

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: Inyo

CAEQRO Size:⁽¹⁾ Small-Rural

Region: Superior

A. Response to Key Recommendations from FY08

1. Examine service utilization and billing practices for beneficiaries receiving more than 15 service encounters to understand service patterns and maximize outcomes and revenue:
 - Fully Addressed
 - Partially Addressed
 - Not Addressed
2. Plan how to best utilize the data analytical resources the MHP shares with fiscal and other health department staff. Within this function, ensure that QI activities are appropriately billed and costs recouped:
 - Fully Addressed
 - Partially Addressed
 - Not Addressed
3. Investigate options for the use of Progress House which would take full advantage of this community resource:
 - Fully Addressed
 - Partially Addressed
 - Not Addressed

B. FY09 Strengths

1. The MHP has presence throughout the school systems in the county and is able to extend service access even in the most remote locations.
2. The MHP has identified the importance of collaboration with the Native American services to improve care throughout the region.
3. The MHP has successfully implemented the Practice Management portion of Avatar including service entry by clinical staff.

C. FY09 Opportunities for Improvement

1. The MHP has not addressed the question of the impact of its low average annual claims on the quality of service as recommended last year.
2. The MHP has not demonstrated a commitment to utilizing data for evaluating performance and improving quality.
3. The MHP lacks resources to provide regular, comprehensive services to the more remote areas it serves, which includes Death Valley and the nearby isolated population centers.

D. FY09 Top Five Recommendations

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

- | | |
|--|--------------|
| 1. As recommended last year, the MHP should begin evaluating service utilization data with an emphasis on evaluating the impact of the low average approved claims amount per beneficiary. | Q,O,I |
| 2. Enhance the effectiveness of QIC through broad stakeholder involvement and integration with the Q2 meeting format. | Q,Oth |
| 3. The MHP needs to establish key performance indicators with target goals, monitor and report out routinely on performance to the QIC. | Q,I |
| 4. The over-representation of hispanic and native american youth in the juvenile facility indicates for mental health collaboration in the development of an intervention plan. | A,O |
| 5. Establish a clinical PIP. | Q |

E. Performance Improvement Project - Clinical

Title: The MHP did not submit a Clinical PIP.

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

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

F. Performance Improvement Project - Non-Clinical

Title: EPSDT

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

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

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	9.30%	10.24%	10.65%	6.19%	19
Foster Care PR:	65.00%	58.11%	58.41%	58.11%	15
Hispanic PR:	3.19%	4.28%	4.81%	3.41%	37
App Claims/Bene (ACB):	\$3,284	\$4,675	\$5,105	\$4,614	34
White ACB:	\$2,968	\$4,480	\$4,717	\$4,621	41
Hispanic ACB:	\$4,930	\$5,244	\$5,845	\$4,448	19
Male ACB:	\$3,939	\$5,323	\$6,077	\$5,238	32
Female ACB:	\$2,711	\$4,133	\$4,356	\$4,032	43
Foster Care ACB:	\$2,130	\$7,412	\$6,549	\$7,262	53

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: Kern

CAEQRO Size:⁽¹⁾ Large

Region: Southern

A. Response to Key Recommendations from FY08

1. Service requests by telephone are responded to with great delay, formally track access and develop benchmarks for timely response to requests for services:
 Fully Addressed Partially Addressed Not Addressed
2. The trend of decreasing penetration rates requires the MHP to develop and implement a system-wide plan to understand the root cause(s) and intervene to increase penetration rates with priority underserved populations:
 Fully Addressed Partially Addressed Not Addressed
3. The MHP needs to develop a system-wide plan for closing the feedback loop with staff, contract providers and consumer/family members regarding relevant data and information:
 Fully Addressed Partially Addressed Not Addressed

B. FY09 Strengths

1. The MHP is formally tracking access and assessment processes, and using this data to make substantial improvements in timeliness.
2. The MHP has a strong data focus and is planning to further develop integrated reporting of service and financial information.
3. Co-occurring capacity integration continues to improve through CCISC model, impact of change agents, and commitment to COD specialists on each team.

C. FY09 Opportunities for Improvement

1. COD service integration would increase through change agents in each program and broader management involvement in their activities.
2. Anasazi and the electronic assessment, plan and progress note present the opportunity to move rapidly towards a complete electronic health record, the first step for which is electronic progress notes without paper copies.
3. Consumer and family employment is supported by the MHP, however, more work is required to assure these individuals are universally treated with respect and as peers.

