type="checkbox"/> Little Activity			
	<input type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes <u>2</u>	Total Partial <u>3</u>	Total No <u>0</u>

D. Performance Improvement Project – Non-Clinical

Area of Focus: Reducing delay to first psychiatrist service in the adult clinics

Stage	<input checked="" type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>4</u>	Total Partial <u>1</u>	Total No <u>3</u>
	<input type="checkbox"/> Little Activity			
	<input type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes <u>3</u>	Total Partial <u>0</u>	Total No <u>2</u>

E. Current Systems/Applications			
Application	Years Used	Function	Vendor/Supplier
InSyst	17	Practice management	Echo
NetPro	>10	Managed care	Local MHP

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Strengths
1. The Clerical Operations Group is a long-standing MHP users group, an excellent vehicle for promoting IS standards and knowledge. This group will be a key element in successful implementation of a new IS.
2. The MHP has a strong contingent of consumer employees who serve as a core group that can spread recovery concepts throughout the system.
3. The clinical line staff has become actively involved in the utilization review processes.

H. Challenges
1. Selection and implementation of a new information system is a major task for the MHP.
2. Some of the contract provider leaders perceive that communication has deteriorated over the years.
3. Few of the remaining IS staff have intimate knowledge of InSyst data structure, tables, and processes.

I. 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.
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.
3. Increase involvement of the staff, consumers, and contract providers in quality improvement and program planning activities.

J. Additional Observations (optional)
1.
2.

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Del Norte MHP** Review Date: **January 9, 2006**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²

Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	7,986	997	12.48%	\$1,774,043	\$222	\$1,779
FY04	8,028	979	12.19%	\$1,823,449	\$227	\$1,863
FY03	7,904	952	12.04%	\$1,827,321	\$231	\$1,919

B. Response to FY05 Key Recommendations

- Improve access for Latino, Southeast Asian and rural consumers:
 Fully Addressed Partially Addressed Not Addressed
 The MHP hired members from the Latino and Hmong communities to promote inclusiveness. Further tracking and analysis for the results of these efforts will need to occur to measure effectiveness.
- Co-locate services at other facilities to compensate for the lack of transportation options:
 Fully Addressed Partially Addressed Not Addressed
 The MHP has begun to provide mental health assessments at the Department of Social Services office.
- Promote consumer and family involvement in Recovery and QI activities:
 Fully Addressed Partially Addressed Not Addressed
 Some NAMI-families have participated in QI activities, but the inconsistent nature of the meetings has resulted in inconsistent involvement of families and consumers.

C. Performance Improvement Project – Clinical

Area of Focus: Improved outcomes for depressed consumers.

Stage	<input checked="" type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>4</u>	Total Partial <u>3</u>	Total No <u>1</u>
	<input type="checkbox"/> Little Activity	Questions 12-16 (Study Design)		
	<input type="checkbox"/> Concept Only	Total Yes <u>2</u>	Total Partial <u>2</u>	Total No <u>1</u>
	<input type="checkbox"/> None			

D. Performance Improvement Project – Non-Clinical

Area of Focus: Improved wait time for initial medication appointment.

Stage	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>5</u>	Total Partial <u>0</u>	Total No <u>3</u>
	<input type="checkbox"/> Little Activity	Questions 12-16 (Study Design)		
	<input checked="" type="checkbox"/> Concept Only	Total Yes <u>0</u>	Total Partial <u>4</u>	Total No <u>1</u>
	<input type="checkbox"/> None			

E. Current Systems/Applications

Application	Years Used	Function	Vendor/Supplier
InSyst	>9 years	Practice Management	Echo
Avatar	>1 year	Master Patient Index	Netsmart
Filemaker	<9 years	Progress Notes	Local County IT

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Strengths				
1. The MHP is making constructive attempts to address medication access issues. 2. The MHP is providing safe and affordable housing for youth and adults. 3. The MHP is strongly committed to promoting respect among cultures.				
H. Challenges				
1. The plan to implement a new management information system within a very short timeline is very ambitious. 2. MHP management is unable to provide consumers timely access to medical services while accommodating the scheduling practices of current medical staff. 3. Few resources are dedicated to quality improvement and recovery-focused activities.				
I. Key Recommendations				
1. Formulate a detailed project plan and assigned staff resources to the IS implementation project. 2. Continue exploration of methods to extend medication services and reduce wait times. 3. Capitalize on internal opportunities to promote growth and independence among consumers.				
J. Additional Observations (optional)				
1. 2.				

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **EI Dorado MHP** Review Date: **May 18, 2006**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²

Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	15,041	1,429	9.50%	\$4,189,781	\$279	\$2,932
FY04	14,894	1,373	9.22%	\$4,295,449	\$288	\$3,129
FY03	14,059	1,361	9.68%	\$3,760,316	\$267	\$2,763

B. Response to FY05 Key Recommendations

- Clarify the vision, role, reporting relationship, and authority of the QIC in relation to management:
 Fully Addressed Partially Addressed Not Addressed
 The QIC and the director developed policy and procedure specifying the QIC's scope and responsibility.
- Increase collaboration between the QI and IT to address routine data needs. Consider training additional staff members to write queries and increase the ease and timeliness of data collection and analyses:
 Fully Addressed Partially Addressed Not Addressed
 Quality improvement and IT staffs appear to collaborate. The MHP trained no additional staff to extract data and only one IT person is responsible for technical support. This means quality improvement staff rely upon manual data collection processes.
- Create written policies and procedures for key fiscal and information system business processes:
 Fully Addressed Partially Addressed Not Addressed
 The MHP identified a number of fiscal and IS related policies and procedures necessitating documentation and implementation. The MHP provided CAEQRO draft versions for a number of these and noted that the target completion date for all new business policies and procedures is October 2006.

C. Performance Improvement Project – Clinical

Area of Focus: Improving the treatment planning process

<u>Stage</u>	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>8</u>
	<input type="checkbox"/> Little Activity			
	<input checked="" type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>5</u>

D. Performance Improvement Project – Non-Clinical

Area of Focus: Improving timely access to psychiatric services

<u>Stage</u>	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>0</u>	Total Partial <u>2</u>	Total No <u>6</u>
	<input checked="" type="checkbox"/> Little Activity			
	<input type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>5</u>

E. Current Systems/Applications			
Application	Years Used	Function	Vendor/Supplier
InSyst	>10	Practice management	Echo
Inter-Trac	>5	Clinical record and appointment schedule	MHP

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- G. Strengths**
1. The interest of consumers and family members in MHSA planning and the PIP committee can promote their participation in a number of key MHP initiatives and processes.
 2. The MHP is demonstrating an increased emphasis on training.
 3. The Help Desk is responsive and accessible for end users.

- H. Challenges**
1. Quality improvement focuses on basic standards of care without focusing on consumer outcomes, service utilization patterns, and other elements that trigger true quality improvement endeavors.
 2. The MHP has no data analysts available to work on PIP activities or other quality improvement activities. The use of data in support of clinical and QI activities was not apparent. Demand for IS services and data analysis support significantly exceeds currently available resources.
 3. Practices between South Lake Tahoe and Placerville appear to vary based upon different on-site leadership. At times this creates inconsistency and confusion regarding policies and procedures and may affect implementation of these policies and procedures for key fiscal and IS business processes.

- I. 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. For these priority issues, determine methods for obtaining, interpreting, monitoring, improving these measures. It is important to select indicators not simply for ease of collection but for their relevance to quality care.
 2. Increase consumer and family member participation in the QIC, its subcommittees, and other ad hoc committees within the organization.
 3. Examine available resources assigned for IS and data analysis support. The current demand for this support significantly exceeds available resources. This situation needs to be assessed and resolved prior to implementing a new management information system.

- J. Additional Observations (optional)**
- 1.
 - 2.

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name:	Fresno MHP	Review Date:	January 18-19, 2006
CAEQRO Size ¹	<input type="checkbox"/> Small-Rural	<input type="checkbox"/> Small	<input type="checkbox"/> Medium
	<input checked="" type="checkbox"/> Large	<input type="checkbox"/> Very Large	

A. Medi-Cal Eligibility and Claims History ²						
Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	269,235	13,830	5.14%	\$40,692,483	\$151	\$2,942
FY04	263,796	13,660	5.18%	\$44,744,877	\$170	\$3,276
FY03	252,882	13,150	5.20%	\$42,685,419	\$169	\$3,246

B. Response to FY05 Key Recommendations

- Complete implementation of the Monthly Medi-Cal Eligibility File project:
 Fully Addressed Partially Addressed Not Addressed
 Although programming specifications have been developed and provided to the MHP's vendor, testing and implementation have not yet begun.

- Reopen the project to evaluate and select a new information system:
 Fully Addressed Partially Addressed Not Addressed
 A kick-off meeting with various stakeholders was held and that group will begin to develop the specifications for a Request for Proposals.

- Address ways to promote wellness and recovery values into consumer-driven treatment planning processes:
 Fully Addressed Partially Addressed Not Addressed
 CAEQRO neither saw nor heard evidence that this orientation was stressed or expected by the MHP's leadership.

C. Performance Improvement Project – Clinical

Area of Focus: The effect of an integrated team's plan of care on reducing rehospitalization rates

<u>Stage</u>	<input type="checkbox"/> Active – Ongoing <input type="checkbox"/> Completed <input type="checkbox"/> Active – New <input type="checkbox"/> Little Activity <input checked="" type="checkbox"/> Concept Only <input type="checkbox"/> None	<u>PIP Protocol</u> Questions 1-8 (Concept) Total Yes <u>2</u> Total Partial <u>1</u> Total No <u>5</u> Questions 12-16 (Study Design) Total Yes <u>0</u> Total Partial <u>0</u> Total No <u>5</u>
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D. Performance Improvement Project – Non-Clinical

Area of Focus: Use of a transition age team's support services to reduce incarceration rates among transition age youth

<u>Stage</u>	<input type="checkbox"/> Active – Ongoing <input type="checkbox"/> Completed <input type="checkbox"/> Active – New <input type="checkbox"/> Little Activity <input checked="" type="checkbox"/> Concept Only <input type="checkbox"/> None	<u>PIP Protocol</u> Questions 1-8 (Concept) Total Yes <u>1</u> Total Partial <u>2</u> Total No <u>5</u> Questions 12-16 (Study Design) Total Yes <u>0</u> Total Partial <u>2</u> Total No <u>3</u>
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E. Current Systems/Applications			
Application	Years Used	Function	Vendor/Supplier
CSM/MIS	>10 years	Practice Management	MHP IS & County IT

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Strengths

1. Knowledgeable and dedicated information system support staff continue to work with an aging, at-risk system.
2. The MHP has a well organized quality improvement program which monitors all areas of MHP activity and involves stakeholders in those processes.
3. An organized and productive Cultural Competence Advisory Committee planned and implemented many interventions to create a slow and steady improvement in penetration rates for many of the diverse populations served by the MHP.

H. Challenges

1. The MHP needs to assure that all appropriate and valid claims are processed accurately and in a timely manner so that data and revenue are captured and analyzed.
2. The search for and the implementation of an information system is a major task for any organization. In view of the current fiscal crisis, the MHP needs to prevent the loss of current and valid data.
3. In view of other pressing priorities, keeping quality improvement activities high on everyone's radar screen may not take precedence unless administration supports that importance.

I. 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.
2. Continue efforts to find a replacement for the MHP's aging primary information system.
3. Create alternative ways for displays of quality improvement activities. In the face of severe cut-backs, it is imperative that the MHP closely and efficiently monitor impact on consumers and also to find ways to bring that information to the various stakeholders.

J. Additional Observations (optional)

1. A very severe fiscal crisis may dramatically change the way services are provided in the very near future. Multi-stakeholder series of meetings were held before the Mental Health Board, and the Board of Supervisors will ultimately direct the MHP's responses to this crisis.

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Glenn MHP** Review Date: **August 19, 2005**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²						
Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served/Month	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	6,884	641	9.31%	\$2,290,007	\$333	\$3,573
FY04	6,698	536	8.00%	\$2,142,955	\$320	\$3,998
FY03	6,330	456	7.20%	\$1,630,731	\$258	\$3,576

B. Response to FY05 Key Recommendations

1. Provide more diverse cultural competence trainings and improve staff attendance:
 Fully Addressed Partially Addressed Not Addressed
 The MHP provided training on culturally diverse topics almost every month, and most staff regularly attended.

2. Collaborate with similar small-size MHP's to select a new management information system:
 Fully Addressed Partially Addressed Not Addressed
 The MHP continues to work cooperatively with other small MHPs to select a replacement system.

3. Maximize use of Parent Partners:
 Fully Addressed Partially Addressed Not Addressed
 System-wide demands have continued to drain time from this very specialized resource.

C. Performance Improvement Project – Clinical

Area of Focus: Care planning to improve client functioning and depression.

Stage	<input checked="" type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>2</u>	Total Partial <u>5</u>	Total No <u>1</u>
	<input type="checkbox"/> Little Activity	Questions 12-16 (Study Design)		
	<input type="checkbox"/> Concept Only	Total Yes <u>4</u>	Total Partial <u>0</u>	Total No <u>1</u>
	<input type="checkbox"/> None			

D. Performance Improvement Project – Non-Clinical

Area of Focus: Reducing access barriers for senior consumers.

Stage	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input checked="" type="checkbox"/> Active – New	Total Yes <u>6</u>	Total Partial <u>2</u>	Total No <u>0</u>
	<input type="checkbox"/> Little Activity	Questions 12-16 (Study Design)		
	<input type="checkbox"/> Concept Only	Total Yes <u>3</u>	Total Partial <u>2</u>	Total No <u>0</u>
	<input type="checkbox"/> None			

E. Current Systems/Applications

Application	Years Used	Function	Vendor/Supplier
InSyst	>10 years	Practice Management	Echo

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Strengths				
1. The MHP demonstrates a strong commitment to wellness and recovery values. 2. Management recognizes the value and importance of data, and subsequent sharing of data with staff. 3. There is strong emphasis and commitment to provide staff training.				
H. Challenges				
1. Maintaining the current values and direction of the MHP in light of the long tenured Director's announced retirement and the resultant administrative personnel changes may be difficult. 2. Contract providers do not have access to monthly caseload, services, and eligibility status reports. 3. Employing only one medication support psychiatrist for all consumers appears to be inadequate.				
I. Key Recommendations				
1. The MHP should enhance current recovery and wellness-focused empowerment trainings for consumers, families, and staff. 2. There needs to be a priority to continue to explore ways to welcome the Latino community to mental health services. 3. MHP staff can improve their priority for implementing locally-identified quality improvement activities, including PIP-specific interventions that directly provide measurable benefits to consumers and families.				
J. Additional Observations (optional)				
1. 2.				

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Humboldt MHP** Review Date: **September 8, 2005**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²						
Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary
FY05	26,420	2,863	10.82%	\$12,121,674	\$458	\$4,234
FY04	26,014	2,825	10.86%	\$12,526,692	\$482	\$4,434
FY03	25,956	2,825	10.88%	\$11,700,003	\$451	\$4,142

B. Response to FY05 Key Recommendations

1. Determine variables responsible for a reduction of penetration rates in all ethnic categories:
 Fully Addressed Partially Addressed Not Addressed

2. Increase community knowledge of how to access services:
 Fully Addressed Partially Addressed Not Addressed
 The MHP created a new consumer handbook. However, none of the participants in the consumer/family member focus group conducted by CAEQRO knew of its existence.

3. Monitor Medi-Cal claims error correction reports:
 Fully Addressed Partially Addressed Not Addressed
 Fiscal staff states that they monitor Medi-Cal claims error reports every month.

C. Performance Improvement Project – Clinical

Area of Focus: Effect of CALMAP implementation with schizophrenic beneficiaries on inpatient utilization

Stage	<input checked="" type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>6</u>	Total Partial <u>1</u>	Total No <u>1</u>
	<input type="checkbox"/> Little Activity	Questions 12-16 (Study Design)		
	<input type="checkbox"/> Concept Only	Total Yes <u>4</u>	Total Partial <u>0</u>	Total No <u>1</u>
	<input type="checkbox"/> None			

D. Performance Improvement Project – Non-Clinical

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

Stage	<input checked="" type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>7</u>	Total Partial <u>0</u>	Total No <u>1</u>
	<input type="checkbox"/> Little Activity	Questions 12-16 (Study Design)		
	<input type="checkbox"/> Concept Only	Total Yes <u>3</u>	Total Partial <u>2</u>	Total No <u>0</u>
	<input type="checkbox"/> None			

E. Current Systems/Applications

Application	Years Used	Function	Vendor/Supplier
CMHC/MIS	8	Practice Management	Netsmart
CMHC/InfoScriber	5	Medication Management and Ordering	Netsmart
MEDtrieve	4	Medical Records Imaging	IDP Companies, Inc.

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent, and timely data collection	<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. Completeness of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Strengths

1. The MHP hired a full time behavioral health QI coordinator rather than continuing to share the Health Department's coordinator.
2. Implementation of evidenced based practices in children's services in collaboration with CIMH has occurred.
3. Development of a Research and Evaluation Unit to further data driven practices and creation of an Office of Consumer and Cultural Diversity are both positive steps.

H. Challenges

1. The MHP has lower than desired penetration rates for Native Americans, older adults and Hispanics.
2. Although the MHP's IT process does not serve its needs there are no current plans to replace existing systems within the next 18 months.
3. The MHP's Continuous Quality Improvement Committee does not track and trend data and there is no fiscal or data staff representation at the meetings.

I. Key Recommendations

1. Develop increased organizational support and reliance on data analysis whose results are accessible to all program and quality improvement areas.
2. Enhance the QI program by reporting specific and measurable goals and timelines.
3. Expand efforts for outreach to the Hispanic, older adult and Native American populations.

J. Additional Observations (optional)

- 1.
- 2.

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Imperial MHP** Review Date: **March 28, 2006**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²						
Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	48,737	2,867	5.88%	\$8,692,672	\$178	\$3,032
FY04	47,393	2,739	5.78%	\$7,644,803	\$161	\$2,791
FY03	45,828	2,798	6.11%	\$7,464,856	\$163	\$2,668

B. Response to FY05 Key Recommendations

1. Create meaningful goals in the QI Work Plan that speak to the needs of the community. Add measurability and accountability to goals and objectives and include timelines and data to be collected:
 Fully Addressed Partially Addressed Not Addressed
 The QI Work Plan contains clearly delineated, realistic, measurable, time-bound objectives that are tracked over time.

2. Address overall access to care, with particular attention to the services, penetration rates, and retention rates of age group 40-59, and those in outlying area:
 Fully Addressed Partially Addressed Not Addressed

- o Easy access to services improved via a new Assessment Center (October 2005).
- o The MHP, in collaboration with community health agencies (Promotora Program), provides outreach, prevention, assessment, and treatment services for migrant farm workers.
- o Some services are provided in the field; a nurse was hired to do outreach in the community.

3. Initiate efforts to cross train other IT staff members on highly specialized tasks and fully document all activities. It appears that most expertise with the new application exists with a single staff member:
 Fully Addressed Partially Addressed Not Addressed
 The MHP has hired a new Administrative Analyst to cross-train and to assist in the implementation of additional modules.

C. Performance Improvement Project – Clinical

Area of Focus: Decrease hospitalizations

<u>Stage</u>	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input checked="" type="checkbox"/> Active – New	Total Yes <u>7</u>	Total Partial <u>1</u>	Total No <u>0</u>
	<input type="checkbox"/> Little Activity			
	<input type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes <u>3</u>	Total Partial <u>2</u>	Total No <u>0</u>

D. Performance Improvement Project – Non-Clinical

Area of Focus: Reduce missed appointments

<u>Stage</u>	<input checked="" type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>6</u>	Total Partial <u>1</u>	Total No <u>1</u>
	<input type="checkbox"/> Little Activity			
	<input type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes <u>2</u>	Total Partial <u>3</u>	Total No <u>0</u>

E. Current Systems/Applications			
Application	Years Used	Function	Vendor/Supplier
Avatar	>2 years	Practice management	Netsmart

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Strengths

- The MHP fosters a culture that emphasizes strong collaborative relationships and joint planning with other external and internal entities to maximize service delivery, and to ensure oversight for resource management.
- The MHP effectively monitors and tracks over time QI activities that address specific, measurable, and time-bound objectives, and meaningful improvements in beneficiary care. This information is presented clearly and accurately in the 2005 Annual Update to QI Work Plan.
- The MHP has a very knowledgeable system analyst to manage the MHP information system. IS participation is expected and valued by all levels of the organization.