D. FY09 Top Five Recommendations

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

- | | |
|---|--------------|
| 1. Improve effectiveness of COD services by implementing change agents in all programs, monitoring outcome data, and regular, broad supervisor and administrative support. | A,Q |
| 2. Address barriers to the full implementation of Anasazi's electronic health record potential | I |
| 3. Expand the use and distribution of clinically relevant reports. | Q,I |
| 4. Increase mechanisms to educate consumers regarding the available system, since their feedback indicates many programs are not widely known. | A,Oth |
| 5. Address the low foster care penetration rates by establishing a protocol-driven process supported by either an MOU or other inter-departmental agreement that ensures all foster care beneficiaries are referred to the MHP for mental health screening. | A,T |

E. Performance Improvement Project - Clinical

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

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

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

F. Performance Improvement Project - Non-Clinical

Title: Improve Penetration Rate of FC Children

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

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

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	5.65%	6.02%	6.32%	6.19%	45
Foster Care PR:	35.38%	52.50%	55.98%	58.11%	53
Hispanic PR:	3.29%	3.49%	3.47%	3.41%	35
App Claims/Bene (ACB):	\$4,952	\$3,464	\$4,159	\$4,614	20
White ACB:	\$5,415	\$3,684	\$4,097	\$4,621	15
Hispanic ACB:	\$4,255	\$3,319	\$3,745	\$4,448	25
Male ACB:	\$4,967	\$3,839	\$4,737	\$5,238	26
Female ACB:	\$4,939	\$3,125	\$3,635	\$4,032	11
Foster Care ACB:	\$5,868	\$4,978	\$6,665	\$7,262	22

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: Kings

CAEQRO Size:⁽¹⁾ Small

Region: Central

A. Response to Key Recommendations from FY08

1. Take a more active role as the responsible county MHP entity to ensure efforts to improve access, timeliness, quality and outcomes of services to consumers and families:

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
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2. Develop the ability to routinely extract, analyze, and use data to make decisions within the organization:

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
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3. Analyze current service referral and delivery patterns for foster care youth, including amounts of services, retention, and penetration to assess the service capacity of the system and improve disparities:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
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B. FY09 Strengths

1. Consumer representation on the QI and CC committee appeared substantial; the Drop-In Center appeared to be completely staffed with consumer volunteers.
2. Kings View began providing mental health services with a Spanish-speaking therapist to four Family Resource Centers. Adult and Children's services more than doubled bilingual clinical staff capacity.
3. Compared to the statewide average, the MHP spends a significantly smaller percentage of its Medi-Cal dollars for high-cost beneficiaries, resulting in more resources for the greater proportion of its beneficiaries.

C. FY09 Opportunities for Improvement

1. Communication of data, reports and initiatives between QI, CC, IT and the PIP appeared contingent upon one senior staff.
2. While historically low, the denied claims rate increased from 1.32% in FY06-07 to 11.60% in FY07-08.
3. Data is not being tracked or monitored to determine whether the separation in departments has improved timely access routine services or psychiatry – for English or Spanish-speaking consumers.

D. FY09 Top Five Recommendations

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

- | | |
|--|--------------|
| 1. Take a more active role as the responsible county MHP in prioritizing and monitoring performance indicators and in identifying data to be utilized in decision making. | Q,O |
| 2. Establish strategic initiatives that include a specific implementation plan for Wellness and Recovery with milestones and goals; include clear objectives and goals for the CC Committee as well. | Q,Oth |
| 3. Identify next steps for more comprehensive identification of consumers with co-occurring disorders; establish system-wide implementation of co-occurring disorders treatment. | A,Q |
| 4. Continue to closely monitor the denied claims rate as well as data integrity and the claiming process to assure that all implementation and change related issues have been resolved. | I,Oth |
| 5. Take the lead with Child Welfare Services in developing a collaboration that positively impact access and services to foster care and other at-risk youth. | A,O |

E. Performance Improvement Project - Clinical

Title: SCERP Cohort II

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

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

F. Performance Improvement Project - Non-Clinical

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

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

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

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	6.33%	5.71%	7.89%	6.19%	39
Foster Care PR:	35.97%	54.26%	49.39%	58.11%	52
Hispanic PR:	3.90%	3.09%	3.95%	3.41%	22
App Claims/Bene (ACB):	\$2,259	\$3,593	\$3,668	\$4,614	54
White ACB:	\$2,451	\$3,607	\$3,755	\$4,621	53
Hispanic ACB:	\$2,042	\$3,259	\$3,131	\$4,448	54
Male ACB:	\$2,257	\$4,073	\$4,101	\$5,238	54
Female ACB:	\$2,261	\$3,167	\$3,293	\$4,032	52
Foster Care ACB:	\$2,388	\$5,871	\$6,696	\$7,262	52

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: Lake

CAEQRO Size:⁽¹⁾ Small

Region: Superior

A. Response to Key Recommendations from FY08

1. Continue to focus on developing and allocating resources to develop quality management systems. Explore ways to analyze and apply the information collected to evaluate and identify potential problems in service delivery:
 Fully Addressed Partially Addressed Not Addressed
2. Develop a contingency plan for possible delays in the completion of the implementation of the new IS to ensure protection of the MHP both fiscally and clinically:
 Fully Addressed Partially Addressed Not Addressed
3. As planned, conduct a pilot assignment of crisis staff to the ER from 5-9 pm and measure the effectiveness of this intervention to promote quality, timeliness and access for consumers and satisfaction for the RBCH-community partner:
 Fully Addressed Partially Addressed Not Addressed

B. FY09 Strengths

1. The MHP leaders and staff have much more awareness of available data and its value in leading organizational decisions.
2. The MHP has utilized MHPA funding to expand wellness services and promote recovery principles throughout the system. Consumer employment is on the verge of expansion.
3. The first of six "Key Strategies" listed in the "Strategic Plan for Lake County Mental Health" is "Fully implement Anasazi software". Recognition and support from leadership is critical to any IS project success.