H. Challenges

- The Recovery and Wellness model needs to be implemented in practice. The challenge is to spread the core recovery concept onto the MHP's entire population, not limiting it to programs under MHSA.
- The population in the county is geographically spread throughout a large area, which can make access to services challenging (e.g., transportation, awareness of services, etc.). The penetration rate for some underserved groups is significantly lower than the State penetration rate (e.g., for females 60 years and older Imperial rate is 7.13%, the State – 13.11%).
- The MHP has no policy/procedure to control access to records in the IS managed care module. In addition, implementing the clinical workstation module will present a challenge.

I. Key Recommendations

- 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.
- 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.
- 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.

J. Additional Observations (optional)

-
-

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Inyo MHP** Review Date: **May 9, 2006**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²

Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	3,097	303	9.78%	\$1,047,961	\$338	\$3,459
FY04	3,028	308	10.17%	\$1,085,015	\$358	\$3,523
FY03	2,950	289	9.80%	\$1,030,898	\$349	\$3,567

B. Response to FY05 Key Recommendations

- Develop policies and procedures on business processes:
 Fully Addressed Partially Addressed Not Addressed
 Many business practices have been documented in policies. Billing system procedures such as service entry and episode closing are still needed.
- Consider developing a Quality Improvement Coordinator position:
 Fully Addressed Partially Addressed Not Addressed
 A halftime QI Coordinator position has been designated, but not yet filled.
- Include accountability and measurability of QI Work Plan goals:
 Fully Addressed Partially Addressed Not Addressed
 The MHP is beginning to use data and adding numerical goals to the QI Work Plan. Addition of person responsible and data tracking of improvement will promote accountability and measurability.

C. Performance Improvement Project – Clinical

Area of Focus: Decreasing Rehospitalization of Transition Aged Youth

Stage Active – Ongoing PIP Protocol
 Completed Questions 1-8 (Concept)
 Active – New Total Yes 2 Total Partial 5 Total No 1
 Little Activity
 Concept Only Questions 12-16 (Study Design)
 None Total Yes 0 Total Partial 0 Total No 5

D. Performance Improvement Project – Non-Clinical

Area of Focus: Increasing access for Latino and American Indian populations

Stage Active – Ongoing PIP Protocol
 Completed Questions 1-8 (Concept)
 Active – New Total Yes 3 Total Partial 4 Total No 1
 Little Activity
 Concept Only Questions 12-16 (Study Design)
 None Total Yes 0 Total Partial 0 Total No 5

E. Current Systems/Applications

Application	Years Used	Function	Vendor/Supplier
InSyst	>10	Practice Management	Echo

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Strengths				
1. The MHP has made significant efforts to resolve previously identified information system weaknesses. 2. Senior leadership supports QI and there is a culture of openness to improving care. 3. The MHP has developed collaborative relationships with community partners such as primary care physicians, Toiyabe Indian Health Clinic and the Area Agency on Aging.				
H. Challenges				
1. Implementation of a new information system will require significant planning and resources. 2. Separation of CQIC consumers and family members from the internal QIC is a barrier to collaboration and ensuring cross fertilization of ideas in PIP planning and QI activities. At the same time the extensive involvement of consumers and family members in QI activities is exemplary. 3. Recruitment issues have prevented the QI Coordinator position from being filled.				
I. Key Recommendations				
1. Consider utilizing a project manager for implementation of the new IS to assure that resources are available and coordinated. 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. 3. Develop back up coverage for the psychiatrist and succession planning for upcoming retirements. Consider telepsychiatry services to expand provider resources into rural areas.				
J. Additional Observations (optional)				
1. 2.				

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Kern MHP** Review Date: **September 13-14, 2005**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²						
Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	199,589	13,034	6.53%	\$53,433,012	\$268	\$4,100
FY04	190,929	13,003	6.81%	\$54,235,178	\$284	\$4,171
FY03	181,433	12,612	6.95%	\$55,822,132	\$308	\$4,426

B. Response to FY05 Key Recommendations

1. Improve penetration for Latino and Native American consumers:
 Fully Addressed Partially Addressed Not Addressed
 Claims data indicates improved penetration rates that are above the Southern region and State-wide averages.

2. Review policy and procedures to monitor and maintain data integrity:
 Fully Addressed Partially Addressed Not Addressed
 Comprehensive procedures to monitor data integrity are in place.

3. Communicate policy changes to outlying clinics:
 Fully Addressed Partially Addressed Not Addressed
 MHP communicates policies in hard copy, a public website, and with pop-up messages on the intranet.

C. Performance Improvement Project – Clinical

Area of Focus: Latino access.

Stage	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>1</u>	Total Partial <u>3</u>	Total No <u>4</u>
	<input checked="" type="checkbox"/> Little Activity	Questions 12-16 (Study Design)		
	<input type="checkbox"/> Concept Only	Total Yes <u>1</u>	Total Partial <u>2</u>	Total No <u>2</u>
	<input type="checkbox"/> None			

D. Performance Improvement Project – Non-Clinical

Area of Focus: Billing lockout.

Stage	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>8</u>
	<input type="checkbox"/> Little Activity	Questions 12-16 (Study Design)		
	<input type="checkbox"/> Concept Only	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>5</u>
	<input checked="" type="checkbox"/> None			

E. Current Systems/Applications

Application	Years Used	Function	Vendor/Supplier
InSyst	>10 years	Practice Management	Echo
Data Warehouse	>2 years	Data Reporting and Analysis	Local MHP

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Strengths				
<ol style="list-style-type: none"> 1. There are strong organizational commitments to QI, cultural competence, and recovery principles. 2. Administrative and line staff utilize data in decision-making processes. 3. The MHP is following multiple evidence-based practices for youth, adults, and those with substance abuse. 				
H. Challenges				
<ol style="list-style-type: none"> 1. The development of policies and procedures to preserve more than ten years of archival data currently stored in InSyst prior to replacement of the current system has not occurred. 2. Staff report inconsistent communication of changing expectations to all levels of staff. 3. Isolation of cultural competency activities from QI processes creates two silos of improvement endeavors. 				
I. Key Recommendations				
<ol style="list-style-type: none"> 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. 2. Assure future access to preserved archival data so meaningful baseline information can be accessed. 3. Implement direct communication among administrative and line staffs. 				
J. Additional Observations				
<ol style="list-style-type: none"> 1. The project presented as the non-clinical PIP was a documentation activity not eligible to be a PIP. 2. 				

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Kings MHP** Review Date: **October 25, 2005**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²						
Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	31,698	2,493	7.86%	\$4,667,452	\$147	\$1,872
FY04	30,847	2,497	8.09%	\$5,101,793	\$165	\$2,043
FY03	29,613	2,483	8.38%	\$4,540,628	\$153	\$1,829

B. Response to FY05 Key Recommendations

- Define and specify current PIP activity, and develop a second PIP based on data collection:
 Fully Addressed Partially Addressed Not Addressed
 The MHP continues an active and viable clinical PIP project. However, it has not adequately developed a required non-clinical PIP.

- Specifically outline the role of the consumer/family members and other stakeholders within the description of the QI program:
 Fully Addressed Partially Addressed Not Addressed
 The MHP does not formally include consumers/family members and other stakeholders on its quality improvement related committees.

- Review the eligibility verification process. Periodic eligibility reviews of all clients will produce more accurate claims data and may improve revenue:
 Fully Addressed Partially Addressed Not Addressed
 The admissions staff verifies eligibility at first visit and at end of month prior to accounting staff billing.

C. Performance Improvement Project – Clinical

Area of Focus: Contribution of targeted AOD treatment and assisted medication compliance management to maintaining stability of high risk consumers at an outpatient level of care, and decrease their hospitalization recidivism rate.

<u>Stage</u>	<input checked="" type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>6</u>	Total Partial <u>2</u>	Total No <u>0</u>
	<input type="checkbox"/> Little Activity			
	<input type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes <u>4</u>	Total Partial <u>1</u>	Total No <u>0</u>

D. Performance Improvement Project – Non-Clinical

Area of Focus: Services provided to transition age youth consumers to successfully take on the adult responsibilities inherent in independent living.

<u>Stage</u>	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>1</u>	Total Partial <u>1</u>	Total No <u>6</u>
	<input type="checkbox"/> Little Activity			
	<input checked="" type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes <u>1</u>	Total Partial <u>0</u>	Total No <u>4</u>

E. Current Systems/Applications			
Application	Years Used	Function	Vendor/Supplier
CMHC/MIS	10	Practice Management	Netsmart

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- G. Strengths**
- The MHP is reviewing consumer length of treatment to decrease possible dependence upon the MHP and to examine barriers to promoting increased consumer independence in the community.
 - The consumer-led DISC program is an important resource for consumers attempting to develop independent living skills.
 - The MHP has well-developed policies that promote timely and accurate entry of data.

- H. Challenges**
- Selection and implementation of a new information system will require significant planning and resources.
 - Surveys have reflected that consumers do not know what their individualized Plan of Care states.
 - Integration of substance abuse services, including the appropriate diagnosis and referral for co-occurring mental health and substance abuse disorders – especially diagnosis of substance abuse in teens – is a significant shortcoming.

- I. Key Recommendations**
- Create a set of strategic initiatives that actively articulate a direction for continuous improvement in service delivery. The quality improvement program and committees should be reflective of, and driven by, these initiatives. Include consumers and family members in this process.
 - 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.
 - 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.

- J. Additional Observations (optional)**
- -

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Lake MHP** Review Date: **August 11, 2005**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²						
Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	15,480	1,311	8.47%	\$4,067,649	\$263	\$3,103
FY04	15,321	1,229	8.02%	\$4,200,039	\$274	\$3,417
FY03	15,278	1,372	8.98%	\$4,383,106	\$287	\$3,195

B. Response to FY05 Key Recommendations

- Increase consumer and family member participation in program planning and quality improvement activities:
 Fully Addressed Partially Addressed Not Addressed
 Consumers and family members have been actively involved in MHSA planning but not yet in QI activities.

- Examine group availability and utilization in light of wellness and recovery:
 Fully Addressed Partially Addressed Not Addressed
 Analysis of group utilization was not conducted. The MHP has increased its attention to providing clinical trainings that address wellness and recovery.

- Evaluate telecommunications upgrades:
 Fully Addressed Partially Addressed Not Addressed
 The MHP invested in several technology upgrades and has selected a vendor for a new Voice-Over-Internet Protocol.

C. Performance Improvement Project – Clinical
 Area of Focus: Reducing hospitalizations

Stage	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>5</u>	Total Partial <u>1</u>	Total No <u>2</u>
	<input checked="" type="checkbox"/> Little Activity	Questions 12-16 (Study Design)		
	<input type="checkbox"/> Concept Only	Total Yes <u>0</u>	Total Partial <u>3</u>	Total No <u>2</u>
	<input type="checkbox"/> None			

D. Performance Improvement Project – Non-Clinical
 Area of Focus: Timely documentation in charts

Stage	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>8</u>
	<input type="checkbox"/> Little Activity	Questions 12-16 (Study Design)		
	<input type="checkbox"/> Concept Only	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>5</u>
	<input checked="" type="checkbox"/> None			

E. Current Systems/Applications			
Application	Years Used	Function	Vendor/Supplier
CMHC/MIS	9	Practice management and progress notes	Netsmart

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Strengths

1. The QIC routinely reviews hospitalization data and the staff has the ability to create customized reports from the MHP's information system.
2. There is strong communication between management, QI staff, and line staff.
3. The MHP has well documented its billing, SAL, and chart review procedures.

H. Challenges

1. Penetration rates for youth, older adults, and Latinos are lower than the region and the state. The MHP has no Spanish-speaking therapist available to work with youth.
2. Data analysis experience is limited.
3. Consumer and family member involvement in the QIC has not been developed.

I. 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.
2. Continue the cross training of business staff to secure critical knowledge and to provide back up for key personnel.
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.

J. Additional Observations (optional)

1. While the MHP presented a concept for a non-clinical PIP, "none" was selected because this project is considered a basic quality assurance project and would not develop into a valid PIP.
- 2.

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Lassen MHP** Review Date: **May 9, 2006**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²						
Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	5,224	705	13.50%	\$2,553,715	\$489	\$3,622
FY04	5,062	621	12.27%	\$1,918,189	\$379	\$3,089
FY03	5,046	617	12.23%	\$2,015,301	\$399	\$3,226

B. Response to FY05 Key Recommendations

- Design objectives that are data driven, strive to increase performance, and are created to objectively measure the progress:
 Fully Addressed Partially Addressed Not Addressed
 This is the focus of the MHP's new information system, and the MHP is looking into improving its understanding of data driven systems.

- Continue and expand outreach efforts to the Hispanic and the Native American populations:
 Fully Addressed Partially Addressed Not Addressed
 The MHP is working with a translator to provide therapy to the Spanish speaking population, and it continues to reach out to Hispanic and the Native American populations through word of mouth. The MHP is continuing efforts to hire bi-lingual staff, although low county salaries are a significant barrier.

- Continue efforts to assist consumers in establishing peer run support groups, drop in centers, and a warm line:
 Fully Addressed Partially Addressed Not Addressed
 The Lassen Aurora Network established peer support groups and a drop in center. With Mental Health Services Act funding it may be in the position to move forward to create a warm line.

C. Performance Improvement Project – Clinical

Area of Focus: Providing intensive services to decrease inpatient hospital readmissions

<u>Stage</u>	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>8</u>
	<input type="checkbox"/> Little Activity			
	<input checked="" type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>5</u>

D. Performance Improvement Project – Non-Clinical

Area of Focus: The MHP did not present a non-clinical PIP

<u>Stage</u>	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>8</u>
	<input type="checkbox"/> Little Activity			
	<input type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input checked="" type="checkbox"/> None	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>5</u>

E. Current Systems/Applications			
Application	Years Used	Function	Vendor/Supplier
ShareCare	2	Practice management	Echo

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- G. Strengths**
- Lassen Aurora Network is a powerful group that greatly aids the MHP in moving ahead with recovery and wellness principles for consumers, the MHP staff, and the community.
 - The collaborative relationship between staffs in IS, Fiscal, and QI maximizes the sharing of knowledge and skill sets.
 - The MHP staff is strong and committed to providing excellent services to the consumers.

- H. Challenges**
- As the ShareCare enhancements occur, it is important to ensure that the MHP creates written documentation for new policies, procedures, and business practices as it enacts the enhancements.
 - Human Services is using the MHP's QI/UR staff. This could reduce MHP resources and be a challenge to the staff to work for two parts of the system.
 - A limited number of the staff possess the skills to extract data and generate ad hoc reports.

- I. Key Recommendations**
- 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.
 - Create policies and procedures to support timely and accurate data collection and entry. Document billing processes.
 - 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.

- J. Additional Observations (optional)**
- -

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Los Angeles MHP** Review Date: **April 10-13, 2006**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²						
Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	2,485,721	128,075	5.15%	\$537,756,980	\$216	\$4,199
FY04	2,611,970	128,297	4.91%	\$547,300,373	\$210	\$4,266
FY03	2,620,200	127,939	4.88%	\$551,440,536	\$210	\$4,310

B. Response to FY05 Key Recommendations

1. Resolve issues related to information systems reliability and performance
 Fully Addressed Partially Addressed Not Addressed
 The MHP made substantial hardware and software enhancements and reduced claims processing from 200 days to less than 50 days. However, long-term system reliability and performance issues remain that will require significant amounts of additional resources and effort to resolve. Further improvements might have little measurable impact on core systems operations.

2. Improve MHP overall penetration rates which are lower than regional and statewide rates
 Fully Addressed Partially Addressed Not Addressed
 The three year SDMC overall penetration rate remains near 5%, which is much lower than regional and statewide rates. The low rate might be the result of unidentified system issues, eligibility determination difficulties, or claims production problems.

3. Address issues related to widespread dissatisfaction among contract providers
 Fully Addressed Partially Addressed Not Addressed
 Many contract providers continue double data entry. Some significantly increased data staff due to cumbersome and inefficient entry. The MHP addressed many claims reimbursement HIPAA-related issues. The MHP should encourage providers to convert to electronic HIPAA standard transactions.

C. Performance Improvement Project – Clinical

Area of Focus: Rapid access and linkage post-hospitalization to reduce subsequent hospitalization, incarceration, and homeless days, and to increase employment days

<p><u>Stage</u> <input checked="" type="checkbox"/> Active – Ongoing <input type="checkbox"/> Completed <input type="checkbox"/> Active – New <input type="checkbox"/> Little Activity <input type="checkbox"/> Concept Only <input type="checkbox"/> None</p>	<p><u>PIP Protocol</u> Questions 1-8 (Concept) Total Yes <u>8</u> Total Partial <u>0</u> Total No <u>0</u></p> <p>Questions 12-16 (Study Design) Total Yes <u>5</u> Total Partial <u>0</u> Total No <u>0</u></p>
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D. Performance Improvement Project – Non-Clinical

Area of Focus: Training clinicians on mental health screening and assessment of older adult caregivers in order to impact outcomes of consumers

<p><u>Stage</u> <input type="checkbox"/> Active – Ongoing <input type="checkbox"/> Completed <input checked="" type="checkbox"/> Active – New <input type="checkbox"/> Little Activity <input type="checkbox"/> Concept Only <input type="checkbox"/> None</p>	<p><u>PIP Protocol</u> Questions 1-8 (Concept) Total Yes <u>1</u> Total Partial <u>3</u> Total No <u>4</u></p> <p>Questions 12-16 (Study Design) Total Yes <u>2</u> Total Partial <u>2</u> Total No <u>1</u></p>
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E. Current Systems/Applications			
Application	Years Used	Function	Vendor/Supplier
IS	> 2 years	Practice Management	Vendor IT
MHMIS	>18 years	Practice Management	County IT
FFS Claiming System	> 4 years	Billing	County IT
DMH Data Warehouse	< 1 year	Data Warehouse	MHP IS

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Strengths

- The MHP has an experienced and dedicated staff that works cohesively to support the MHP's mission.
- The MHP utilizes electronic publications to communicate changes in the MHP's environment.
- The Data Warehouse has become a valuable data repository and Secure Internet File Transfer (SIFT) provides an excellent mechanism to deliver information securely to providers, managers and staff.

H. Challenges

- Two ideals are often in opposition: the promotion of independent decision-making within Service Areas, and organization-wide standards to reduce resource-draining and inefficient duplicative efforts.
- Reliance on three SDMC claims producing systems creates many barriers for the MHP and contractors.
- The three year trend of low SDMC penetration rates and high denied claims rates might indicate unidentified system issues, eligibility determination difficulties, or claims production problems.

I. Key Recommendations

- Prioritize cultural competence, wellness and recovery practices, data-driven outcomes measurements and convey clear and consistent expectations for care coordination.
- Consider creating a task force of county and contract provider staffs to investigate the root causes of the low SDMC overall penetration rates. Additionally, incorporate key Medi-Cal approved claims data into the monthly dashboard of performance measures to prioritize these issues for the organization.
- Identify more clinical data to incorporate into the Data Warehouse, thereby providing additional information more relevant for clinical and quality improvement activities.

J. Additional Observations (optional)

-
-

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Madera MHP** Review Date: **March 28, 2006**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²						
Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	37,506	1,823	4.86%	\$4,597,127	\$123	\$2,522
FY04	36,304	1,831	5.04%	\$3,809,213	\$105	\$2,080
FY03	34,749	1,910	5.50%	\$6,187,100	\$178	\$3,239

B. Response to FY05 Key Recommendations

- Carefully examine information system staffing requirements, especially with the view of a new information system:
 Fully Addressed Partially Addressed Not Addressed
 Current resources appear adequate, but the MHP has not performed a business analysis and staffing will be a very important factor in the success of system conversion if a new vendor is selected.
- Promote enhanced efforts to integrate mental health and substance abuse services:
 Fully Addressed Partially Addressed Not Addressed
 The MHP has developed multiple integrated treatment models for both youth and adults.
- Develop methods to inform staff and stakeholders about quality improvement activities:
 Fully Addressed Partially Addressed Not Addressed
 The MHP has created several written and verbal methods to relay quality improvement activities to staff and other stakeholders.

C. Performance Improvement Project – Clinical

Area of Focus: Impacting the percentage of psychiatric appointments which consumers kept

Stage	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>3</u>	Total Partial <u>2</u>	Total No <u>3</u>
	<input type="checkbox"/> Little Activity			
	<input checked="" type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes <u>1</u>	Total Partial <u>2</u>	Total No <u>2</u>

D. Performance Improvement Project – Non-Clinical

Area of Focus: Improving customer service

Stage	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>8</u>
	<input type="checkbox"/> Little Activity			
	<input type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input checked="" type="checkbox"/> None	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>5</u>

E. Current Systems/Applications

Application	Years Used	Function	Vendor/Supplier
CMHC/MIS	5+ years	Practice Management and Managed Care	Kings View

F. Review of Information System Components (all met)	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Strengths				
<ol style="list-style-type: none"> 1. Policies and procedures, training and comprehensive billing practices have contributed to maximized utilization of the current information system. 2. The MHP has demonstrated the ability to create new reports and extract data for analysis. 3. The MHP has promoted recovery principles and now consumers are requesting employment coaching and opportunities. 				
H. Challenges				
<ol style="list-style-type: none"> 1. Without a firm decision about vendor replacement, the MHP has a goal of migration and implementation of a new information system by the beginning of FY 07-08. 2. For the last two years, the MHP's penetration and approved claims have been below regional and state averages, but these trends were not recognized by the MHP. 3. The MHP will need to ensure that many years historical data are preserved since only a portion will be ported to a new system. 				
I. Key Recommendations				
<ol style="list-style-type: none"> 1. Develop both a business analysis and contingency plans for significant delays in the implementation of a new system. 2. Carefully evaluate current processes for current and prospective data analysis and assess the impact of current utilization trends on consumers. 3. Address consumers' readiness for supportive and other employment opportunities. 				
J. Additional Observations (optional)				
<ol style="list-style-type: none"> 1. 2. 				

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Marin MHP** Review Date: **December 12, 2005**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²						
Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	17,372	2,218	12.77%	\$12,340,596	\$710	\$5,564
FY04	16,743	2,085	12.45%	\$11,741,129	\$701	\$5,631
FY03	15,382	1,983	12.89%	\$10,198,929	\$663	\$5,143

B. Response to FY05 Key Recommendations

- Give continuing attention to the selection and procurement of a replacement system for InSyst:
 - Fully Addressed Partially Addressed Not Addressed

The MHP participated in the CBS Coalition in FY04 to evaluate an InSyst replacement solution. However, no formal evaluation or planning effort is underway. "Clinicians Gateway" was selected as an interim solution, but at the time of the review, no plan was in place for its implementation.
- Develop increased reliance upon data analysis in all program and quality improvement areas:
 - Fully Addressed Partially Addressed Not Addressed

The MH Director worked with the QIC to develop five QI activities that included data measurement and monitoring. This area is vastly improved and will require ongoing attention and skill development; it should include a data analyst to support these activities.
- Increase participation of consumers and family members on the QIC and other ad hoc committees:
 - Fully Addressed Partially Addressed Not Addressed

The MHP achieved active consumer participation by offering stipends to consumers.

C. Performance Improvement Project – Clinical

Area of Focus: Hospitalization and PES utilization for participants in Afternoon Club group.

Stage	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>1</u>	Total Partial <u>1</u>	Total No <u>6</u>
	<input checked="" type="checkbox"/> Little Activity	Questions 12-16 (Study Design)		
	<input type="checkbox"/> Concept Only	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>5</u>
	<input type="checkbox"/> None			

D. Performance Improvement Project – Non-Clinical

Area of Focus: Use of Symptom Severity Rating Scale to measure clinical status for Welfare to Work beneficiaries.

Stage	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>0</u>	Total Partial <u>1</u>	Total No <u>7</u>
	<input type="checkbox"/> Little Activity	Questions 12-16 (Study Design)		
	<input checked="" type="checkbox"/> Concept Only	Total Yes <u>0</u>	Total Partial <u>1</u>	Total No <u>4</u>
	<input type="checkbox"/> None			

E. Current Systems/Applications			
Application	Years Used	Function	Vendor/Supplier
InSyst	12	Practice Management	Echo
eCura	7	Managed Care	InfoMC

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Strengths

1. Penetration rates for all demographic groups are among the highest in the state.
2. Selected IS staff members are experts on the MHP business model and the InSyst database structure. For example, these creative report writers designed and developed a Direct Service Report combining clinical staff hours from the payroll system with direct service hours from InSyst to accurately track clinical staff productivity.
3. The MHP made significant strides in its coordination with other community providers and in implementing practices consistent with wellness and recovery practices. This includes an upcoming WRAP training and a consumer-run drop-in center that is well attended.

H. Challenges

1. The MHP does not have analytic staff members working on its QI projects. Contracting for these services can allow for the valuable addition of skills and knowledge, but the MHP needs to actively participate with contractors and drive the goals of contracted activities.
2. The MHP has not begun to outline options available or identify funding resources for an InSyst replacement.
3. A broad knowledge of InSyst functionality is held by only a few key staff members. Most users have a very limited comprehension of the product.

I. Key Recommendations

1. Establish a formal workgroup to address preliminary issues regarding InSyst/eCura support and eventual replacement.
2. Document critical business and IS functions, and create workflow diagrams.
3. Create work groups, with membership from relevant stakeholders, to develop and implement the PIPs.

J. Additional Observations (optional)

- 1.
- 2.

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Mariposa MHP** Review Date: **June 1, 2006**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²

Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	2,475	261	10.55%	\$457,782	\$185	\$1,754
FY04	2,440	263	10.78%	\$550,564	\$226	\$2,093
FY03	2,408	291	12.08%	\$565,738	\$235	\$1,944

B. Response to FY05 Key Recommendations

- Quality Improvement Plan: Integrate cultural competence and consumer participation, establish and track goals, improve documentation of meetings and attendance.
 Fully Addressed Partially Addressed Not Addressed

- Increase consumer/family member participation in MHP QI committee, employment opportunities and consumer run services:
 Fully Addressed Partially Addressed Not Addressed
 MHP has attempted to involve consumers/family members in QI committee but has difficulty recruiting members. No action has been taken to address employment and consumer run services.

- Develop collaborative relationships between IT/Fiscal and QI:
 Fully Addressed Partially Addressed Not Addressed
 Weekly meetings have begun between the QI officer and the Fiscal/IT supervisor.

C. Performance Improvement Project – Clinical

Area of Focus: Consumer satisfaction with current medication (pharmacy) services

Stage	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
<input type="checkbox"/> Active – New	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>8</u>	
<input type="checkbox"/> Little Activity	Questions 12-16 (Study Design)			
<input type="checkbox"/> Concept Only	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>5</u>	
<input checked="" type="checkbox"/> None				

D. Performance Improvement Project – Non-Clinical

Area of Focus: Improved identification of consumers' ethnic background , impact on program planning and service delivery

Stage	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
<input type="checkbox"/> Active – New	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>8</u>	
<input type="checkbox"/> Little Activity	Questions 12-16 (Study Design)			
<input type="checkbox"/> Concept Only	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>5</u>	
<input checked="" type="checkbox"/> None				

E. Current Systems/Applications

Application	Years Used	Function	Vendor/Supplier
CMHC/MIS	10	Practice management	Net smart

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Strengths

1. Competent, enthusiastic fiscal/IS team is performing an honest appraisal of past billing practices and developing improved polices and procedures.
2. MHP maintains an excellent working relationship with the IS vendor, Kings View
3. MHP has been able to recruit and hire additional clinical staff.

H. Challenges

1. MHP staff do not routinely use data to guide in decision-making
2. The MHP continues to rebuild the mental health system with limited staff and resources during transition from a contract operation to county operated services.
3. The downward trend in Medi-Cal revenues and upward trend in denied claims will require a focused effort and constant monitoring.

I. 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.
2. Convene a committee to address issues related to the upcoming Anasazi implementation.
3. Increase the use of consumers and family members as employees, members of QI committee and consumer run services.

J. Additional Observations (optional)

1. Two years ago the county took over as the MHP from their contractor, Kings View. The county MHP has experienced significant clinical as well as administrative problems. The MHP is still in a period of transition and will remain as such for some time, however the MHP is achieving stability, improving services and serving consumers.
- 2.

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Mendocino MHP** Review Date: **January 25, 2006**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²						
Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	21,746	1,978	9.10%	\$7,987,440	\$367	\$4,038
FY04	21,773	2,011	9.24%	\$8,825,577	\$405	\$4,389
FY03	20,513	1,852	9.03%	\$7,859,824	\$383	\$4,244

B. Response to FY05 Key Recommendations

- Create a current QI Work Plan which includes objective and measurable MHP-specific goals, including those for cultural competence:
 Fully Addressed Partially Addressed Not Addressed
 The MHP included MHP-specific goals in the current QI Work Plan. Baseline and target data need to be included to enable the MHP to measure and evaluate the effects of improvement efforts.
- Increase consistent participation of clinical line staff, consumers, and family members in the QIC.
 Fully Addressed Partially Addressed Not Addressed
 QI minutes reflect consistent participation by one family member, sporadic participation by one consumer and no active line staff involvement.
- Continue efforts to stabilize the new information system through diligent error discovery, reporting to the vendor, and testing:
 Fully Addressed Partially Addressed Not Addressed
 The MHP has stabilized many core processes over the past year; however, CSI reporting is not yet current.

C. Performance Improvement Project – Clinical

Area of Focus: Using consistently applied assessments and plans to reduce rehospitalizations

<u>Stage</u>	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>1</u>	Total Partial <u>4</u>	Total No <u>3</u>
	<input checked="" type="checkbox"/> Little Activity			
	<input type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes <u>0</u>	Total Partial <u>4</u>	Total No <u>1</u>

D. Performance Improvement Project – Non-Clinical

Area of Focus: Increasing consumer driven treatment planning

<u>Stage</u>	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>2</u>	Total Partial <u>0</u>	Total No <u>6</u>
	<input type="checkbox"/> Little Activity			
	<input checked="" type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>5</u>

E. Current Systems/Applications

Application	Years Used	Function	Vendor/Supplier
Avatar	2.5 years	Practice management	Netsmart

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Strengths

- The MHP staff morale appears improved over last year, as does the relationship between the mental health director and the clinical staff.
- The MHP is making progress in its shift toward recovery oriented practices.
- The MHP has a skilled business services team that is rapidly learning the intricacies of the Avatar system.

H. Challenges

- The MHP will have an interim mental health director for the next year, creating a challenging transition at the same time the Mental Health Services Act implementation begins.
- Only two staff members are adept at using the report writing tool, limiting the availability of reports for monitoring quality improvement.
- The QIC and clinical staff do not participate actively in quality improvement activities.

I. Key Recommendations

- 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.
- Train additional staff on the database structure and report-writing tools in order to expand local report specification and development capacity.
- Increase the role of the QIC in monitoring activities and goals, including PIPs, identified in the QI Work Plan.

J. Additional Observations (optional)

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-

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Merced MHP** Review Date: **April 4, 2006**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²						
Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	73,997	3,377	4.56%	\$8,165,094	\$110	\$2,418
FY04	73,453	3,368	4.59%	\$8,115,099	\$110	\$2,409
FY03	69,646	3,253	4.67%	\$8,142,707	\$117	\$2,503

B. Response to FY05 Key Recommendations

- Assess systems to verify the accuracy of data entry, including systems for obtaining details of daily events and consumer demographic data:
 Fully Addressed Partially Addressed Not Addressed
 There are no policies and no evidence that verification has been addressed.
- Address needs for a replacement information system for the aging, inefficient current system and the provision of data warehousing to provide direct data access for quality improvement staff:
 Fully Addressed Partially Addressed Not Addressed
 The MHP is exploring funding in relation to these projects.
- Create a multi-departmental task force to address needs of high-risk youth
 Fully Addressed Partially Addressed Not Addressed
 The MHP made no progress with coordination with other resources.

C. Performance Improvement Project – Clinical

Area of Focus: The effect of improved clinical and crisis services on reducing youth hospitalization rates

Stage	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>0</u>	Total Partial <u>2</u>	Total No <u>6</u>
	<input checked="" type="checkbox"/> Little Activity	Questions 12-16 (Study Design)		
	<input type="checkbox"/> Concept Only	Total Yes <u>0</u>	Total Partial <u>2</u>	Total No <u>3</u>
	<input type="checkbox"/> None			

D. Performance Improvement Project – Non-Clinical

Area of Focus: Improving the quality of care by increasing the number of signed releases of information

Stage	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>0</u>	Total Partial <u>1</u>	Total No <u>7</u>
	<input type="checkbox"/> Little Activity	Questions 12-16 (Study Design)		
	<input type="checkbox"/> Concept Only	Total Yes <u>2</u>	Total Partial <u>1</u>	Total No <u>2</u>
	<input checked="" type="checkbox"/> None			

E. Current Systems/Applications

Application	Years Used	Function	Vendor/Supplier
Local information system	>20 years	Practice Management	MHP IS & County IT
Local information system	>5 years	Managed Care	MHP IS & County IT

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Strengths				
<ol style="list-style-type: none"> 1. Even with budget cuts and downsizing, line staff and managers are optimistic and dedicated to the future. 2. Current staff is very knowledgeable about information systems and will be able to assess future options. 3. Over a dozen consumers are consistently involved with quality improvement activities. 				
H. Challenges				
<ol style="list-style-type: none"> 1. The aging information system, based on old technology, does not appear to adequately meet MHP needs, and replacement represents a tremendous drain on fiscal and personnel resources. 2. Penetration rates are significantly below the region and the state averages, especially for Latinos, Asians, and youth. 3. The MHP needs to prioritize a list of seventeen strategic initiatives into a list which is realistic, achievable, and readily understood by staff. Specific attention needs to be paid to recovery efforts within the MHP. 				
I. Key Recommendations				
<ol style="list-style-type: none"> 1. Initiate a formal system replacement project with a designated project manager and team, and with timelines and milestones. The funding issues can be explored simultaneously. 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 youth. 3. Create a finite list of critical strategic initiatives, including the need to begin the culture shift from a care-giving to an independence-fostering environment. 				
J. Additional Observations (optional)				
<ol style="list-style-type: none"> 1. 2. 				

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Modoc MHP** Review Date: **April 18, 2006**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²						
Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	2,325	228	9.81%	\$447,613	\$193	\$1,963
FY04	2,282	234	10.25%	\$429,264	\$188	\$1,834
FY03	2,341	272	11.62%	\$517,007	\$221	\$1,901

B. Response to FY05 Key Recommendations

1. Implement a Recovery & Wellness program:
 Fully Addressed Partially Addressed Not Addressed
 The MHP promotes recovery principles by:

- o Consumers' participation in the Quality Improvement Committee (QIC) and on the Mental Health Board.
- o Vocational opportunities for consumers (currently two consumers are hired within the MHP).
- o Socialization Group which provides an opportunity for informal peer support;
- o Implementation of groups for dually diagnosed adults; with groups for adolescents are in planning.

2. Train the staff to use the Error Correction Report (ECR) and Explanation of Balances (EOB) reports, and InSyst data queries:
 Fully Addressed Partially Addressed Not Addressed
 It appears that the staffs attempted to use the ECR and EOB reports but have not used them in the Medi-Cal claim process as effectively as possible.

3. Create/complete policies and procedures on business and timeliness/accuracy of data entry processes:
 Fully Addressed Partially Addressed Not Addressed
 Several new policies were created; the policies need to be communicated to the staff and reinforced.

C. Performance Improvement Project – Clinical

Area of Focus: The impact of consumer-focused Socialization Group on crisis services and consumer functional status.

<u>Stage</u>	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>8</u>
	<input checked="" type="checkbox"/> Little Activity			
	<input type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>5</u>

D. Performance Improvement Project – Non-Clinical

Area of Focus: No Shows

<u>Stage</u>	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>1</u>	Total Partial <u>1</u>	Total No <u>6</u>
	<input type="checkbox"/> Little Activity			
	<input checked="" type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes <u>0</u>	Total Partial <u>1</u>	Total No <u>4</u>

E. Current Systems/Applications			
Application	Years Used	Function	Vendor/Supplier
InSyst	>24 years	Practice Management	MHP and Vendor Staff

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Strengths

- The penetration rate for the Latino population increased from 1.79% in 2004 to 3.05% in 2005.
- The MHP developed a collaborative relationship with the Migrant Education Parent Association (MEPA). MEPA aids in cultural competence training and disseminates to its members the information in Spanish related to mental health services.
- Staff members have a good working relationship, sharing information and knowledge through informal communication channels

H. Challenges

- The penetration rate for foster children is significantly lower (16%) than the State rate (52%). Reportedly, there is only one clinician providing services to children. This staff shortage may be affecting the access and intensity of services for foster care children, although the number of total consumers served per year has also declined each of the last three years.
- Implementation of a Recovery & Wellness program may present a challenge in a community where the stigma of mental illness is pronounced. Recovery in practice can take place only if the community presents consumers with opportunities that promote growth, self-efficacy, and roles of responsibility.
- Querying data from the information system remains a challenge and limits the availability of data for use in planning and decision-making.

I. Key Recommendations

- 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.
- Create more avenues for implementing consumer opportunities that support key aspects of wellness and recovery within the MHP and in the community, such as:
 - Identify work opportunities for consumers within and outside the MHP and staff members that can serve as mentors.
 - Address stigma with further community outreach efforts such as presentations on recovery and wellness, and information about mental illness.
- Train appropriate staffs to query data from the information system as the new system is implemented in order to improve access to needed data and to reduce reliance on the vendor for ad hoc reports and to assure development and availability of data for PIPs and other management functions.

J. Additional Observations (optional)

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Mono MHP** Review Date: **May 11, 2006**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²						
Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	1,298	93	7.16%	\$313,501	\$242	\$3,371
FY04	1,221	77	6.31%	\$322,606	\$264	\$4,190
FY03	1,119	60	5.36%	\$402,573	\$360	\$6,710

B. Response to FY05 Key Recommendations

1. Involve County IT staff in implementation of new information system:
 Fully Addressed Partially Addressed Not Addressed
 County IT staff attend planning meetings for new IS.

2. Include accountability and measurability in QI Work Plan goals:
 Fully Addressed Partially Addressed Not Addressed
 Person Responsible was added to the QI Work Plan. More data was added to the Tracking Form. However, adding baseline measures, percentage improvement goals and current measurements to the Tracking Form would ensure easier tracking of improvement.

3. Involve consumers and family members in QI activities and projects:
 Fully Addressed Partially Addressed Not Addressed
 One MHB member regularly attends QIC. QIC reviews PIPs once per year, so there is little ongoing involvement.

C. Performance Improvement Project – Clinical

Area of Focus: Increasing Consumer Social Interactions

Stage	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
<input type="checkbox"/> Active – New	Total Yes <u>0</u>		Total Partial <u>1</u>	Total No <u>7</u>
<input type="checkbox"/> Little Activity				
<input checked="" type="checkbox"/> Concept Only	Questions 12-16 (Study Design)			
<input type="checkbox"/> None	Total Yes <u>0</u>		Total Partial <u>0</u>	Total No <u>5</u>

D. Performance Improvement Project – Non-Clinical

Area of Focus: Decreasing No Show Rates for Appointments

Stage	<input checked="" type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
<input type="checkbox"/> Active – New	Total Yes <u>4</u>		Total Partial <u>3</u>	Total No <u>1</u>
<input type="checkbox"/> Little Activity				
<input type="checkbox"/> Concept Only	Questions 12-16 (Study Design)			
<input type="checkbox"/> None	Total Yes <u>0</u>		Total Partial <u>4</u>	Total No <u>1</u>

E. Current Systems/Applications

Application	Years Used	Function	Vendor/Supplier
InSyst	>10 years	Practice Management	Echo

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Strengths				
<ol style="list-style-type: none"> 1. The MHP has developed a multi-disciplinary group for planning the implementation of a new IS. 2. The MHP has increased the use of data measurement in QI efforts. 3. The MHP participates in partnerships and collaborative projects to expand resources. 				
H. Challenges				
<ol style="list-style-type: none"> 1. Successful implementation of new IS requires dedicated resources. Business processes have not been documented in anticipation of implementing new information system. 2. The MHP has not met goals of increasing access to Latino and TAY populations. 3. Wellness and Recovery/Resiliency principles are in the beginning stages of implementation. 				
I. Key Recommendations				
<ol style="list-style-type: none"> 1. Hire a project manager to lead a successful and timely implementation of new MIS. 2. Review and update billing codes to improve revenues and prepare for new IS. 3. Provide outreach, information on services and benefit assistance to improve access to services. 				
J. Additional Observations (optional)				
<ol style="list-style-type: none"> 1. . 2. . 				