C. FY09 Opportunities for Improvement

1. The potential for continuing audits of prior cost reports and further recoupment is a strain on the department, requiring major resource in looking backward at the very time efforts should be focused on ensuring quality and accuracy in the new system.
2. Provider payment difficulties may result in legitimate claims that are too old to bill, resulting in additional lost revenue and minimized utility of recent approved claims analysis.
3. The MHP tracks a variety of data through manual processes, which are very labor intensive and do not yet provide "bottom line" analysis and programmatic utility.

D. FY09 Top Five Recommendations

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

- | | |
|--|--------------|
| 1. Examine cost report problems over the last several years and develop sound internal checks and balances to prevent large paybacks to the State in the future. | I,Oth |
| 2. Identify services provided by contract providers which have neither been billed nor paid to the service provider. Bill services to Medi-Cal in a timely manner in accordance with DMH processes and regulations. | I,Oth |
| 3. Continue to develop in-house IS and data analytical expertise. Avoid reliance on outside data consultants for core functions. Explore collaboration and shared development with Napa on Anasazi projects. | I |
| 4. Identify all spreadsheets currently containing valuable clinical and programmatic data. Analyze this data to determine meaning and operational actions. Develop methods within the Anasazi system to track and report this information. | Q,I |
| 5. Define specific measurable goals in accordance with MHP strategic initiatives. Enlist program staff, including the QIC, in developing and routinely monitoring progress toward specific milestones. | Q |

E. Performance Improvement Project - Clinical

Title: SCERP

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

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

F. Performance Improvement Project - Non-Clinical

Title: Reducing out of county placements through increasing outpatient services

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

Key Elements: (N=13)
 Yes - 1, Partial - 1, No - 11

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	8.63%	10.24%	7.89%	6.19%	24
Foster Care PR:	43.78%	58.11%	49.39%	58.11%	46
Hispanic PR:	3.01%	4.28%	3.95%	3.41%	42
App Claims/Bene (ACB):	\$3,198	\$4,675	\$3,668	\$4,614	38
White ACB:	\$3,266	\$4,480	\$3,755	\$4,621	37
Hispanic ACB:	\$2,520	\$5,244	\$3,131	\$4,448	45
Male ACB:	\$2,874	\$5,323	\$4,101	\$5,238	50
Female ACB:	\$3,462	\$4,133	\$3,293	\$4,032	30
Foster Care ACB:	\$4,175	\$7,412	\$6,696	\$7,262	40

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: Lassen

CAEQRO Size:⁽¹⁾ Small-Rural

Region: Superior

A. Response to Key Recommendations from FY08

1. Continue to address staff turnover. Enlist staff to analyze barriers to staff retention and develop retention strategies. Mitigate the effects of staff turnover with cross training and staff backup strategies:
 - Fully Addressed
 - Partially Addressed
 - Not Addressed
2. As recommended last year, analyze the reasons for the high denial rate by reviewing denied claims reports, data quality, eligibility determination and claims production process. Address each identified problem and continue to monitor:
 - Fully Addressed
 - Partially Addressed
 - Not Addressed
3. Develop recovery oriented services such as independent living skills, employment readiness, and supported employment. Provide staff trainings on recovery and consumer culture:
 - Fully Addressed
 - Partially Addressed
 - Not Addressed

B. FY09 Strengths

1. There is strong, effective leadership within the MHP. Staff appear dedicated and morale high.
2. The Lassen Aurora Network has continued its successful development as a consumer-run, consumer-directed agency. Its key role in setting the tone of wellness and recovery throughout the system is evident.
3. Improved communication with and response from the IS vendor has already resulted in a better product.

C. FY09 Opportunities for Improvement

1. The QI Work Plan lacks specific thresholds for most activities that provide a measurement for success. Existing timelines for data collection and reporting limit opportunities to monitor key performance indicators.
2. The existing separate treatment team meeting structure for clinicians and paraprofessional staff results in missed opportunities for case consultation, service planning, and staff development.
3. Perceived prescribing practices for consumers with COD may present a formidable barrier to services. Further, they are contrary to wellness and recovery principles employed throughout the system and represent an outdated psychiatric practice.