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name:	Monterey MHP	Review Date:	August 31 – September 1, 2005		
CAEQRO Size ¹	<input type="checkbox"/> Small-Rural	<input type="checkbox"/> Small	<input checked="" type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> Very Large

A. Medi-Cal Eligibility and Claims History ²

Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	76,550	3,365	4.40%	\$21,872,344	\$286	\$6,500
FY04	76,809	3,210	4.18%	\$20,068,857	\$261	\$6,252
FY03	77,802	3,114	4.00%	\$19,364,818	\$249	\$6,219

B. Response to FY05 Key Recommendations

- Improve translation services for the Latino community without requiring the involvement of families:
 Fully Addressed Partially Addressed Not Addressed
 Limited efforts to recruit bilingual paraprofessionals and consumer/family staff members to assist with translations have resulted in little change.
- Develop strategies to improve penetration in underserved communities:
 Fully Addressed Partially Addressed Not Addressed
 Concrete remedial action is pending MHSA funding.
- Closely monitor developments with InSyst, consider alternate IS strategies:
 Fully Addressed Partially Addressed Not Addressed
 Scheduled, on-site vendor demonstrations were well-attended by staff from all BH departments.

C. Performance Improvement Project – Clinical

Area of Focus: Increase services to Latino transitional age youth.

<u>Stage</u>	<input type="checkbox"/> Active – Ongoing <input type="checkbox"/> Completed <input type="checkbox"/> Active – New <input checked="" type="checkbox"/> Little Activity <input type="checkbox"/> Concept Only <input type="checkbox"/> None	<u>PIP Protocol</u> Questions 1-8 (Concept) Total Yes <u>2</u> Total Partial <u>3</u> Total No <u>3</u> Questions 12-16 (Study Design) Total Yes <u>0</u> Total Partial <u>3</u> Total No <u>2</u>
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D. Performance Improvement Project – Non-Clinical

Area of Focus: Improve coordination and communication with Primary Care Physicians for consumers with chronic medical and psychiatric conditions.

<u>Stage</u>	<input type="checkbox"/> Active – Ongoing <input type="checkbox"/> Completed <input type="checkbox"/> Active – New <input checked="" type="checkbox"/> Little Activity <input type="checkbox"/> Concept Only <input type="checkbox"/> None	<u>PIP Protocol</u> Questions 1-8 (Concept) Total Yes <u>2</u> Total Partial <u>4</u> Total No <u>2</u> Questions 12-16 (Study Design) Total Yes <u>0</u> Total Partial <u>2</u> Total No <u>3</u>
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E. Current Systems/Applications

Application	Years Used	Function	Vendor/Supplier
InSyst	15	Practice management	Echo
eCura	8	Managed care	InfoMC

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Strengths				
<ol style="list-style-type: none"> 1. The MHP has invested time, talent and resources in promoting wellness and recovery, resulting in the opening of two clubhouses, consumer employment opportunities, and educational programs. 2. The MHP has obtained alternate funding for special programs, resulting in grants to address consumers with co-occurring disorders, homelessness, and Latino transitional age youth. 3. A project to electronically store medical records is near completion. 				
H. Challenges				
<ol style="list-style-type: none"> 1. Consumer access to mental health services is extremely difficult, due to MHP imposed barriers. 2. There is limited commitment to quality improvement processes. 3. Little documentation exists to support core business functions. Procedures are simply handed down from one employee to the next, with no evaluation or QA of processes. 				
I. Key Recommendations				
<ol style="list-style-type: none"> 1. Form a team to plan, implement and monitor improved access to care. 2. Assign sufficient staff resources to the QI program, reflecting the value of QI efforts to the MHP. 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. 				
J. Additional Observations (optional)				
<ol style="list-style-type: none"> 1. 2. 				

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Napa MHP** Review Date: **September 15, 2005**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²

Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	13,301	1,080	8.12%	\$4,976,739	\$374	\$4,608
FY04	13,167	1,015	7.71%	\$4,717,150	\$358	\$4,647
FY03	12,823	968	7.55%	\$4,612,557	\$360	\$4,765

B. Response to FY05 Key Recommendations

- Improve consumer and family involvement in the QIC and other ad hoc committees:
 Fully Addressed Partially Addressed Not Addressed
 The MHP moved the location and time of the QIC meetings which helped to increase membership by three consumers.

- Increase penetration and/or retention rates for the Latino population:
 Fully Addressed Partially Addressed Not Addressed
 The MHP set a goal of increasing Latino penetration by 25% but did not actually measure any progress toward this goal. The MHP expects that EPSDT contracts and improved ethnic data collection will demonstrate increased Latino access.

- Determine the best course of action for preserving the multi-source historical data prior to conversion to a new information system:
 Fully Addressed Partially Addressed Not Addressed
 The MHP has moved forward with a plan for the selection and implementation of a new system.

C. Performance Improvement Project – Clinical

Area of Focus: Providing therapy in addition to medication services for depressed consumers

Stage	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>0</u>	Total Partial <u>5</u>	Total No <u>3</u>
	<input type="checkbox"/> Little Activity	Questions 12-16 (Study Design)		
	<input checked="" type="checkbox"/> Concept Only	Total Yes <u>0</u>	Total Partial <u>1</u>	Total No <u>4</u>
	<input type="checkbox"/> None			

D. Performance Improvement Project – Non-Clinical

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

Stage	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>2</u>	Total Partial <u>3</u>	Total No <u>3</u>
	<input type="checkbox"/> Little Activity	Questions 12-16 (Study Design)		
	<input checked="" type="checkbox"/> Concept Only	Total Yes <u>0</u>	Total Partial <u>2</u>	Total No <u>3</u>
	<input type="checkbox"/> None			

E. Current Systems/Applications			
Application	Years Used	Function	Vendor/Supplier
Clinicians Desktop/ Revenue Manager	5	Practice management, progress notes, treatment plans	Echo

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Strengths
1. Despite sequential changes in leadership, the staff and management appear optimistic about the organization's future. The planned expansion of the quality management program provides the possibility of enhanced QI activities.
2. Strong policies and procedures are in place to ensure that accurate clinical documentation exists for all billable services.
3. The MHP has a contracted consumer-run self-help center which provides an opportunity to increase its recovery-oriented programming.

H. Challenges
1. The recent integrity agreement and focus on compliance issues have hindered staff availability to make progress in other quality-related areas.
2. The planning and implementation of a new information system will be very demanding of resources.
3. Coordination between the MHP and its contract providers, physical healthcare resources, and alcohol/drug services appears limited.

I. Key Recommendations
1. Increase the routine review and analysis of data aimed at tracking, trending, and improving outcomes, access, timeliness, and other quality measures.
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.
3. Assess current case coordination venues between the MHP, contract providers, and other services.

J. Additional Observations (optional)
1.
2.

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Nevada MHP** Review Date: **September 7, 2005**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²						
Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	8,603	791	9.19%	\$2,949,563	\$343	\$3,729
FY04	8,494	922	10.85%	\$3,505,277	\$413	\$3,802
FY03	8,286	997	12.03%	\$2,854,213	\$363	\$3,014

B. Response to FY05 Key Recommendations

1. Retain and utilize historical InSyst data:
 Fully Addressed Partially Addressed Not Addressed
 MHP chose to retain only a very limited amount of data for future use. The data consists of copies of most standard InSyst reports and limited subsets of database information which are stored on servers maintained by the MHP.

2. Consistently adhere to IS policies, such as error report monitoring and user passwords:
 Fully Addressed Partially Addressed Not Addressed
 Without written policies and procedures and the monitoring of same, consistent adherence cannot be assured.

3. Include measurable parameters for quality improvement goals and objectives:
 Fully Addressed Partially Addressed Not Addressed
 Recently updated, the Quality Improvement Work Plan includes 23 indicators, but does not specify parameters of time, volume, or frequency for the activities or projected results.

C. Performance Improvement Project – Clinical

Area of Focus: Improving consumers' transition to post-hospitalization outpatient services.

Stage	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
<input checked="" type="checkbox"/> Active – New		Total Yes <u>4</u>	Total Partial <u>4</u>	Total No <u>0</u>
<input type="checkbox"/> Little Activity		Questions 12-16 (Study Design)		
<input type="checkbox"/> Concept Only		Total Yes <u>0</u>	Total Partial <u>5</u>	Total No <u>0</u>
<input type="checkbox"/> None				

D. Performance Improvement Project – Non-Clinical

Area of Focus: Reducing deaths due to multiple drug toxicity.

Stage	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
<input type="checkbox"/> Active – New		Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>8</u>
<input type="checkbox"/> Little Activity		Questions 12-16 (Study Design)		
<input type="checkbox"/> Concept Only		Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>5</u>
<input checked="" type="checkbox"/> None				

E. Current Systems/Applications

Application	Years Used	Function	Vendor/Supplier
CalCiS	2 months	Practice Management & Electronic Clinical Records	Qualifacts

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

G. Strengths

1. Penetration rates are significantly above statewide averages for adults.
2. The active involvement of consumers as peer counselors attests to the MHP's recovery-oriented values.
3. The MHP administration lends strong support to the promotion of available cultural competence trainings.

H. Challenges

1. Completing the development and implementation of new IS, planning access to data, and expanding staff with knowledge of report development, in very short timeframes will be difficult to achieve.
2. Maintaining a balance between the system's need for safety and the needs of consumers and families for change and growth has been a struggle for the MHP.
3. Analyzing the reasons for penetration rates and spending for transition age youth and foster care youth which are significantly lower than other MHP's in the region, is challenging without thorough and consistent data.

I. 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.
2. Implement a Wellness and Recovery task force to promote this orientation and plan for progressive changes towards implementing these concepts.
3. Regularly analyze claim errors to identify and resolve billing issues in a timely fashion.

J. Additional Observations

A new health services agency director was appointed in June 2005, and it is anticipated that a new mental health director will begin during this fiscal year.

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Orange MHP** Review Date: **January 31 – February 2, 2006**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²						
Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	380,029	20,508	5.40%	\$54,294,129	\$143	\$2,647
FY04	376,230	20,482	5.44%	\$50,599,111	\$134	\$2,470
FY03	348,710	20,914	6.00%	\$56,114,065	\$161	\$2,683

B. Response to FY05 Key Recommendations

- Increase involvement of staff members, beneficiaries and family members in QI processes and goal setting
 Fully Addressed Partially Addressed Not Addressed
 The MHP has established a consumer/family sub-group that visited all county clinics and has sought the assistance of key providers and their active beneficiaries in the effort.
- Make progress in implementing the new information system and increase communication about the project to the staff
 Fully Addressed Partially Addressed Not Addressed
 The MHP made such progress in the implementation such that it is no longer as significant a source of confusion as it was.
- Consolidate all Medi-Cal claim files into a single HIPAA-compliant claim file.
 Fully Addressed Partially Addressed Not Addressed
 The MHP continues to produce separate SDMC claim files and transmits them separately to DMH.

C. Performance Improvement Project – Clinical

Area of Focus: Improving consumer retention for first and second outpatient appointments

Stage	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input checked="" type="checkbox"/> Active – New	Total Yes 7	Total Partial <u>0</u>	Total No 1
	<input type="checkbox"/> Little Activity			
	<input type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes 0	Total Partial <u>0</u>	Total No <u>5</u>

D. Performance Improvement Project – Non-Clinical

Area of Focus: Improved coordination between behavioral health and primary care

Stage	<input checked="" type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes 8	Total Partial <u>0</u>	Total No 0
	<input type="checkbox"/> Little Activity			
	<input type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes <u>5</u>	Total Partial <u>0</u>	Total No <u>0</u>

E. Current Systems/Applications			
Application	Years Used	Function	Vendor/Supplier
MILLENIUM	>3 years	Practice Management	Vendor IT/Agency IT/MHP IS
PacifiCare	>5 years	Managed care	Agency IT
MH1980	>3 years	SDMC billing	Agency IT

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Strengths
1. Utilizing experienced clinical staff with some technical expertise as liaisons between programs and technology adds credibility to information systems and helps ensure technology meets program needs.
2. Executive leadership and management are competent, energetic, and effective in directing the organization towards identified goals.
3. The MHP seeks out and develops programs collaboratively with other community organizations, increasing access to its services and enriching the resources available to those in active services.

H. Challenges
1. Implementing the UMDAP process within IRIS will require care and effort to ensure that there is accurate translation from the current system.
2. For some contract providers, duplicate data entry remains a burden since they enter data into their systems and IRIS and ProFit.
3. While committed to the MHP and their work, consumer/family staff members feel highly burdened due to the demand for their specific services and resulting workloads. Their sense of responsibility can lead to significant instances of "burn-out".

I. Key Recommendations
1. Initiate a project to match currently uninsured consumers in IRIS to the MMEF eligibility file to determine the extent to which this can enhance Medi-Cal revenue if done on a regular basis.
2. Investigate the feasibility of periodic batch transfers of service information from contract providers to eliminate or reduce the current duplicate data entry.
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.

J. Additional Observations (optional)
1.
2.

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Placer/Sierra MHP** Review Date: **April 6-7, 2006**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²

Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	24,122	2,451	10.16%	\$11,339,424	\$470	\$4,626
FY04	22,081	2,430	11.00%	\$10,175,153	\$461	\$4,187
FY03	19,604	2,198	11.21%	\$9,139,002	\$466	\$4,158

B. Response to FY05 Key Recommendations

- Address MHP responsibilities for Sierra County Medi-Cal beneficiaries.
 Fully Addressed Partially Addressed Not Addressed
 Planning is in process for collaboration on compliance issues and joint training. However, MHP has not shown how QI and PIPs are addressed for Sierra beneficiaries.

- Increase reliance upon data analysis and data driven decision making throughout the MHP.
 Fully Addressed Partially Addressed Not Addressed
 The MHP staff have improved in ability to extract data but there is up to a five-month delay in data and the staff do not routinely use the reports.

- Review the Avatar Implementation Plan to identify how the timeframe for full implementation can be accelerated.
 Fully Addressed Partially Addressed Not Addressed
 Two minor items remain before full acceptance of the Practice Management module. The Managed Care module is expected to be implemented by August 2006. The electronic medical record module is expected to take 1-2 more years to implement. Full staff Schedule Tracking does not have a timeline.

C. Performance Improvement Project – Clinical

Area of Focus: Increasing Functional Family Therapy Program Completion for Juveniles

<u>Stage</u>	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>0</u>	Total Partial <u>8</u>	Total No <u>0</u>
	<input type="checkbox"/> Little Activity	Questions 12-16 (Study Design)		
	<input checked="" type="checkbox"/> Concept Only	Total Yes <u>0</u>	Total Partial <u>5</u>	Total No <u>0</u>
	<input type="checkbox"/> None			

D. Performance Improvement Project – Non-Clinical

Area of Focus: Decreasing Wait time for Psychiatrist Appointment

<u>Stage</u>	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>1</u>	Total Partial <u>3</u>	Total No <u>4</u>
	<input checked="" type="checkbox"/> Little Activity	Questions 12-16 (Study Design)		
	<input type="checkbox"/> Concept Only	Total Yes <u>0</u>	Total Partial <u>1</u>	Total No <u>4</u>
	<input type="checkbox"/> None			

E. Current Systems/Applications			
Application	Years Used	Function	Vendor/Supplier
Avatar	1 year	Practice Management	Netsmart
BHMC	>5 years	Managed Care	MHP

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Completeness of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Strengths
1. Implementation of the Avatar PM software has led to improved billing processes and access to data.
2. The MHP has strongly supported staff training and has utilized consultants for business process analyses and Co-Occurring Disorder training.
3. Wellness and Recovery efforts have been strengthened by inclusion of parent partners, 6 consumer employees and a strong Mentors Assisting Peers program.

H. Challenges
1. The steps to accessing services are overly bureaucratic and difficult for consumers.
2. The use of data is limited with current software. Implementation of Avatar CWS and medication tracking will allow improved data analysis. Implementation of Managed Care is critical for timely payment of provider claims.
3. The Adult System Of Care has limited data analytical capability with which to develop a data driven culture.

I. Key Recommendations
1. Evaluate Avatar implementation plans to determine elements necessary for collection and tracking of treatment outcome results.
2. Involve MHP leadership, staff, data analyst staff, and consumer/family members in PIP Committees to support improvement efforts.
3. Include Sierra beneficiaries as recipients of QI efforts, including data collection and analysis, staff training and performance improvement strategies.

J. Additional Observations (optional)
1. Sierra County MHP staff did not participate in the review. Placer has begun discussions with Sierra regarding MHP responsibilities, but does not yet have access to Sierra data or local QI efforts.
2. The MHP has not yet significantly addressed the issue of delayed access to initial and ongoing services.

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Plumas MHP** Review Date: **May 11, 2006**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²						
Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	2,802	339	12.10%	\$1,603,644	\$572	\$4,731
FY04	2,754	355	12.89%	\$1,318,558	\$479	\$3,714
FY03	2,919	329	11.27%	\$1,077,829	\$369	\$3,276

B. Response to FY05 Key Recommendations

- Develop collaborative relationships between IT, Fiscal, and QI to increase understanding and share skill sets between departments:
 Fully Addressed Partially Addressed Not Addressed
 Management is knowledgeable in the use and analysis of data. Cross training the line staff in the analysis of data will support data driven decision making across the MHP and in the PIP process.
- Develop strategies that will assist the staff in transitioning to a recovery model and track the implementation of recovery and wellness activities:
 Fully Addressed Partially Addressed Not Addressed
 The MHP believes that the therapy it provides is recovery oriented, with open-ended questions about completion of therapy. The MHP has not yet addressed peer-to-peer support.
- Develop a strategic plan to successfully recruit the active participation of beneficiaries and family members in the QI process:
 Fully Addressed Partially Addressed Not Addressed
 Despite the MHP's stated recruiting efforts, there was no evidence of either a specific plan for, or actual active and on-going participation of, consumers and/or family members at the time of the review.

C. Performance Improvement Project – Clinical

Area of Focus: Outcomes of Mountain Visions wilderness program

<u>Stage</u>	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>8</u>
	<input type="checkbox"/> Little Activity			
	<input checked="" type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>5</u>

D. Performance Improvement Project – Non-Clinical

Area of Focus: Improving clinicians' skills for diagnosing mood disorders

<u>Stage</u>	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>8</u>
	<input type="checkbox"/> Little Activity			
	<input checked="" type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>5</u>

E. Current Systems/Applications			
Application	Years Used	Function	Vendor/Supplier
CMHC/MIS	7	Practice management	Netsmart

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Strengths
1. The MHP has the ability to access data and produce ad hoc reports via the CMHC report generators.
2. The MHP takes advantage of opportunities to collaborate with other services within the community.
3. A well-developed and collaborative relationship with Kingsview provides timely and effective IS support.

H. Challenges
1. The MHP needs to learn and offer a variety of strategies of recovery and wellness for consumers and family members.
2. The staff currently lacks data analysis skills relevant to their work, contributing to the MHP's absence of valid PIPs and other data driven processes.
3. The MHP currently does not provide the clinical staff with relevant data.

I. Key Recommendations
1. Train the staff, consumers, and family members on recovery and wellness principles and practices.
2. Move forward on clinical and non-clinical PIPs in order to meet regulations and develop additional performance improvement capabilities.
3. Cross train the staff in ad hoc report generation and expand data analysis skills.