D. FY09 Top Five Recommendations

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

- | | |
|--|----------------|
| 1. Evaluate timelines for collecting and reporting data. Encourage more rapid measurements of such indicators as service utilization, continuity and coordination of care with physical healthcare providers. | Q,O |
| 2. Analyze service utilization patterns, particularly retention rates, to determine whether MHP service utilization goals and consumer needs are being met. | A,Q |
| 3. Consider a treatment team meeting structure that includes all levels of direct service staff to improve continuity and quality of care. | Q |
| 4. Prioritize staff training on COD issues, paying particular attention to MHP prescribing guidelines and current prescribing standards in the field. Consult with other MHP Medical Directors who have successfully dealt with these practice issues. | A,Q,Oth |
| 5. Determine a small set of critical reports and/or data extracts responding to executive leadership's need for data to manage operations and measure performance. | Q,I |

E. Performance Improvement Project - Clinical

Title: The MHP's collaborative SCERP Clinical PIP will be scored in June 2009

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

F. Performance Improvement Project - Non-Clinical

Title: EPSDT

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

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	11.91%	10.24%	10.65%	6.19%	5
Foster Care PR:	59.76%	58.11%	58.41%	58.11%	23
Hispanic PR:	6.72%	4.28%	4.81%	3.41%	5
App Claims/Bene (ACB):	\$3,516	\$4,675	\$5,105	\$4,614	31
White ACB:	\$3,519	\$4,480	\$4,717	\$4,621	32
Hispanic ACB:	\$2,580	\$5,244	\$5,845	\$4,448	43
Male ACB:	\$3,919	\$5,323	\$6,077	\$5,238	33
Female ACB:	\$3,196	\$4,133	\$4,356	\$4,032	33
Foster Care ACB:	\$4,848	\$7,412	\$6,549	\$7,262	34

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: Los Angeles

CAEQRO Size:⁽¹⁾ Very Large

Region: Los Angeles

A. Response to Key Recommendations from FY08

1. Address communication gaps and organizational silos through an improvement initiative. Focus on increasing communication with the contractors, such as a regular survey of provider views and use of newsletters, meetings and intranet access:
 Fully Addressed Partially Addressed Not Addressed
2. Review the reimbursement mechanism for provider organizations. Provide support and assistance to resolve irregular payments:
 Fully Addressed Partially Addressed Not Addressed
3. Analyze factors relating to low penetration rates and address identified barriers. Particularly focus on access and engagement issues for the Hispanic/Latino population, including availability of Spanish language services:
 Fully Addressed Partially Addressed Not Addressed

B. FY09 Strengths

1. The STATS process, highlighting a few key indicators across the MHP's county operated providers, has transformed the culture of the MHP into a truly data-driven organization.
2. Timeliness of service entry for the county operated clinics has improved significantly, largely due to the high profile this particular performance indicator receives in the STATS process.
3. For the first time in five fiscal years, in FY07-08 the SD/MC denial rate dropped below the statewide median. From FY06-07 to FY07-08 Los Angeles' denial rate dropped from 6.17% to 3.09% (rank 35), well below the statewide median of 4.91%.

C. FY09 Opportunities for Improvement

1. Contract providers continue to experience difficulty in maneuvering through the MHP bureaucracy to locate the right person to support them for specific tasks. The need for improved communication remains.
2. Contract providers report that they do not receive detail level reports to support payments from the MHP, rendering it difficult to reconcile services billed to reimbursement received.
3. While the list of active technology-related projects continues to grow - over 40 at the time of the review, the Chief Information Office Bureau remains understaffed with 20% of the authorized positions unfilled.

D. FY09 Top Five Recommendations

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

- | | |
|--|----------------|
| 1. Consider establishing a single department that would serve as provider liaison to the MHP, connecting providers with the correct division/person to handle specific issues. | I,Oth |
| 2. Develop a standardized method for tracking "no shows". Include a review of no-show rates as a performance indicator in STATS. | Q,I |
| 3. Develop a strategy to assist and support those contract providers who do not currently have the capability to implement EDI transactions. | I |
| 4. Assess the welcoming atmosphere and customer service approach at the MHP operated clinics. Investigate reasons for no-shows. | A,Q,Oth |

E. Performance Improvement Project - Clinical

Title: Reducing rehospitalization, Cohort 2

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

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

F. Performance Improvement Project - Non-Clinical

Title: EPSDT

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

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

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	5.67%	5.67%	5.67%	6.19%	43
Foster Care PR:	62.40%	62.40%	62.40%	58.11%	18
Hispanic PR:	3.35%	3.35%	3.35%	3.41%	32
App Claims/Bene (ACB):	\$5,351	\$5,351	\$5,351	\$4,614	16
White ACB:	\$5,680	\$5,680	\$5,680	\$4,621	11
Hispanic ACB:	\$5,302	\$5,302	\$5,302	\$4,448	11
Male ACB:	\$5,991	\$5,991	\$5,991	\$5,238	16
Female ACB:	\$4,713	\$4,713	\$4,713	\$4,032	17
Foster Care ACB:	\$8,066	\$8,066	\$8,066	\$7,262	17

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: Madera

CAEQRO Size:⁽¹⁾ Small

Region: Central

A. Response to Key Recommendations from FY08

1. Develop the capability to routinely extract, analyze and use data to support clinical and operational decisions:
 Fully Addressed Partially Addressed Not Addressed
2. Identify and monitor several outcome indicators to evaluate the results of strategic initiatives and progress on efforts to reduce disparities:
 Fully Addressed Partially Addressed Not Addressed
3. Evaluate Medi-Cal claims processing procedures and investigate high denial rates:
 Fully Addressed Partially Addressed Not Addressed

B. FY09 Strengths

1. The planned development of a consumer-driven – preferably consumer-run – wellness center in Oakhurst will provide a much needed service to this outlying area.
2. The addition of a job/developer/trainer to the Hope House array of services provides the opportunity for consumers to receive support in accessing and maintaining community based employment and peer support services.
3. The MHP has dedicated significant staff to support necessary IS activities. The IS staff have become very knowledgeable and experienced on a wide range of behavioral health care technology issues in a relatively short period of time.

C. FY09 Opportunities for Improvement

1. The overall penetration rate has shown a steady decline, from 5.04% (FY03-04) to 4.61% (FY06-07). Barriers to access will become an even greater concern in the face of MHP-specific and statewide financial problems which result in program reductions.
2. The MHP's contractor-run Hope House, now after two full years of operation, is lacking in the degree consumer leadership necessary to continue furthering a recovery-based atmosphere at Hope House and throughout the MHP.
3. Despite using a variety of data reports, there are no simple dashboard-type reports that enable quick communication of performance. Such reports are especially important during times of system-wide change.

D. FY09 Top Five Recommendations

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

- | | |
|---|--------------|
| 1. Identify relevant data to monitor the effects of recent programmatic changes and service access. Monitor for unintended consequences and identify trends associated with barriers to access for key populations and areas of the county. | A |
| 2. Support consumer leadership of Hope House and other programs. This may require contract modification, but a necessary step toward intended consumer and system outcomes. Expand consumer involvement within the MHP's senior leadership environment. | O,Oth |
| 3. Increase venues to communicate with staff and other stakeholders regarding significant MHP changes. Develop dashboard reports of key management indicators to provide interested stakeholders with relevant, easy to understand information. | Q,Oth |
| 4. Review and simplify 'lock/unlock' rules for procedures associated with Anasazi. | I |
| 5. Where feasible, provide clinicians who perform field based services a laptop computer to improve their access to the most current and relevant client information. | I |

E. Performance Improvement Project - Clinical

Title: SCERP

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

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

F. Performance Improvement Project - Non-Clinical

Title: EPSDT

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

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

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	5.35%	5.71%	7.89%	6.19%	49
Foster Care PR:	56.35%	54.26%	49.39%	58.11%	28
Hispanic PR:	3.26%	3.09%	3.95%	3.41%	36
App Claims/Bene (ACB):	\$3,275	\$3,593	\$3,668	\$4,614	36
White ACB:	\$3,110	\$3,607	\$3,755	\$4,621	38
Hispanic ACB:	\$3,216	\$3,259	\$3,131	\$4,448	33
Male ACB:	\$3,591	\$4,073	\$4,101	\$5,238	36
Female ACB:	\$2,999	\$3,167	\$3,293	\$4,032	36
Foster Care ACB:	\$4,836	\$5,871	\$6,696	\$7,262	35

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: Marin

CAEQRO Size:⁽¹⁾ Medium

Region: Bay Area

A. Response to Key Recommendations from FY08

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

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---
2. Continue to improve and spread the business and application knowledge and expertise among technology staff members in order to expand the department's data analytic capacity:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
3. Improve outcome monitoring by reviewing data elements and outcomes throughout the QI Work Plan and QIC processes. Similarly, include contract providers' services in developing quality outcomes and goals for achievement:

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

B. FY09 Strengths

1. The majority of MHP services are now located in the county area where a majority of Medi-cal beneficiaries reside, and is co-located with other health providers including primary care clinics.
2. Marin's overall penetration rate continues to be higher than most other MHPs.
3. The MHP continues to demonstrate the ability to produce claims and reports in a timely manner and with few denials.

C. FY09 Opportunities for Improvement

1. The MHP's disparities in penetration rates and average approved claims for Latino compared to White beneficiaries remain significantly higher than statewide averages and the MHP has not increased understanding of the barriers or examined relevant data.
2. The outcomes of requests for service and wait times for new and continuing clients are not being monitored, analyzed or reported.
3. Delays in implementing the new IS are hindering the development of an Electronic Health Record (EHR).