J. Additional Observations (optional)
1.
2.

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Riverside MHP** Review Date: **March 8-10, 2006**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²

Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	296,385	17,028	5.75%	\$41,446,234	\$140	\$2,434
FY04	282,763	17,894	6.33%	\$41,822,266	\$148	\$2,337
FY03	263,371	17,365	6.59%	\$40,965,415	\$156	\$2,359

B. Response to FY05 Key Recommendations

- Review documentation being completed by clinicians in order to ensure that it is not repetitive.
 Fully Addressed Partially Addressed Not Addressed
 QI instituted a centralized formal chart review process with regular results feedback to supervisors, management, and the QI Committee, and sought feedback on the usefulness of the reports.
- Produce an RFP for a comprehensive information system to better support the requirements of the MHP:
 Fully Addressed Partially Addressed Not Addressed
 The MHP began RFP meetings and produced a timetable for various workgroups, including clinical, quality improvement, clerical, billing, fiscal, managed care, information systems, and inpatient staffs. The MHP should seek additional input from and assess the needs of the MHP's contract provider partners.
- Consider policies and procedures that will outline best practices for each county clinic in order to achieve consistency of practice for similar consumer populations.
 Fully Addressed Partially Addressed Not Addressed
 Some evidence based practices are in place for children's services and implementation of additional guidelines is an MHP strategic initiative. However, due to budget and staff reductions, little recent progress was made in developing consistent best practices across clinics, especially for adults.

C. Performance Improvement Project – Clinical

Area of Focus: Improving services for those with co-occurring disorders

Stage	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input checked="" type="checkbox"/> Active – New	Total Yes <u>3</u>	Total Partial <u>2</u>	Total No <u>3</u>
	<input type="checkbox"/> Little Activity			
	<input type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes <u>0</u>	Total Partial <u>4</u>	Total No <u>1</u>

D. Performance Improvement Project – Non-Clinical

Area of Focus: Improving diversion of youth from inpatient admission with 24 hour availability of specialized Children's Evaluation Service Unit

Stage	<input checked="" type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>8</u>	Total Partial <u>0</u>	Total No <u>0</u>
	<input type="checkbox"/> Little Activity			
	<input type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes <u>3</u>	Total Partial <u>2</u>	Total No <u>0</u>

E. Current Systems/Applications			
Application	Years Used	Function	Vendor/Supplier
Insyst	>15 years	Practice Management	Echo
eCura	>5 years	Managed Care	InfoMC

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Strengths

- The MHP used extensive experience and knowledge to develop creative business solutions.
- A number of long term clinical staff members who stayed through a long hiring freeze feel they have "survived" and are ready to move forward with already planned and innovative initiatives.
- Planning to establish a number of consumer/family staff positions includes county personnel levels plus current staff training.

H. Challenges

- Impending key personnel retirements will affect the IS unit's ability high levels of support and continuity during new technology implementation and changing reporting requirements.
- Providers expressed frustration about a variety of business and administrative problems, redundancy of forms, lack of access to systems and data, and a perceived responsiveness to contractors.
- There appears to be an especially wide gap between resources allocated to children versus those to adults, leading to a "have" and "have not" perception by the clinical staff.

I. Key Recommendations

- 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.
- Include organizational providers in information systems and businesses process discussions concerning better integration, avoiding duplication, and ultimately providing better service to the consumer.
- Review and better tailor the current process for transitioning youth to the adult system of care.

J. Additional Observations (optional)

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-

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Sacramento MHP** Review Date: **August 24-26, 2005**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²						
Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	278,248	21,044	7.56%	\$87,901,978	\$316	\$4,177
FY04	272,297	20,117	7.39%	\$91,250,655	\$335	\$4,536
FY03	263,314	18,546	7.04%	\$89,323,747	\$339	\$4,816

B. Response to FY05 Key Recommendations

- Maintain the implementation of the new MHBAR information system and the devotion of the necessary staff as a high priority for the MHP management and staff:
 Fully Addressed Partially Addressed Not Addressed
 The MHP and county Department of Health and Human Services substantially increased the available staff to the MHBAR project. At the time of the review, the revised target implementation date was April 2006, with much work still remaining.
- Include specific outcomes in the QI Work Plan so that annual progress is more readily identified:
 Fully Addressed Partially Addressed Not Addressed
 The MHP elected to use this document primarily to track managed care contract required elements. The Plan should address priorities and identify issues the MHP elects to measure and improve.
- Increase penetration into the older adult population:
 Fully Addressed Partially Addressed Not Addressed
 The MHP provided analysis of this penetration data which shows a slight increase from FY04 to FY05. The MHP plans to develop an older adult program with the needed outreach using MHSA funding.

C. Performance Improvement Project – Clinical

Area of Focus: Use of revised mental health assessment to identify and diagnose substance use

<u>Stage</u>	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>4</u>	Total Partial <u>3</u>	Total No <u>1</u>
	<input checked="" type="checkbox"/> Little Activity			
	<input type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes <u>0</u>	Total Partial <u>5</u>	Total No <u>0</u>

D. Performance Improvement Project – Non-Clinical

Area of Focus: The effect of Cultural Consultation Service on high cost, administrative client outcomes of crisis and inpatient utilization

<u>Stage</u>	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input checked="" type="checkbox"/> Active – New	Total Yes <u>0</u>	Total Partial <u>5</u>	Total No <u>3</u>
	<input type="checkbox"/> Little Activity			
	<input type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes <u>1</u>	Total Partial <u>3</u>	Total No <u>1</u>

E. Current Systems/Applications			
Application	Years Used	Function	Vendor/Supplier
CATS/MSO	>10 years	Practice Management	Netsmart
HIPAA/EDI Business Database	>1 year	Claims Production	Local HHS
CalCiS	>1 year	Practice Management	Qualifacts

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Strengths
1. The QI and Research staffs have excellent knowledge and understanding of the MHP data and perform complex data analyses.
2. Good communication and collaboration exists between MHP and ITS staffs.
3. The MHP facilitated a large, inclusive process for planning and implementing MHSA, a project that also demonstrated data supported decision making.

H. Challenges
1. The "go live" implementation phase of MHBAR will require extraordinary staff effort – system testing, user acceptance testing, staff training, and system cutover activities.
2. The lack of assigned staff resources impacted the MHP's progress with its PIPs and other data-driven projects.
3. There appears to be a lack of communication and coordination between the county operated Treatment Center and outpatient providers.

I. 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.
2. Identify annual goals and priorities for evaluation within the Quality Management and Research units, and outline them in the QI Work Plan.
3. Convene work groups of involved stakeholders to meet routinely to develop and implement PIPs.

J. Additional Observations (optional)
1.
2.

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **San Benito MHP** Review Date: **February 14, 2006**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²						
Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	8,202	628	7.66%	\$1,320,088	\$161	\$2,102
FY04	7,758	591	7.62%	\$1,447,893	\$187	\$2,450
FY03	7,039	612	8.69%	\$1,454,719	\$207	\$2,377

B. Response to FY05 Key Recommendations

1. Continue outreach efforts to the Latino community:
 Fully Addressed Partially Addressed Not Addressed
 The MHP penetration rate was 4.9% last year, more than double the regional and state averages. Contributing factors include outreach to migrant worker camps and the winter shelter, and bilingual/bicultural staff which are visible in the community.

2. Carefully review information system staffing for the prospect of a new system being implemented;
 Fully Addressed Partially Addressed Not Addressed
 The MHP has decided about a new software vendor and has contracted for project support; however, it still needs to assign necessary staff resources to the project.

3. Create fiscal policies and procedures:
 Fully Addressed Partially Addressed Not Addressed
 The MHP produced sample initial policies and procedures and will now need to create specific objectives.

C. Performance Improvement Project – Clinical

Area of Focus: Improved treatment processes, service planning and symptom measurement to improve the functioning and reduce the symptoms of consumers with depression

<p><u>Stage</u></p> <input checked="" type="checkbox"/> Active – Ongoing <input type="checkbox"/> Completed <input type="checkbox"/> Active – New <input type="checkbox"/> Little Activity <input type="checkbox"/> Concept Only <input type="checkbox"/> None	<p><u>PIP Protocol</u></p> Questions 1-8 (Concept) Total Yes <u>8</u> Total Partial <u>0</u> Total No <u>0</u> Questions 12-16 (Study Design) Total Yes <u>2</u> Total Partial <u>2</u> Total No <u>1</u>
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D. Performance Improvement Project – Non-Clinical

Area of Focus: Using outreach efforts and co-located services to reduce barriers for older adult access to services

<p><u>Stage</u></p> <input checked="" type="checkbox"/> Active – Ongoing <input type="checkbox"/> Completed <input type="checkbox"/> Active – New <input type="checkbox"/> Little Activity <input type="checkbox"/> Concept Only <input type="checkbox"/> None	<p><u>PIP Protocol</u></p> Questions 1-8 (Concept) Total Yes <u>0</u> Total Partial <u>3</u> Total No <u>5</u> Questions 12-16 (Study Design) Total Yes <u>0</u> Total Partial <u>1</u> Total No <u>4</u>
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E. Current Systems/Applications			
Application	Years Used	Function	Vendor/Supplier
InSyst	12 years	Practice Management	MHP

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Strengths

1. Management provides active administrative support and involvement in performance improvement and recovery activities.
2. Reports and other data are distributed to and utilized by all levels of staff.
3. The MHP achieved successful resolution to access and recovery – related concerns generated by CAEQRO during the last fiscal year. The MHP shows significant improvement in consumer involvement.

H. Challenges

1. The MHP plans conversion and implementation of a new information system within very short time frames.
2. The MHP needs to determine factors contributing to the high percentage of denied Short-Doyle Medi-Cal claims.
3. The current quality improvement work plan is generic to California and doesn't reflect clinical, MHP-specific indicators.

I. 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.
2. Develop the policies and procedures necessary to ensure the accuracy and integrity of billing data and the claims process.
3. Develop a quality improvement work plan which reflects the needs of the population served by the MHP in addition to meeting statutory requirements.

J. Additional Observations

At the time of the CAEQRO visit, the MHP anticipated that very shortly, the Board of Supervisors would merge the Mental Health and the Drug and Alcohol Services Departments into one Behavioral Health Department.

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **San Bernardino MHP** Review Date: **September 20-21, 2005**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²						
Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	378,702	25,100	6.63%	\$64,142,448	\$169	\$2,555
FY04	367,143	24,616	6.70%	\$64,854,678	\$177	\$2,635
FY03	348,234	22,183	6.37%	\$54,741,568	\$157	\$2,468

B. Response to FY05 Key Recommendations

1. Demonstrate integration of wellness and recovery concepts:
 Fully Addressed Partially Addressed Not Addressed
 The MHP is actively involved in the consumer run Pathways to Recovery Program, six clubhouses and three groups facilitated by consumers, and has an afternoon drop-in center. The Mental Health Commission and a consumer/family member committee participate in the MHP's recovery movement. The MHP continues to hold Wellness Fairs, advertises on radio and in the local newspapers, and sends a quarterly newsletter to all consumer run agencies.

2. Develop methods for inclusion of beneficiaries and family members in meetings and service planning:
 Fully Addressed Partially Addressed Not Addressed
 The MHP contacted consumer members to invite and assure participation in committee meetings, and pays for transportation if necessary. The MHP advertises in a consumer newsletter, donates space in its building for the Pathways to Recovery Program, and supports Pathways to Recovery fundraisers.

3. Select and procure a replacement system for Insyst:
 Fully Addressed Partially Addressed Not Addressed
 Negotiations are underway with Medical Information Technology Inc., an existing vendor with the county's medical center. The MHP states that the target date for this contract is October 2005.

C. Performance Improvement Project – Clinical

Area of Focus: None

Stage	<input type="checkbox"/> Active – Ongoing	PIP Protocol		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>8</u>
	<input type="checkbox"/> Little Activity			
	<input type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input checked="" type="checkbox"/> None	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>5</u>

D. Performance Improvement Project – Non-Clinical

Area of Focus: Reduce waiting times for initial child psychiatry appointments

Stage	<input type="checkbox"/> Active – Ongoing	PIP Protocol		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input checked="" type="checkbox"/> Active – New	Total Yes <u>5</u>	Total Partial <u>2</u>	Total No <u>1</u>
	<input type="checkbox"/> Little Activity			
	<input type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes <u>1</u>	Total Partial <u>2</u>	Total No <u>2</u>

E. Current Systems/Applications			
Application	Years Used	Function	Vendor/Supplier
InSyst	12	Practice Management	Echo
eCura	5	Managed Care	InfoMC

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent, and timely data collection	<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. Completeness of Medi-Cal claim production process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Strengths
1. A number of staff members regularly utilize report-writing tools to access, download, and extract data for producing useful reports and charts to meet many routine and ad hoc reporting needs.
2. The telepsychiatry program helps to address transportation and weather conditions' barriers, and the MHP opened driver positions in the high desert area to transport consumers to and from clinics.
3. The MHP uses co-occurring disorders treatment grant funds to provide multiple trainings about this population, including focused attention on the underserved group of girls and women.

H. Challenges
1. The MHP recently filled five top key administrative positions, including the Mental Health Director
2. Insyst is obsolete and overloaded, requiring consideration of an interim solution to provide improved performance and staff productivity pending full implementation of a replacement system.
3. Line staff indicated a lack of bi-lingual therapists. Interpreter inexperience with mental health issues, results in an excessive bi-lingual staff member caseload and at times a denial of services.

I. Key Recommendations
1. Establish a clinical PIP through a multi-functional PIP committee.
2. Review paid claims data discrepancies and implement changes to rectify the discrepancies.
3. Hire and retain bi-lingual staff members as a priority to address capacity issues and appropriate care, and provide training to assure that translators are familiar with mental health issues.

J. Additional Observations (optional)
1.
2.

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **San Diego MHP** Review Date: **August 16-18, 2005**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²

Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	357,856	32,537	9.09%	\$104,112,317	\$291	\$3,200
FY04	357,998	33,197	9.27%	\$104,175,140	\$291	\$3,138
FY03	347,152	31,703	9.13%	\$111,674,386	\$322	\$3,523

B. Response to FY05 Key Recommendations

- Increase involvement of consumers and family members in QI and program planning:
 Fully Addressed Partially Addressed Not Addressed
 Successful outreach efforts used in MHSA planning can help promote consumer involvement in other areas.

- Select a replacement system for InSyst, or develop a strategy to continue using the product once The Echo Group ceases support:
 Fully Addressed Partially Addressed Not Addressed
 An RFP was published in 9/2005; vendor selection is scheduled for first quarter 2006.

- Increase training for Arabic-speaking consumers (recently designated as the 4th threshold language), transitional age youth, and older adults:
 Fully Addressed Partially Addressed Not Addressed
 Efforts are underway to recruit Arabic speaking staff.

C. Performance Improvement Project – Clinical

Area of Focus: Co-occurring disorders – Ensure appropriate assignment of diagnosis and an integrated treatment planning approach.

Stage <input checked="" type="checkbox"/> Active – Ongoing <input type="checkbox"/> Completed <input type="checkbox"/> Active – New <input type="checkbox"/> Little Activity <input type="checkbox"/> Concept Only <input type="checkbox"/> None	PIP Protocol Questions 1-8 (Concept) Total Yes <u>6</u> Total Partial <u>2</u> Total No <u>0</u> Questions 12-16 (Study Design) Total Yes <u>3</u> Total Partial <u>2</u> Total No <u>0</u>
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D. Performance Improvement Project – Non-Clinical

Area of Focus: Determine barriers to accessing care for Latino Medi-Cal beneficiaries.

Stage <input checked="" type="checkbox"/> Active – Ongoing <input type="checkbox"/> Completed <input type="checkbox"/> Active – New <input type="checkbox"/> Little Activity <input type="checkbox"/> Concept Only <input type="checkbox"/> None	PIP Protocol Questions 1-8 (Concept) Total Yes <u>6</u> Total Partial <u>1</u> Total No <u>1</u> Questions 12-16 (Study Design) Total Yes <u>3</u> Total Partial <u>1</u> Total No <u>1</u>
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E. Current Systems/Applications

Application	Years Used	Function	Vendor/Supplier
InSyst	8	Practice management	Echo
eCura	8	Managed care	InfoMC

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Strengths				
<ol style="list-style-type: none"> The Administrative Services contractor, United Behavioral Health (UBH), offers managed care and IS expertise for the MHP. UBH has also produced a professional P&P manual and a content-rich website. The QI program has access to data and qualified staff who can analyze and present it in user-friendly formats. Several organizational providers implemented recovery oriented practices in their programs. 				
H. Challenges				
<ol style="list-style-type: none"> Integration of Alcohol and Drug Services with Mental Health continues as a primary initiative. Selection and implementation of a new IS requires substantial staff time and effort. Contract providers perceive that they are excluded from the decision-making process. 				
I. Key Recommendations				
<ol style="list-style-type: none"> Continue to monitor progress toward achieving an integrated Behavioral Health System. Assign additional resources for planning and monitoring, determine appropriate role for QI. Carefully plan implementation of a replacement IS, including conversion of historic data, and establishment of pilot projects with clear criteria for success. Include contract providers (who provide over 50% of services) in QI activities. 				
J. Additional Observations (optional)				
<ol style="list-style-type: none"> 				

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **San Francisco MHP** Review Date: **April 19-21, 2006**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²						
Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	126,836	14,608	11.52%	\$89,000,752	\$702	\$6,093
FY04	125,122	14,559	11.64%	\$89,634,320	\$716	\$6,157
FY03	121,465	13,997	11.52%	\$88,332,076	\$727	\$6,311

B. Response to FY05 Key Recommendations

- Increase the use of data analysis to direct quality improvement activities:
 Fully Addressed Partially Addressed Not Addressed
 The MHP provided several strong examples of the use of data to measure performance and guide decision making.

- Formulate a Request for Proposal (RFP) and search for funding to replace the current information system with one that can better support the requirements of the MHP:
 Fully Addressed Partially Addressed Not Addressed
 A Request for Quote (RFQ) was issued December 2005, with five qualified responses considered for budget planning. A full Request for Proposal was published in May 2006.

- Examine issues associated with communication gaps between program level staff, from both the MHP and contract providers, and the MHP's administrative staff:
 Fully Addressed Partially Addressed Not Addressed
 "Change Agents" have been identified to facilitate integration of ADS and MH services at the program level. MHP management and Quality Improvement Committee members have initiated meetings with the contract providers. This area will require ongoing attention.

C. Performance Improvement Project – Clinical

Area of Focus: The impact of Project Homeless Connect on enrollment for behavioral health services

<u>Stage</u>	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>0</u>	Total Partial <u>2</u>	Total No <u>6</u>
	<input type="checkbox"/> Little Activity			
	<input checked="" type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes <u>0</u>	Total Partial <u>5</u>	Total No <u>0</u>

D. Performance Improvement Project – Non-Clinical

Area of Focus: Increasing awareness of the need to record secondary substance abuse diagnoses

<u>Stage</u>	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>4</u>	Total Partial <u>4</u>	Total No <u>0</u>
	<input type="checkbox"/> Little Activity			
	<input checked="" type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes <u>0</u>	Total Partial <u>2</u>	Total No <u>3</u>

E. Current Systems/Applications				
Application	Years Used	Function	Vendor/Supplier	
InSyst	20 years	Practice management	Echo	
eCura	8 years	Managed care	InfoMC	

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Strengths
1. The MHP has demonstrated increased attention to data analysis in its program management and quality improvement processes.
2. Principles and practices associated with cultural competence and recovery are demonstrated throughout the system.
3. A work group including MHP management and a representative from the contract providers developed standard performance outcome objectives for measuring program performance.

H. Challenges
1. For many providers, InSyst is viewed as secondary to their homegrown systems that provide better information and are easier to use. Controlling the growth and reliance on alternate systems is a challenge.
2. The clinical staff and supervisors (MHP and contract providers) believe that an integrated behavioral health system will take many years to achieve.
3. Although contractors provide a substantial amount of the MHP's services, contract providers have not participated in QIC processes.

I. 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.
2. Identify measurable indicators of behavioral health integration within programs. Ensure that all programs have identified Change Agents and executive level support.
3. Continue efforts to increase communication and collaboration between MHP administration and program leaders and the MHP's contract providers.

J. Additional Observations (optional)
1. The charter of the City and County of San Francisco was amended to include the maintenance of a single standard of care for both Medi-Cal and indigent consumers. This represents a strong commitment from local government and also restored local funds to the MHP.
2.

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **San Joaquin MHP** Review Date: **February 8-9, 2006**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²

Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	145,440	8,932	6.14%	\$17,001,430	\$117	\$1,903
FY04	139,469	9,172	6.58%	\$18,792,004	\$135	\$2,049
FY03	132,878	9,110	6.86%	\$20,956,883	\$158	\$2,300

B. Response to FY05 Key Recommendations

- Examine QIC membership to determine appropriate consumer/family member input, and whether mechanisms for improving the consistent attendance of QIC members are necessary:
 Fully Addressed Partially Addressed Not Addressed
 QIC minutes show consistent attendance of key staff members, including at least one psychiatrist. It is unclear as to how many consumers attend the meetings consistently.
- Cross train to secure critical knowledge, and to provide key personnel back-up for continued productivity when cutbacks, retirements, or resignations occur:
 Fully Addressed Partially Addressed Not Addressed
 The IS department filled an open position and is cross training operations personnel. IS developed and implemented training for the ShareCare scheduling package, and is creating INSYST refresher training.
- Establish and measure cultural competence goals, with attention to Latino access.
 Fully Addressed Partially Addressed Not Addressed
 The Annual QI Work Plan and the Cultural Competence Plan (CCP) update identified a high priority goal of increasing Hispanics receiving any mental health service by 5% (an additional 132 "new" clients) during FY05. The MHP did not meet this goal – serving 230 fewer than FY04 (a decrease of 9%).

C. Performance Improvement Project – Clinical

Area of Focus: Re-hospitalization rates for the Psychiatric Health Facility (PHF)

<u>Stage</u>	<input checked="" type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>3</u>	Total Partial <u>4</u>	Total No <u>1</u>
	<input type="checkbox"/> Little Activity			
	<input type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes <u>0</u>	Total Partial <u>4</u>	Total No <u>1</u>

D. Performance Improvement Project – Non-Clinical

Area of Focus: Improve Medi-Cal beneficiary retention and penetration rates, and consumer satisfaction

<u>Stage</u>	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>3</u>	Total Partial <u>2</u>	Total No <u>3</u>
	<input type="checkbox"/> Little Activity			
	<input checked="" type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes <u>0</u>	Total Partial <u>3</u>	Total No <u>2</u>

E. Current Systems/Applications			
Application	Years Used	Function	Vendor/Supplier
INSYST	21	Practice management	County IT
Diamond	7	Managed Care	County Health Plan
ShareCare	2	Appointment Scheduling (at 2 clinics)	County IT

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Strengths

1. A strong compliance monitoring procedures continue, including regular chart reviews, a feedback loop to ensure corrections are made, and mandatory documentation trainings to direct service providers.
2. The MHP is making a shift toward recovery-oriented practices, as demonstrated by hiring consumers, and by consumer involvement in quality improvement processes.
3. IS personnel are well qualified and knowledgeable in the operation of the INSYST information system. IS, Fiscal, and QI departments collaborate in data sharing needed for decision making processes.

H. Challenges

1. The Medi-Cal beneficiary penetration rate has dropped significantly from 6.8% in FY04 to 4.9% in FY05. Hispanic/Latino consumers and children are significantly underrepresented.
2. The mental health services are centralized mainly around the city of Stockton, while the population is rapidly growing in the rural area of the county.
3. There are system response time issues in the ShareCare scheduling package. The vendor is reportedly attempting to resolve inadequacies of the current ShareCare product, but this process will require monitoring to ensure these inadequacies are fixed.

I. 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.
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.
3. Reassess the current inadequacies of ShareCare to establish system viability for business needs. Hold the vendor responsible for the timely resolution of outstanding ShareCare functionality issues.

J. Additional Observations (optional)

- 1.
- 2.

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name:	San Luis Obispo MHP	Review Date:	December 14, 2005
CAEQRO Size ¹	<input type="checkbox"/> Small-Rural	<input type="checkbox"/> Small	<input checked="" type="checkbox"/> Medium
	<input type="checkbox"/> Large	<input type="checkbox"/> Very Large	

A. Medi-Cal Eligibility and Claims History ²

Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	30,288	2,850	9.41%	\$10,007,881	\$330	\$3,512
FY04	29,886	2,891	9.67%	\$9,508,069	\$318	\$3,289
FY03	28,342	2,612	9.22%	\$9,424,362	\$333	\$3,608

B. Response to FY05 Key Recommendations

- Procurement of a replacement system for INSYST is necessary in the near future.:
 Fully Addressed Partially Addressed Not Addressed
 A Project Concept paper has been developed and a consultant will write the RFP for a new system..
- Develop a strategic plan to aggressively incorporate wellness and recovery into the system:
 Fully Addressed Partially Addressed Not Addressed
 Wellness/recovery implementation is one of 5 priorities of the strategic plan.
- Assess how system and data needs may be impacted as organizational restructuring occurs:
 Fully Addressed Partially Addressed Not Addressed
 The Health Agency Information System Project addresses essential data needs but not details.

C. Performance Improvement Project – Clinical

Area of Focus: Use of standard alcohol withdrawal protocols for PHF patients.

<u>Stage</u>	<input type="checkbox"/> Active – Ongoing <input type="checkbox"/> Completed <input type="checkbox"/> Active – New <input type="checkbox"/> Little Activity <input checked="" type="checkbox"/> Concept Only <input type="checkbox"/> None	<u>PIP Protocol</u> Questions 1-8 (Concept) Total Yes <u> </u> Total Partial <u> </u> Total No <u>8</u> Questions 12-16 (Study Design) Total Yes <u> </u> Total Partial <u> </u> Total No <u>5</u>
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D. Performance Improvement Project – Non-Clinical

Area of Focus: Focused outreach to Latinos to increase penetration rates.

<u>Stage</u>	<input checked="" type="checkbox"/> Active – Ongoing <input type="checkbox"/> Completed <input type="checkbox"/> Active – New <input type="checkbox"/> Little Activity <input type="checkbox"/> Concept Only <input type="checkbox"/> None	<u>PIP Protocol</u> Questions 1-8 (Concept) Total Yes <u>5</u> Total Partial <u>3</u> Total No <u> </u> Questions 12-16 (Study Design) Total Yes <u>4</u> Total Partial <u> </u> Total No <u>1</u>
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E. Current Systems/Applications

Application	Years Used	Function	Vendor/Supplier
Insyst	>10 years	Practice Management	Echo
Clindox/Docdox	N/A	Treatment Plan & Progress Notes	MHP IS Staff
Provider Payment	N/A	MHP	MHP IS Staff

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Strengths				
1. Regular internal audits of 20% of Medi-Cal charts helps avoid future exceptions. 2. The Latino Access Consultant has tirelessly worked to increase access to service for Latinos. 3. MHP increases Spanish language capability by sending clinicians to immersion classes in Mexico.				
H. Challenges				
1. The MHP has limited data analysis and this will be diminished when the current analyst leaves. 2. The MHP acknowledges split philosophies (medical model vs. recovery) among its own management. 3. Contractors are not included in routine communication chains.				
I. Key Recommendations				
1. Integrate wellness and recovery principles throughout all programs. 2. Incorporate contractors into routine communications including QI, policies, and current initiatives. 3. Consolidate and back up databases used for Quality Management.				
J. Additional Observations (optional)				
1. 2.				

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **San Mateo MHP** Review Date: **March 19-21, 2006**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ^{2 (Figures are approximations, as MHP was a case rate pilot through June 2005)}

Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	65,871	5,218	7.92%	\$32,752,677	\$497	\$6,277
FY04	65,306	5,360	8.21%	\$33,662,325	\$515	\$6,280
FY03	62,623	5,193	8.29%	\$32,236,249	\$515	\$6,208

B. Response to FY05 Key Recommendations

- Track and analyze fee-for-service data pre and post conversion for potential revenue loss:
 - Fully Addressed Partially Addressed Not Addressed
 Units of service did not vary significantly pre and post convention. New reports were developed to highlight data missing in the consumer record that prevents successful billing.
- Plan for a new IS system using a team drawn from all elements of the organization.
 - Fully Addressed Partially Addressed Not Addressed
 The MHP IS Steering Committee, comprised of staff from Administration, Support QI, Clinical, and IS departments, meets monthly to address issues related to selection and implementation of new IS.
- Develop a QI Work Plan that specifies timelines and persons responsible for ease of tracking.
 - Fully Addressed Partially Addressed Not Addressed
 The FY 06 QI Work Plan was divided into 17 tasks with numerous objectives, each of which had an assigned due date, status, and lead person.

C. Performance Improvement Project – Clinical

Area of Focus: Effect of coordinated Dialectical Behavioral Therapy services with Psychiatric Emergency Services

<p><u>Stage</u> <input checked="" type="checkbox"/> Active – Ongoing <input type="checkbox"/> Completed <input type="checkbox"/> Active – New <input type="checkbox"/> Little Activity <input type="checkbox"/> Concept Only <input type="checkbox"/> None</p>	<p><u>PIP Protocol</u> Questions 1-8 (Concept) Total Yes <u>7</u> Total Partial <u>1</u> Total No <u>0</u></p> <p>Questions 12-16 (Study Design) Total Yes <u>5</u> Total Partial <u>0</u> Total No <u>0</u></p>
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D. Performance Improvement Project – Non-Clinical

Area of Focus: Improving timely and accurate recording of diagnoses in IS

<p><u>Stage</u> <input checked="" type="checkbox"/> Active – Ongoing <input type="checkbox"/> Completed <input type="checkbox"/> Active – New <input type="checkbox"/> Little Activity <input type="checkbox"/> Concept Only <input type="checkbox"/> None</p>	<p><u>PIP Protocol</u> Questions 1-8 (Concept) Total Yes <u>8</u> Total Partial <u>0</u> Total No <u>0</u></p> <p>Questions 12-16 (Study Design) Total Yes <u>5</u> Total Partial <u>0</u> Total No <u>0</u></p>
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E. Current Systems/Applications			
Application	Years Used	Function	Vendor/Supplier
VAX Client Information and Reporting System	20 years	Practice management Managed care	Local MHP

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Strengths
1. The MHP values data and has made a great deal of progress in creating a culture that uses data to monitor issues, measure progress and make decisions.
2. The IS Steering Committee and workgroup panels have done an outstanding job of documenting key business processes and workflows in preparation for implementing a new information system.
3. MHP leadership supports QI, Wellness and Recovery, and Cultural Competence efforts.

H. Challenges
1. Implementation of a new IS, conversion of many years of data, and training many staff will be an extensive project requiring dedicated resources.
2. Integrating Wellness and Recovery/Resiliency principles into the MHP's system of care is at the beginning stages of culture change.
3. Consumers perceive difficulty accessing medication services due to inconvenient appointment times relative to their employment, a lack of help navigating a very complex system, and a lack of recovery services.

I. Key Recommendations
1. Continue to expand Wellness and Recovery/Resiliency implementation plans and educational efforts, including the number of peer support groups.
2. Develop a plan for conversion of data from the VAX to the new system.
3. Assist consumers to navigate the system of care, including obtaining benefits and services, especially in areas that cannot be simplified.

J. Additional Observations (optional)
1.
2.

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Santa Barbara MHP** Review Date: **December 15-16, 2005**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²						
Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	69,846	5,149	7.37%	\$34,979,990	\$501	\$6,794
FY04	67,320	4,770	7.09%	\$31,067,855	\$462	\$6,513
FY03	62,448	4,258	6.82%	\$29,186,621	\$467	\$6,855

B. Response to FY05 Key Recommendations

- Expand cultural initiatives by involving diverse groups in cultural competence and quality improvement activities.
 Fully Addressed Partially Addressed Not Addressed
 A Latino Advisory Board has been established and a training coordinator will be hired.
- Enhance staff surveys by providing timely feedback and by exploring different ways to promote surveys.
 Fully Addressed Partially Addressed Not Addressed
 The Quality Improvement Committee has discussed this issue and MHP will identify ways survey results can be shared with staff, contractors and consumers.
- Develop a timeline for the selection and implementation of the replacement information system for InSyst.
 Fully Addressed Partially Addressed Not Addressed
 The MHP has ruled out several IT vendors and is currently in negotiations with a vendor.

C. Performance Improvement Project – Clinical

Area of Focus: Designation of a crisis service point of contact to decrease inpatient utilization.

Stage	<input checked="" type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>6</u>	Total Partial <u>2</u>	Total No <u>0</u>
	<input type="checkbox"/> Little Activity	Questions 12-16 (Study Design)		
	<input type="checkbox"/> Concept Only	Total Yes <u>3</u>	Total Partial <u>2</u>	Total No <u>0</u>
	<input type="checkbox"/> None			

D. Performance Improvement Project – Non-Clinical

Area of Focus: Decreasing administrative bed days at the PHF through creation of a Court Liaison.

Stage	<input checked="" type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>6</u>	Total Partial <u>0</u>	Total No <u>0</u>
	<input type="checkbox"/> Little Activity	Questions 12-16 (Study Design)		
	<input type="checkbox"/> Concept Only	Total Yes <u>5</u>	Total Partial <u>1</u>	Total No <u>0</u>
	<input type="checkbox"/> None			

E. Current Systems/Applications

Application	Years Used	Function	Vendor/Supplier
InSyst	>20 years	Practice Management	Echo
Clinicians Gateway	>1 year	Progress Notes	Platton

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Strengths				
<ol style="list-style-type: none"> 1. Staff feels that communication with senior administration has improved. 2. Selection of a new information system is in final stages and will include the successful progress note functionality. 3. The MHP has a good foundation of programs that incorporate wellness and recovery. 				
H. Challenges				
<ol style="list-style-type: none"> 1. The quality improvement program currently does not include contract providers. 2. Wellness and recovery continues to be treated as a boutique program by many providers. 3. Recruiting and hiring a replacement for the recently vacated Assistant Director-Administration position is essential to ensure continuity of business practices. 				
I. Key Recommendations				
<ol style="list-style-type: none"> 1. The Quality Improvement Committee should examine use of the business analyst in quality improvement activities to enhance assessment, monitoring, and analysis of the committee's initiatives. 2. The Quality Improvement Committee should include contract providers and consumers in the quality improvement activities. 3. The MHP should expand training of wellness and recovery principles. 				
J. Additional Observations (optional)				
<ol style="list-style-type: none"> 1. 2. 				

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Santa Clara MHP** Review Date: **March 27-28, 2006**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²						
Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	230,239	12,568	5.46%	\$59,601,550	\$259	\$4,742
FY04	220,474	12,855	5.83%	\$50,285,556	\$228	\$3,912
FY03	197,621	12,797	6.48%	\$75,632,676	\$383	\$5,910

B. Response to FY05 Key Recommendations

- Continue regular assessment of UNI/CARE Pro-File implementation. Ensure that the project is completed soon and transitioned to routine operations, including submission of current CSI data files:
 Fully Addressed Partially Addressed Not Addressed
 Though not apparent from approved claims and CSI data available to CAEQRO from DMH, the MHP reports that it anticipates full implementation, including a stable billing environment and current CSI submissions by the last quarter of FY06.

- Increase the availability of key reports through UNI/CARE for use by program managers and the quality improvement staff to evaluate the quality of care throughout the system:
 Fully Addressed Partially Addressed Not Addressed
 A number of reports are available, but these are not the reports that users and management grew accustomed to with the previous system. Additional report-writing training and experience is necessary to create complex reports, charts, graphs, and data extracts.

- Design the QI Work Plan so that it refers to all of the major activities conducted within the QI program, with particular focus on annual initiatives:
 Fully Addressed Partially Addressed Not Addressed
 The Work Plan is detailed and in line with the MHP's identified strategic initiatives.

C. Performance Improvement Project – Clinical

Area of Focus: Increasing attendance at the Zephyr and Phoenix self-help centers

<u>Stage</u>	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>0</u>	Total Partial <u>1</u>	Total No <u>7</u>
	<input type="checkbox"/> Little Activity			
	<input checked="" type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>5</u>

D. Performance Improvement Project – Non-Clinical

Area of Focus: Decreasing the average wait time for the first service encounter

<u>Stage</u>	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>0</u>	Total Partial <u>3</u>	Total No <u>5</u>
	<input type="checkbox"/> Little Activity			
	<input checked="" type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>5</u>

E. Current Systems/Applications			
Application	Years Used	Function	Vendor/Supplier
Pro-File	3	Practice management	UNI/CARE
Diamond	8	Managed care	Siemens
INVISION	2.5	Hospital financial	Siemens

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Strengths
1. The UNI/CARE Users Group is a forum for communicating policies, system features, and correct system practices to users. The "Uni-Champ" concept of having at least one super-user at each location is an excellent strategy for promoting consistent and improved system use.
2. The MHP has an ethnically and linguistically diverse clinical staff, essential for appropriately serving a community that has four threshold languages.
3. Contract providers describe a very strong partnership with the MHP; collaboratively, they designed a Performance Evaluation Report for measuring program outcomes.

H. Challenges
1. End-users expected that a new IS would ease their work load; instead, they feel frustrated by the perception of having more work as a result of the new system.
2. Low penetration rates in almost every demographic group suggest possible barriers to accessing services through the MHP.
3. The MHP clinical staff appears to be generally overwhelmed by large caseloads, approaching their work with low morale and also some skepticism regarding wellness and recovery practices.

I. 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.
2. Examine systemic barriers that may be affecting low penetration rates to determine areas in which service capacity can be increased.
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.

J. Additional Observations (optional)
1.
2.

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Santa Cruz MHP** Review Date: **August 11-12, 2005**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²

Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served/Month	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	35,032	2,770	7.91%	\$29,922,965	\$854	\$10,803
FY04	34,057	2,714	7.97%	27,802,884	816	\$10,244
FY03	31,295	2,490	7.96%	\$26,587,402	850	\$10,678

B. Response to FY05 Key Recommendations

- Implement, track and monitor cultural competence goals:
 Fully Addressed Partially Addressed Not Addressed
 Although not required, the MHP rewrote the plan, developed new objectives and provided a number of training sessions.
- Clarify goals, activities and progress in the Quality Improvement plan and show how the QIC monitors and directs the process:
 Fully Addressed Partially Addressed Not Addressed
 The Quality Improvement plan lacks concrete objectives with corresponding actions designed to attain each objective. Committee minutes appeared to emphasize plan wording and formatting.
- Increase the access to and use of data in quality improvement and other activities:
 Fully Addressed Partially Addressed Not Addressed
 The MHP identified several barriers to producing reliable data and was addressing these.

C. Performance Improvement Project – Clinical

Area of Focus: Youth at risk of out of home placement provided WRAP services.

Stage	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input checked="" type="checkbox"/> Active – New	Total Yes <u>3</u>	Total Partial <u>3</u>	Total No <u>2</u>
	<input type="checkbox"/> Little Activity			
	<input type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes <u>3</u>	Total Partial <u>0</u>	Total No <u>2</u>

D. Performance Improvement Project – Non-Clinical

Area of Focus: Reducing no show rates for initial assessment appointments.

Stage	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>8</u>
	<input type="checkbox"/> Little Activity			
	<input checked="" type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>5</u>

E. Current Systems/Applications

Application	Years Used	Function	Vendor/Supplier
InSyst	>10 years	Practice Management	Echo
eCura	>5 years	Managed Care	InfoMC

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Strengths

- Services for children and adolescents are highly developed, implemented in close collaboration with allied community organizations and have documented improved outcomes over a period of years.
- In collaboration with public health, the MHP provides a targeted program for homeless individuals, including recently opening a new shelter able to house up to 30 families with a public health clinic attached.
- The MHP has a disciplined organized business process for tracking service data, from entry through claiming and financial reports.

H. Challenges

- Due to civil service policies, the MHP has not in recent years been able to employ consumers. This does not facilitate a recovery/wellness philosophy and may be connected with difficulties involving consumers/families in MHP committees.
- The planning and procurement processes to replace the current information systems will take system-wide planning, dedicated resources and time in order to complete before the vendor terminates product support.
- Utilization of the FQHC for certain clinical services lowers the apparent Medi-Cal penetration rate and costs as well as underreports actual services, in spite of the MHP's ranking well above other MHPs in costs per beneficiary served.

I. Key Recommendations

- Increase the priority in the organization to use data analysis to drive program and quality improvement areas, including development and management of PIPs.
- Designate a project leader and form a project team, with appropriate stakeholders, to initiate the search for an information system. Develop an implementation plan with timelines.
- Seek a variety of means to recruit and involve consumers and family members to participate in QIC and other administrative activities. Develop some specific tasks and functions such as survey administration and dissemination of results.