D. FY09 Top Five Recommendations

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

1. Examine engagement and retention patterns throughout the system to identify barriers and to reduce disparities to underserved groups such as Latinos, and other demographic groups. **A,Q**
2. As recommended in previous years, assess and address difficult access and long wait times for physician appointments by performing capacity studies and conducting regular monitoring. **A,I**
3. Consider expanding the functionality of Clinicians Gateway pending implementation of ShareCare. **I**
4. Continue to increase partnership with AOD and increase efforts to establish integrated COD treatment. Establish measurable goals and track progress toward the increased identification and provision of AOD treatment. **Q**
5. As started and planned in the project with IMPACT, implement additional collaboration and communication with primary care clinics throughout the county to improve access and quality. Establish measurable goals and monitor progress. **Q**

E. Performance Improvement Project - Clinical

Title: CALMEND Polypharmacy

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

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

F. Performance Improvement Project - Non-Clinical

Title: EPSDT PIP

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

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

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	10.75%	7.37%	6.09%	6.19%	10
Foster Care PR:	61.04%	64.40%	58.12%	58.11%	20
Hispanic PR:	3.17%	3.79%	3.22%	3.41%	39
App Claims/Bene (ACB):	\$4,990	\$6,066	\$4,895	\$4,614	19
White ACB:	\$5,245	\$6,223	\$5,087	\$4,621	18
Hispanic ACB:	\$3,507	\$5,864	\$4,648	\$4,448	30
Male ACB:	\$5,895	\$7,064	\$5,604	\$5,238	17
Female ACB:	\$4,203	\$5,132	\$4,242	\$4,032	22
Foster Care ACB:	\$2,644	\$10,791	\$7,347	\$7,262	51

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: Mariposa

CAEQRO Size:⁽¹⁾ Small-Rural

Region: Central

A. Response to Key Recommendations from FY08

1. Establish a process for identifying key performance indicators and determine reports necessary for sharing this data:
 Fully Addressed Partially Addressed Not Addressed
2. Monitor employee satisfaction and prioritize areas for improvement, develop action plan, and implement. Strategize means of providing timely and consistent communication and implement strategies:
 Fully Addressed Partially Addressed Not Addressed
3. Promote recovery oriented services and leadership development for consumers such as peer support and group leadership training and opportunities:
 Fully Addressed Partially Addressed Not Addressed

B. FY09 Strengths

1. The increase of services in Coulterville and the opening of the MiWu-Mati Healing Center for American Indians strengthen access to services for underserved populations.
2. The increase of initial individual services from six to twelve sessions with a focus on goal achievement improves access for consumers. Measuring consumer outcomes would provide the MHP with information on the effectiveness of treatment received.
3. The MHP has brought in consultants from CSU Fresno to evaluate the current service delivery system and recommend improvements and efficiencies.

C. FY09 Opportunities for Improvement

1. Consumers and family members continue to report a lack of provider capacity as evidenced by long waits for intake, medication, and CSOC intensive services.
2. Medicare billing has not yet started since the conversion to Anasazi, and is in danger of being outside the deadline for claiming.
3. The average approved claims per beneficiary served remains extremely low at \$1,885, third lowest statewide, suggesting areas for examination in Medi-Cal claiming and clinical procedures.

D. FY09 Top Five Recommendations

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

- | | |
|--|----------------|
| 1. Identify key indicators and share reports routinely with staff and stakeholders to monitor progress and address barriers. | Q,I |
| 2. Actively promote recovery oriented services and consumer leadership development by prioritizing training on recovery, client/family culture, peer support, WRAP, and consumer leadership. | Q,Oth |
| 3. Evaluate current billing practices to determine contributory factors to the low Medi-Cal claims rate and make improvements to increase appropriate revenues. | I,Oth |
| 4. Continue to evaluate the service delivery system. Develop criteria for evaluating level of service need, consumer outcomes, and step down criteria, so that level/type of service may be matched to service need. | Q,O,Oth |

E. Performance Improvement Project - Clinical

Title: SCERP

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

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

F. Performance Improvement Project - Non-Clinical

Title: EPSDT

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

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

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	11.32%	5.71%	10.65%	6.19%	7
Foster Care PR:	46.67%	54.26%	58.41%	58.11%	43
Hispanic PR:	4.57%	3.09%	4.81%	3.41%	15
App Claims/Bene (ACB):	\$2,255	\$3,593	\$5,105	\$4,614	55
White ACB:	\$2,334	\$3,607	\$4,717	\$4,621	54
Hispanic ACB:	\$1,903	\$3,259	\$5,845	\$4,448	55
Male ACB:	\$2,605	\$4,073	\$6,077	\$5,238	51
Female ACB:	\$1,999	\$3,167	\$4,356	\$4,032	55
Foster Care ACB:	\$2,650	\$5,871	\$6,549	\$7,262	50

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: Mendocino

CAEQRO Size:⁽¹⁾ Small

Region: Superior

A. Response to Key Recommendations from FY08

1. Allocate attention and resources to develop quality management systems:

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---
2. Determine the root causes of the high claim denial rate. Based on this analysis, create policies and procedures that will reduce the rate of denied claims:

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---
3. Continue to address FY06 and FY07 recommendations to identify specific strategies, measurable goals, and timelines for improved access for underserved Latino population:

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

B. FY09 Strengths

1. The Children & Family System of Care has been strengthened with the implementation of collaborative programs such as the Family Strengths Wraparound Services, Crisis Shelter, Probation after-school program, TAY housing, and TAY wellness center.
2. Parent Partners are effective in supporting family members of child consumers and assisting them in navigating the system of care.
3. The MHP's practice of employing consumers supports the implementation of recovery-oriented services.