J. Additional Observations (optional)

- Staff members interviewed appeared genuinely enthusiastic about their work and colleagues and were proud of the many close effective collaborative relationships with other organizations.
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*Please refer to page 7 for the MHP Summary Key.

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Shasta MHP** Review Date: **October 11-12, 2005**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²						
Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served/Month	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	37,510	4,038	10.77%	\$10,942,589	\$292	\$2,710
FY04	37,015	3,992	10.78%	\$10,111,654	\$273	\$2,533
FY03	36,613	4,219	11.52%	\$9,831,130	\$269	\$2,330

B. Response to FY05 Key Recommendations

- Establish procedures to monitor Medi-Cal claim production process, including reviews of Estimate of Benefits (EOB) and Error Correction Reports (ECR) reports:
 Fully Addressed Partially Addressed Not Addressed
 The MHP has comprehensive procedures to monitor Medi-Cal claims and EOB processes and has adequate procedures to review, monitor and correct ECR reports.

- Increase bi-lingual and bi-cultural staff and contractors for Hispanic and Southeast Asian consumers:
 Fully Addressed Partially Addressed Not Addressed
 The MHP implemented a Southeast Asian clinic with grant funding and also hired a Hispanic bilingual/bicultural staff person to be involved in outreach and training.

- Verify the integrity of collected data:
 Fully Addressed Partially Addressed Not Addressed
 MHP does have more than adequate procedures and safeguards in place to validate the integrity of data collected.

C. Performance Improvement Project – Clinical

Area of Focus: The accuracy of the perception of increased Lanterman Petris Short (LPS) Conservatorship referrals within the MHP and validation of evidence to support grave disability as the reason for referrals.

<u>Stage</u>	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input checked="" type="checkbox"/> Active – New	Total Yes <u>4</u>	Total Partial <u>3</u>	Total No <u>1</u>
	<input type="checkbox"/> Little Activity			
	<input type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes <u>0</u>	Total Partial <u>2</u>	Total No <u>3</u>

D. Performance Improvement Project – Non-Clinical

Area of Focus: Response times and appropriate documentation of Helpline calls

<u>Stage</u>	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>8</u>
	<input type="checkbox"/> Little Activity			
	<input checked="" type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>5</u>

E. Current Systems/Applications			
Application	Years Used	Function	Vendor/Supplier
InSyst	>10 years	Practice Management	Echo

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- G. Strengths**
1. The MHP demonstrates a commitment to recovery and wellness principles and supported several positions for both consumers and families.
 2. Fiscal and data staff members have an excellent knowledge and understanding of data and perform complex analysis projects with the data.
 3. The MHP actively pursued grant funding for a homeless program, cooperative employment program, and dedicated clinic for Southeast Asian consumers.

- H. Challenges**
1. Consumers, families, administration, and the staff remain preoccupied with issues surrounding the closure of the Psychiatric Health Facility, and may miss opportunities to improve service delivery.
 2. The need to recognize the continued efforts of a dedicated staff that face public criticism about the MHP and its initiatives is essential for MHP management.
 3. MHP management needs to increase communication, collaboration, and reports sharing between all levels of MHP staff and contract providers to promote a more unified service delivery approach.

- I. Key Recommendations**
1. The QA and QI activities need to be given high priority within the organization.
 2. The MHP should 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.
 3. Improved communication and collaboration with contract providers by providing them with monthly caseload, eligibility, and service activity reports will increase the efficiency of both providers and the MHP.

- J. Additional Observations (optional)**
- 1.
 - 2.

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Siskiyou MHP** Review Date: **April 20, 2006**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²						
Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	10,319	1,349	13.07%	\$9,704,316	\$940	\$7,194
FY04	10,173	1,394	13.70%	\$8,461,310	\$832	\$6,070
FY03	10,040	1,332	13.27%	\$6,113,413	\$609	\$4,590

B. Response to FY05 Key Recommendations

- Complete implementation of scheduling and electronic clinical records modules:
 - Fully Addressed Partially Addressed Not Addressed
 - o The use of e-CET allows all medical records to be electronically accessible from all locations.
 - o The MHP hired an outside consultant to assist with implementation of appointment scheduling and e-CET modules – with significant progress being made and customization work ongoing.

- Explore ways to provide experiences for consumers at the MHP that might encourage the beneficiaries to participate in roles of responsibility, and to thereby support the Recovery and Wellness model:
 - Fully Addressed Partially Addressed Not Addressed
 - o A few consumers were involved in the Mental Health Services Act planning, although consumers in the focus group reported feeling left out at the final stages of the process.
 - o The consumers reported stigma and lack of vocational opportunities as being significant barriers.
 - o No or very little consumer/family participation occurred in quality improvement and program development activities.

- The MHP relies on a few key staff to perform all processing and billing functions:
 - Fully Addressed Partially Addressed Not Addressed
 - The MHP provides billing functions cross training, but multiple work responsibilities impede this training.

C. Performance Improvement Project – Clinical

Area of Focus: The impact of using a recovery-model, strengths-based assessment tool in the treatment planning process on day rehabilitation program attendance, consumer satisfaction and quality of life, and crisis interventions and hospitalizations.

<u>Stage</u>	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>1</u>	Total Partial <u>0</u>	Total No <u>7</u>
	<input checked="" type="checkbox"/> Little Activity			
	<input type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>5</u>

D. Performance Improvement Project – Non-Clinical

Area of Focus: No-shows for appointments in the Adult System of Care (ASOC) programs

<u>Stage</u>	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>8</u>
	<input type="checkbox"/> Little Activity			
	<input checked="" type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>5</u>

E. Current Systems/Applications			
Application	Years Used	Function	Vendor/Supplier
CMHC	> 7 years	Practice management	MHP IS

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Strengths

- Siskiyou Medi-Cal penetration rate is twice the statewide rate. The MHP has ranked in the top ten MHPs in both penetration rates and cost per beneficiary served for the past three consecutive years.
- The IS staffs have gained much knowledge and experience with the CMHC data and are capable of producing complex ad hoc reports.
- The MHP fosters collaboration/communication among employees, schools, and county departments.

H. Challenges

- The systematic effort to document activities related to PIPs and other quality improvement process is a challenge. Focal planning tools such as Quality Improvement Work Plan and Cultural Competency Plan were not available for the review.
- Mental health and substance abuse integration is challenging, especially the child/adolescent program.
- The MHP does not routinely provide CMHC-produced management reports to its contract providers.

I. Key Recommendations

- 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. Include baselines, time frames, and responsible parties to clearly show the dynamics of quality improvement activities. Convene a multi-functional work group to develop, implement, and monitor PIPs.
- 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.
- Provide monthly caseload and service activity reports to the contract providers.

J. Additional Observations (optional)

- The MHP appears to be in a perpetual transition – has had seven directors in five years.
-

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Solano MHP** Review Date: **July 20-21, 2005**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²						
Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	56,747	3,561	6.28%	\$15,978,967	\$282	\$4,487
FY04	55,008	3,541	6.44%	\$17,051,765	\$310	\$4,816
FY03	50,899	3,408	6.70%	\$18,508,880	\$364	\$5,431

B. Response to FY05 Key Recommendations

1. **This section is not applicable this year for the Solano MHP in its first year of CAEQRO review.**
 Fully Addressed Partially Addressed Not Addressed

2. Fully Addressed Partially Addressed Not Addressed

3. Fully Addressed Partially Addressed Not Addressed

C. Performance Improvement Project – Clinical

Area of Focus: The effect of intensive community based services on rehospitalizations, including IMDs.

Stage	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>8</u>
	<input type="checkbox"/> Little Activity	Questions 12-16 (Study Design)		
	<input checked="" type="checkbox"/> Concept Only	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>5</u>
	<input type="checkbox"/> None			

D. Performance Improvement Project – Non-Clinical

Area of Focus: Not applicable for first year review.

Stage	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>__</u>	Total Partial <u>__</u>	Total No <u>__</u>
	<input type="checkbox"/> Little Activity	Questions 12-16 (Study Design)		
	<input type="checkbox"/> Concept Only	Total Yes <u>__</u>	Total Partial <u>__</u>	Total No <u>__</u>
	<input type="checkbox"/> None			

E. Current Systems/Applications			
Application	Years Used	Function	Vendor/Supplier
InSyst	>15	Practice Management	Echo
ShareCare	> 5	Managed Care	Echo
EOB 2000	> 5	Network Providers Claims	Local MHP

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Procedures to determine a beneficiary's eligibility status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Completeness of Medi-Cal claim production process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Documented data security and back-up procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

G. Strengths

1. There appears to be acknowledgement of the current information system deficiencies and executive level support for needed improvements.
2. The MHP has been engaged in an active process for eliciting beneficiary, family, and community input in the MHSA planning – targeting undeserved geographic areas, Filipinos, Latino migrant workers, and the aging population.
3. The MHP appears to have strong, collaborative relationships with its organizational providers.

H. Challenges

1. It is difficult to draw conclusions from the Medi-Cal approved claims data, as nearly 20% of Solano beneficiaries are contracted to Kaiser for their medical and mental health care. These services are not reflected within the approved claims data, and the MHP's lack of information for Kaiser patients is a significant gap.
2. Services are concentrated in Fairfield and Vallejo, resulting in access barriers for those living in other regions of the county.
3. Critical tasks in billing and accounting areas have not been documented; this type of documentation is also important in planning and implementing a new information system.

I. 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.
2. Convene a work group to begin working on the procurement of a new information system. Include staffs from all elements of the organization, including contract providers.
3. Convene a PIP work group to examine the data and design PIPs and report routinely to the QIC.

J. Additional Observations (optional)

1. This is the first year of CAEQRO review for the MHP. Several aspects of this report are rated as "Not Reviewed" because this review was conducted within the parameters of FY05 Year One CAEQRO reviews.
- 2.

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Sonoma MHP** Review Date: **November 7-8, 2005**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²						
Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	48,880	3,217	6.58%	\$16,559,278	\$339	\$5,147
FY04	48,786	3,263	6.69%	\$17,773,361	\$364	\$5,447
FY03	45,093	3,474	7.70%	\$17,989,163	\$399	\$5,178

B. Response to FY05 Key Recommendations

1. Increase beneficiary and family member involvement in treatment planning, program planning, and quality improvement activities:
 Fully Addressed Partially Addressed Not Addressed
 A revised client plan lends itself to increased consumer and family member involvement, and the MHP began a comprehensive treatment planning training that relies upon recovery principles. Involvement in program planning and QI activities requires additional attention.

2. Include data and measurable goals, and progress toward those goals, within the QI Work Plan:
 Fully Addressed Partially Addressed Not Addressed
 While the MHP routinely monitors data, benchmarks and goals are not included in the QI Work Plan.

3. Consider the need and ways to retain historical data in InSyst and eCura when converting to a new system:
 Fully Addressed Partially Addressed Not Addressed
 The MHP has not selected a new vendor but is aware of the need to include this issue in the implementation plan.

C. Performance Improvement Project – Clinical

Area of Focus: Implementation of co-occurring disorders training program to increase identification.

<u>Stage</u>	<input checked="" type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>5</u>	Total Partial <u>2</u>	Total No <u>1</u>
	<input type="checkbox"/> Little Activity	Questions 12-16 (Study Design)		
	<input type="checkbox"/> Concept Only	Total Yes <u>0</u>	Total Partial <u>5</u>	Total No <u>0</u>
	<input type="checkbox"/> None			

D. Performance Improvement Project – Non-Clinical

Area of Focus: Developing a standardized protocol for continuation of conservatorship and its effect on the per capita rate of conservatorship as well as satisfaction with the process.

<u>Stage</u>	<input checked="" type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>2</u>	Total Partial <u>3</u>	Total No <u>3</u>
	<input type="checkbox"/> Little Activity	Questions 12-16 (Study Design)		
	<input type="checkbox"/> Concept Only	Total Yes <u>0</u>	Total Partial <u>4</u>	Total No <u>1</u>
	<input type="checkbox"/> None			

E. Current Systems/Applications			
Application	Years Used	Function	Vendor/Supplier
InSyst	10	Practice Management	Echo
eCura	5	Managed Care	Echo

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Strengths
1. Data analysts effectively produce routine and ad-hoc reports for managers and other staff. The management is skilled in making decisions based upon data.
2. Good procedures and knowledgeable staff ensure the timely entry of data for Medi-Cal claims and reports.
3. The MHP has a well developed, routine training schedule that includes clinical issues, cultural competence, and budget issues.

H. Challenges
1. Replacing InSyst will require much advanced planning and preparation, a dedication of financial resources, and the involvement of the MHP staff, contractors, and other stakeholders.
2. Integration and coordination with contract providers in clinical and business processes is limited.
3. A new information system will require a higher degree of computer literacy and equipment access for all staff, as well as an increased need for timely and effective IS support.

I. 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 for a well developed implementation plan.
2. Increase collaboration with contract providers, including consideration of improved access to the information system.
3. Broaden the involvement of relevant stakeholders in the PIP committees.

J. Additional Observations (optional)
1.
2.

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Stanislaus MHP** Review Date: **November 30 – December 1, 2005**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²

Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	120,504	8,265	6.86%	\$29,389,469	\$244	\$3,556
FY04	115,987	8,069	6.96%	\$28,555,231	\$246	\$3,539
FY03	109,433	7,749	7.08%	\$27,710,820	\$253	\$3,576

B. Response to FY05 Key Recommendations

- Continue to search for funding to replace the current IS with one that can better support the requirements of the MHP. Develop IS expertise to prepare for staff turnover:
 Fully Addressed Partially Addressed Not Addressed
 Potential funding sources, including MHSA, are under review. Cross-training and documentation of core IS activities are in progress.

- Consider development of age appropriate “recovery-like” programs for adolescent beneficiaries who have been in treatment for a long time:
 Fully Addressed Partially Addressed Not Addressed
 The MHP is opening a drop-in center for transitional age youth and expanding the AB2034 program.

- Explore alternative methods of behavioral health care delivery to rural populations:
 Fully Addressed Partially Addressed Not Addressed
 The MHP is expanding children’s services and drug and alcohol services to rural areas.

C. Performance Improvement Project – Clinical

Area of Focus: Determine the benefit of a combined medication/group cognitive behavioral therapy regime for depressed elderly consumers.

<u>Stage</u>	<input checked="" type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>4</u>	Total Partial <u>1</u>	Total No <u>3</u>
	<input type="checkbox"/> Little Activity			
	<input type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes <u>3</u>	Total Partial <u>1</u>	Total No <u>1</u>

D. Performance Improvement Project – Non-Clinical

Area of Focus: Evaluate whether a new automated Primary Care Physician contact model (forms and tracking database) improves communication with consumers’ PCPs.

<u>Stage</u>	<input checked="" type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>7</u>	Total Partial <u>0</u>	Total No <u>1</u>
	<input type="checkbox"/> Little Activity			
	<input type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes <u>4</u>	Total Partial <u>1</u>	Total No <u>0</u>

E. Current Systems/Applications			
Application	Years Used	Function	Vendor/Supplier
InSyst	16	Practice management	Echo

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- G. Strengths**
- The MHP has an exemplary quality management unit that routinely analyzes data to identify potential problems early and define appropriate interventions.
 - The MHP has strong relationships and consistent communication with its contract providers, who are key participants in the implementation of new processes and programs.
 - A history of consumer and family involvement strengthens the MHP's wellness and resilience focus.

- H. Challenges**
- Funding and staffing for the purchase and implementation of a new IS are uncertain.
 - Continued loss of key staff members to retirement remains problematic.
 - Services for non-Medi-Cal consumers are extremely limited, presenting a barrier to early intervention.

- I. Key Recommendations**
- Form a high-level team that meets regularly to plan for InSyst replacement or an alternate strategy.
 - Continue with plans to analyze staff satisfaction data and distribute to MHP staff.
 - Provide training to new program supervisory staff on optimal use of reports.

- J. Additional Observations (optional)**
- -

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Sutter/Yuba MHP** Review Date: **April 26, 2006**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²						
Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	37,311	2,958	7.93%	\$10,148,164	\$272	\$3,431
FY04	36,116	2,897	8.02%	\$9,671,933	\$268	\$3,339
FY03	35,379	2,732	7.64%	\$9,390,455	\$263	\$3,437

B. Response to FY05 Key Recommendations

- Develop strategic quality initiatives, with measurable outcome objectives that define how the Quality Improvement Committee (QIC) will utilize specific data from various committees to improve the overall quality of services as defined by specific quantitative measurements:
 Fully Addressed Partially Addressed Not Addressed
 The MHP developed a "Quality Improvement & Quality Assurance Work Plan" that speaks to quality initiatives, many describing measurable goals. This plan is separate and disparate from the annual "Mental Health Plan Quality Management & Improvement" that outlines QM/QI overall effectiveness.
- Implement trainings and activities designed to increase the knowledge and involvement of consumers, family members, and the MHP staff in the practice of wellness and recovery principles:
 Fully Addressed Partially Addressed Not Addressed
 - Both clinicians and consumers are practicing many wellness and recovery principles (e.g., active involvement by all stakeholders in client plans, MHP funding of a consumer lauded drop in center, and an "Adult Advocacy Program" that provides employment to a large number of consumers).
 - The MHP presented several instances of specific training in wellness and recovery principles.
- Involve consumers/family members in the creation and understanding of consumer treatment plans:
 Fully Addressed Partially Addressed Not Addressed
 Consumers and family members interviewed affirmed active participation in the creation, understanding, and tracking of their individual treatment plans or those for whom they are a family member.

C. Performance Improvement Project – Clinical

Area of Focus: Is Functional Family Therapy an appropriate and effective way to treat juvenile justice involved youth with a behavior disorder?

<u>Stage</u>	<input checked="" type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>3</u>	Total Partial <u>1</u>	Total No <u>4</u>
	<input type="checkbox"/> Little Activity			
	<input type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes <u>3</u>	Total Partial <u>1</u>	Total No <u>1</u>

D. Performance Improvement Project – Non-Clinical
 Area of Focus: Will requiring new clients to attend two orientation groups prior to medication evaluation result in a decreased rate of no shows?

Stage	<input checked="" type="checkbox"/> Active – Ongoing	PIP Protocol		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>1</u>	Total Partial <u>6</u>	Total No <u>1</u>
	<input type="checkbox"/> Little Activity	Questions 12-16 (Study Design)		
	<input type="checkbox"/> Concept Only	Total Yes <u>0</u>	Total Partial <u>3</u>	Total No <u>2</u>
	<input type="checkbox"/> None			

E. Current Systems/Applications

Application	Years Used	Function	Vendor/Supplier
Sutter/Yuba Information System	20+	Billing, Reporting and scheduling	Sutter County IT

F. Review of Information System Components

	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- G. Strengths**
- The MHP is a unique 30-year old bi-county organizational structure – a positive regionalization example.
 - The MHP funds two consumer related programs: an open door drop in center for the homeless that includes physical health care; and an adult advocacy program that provides job coaching and linkages.
 - The MHP staff has demonstrated an ability to extract and analyze data from the information system.

- H. Challenges**
- A rapid influx of culturally diverse and non-English speaking populations from nearby metropolitan areas presents increasing resource pressures.
 - Identification and implementation of a new information system will be very taxing on existing resources.
 - Youth Services does not have a bi-lingual Spanish receptionist – often entailing the use of a clinician as a contact point. Additionally, one clinician appears to provide most of the Spanish translation and most of the non-contracted clinical services in the children's services program.

- I. Key Recommendations**
- 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.
 - Address escalating change of clinician requests due to cultural reasons by implementing proposed MHPA plans and/or other interventions relating to this issue.
 - Consider using external resources for the selection and implementation of a new information system.

- J. Additional Observations (optional)**
- -

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Tehama MHP** Review Date: **August 18, 2005**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²						
Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served/Month	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	14,480	1,387	9.58%	\$3,013,470	\$208	\$2,173
FY04	14,251	1,449	10.17%	\$3,178,782	\$223	\$2,194
FY03	13,958	1,466	10.50%	\$3,600,379	\$258	\$2,456

B. Response to FY05 Key Recommendations

1. Improved local reporting capabilities:
 Fully Addressed Partially Addressed Not Addressed
 The information system staff has gained significant knowledge and experience with the data. Continued collaboration on the development of a data driven analysis environment is encouraged.