C. FY09 Opportunities for Improvement

1. Ongoing reorganization, staff turnover, and changes in leadership have not provided the stability needed for organizational unity and progress in performance management.
2. The lack of data monitoring, outcome measurements, and performance improvement projects hampers the ability of the organization to ensure access and quality of services.
3. The lack of integrated co-occurring substance abuse disorder treatment is negatively impacting the ability of consumers to obtain housing and treatment for their mental illness as well as their substance abuse issues.

D. FY09 Top Five Recommendations

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

- | | |
|--|------------|
| 1. Develop quality management systems to monitor key indicators such as timeliness and retention rates. Establish measurable objectives and analyze collected data to identify and address problems in access, timeliness, and disparities. | Q |
| 2. Identify specific strategies, measurable goals, and timelines for improved access for underserved Latino population. Continue recruitment and retention efforts for bilingual/bicultural staff and contractors. | A |
| 3. Create policies & procedures that support the accurate collection of consumer demographic data, the timely submission of staff Daily Records, and the timely entry of data into the Avatar system, to allow the MHP to use data for performance improvement | I |
| 4. Review denied claims reports, data quality and the claims production process to establish the root causes of the high claim denial rate. Based on this analysis, create policies & procedures that will assist in optimal revenue collection. | I |
| 5. Expand staff data extraction and report writing skills in order to allow for the creation of increasingly complex reports using Crystal Reports. Train additional staff in the use of Crystal Reports and the Avatar database. | Q,I |

E. Performance Improvement Project - Clinical

Title: SCERP II

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

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

F. Performance Improvement Project - Non-Clinical

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

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

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

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	9.45%	10.24%	7.89%	6.19%	18
Foster Care PR:	74.59%	58.11%	49.39%	58.11%	8
Hispanic PR:	2.61%	4.28%	3.95%	3.41%	51
App Claims/Bene (ACB):	\$6,296	\$4,675	\$3,668	\$4,614	7
White ACB:	\$5,706	\$4,480	\$3,755	\$4,621	10
Hispanic ACB:	\$8,539	\$5,244	\$3,131	\$4,448	3
Male ACB:	\$7,113	\$5,323	\$4,101	\$5,238	9
Female ACB:	\$5,654	\$4,133	\$3,293	\$4,032	5
Foster Care ACB:	\$15,230	\$7,412	\$6,696	\$7,262	3

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: Merced

CAEQRO Size:⁽¹⁾ Medium

Region: Central

A. Response to Key Recommendations from FY08

1. As recommended last year, examine access and retention data by demographics to understand low approved claims per Hispanic beneficiary served:

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---
2. Collect and monitor access data for consumer linkage at the wellness centers to improve and assure beneficiary linkage and to evaluate system consumer outcomes:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
3. Increase quality management and performance improvement activities:

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

B. FY09 Strengths

1. The TAY center is operational and appears to be well attended. With decreasing penetration rates for TAY, this program may help to improve access for this demographic group.
2. The MHP has involved a multi-disciplinary team in the selection and implementation of the replacement information system.
3. The MHP has implemented a four bed 23-hour crisis stabilization program. Staff have been trained and, when appropriate, hospitalizations have been avoided.

C. FY09 Opportunities for Improvement

1. Consumers remain absent in valuable roles such as providing consumer-run services and active participation in MHP policy and QIC committees.
2. The reduction in MHP services is evident in its decreasing penetration rate (the lowest in the state), changing retention patterns, and low approved claims
3. The MHP does not have a collaborative relationship with the FQHC, particularly essential for quality services and cross-referral of consumers for both physical and behavioral health.

D. FY09 Top Five Recommendations

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

- | | |
|--|--------------|
| 1. As service availability continues to decrease, determine the MHP's actual service capacity and target populations. | A |
| 2. Identify some key outcome indicators to closely measure how the changing service system is affecting the outcomes of those served – and potentially those who in turn were not served. | A,O |
| 3. Review denied claims reports and investigate data quality, and the claims production process in order to establish the root causes of the continuing high claim denial rate. | I,Oth |
| 4. Establish collaborative working relationship with FQHC to facilitate and improve cross referral of consumers addressing both physical and behavioral health needs. | A,Q |
| 5. Promote culturally diverse ethnic consumer empowerment by expanding consumer roles in the Wellness Center and within decision and policy making committees including the Consumer Advisory Council. | A,Q,O |

E. Performance Improvement Project - Clinical

Title: The MHP's collaborative SCERP PIP will be scored subsequent to this review