2. Enhanced coordination with primary and emergency room health care:
 Fully Addressed Partially Addressed Not Addressed
 The MHP participated in a national workshop on the integration of mental health and primary health care, the formulation and implementation of a case consultation process, and established direct communication with the medical clinic.

3. Improved the quality of data collection, tracking and implementation:
 Fully Addressed Partially Addressed Not Addressed
 There has been sporadic quality improvement activity in the past year. The collection, tracking, and use of data continue to need improvement.

C. Performance Improvement Project – Clinical

Area of Focus: Penetration by ethnicity vs prevalence estimates.

<u>Stage</u>	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
<input type="checkbox"/> Active – New		Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>8</u>
<input type="checkbox"/> Little Activity		Questions 12-16 (Study Design)		
<input type="checkbox"/> Concept Only		Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>5</u>
<input checked="" type="checkbox"/> None				

D. Performance Improvement Project – Non-Clinical

Area of Focus: Psychiatric appointments to prevent re-hospitalizations.

<u>Stage</u>	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
<input type="checkbox"/> Active – New		Total Yes <u>7</u>	Total Partial <u>1</u>	Total No <u>0</u>
<input type="checkbox"/> Little Activity		Questions 12-16 (Study Design)		
<input checked="" type="checkbox"/> Concept Only		Total Yes <u>4</u>	Total Partial <u>0</u>	Total No <u>1</u>
<input type="checkbox"/> None				

E. Current Systems/Applications

Application	Years Used	Function	Vendor/Supplier
CMHC/MIS	>7 years	Practice Management	Netsmart

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Strengths
1. Strong commitment to recovery principles has resulted in several employment opportunities for consumers and families.
2. The MHP successful recruitment efforts resulted in the addition of four bilingual/bicultural Latino staff, including one psychiatrist.
3. Health agency IS staff have gained much knowledge and experience of the MHP data, and are capable of producing ad hoc reports.

H. Challenges
1. There has been high staff turnover and low morale among those remaining.
2. The long term impact of IS vendor change is unknown at this time.
3. Shared communication and resources with the health services agency have been challenging goals for MHP administration.

I. Key Recommendations
1. Carefully monitor consequences of staff turnover and low morale on consumers and families.
2. Perform a business risk assessment to assist in the development of plans for a replacement system.
3. Support quality improvement activities through the allocation of appropriate resources.

J. Additional Observations (optional)
1.
2.

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Trinity MHP** Review Date: **May 23, 2006**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²						
Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	2,665	341	12.80%	\$1,425,787	\$535	\$4,181
FY04	2,587	301	11.64%	\$1,478,340	\$571	\$4,911
FY03	2,494	268	10.75%	\$1,001,425	\$402	\$3,737

B. Response to FY05 Key Recommendations

1. Offer recovery information for consumer's information and goal setting:
 Fully Addressed Partially Addressed Not Addressed
 Consumers perceive that the MHP assists them with recovery efforts and addresses their wishes on the Client Plan.

2. The QI and IT staffs should routinely collaborate in collecting data for PIPs and QI projects:
 Fully Addressed Partially Addressed Not Addressed
 While integrated work groups have not yet been formed, Fiscal/IT is responsive to the needs of QI and provides ad hoc reports as they are requested.

3. Create a policy and procedure manual on business processes:
 Fully Addressed Partially Addressed Not Addressed
 The fiscal manager is currently documenting billing procedures for contract providers.

C. Performance Improvement Project – Clinical

Area of Focus: Improved Consumer Engagement with Outpatient Services Post Hospitalization

Stage	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>1</u>	Total Partial <u>3</u>	Total No <u>4</u>
	<input type="checkbox"/> Little Activity	Questions 12-16 (Study Design)		
	<input checked="" type="checkbox"/> Concept Only	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>5</u>
	<input type="checkbox"/> None			

D. Performance Improvement Project – Non-Clinical

Area of Focus: Decreasing No Show Rates

Stage	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>8</u>
	<input type="checkbox"/> Little Activity	Questions 12-16 (Study Design)		
	<input type="checkbox"/> Concept Only	Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>5</u>
	<input checked="" type="checkbox"/> None			

E. Current Systems/Applications

Application	Years Used	Function	Vendor/Supplier
CMHC	8 years	Medi-Cal Claim Production, Claim Receipt and Adjudication	Kings View

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Strengths

1. Staff members are knowledgeable regarding the CMHC system and have the ability to access data reports.
2. The contract with Kings View provides needed telepsychiatry services.
3. Consumers are strongly motivated to develop a peer support system and take a more active role in the system of care.

H. Challenges

1. The documentation of business processes is limited.
2. The use of data has been hindered by a lack of data analysis skills among staff.
3. There is a lack of MHP focus on and participation in performance improvement activities.

I. Key Recommendations

1. Document business processes to assure standardized workflow.
2. Prioritize performance improvement project efforts and develop PIP committees with appropriate stakeholders.
3. Develop a plan to empower consumers including recovery groups and supported employment services.

J. Additional Observations (optional)

- 1.
- 2.

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Tulare MHP** Review Date: **October 26-27, 2005**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²						
Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	139,393	6,378	4.58%	\$20,589,937	\$148	\$3,228
FY04	132,919	6,008	4.52%	\$19,446,061	\$146	\$3,237
FY03	128,071	5,359	4.18%	\$19,279,376	\$151	\$3,598

B. Response to FY05 Key Recommendations

- Bring to fruition cultural competence goals outlined in the MHP Cultural Competence Plan:
 Fully Addressed Partially Addressed Not Addressed
 The MHP aggressively implemented training and programs to address cultural competence goals.
- Include consumer/family members in planning processes for services:
 Fully Addressed Partially Addressed Not Addressed
 A number of consumers/family members are included on various committees involved with service planning, including the Quality Improvement Committee and the Mental Health Services Act planning process.
- Actively include information systems (IS) staff in quality improvement processes:
 Fully Addressed Partially Addressed Not Addressed

C. Performance Improvement Project – Clinical

Area of Focus: Consumers with major depression referred to a psychiatrist and seen in a timely manner.

Stage	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
<input checked="" type="checkbox"/> Active – New		Total Yes <u>5</u>	Total Partial <u>3</u>	Total No <u>0</u>
<input type="checkbox"/> Little Activity		Questions 12-16 (Study Design)		
<input type="checkbox"/> Concept Only		Total Yes <u>3</u>	Total Partial <u>2</u>	Total No <u>0</u>
<input type="checkbox"/> None				

D. Performance Improvement Project – Non-Clinical

Area of Focus: Reducing public guardian steps in order to provide consumer checks before 10th day of every month.

Stage	<input checked="" type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
<input type="checkbox"/> Active – New		Total Yes <u>5</u>	Total Partial <u>3</u>	Total No <u>0</u>
<input type="checkbox"/> Little Activity		Questions 12-16 (Study Design)		
<input type="checkbox"/> Concept Only		Total Yes <u>0</u>	Total Partial <u>5</u>	Total No <u>0</u>
<input type="checkbox"/> None				

E. Current Systems/Applications

Application	Years Used	Function	Vendor/Supplier
CMHC	6	Practice Management	Netsmart Technologies

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Strengths
1. The MHP restructured its quality improvement program toward an emphasis on consistent definable and quantifiable goals, including consistent collaboration with its IS staff.
2. The MHP staff is actively adopting wellness and recovery principles in order to maximize consumer choices through positive lifestyle choices.
3. The MHP conducted extensive outreach to the Latino community, gearing television, radio, newspaper, and focus groups toward the Spanish-speaking community.

H. Challenges
1. The MHP must successfully integrate its activities with the Alcohol and Drug program.
2. The desirable acquisition and integration of mental health services data from the two county FQHCs could face reliability and validity challenges.
3. The line staff is unaware of the location of the most current system documentation, including policies and procedures.

I. 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.
2. Work with the vendor and monitor other MHPs regarding possible future eCET and BUI implementation. BUI will create a more user-friendly system interface, and an electronic clinical decision support application would be a significant enhancement to the overall capabilities of the CMHC system.
3. Include contract providers, consumers/family members, and physical health care representatives in relevant quality improvement committees and activities.

J. Additional Observations (optional)
1.
2.

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Tuolumne MHP** Review Date: **May 17, 2006**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²						
Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	7,551	972	12.87%	\$2,772,580	\$367	\$2,852
FY04	7,513	905	12.05%	\$2,878,273	\$383	\$3,180
FY03	7,291	1,125	15.43%	\$3,282,686	\$450	\$2,918

B. Response to FY05 Key Recommendations

- Develop a collaborative relationship between IT and QI to increase the availability and use of data to drive decision making across the MHP's programs.
 - Fully Addressed Partially Addressed Not Addressed
 - o Kings View, the MHP administrative contractor, added a data specialist as a new standing member of the QI Committee.
 - o "Data" is considered a significant aspect of the QI agenda.
 - o Kings View initiated a Data Committee to determine the type of data to review and measure.

- Develop guiding principles for the QIC to enhance the process of overall organizational quality improvement and management activities:
 - Fully Addressed Partially Addressed Not Addressed
 - The MHP developed its own Quality Improvement Council with quarterly meetings as of January 2006, and expects communication and collaboration with Kings View activities to improve as a result.

- Consider the development of a Cultural Competence Committee (CCC) in order to strengthen this aspect of the overall service delivery system:
 - Fully Addressed Partially Addressed Not Addressed
 - The MHP is developing a CCC. The first meeting took place on May 4, 2006.

C. Performance Improvement Project – Clinical

Area of Focus: The impact of peer contacts during hospitalization and post hospitalization on frequency of re-hospitalizations.

<p><u>Stage</u></p> <p><input checked="" type="checkbox"/> Active – Ongoing</p> <p><input type="checkbox"/> Completed</p> <p><input type="checkbox"/> Active – New</p> <p><input type="checkbox"/> Little Activity</p> <p><input type="checkbox"/> Concept Only</p> <p><input type="checkbox"/> None</p>	<p><u>PIP Protocol</u></p> <p>Questions 1-8 (Concept)</p> <p>Total Yes <u>0</u> Total Partial <u>3</u> Total No <u>5</u></p> <p>Questions 12-16 (Study Design)</p> <p>Total Yes <u>0</u> Total Partial <u>3</u> Total No <u>2</u></p>
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D. Performance Improvement Project – Non-Clinical

Area of Focus: Decreasing no-shows for psychiatric appointments via telephone reminders

<p><u>Stage</u></p> <p><input checked="" type="checkbox"/> Active – Ongoing</p> <p><input type="checkbox"/> Completed</p> <p><input type="checkbox"/> Active – New</p> <p><input type="checkbox"/> Little Activity</p> <p><input type="checkbox"/> Concept Only</p> <p><input type="checkbox"/> None</p>	<p><u>PIP Protocol</u></p> <p>Questions 1-8 (Concept)</p> <p>Total Yes <u>1</u> Total Partial <u>7</u> Total No <u>0</u></p> <p>Questions 12-16 (Study Design)</p> <p>Total Yes <u>0</u> Total Partial <u>5</u> Total No <u>0</u></p>
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E. Current Systems/Applications			
Application	Years Used	Function	Vendor/Supplier
CMHC/MIS	>15	Practice management	Netsmart

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Strengths

- The MHP's Medi-Cal penetration rate is twice the Central region and statewide rates. The high penetration rate is consistent across all age categories up to age 59.
- The MHP presents a highly integrated Behavioral Health model, offering both mental health and alcohol & drug counseling services to consumers.
- The Medi-Cal claim denial rate improved from 4.25% in FY04 to 1.59% in FY05.

H. Challenges

- Successful implementation of the new information system will require careful review and active monitoring of the process by the MHP staff.
- There is no effective tracking mechanism to ensure collection of discharge data from the hospital.
- The training related to cultural competency and clinical issues was very limited in FY05-06, consisting of presentations that lasted a total of 2 ¾ hours.

I. Key Recommendations

- 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.
- Enter hospital admission and discharge information for Behavioral Health consumers as non-billable, non-CSI reportable episodes in the information system. Improved tracking of hospitalizations is not only a direct clinical benefit, but will provide a more complete database for future data analysis.
- Offer a selection of professional trainings on topics related to cultural competency, evidence based practice, co-occurring disorders, and the wellness and recovery perspective. Invite guest speakers who may contribute to the clinicians' professional expertise.

J. Additional Observations (optional)

- The MHP contracts with Tuolumne County Behavioral Health Services Kings View, a California not-for-profit corporation to operate a behavioral health program. The MHP serves an auxiliary function.
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*Please refer to page 7 for the MHP Summary Key.

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Ventura MHP** Review Date: **November 2-3, 2005**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²						
Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	108,189	5,736	5.30%	\$26,332,983	\$243	\$4,591
FY04	105,718	5,617	5.31%	\$26,819,249	\$254	\$4,775
FY03	98,547	5,536	5.62%	\$25,762,600	\$261	\$4,654

B. Response to FY05 Key Recommendations

- Develop a strategy and action plan to improve cultural competency in service delivery with particular emphasis on increased access for the Latino population:
 Fully Addressed Partially Addressed Not Addressed
 The MHP hired an Ethnic Services Coordinator to be part of the management team. The Youth and Family Division started a volunteer staff work group.
- Increase the return rate of consumer surveys, including greater participation from Spanish speaking consumers:
 Fully Addressed Partially Addressed Not Addressed
- Commit adequate resources to the implementation of the new UNI/CARE information system:
 Fully Addressed Partially Addressed Not Addressed
 While the MHP has identified the implementation as a top FY06 strategic goal, two already over-burdened staff members share project management as a part-time activity.

C. Performance Improvement Project – Clinical

Area of Focus: There was no PIP available to review.

Stage	<input type="checkbox"/> Active – Ongoing	PIP Protocol		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
<input type="checkbox"/> Active – New		Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>8</u>
<input type="checkbox"/> Little Activity		Questions 12-16 (Study Design)		
<input type="checkbox"/> Concept Only		Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>5</u>
<input checked="" type="checkbox"/> None				

D. Performance Improvement Project – Non-Clinical

Area of Focus: Documentation of 50% of consumer outcomes in the Youth and Families Division.

Stage	<input type="checkbox"/> Active – Ongoing	PIP Protocol		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
<input type="checkbox"/> Active – New		Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>8</u>
<input type="checkbox"/> Little Activity		Questions 12-16 (Study Design)		
<input checked="" type="checkbox"/> Concept Only		Total Yes <u>0</u>	Total Partial <u>0</u>	Total No <u>5</u>
<input type="checkbox"/> None				

E. Current Systems/Applications

Application	Years Used	Function	Vendor/Supplier
Patient Oriented Record (POR)	20	Practice management/Managed care	Local MHP

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent, and timely data collection	<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. Completeness of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Strengths

1. The MHP gained control of human resources activities including recruitment and hiring. Slow and unresponsive centralized human resources in many counties impede MHPs' timely recruitment and engagement of a diverse workforce that includes consumers and family members.
2. The MHP's Youth and Family Division has strong leadership who use current business and clinical practices.
3. The MHP has a stable billing system, locally owned and operated by an experienced county IT staff that can maintain operations during new system implementation.

H. Challenges

1. The MHP lacks the infrastructure to implement and support its current resources. Paid claims data indicate that the MHP continues to serve fewer consumers for higher costs than the state and its region. It does not use data to determine how to conduct business practices for service delivery.
2. The MHP lacks an overall strategy for addressing the issues around culturally competent service delivery and outreach to ethnically diverse populations.
3. The MHP is not addressing the issue of incorporating recovery/wellness /resilience principles and has little consumer participation in the service delivery system.

I. 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.
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.
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.

J. Additional Observations (optional)

1. The MHP submitted requested and required documents five weeks after the deadline. The MHP submitted PIP materials that were not ongoing PIPs three days prior to the review date. This significantly interfered with CAEQRO's ability to conduct a comprehensive and thorough review.
- 2.

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

Individual Mental Health Plan Summary FY06 CA External Quality Review Organization

Name: **Yolo MHP** Review Date: **February 23, 2006**

CAEQRO Size ¹ Small-Rural Small Medium Large Very Large

A. Medi-Cal Eligibility and Claims History ²						
Fiscal Year	Unduplicated Eligibles/Month	Unduplicated Beneficiaries Served	Penetration Rate	Approved Claims	Approved Claims/ Month/ Eligible	Approved Claims/ Beneficiary Served
FY05	28,690	2,162	7.54%	\$8,034,129	\$280	\$3,716
FY04	28,631	2,334	8.15%	\$8,863,753	\$310	\$3,798
FY03	27,513	2,289	8.32%	\$8,929,868	\$325	\$3,901

B. Response to FY05 Key Recommendations

1. Identify cultural competence goals and implement strategies to achieve them:
 Fully Addressed Partially Addressed Not Addressed
 The MHP developed a number of cultural competence goals and started to implement activities, such as ethnicity related trainings, surveys, building collaborative relationships with agencies that come in contact with migrant, hearing, and visually impaired communities to improve referral processes, and hiring a Russian-speaking clinician to head the Russian subcommittee.

2. Develop procedures to track demographic data and to support on-going implementation and quality of care issues related to the management of the information system:
 Fully Addressed Partially Addressed Not Addressed
 The MHP created an MIS Advisory Committee to aid in cultural indicator data collection like language and ethnicity, and that has access to relevant records of psychiatrists and the medication support team.

3. Identify key strategic challenges associated with the departmental restructuring process and determine what will lead to organizational sustainability:
 Fully Addressed Partially Addressed Not Addressed
 The MHP identified restructuring as a strategic initiative. However, the MHP did not identify any specific strategic challenges, timelines for accomplishment, or a definition of organizational success.

C. Performance Improvement Project – Clinical

Area of Focus: Reducing rehospitalization rate by assigning a case manager in the hospital

<u>Stage</u>	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u> </u>	Total Partial <u>3</u>	Total No <u>5</u>
	<input type="checkbox"/> Little Activity			
	<input checked="" type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes <u> </u>	Total Partial <u> </u>	Total No <u>5</u>

D. Performance Improvement Project – Non-Clinical

Area of Focus: Noncompliance with medication appointments

<u>Stage</u>	<input type="checkbox"/> Active – Ongoing	<u>PIP Protocol</u>		
	<input type="checkbox"/> Completed	Questions 1-8 (Concept)		
	<input type="checkbox"/> Active – New	Total Yes <u>1</u>	Total Partial <u>5</u>	Total No <u>2</u>
	<input type="checkbox"/> Little Activity			
	<input checked="" type="checkbox"/> Concept Only	Questions 12-16 (Study Design)		
	<input type="checkbox"/> None	Total Yes <u> </u>	Total Partial <u>2</u>	Total No <u>3</u>

E. Current Systems/Applications			
Application	Years Used	Function	Vendor/Supplier
Avatar	>2 years	Practice Management	MHP IS staff and County IT staff

F. Review of Information System Components	Met	Partially Met	Not Met	Not Reviewed
1. Procedures for accurate, consistent and timely data collection	<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. Completeness of Medi-Cal claim production process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of claims processing and payments for network providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Access to data via standard and ad hoc reports	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Information systems training program and "Help Desk" support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information systems/fiscal policies and procedures documented and distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration between quality improvement and IS staffs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documented data security and back-up procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Strengths

- As in last year's review, the MHP focuses much of the programmatic restructuring on service access and intake process streamlining. This focus should yield higher penetration rates in years to come.
- Utilization of the Avatar information system for client assessments and progress notes makes important information easily accessible to the staff, and is a foundation for better consumer care.
- As a part of restructuring, the MHP implemented a number of organizational initiatives aimed at accountability and productivity, such as a new Compliance Plan and a written Code of Conduct.

H. Challenges

- The overall penetration rate has steadily decreased from 8.32% in 2003 to 7.42% in 2005.
- The turn around time for producing new Crystal Reports needs continues to be a problem.
- The QI Work Plan includes few measurable goals, and no baseline/numerical description of past and current identified area status. The plan is not useful for tracking and monitoring service delivery.

I. Key Recommendations

- Address and improve the declining overall penetration rate. Where called for, improve penetration for various subgroups, such as age category, various ethnic and racial groups, and foster children.
- 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.
- 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.

J. Additional Observations (optional)

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