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

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

F. Performance Improvement Project - Non-Clinical

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

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

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

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	3.59%	5.71%	6.09%	6.19%	56
Foster Care PR:	22.22%	54.26%	58.12%	58.11%	55
Hispanic PR:	1.83%	3.09%	3.22%	3.41%	54
App Claims/Bene (ACB):	\$2,647	\$3,593	\$4,895	\$4,614	51
White ACB:	\$2,735	\$3,607	\$5,087	\$4,621	47
Hispanic ACB:	\$2,451	\$3,259	\$4,648	\$4,448	46
Male ACB:	\$2,927	\$4,073	\$5,604	\$5,238	49
Female ACB:	\$2,428	\$3,167	\$4,242	\$4,032	49
Foster Care ACB:	\$5,600	\$5,871	\$7,347	\$7,262	26

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: Modoc

CAEQRO Size:⁽¹⁾ Small-Rural

Region: Superior

A. Response to Key Recommendations from FY08

1. Examine the outcomes of the different levels of retention to evaluate effectiveness and identify potential engagement barriers. Establish standards, monitoring, and measures to ensure effective service delivery is prioritized for all beneficiaries:

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---
2. As recommended last year, monitor timeliness to start of treatment formally and routinely to ensure access and assist resource management:

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---
3. As recommended last year, utilize performance related outcome monitoring results to address two or three outcome indicators for each program/area:

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

B. FY09 Strengths

1. The collaboration with CRMHS and California Avatar Users Group (CAUG) members maximizes efforts while experiencing diminished human and financial resources.
2. The MHP has opened a wellness center and consumers are planning to provide a warm line.
3. The MHP implemented telemedicine which has increased capacity and can potentially provide more options for consumers, including greater access to services in Spanish.

C. FY09 Opportunities for Improvement

1. The MHP continues to lack quality improvement practices and has assigned limited staffing to this need. This affects a variety of management issues, including the ability to manage the timeliness of services and appropriate outcomes.
2. The lack of available standard reports and use of data in decision making processes including clinical operations, quality improvement and overall management activities continues to be an issue.
3. The MHP has not planned for analyses and utilization of clinical data which will become available following the full implementation of Clinician's Workstation.

D. FY09 Top Five Recommendations

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

- | | |
|---|----------------|
| 1. Increase familiarity with standard reports and provide Crystal Reports training to support clinical operations and management activities. | Q,I,Oth |
| 2. Develop tracking and trending mechanisms to adequately monitor timeliness to routine services, including to psychiatric intake appointments. Address long wait times and manage system capacity. | A,T |
| 3. As planned, identify and implement clinical outcome measures for adults and children. Use outcome measures and retention patterns to monitor individual and programmatic outcomes, eventually working toward planned discharge when appropriate. | O |
| 4. Implement measures of individual and organizational cultural competence to monitor and improve access and services to ethnic populations, especially for Hispanics who represent 20% of Medi-Cal eligibles. | A |
| 5. Review denied claims reports and investigate data quality and the claims production process to establish the root causes of the increased denied claims rate. Assure resolution of implementation related issues. | I,Oth |

E. Performance Improvement Project - Clinical

Title: The MHP's collaborative SCERP Clinical PIP will be scored in June 2009

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

F. Performance Improvement Project - Non-Clinical

Title: EPSDT

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

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	8.98%	10.24%	10.65%	6.19%	22
Foster Care PR:	75.00%	58.11%	58.41%	58.11%	6
Hispanic PR:	2.47%	4.28%	4.81%	3.41%	53
App Claims/Bene (ACB):	\$3,080	\$4,675	\$5,105	\$4,614	39
White ACB:	\$2,896	\$4,480	\$4,717	\$4,621	45
Hispanic ACB:	\$2,437	\$5,244	\$5,845	\$4,448	47
Male ACB:	\$2,532	\$5,323	\$6,077	\$5,238	52
Female ACB:	\$3,585	\$4,133	\$4,356	\$4,032	28
Foster Care ACB:	\$1,913	\$7,412	\$6,549	\$7,262	54

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: Mono

CAEQRO Size:⁽¹⁾ Small-Rural

Region: Central

A. Response to Key Recommendations from FY08

1. Systematically analyze and match the reporting capacity of the new system and to the MHP's own needs to utilize the new information system's standard and ad hoc reports:

Fully Addressed

Partially Addressed

Not Addressed

2. Develop a clear plan to fully utilize the EHR module including the progress notes:

Fully Addressed

Partially Addressed

Not Addressed

3. Monitor to ensure that the drop in its denied claims rate is sustained:

Fully Addressed

Partially Addressed

Not Addressed

B. FY09 Strengths

1. The MHP's commitment to the wellness, recovery and interests of its consumers evident in the expansion of services and the responses of participants.

2. The MHP displays a clear data focus upon elements important to monitoring and managing system performance through key performance indicator tracking, although reliant on a hand-tally system and manual chart reviews.

3. Consumers have several employment tracks available based on interests, education and desire to pursue career development.

C. FY09 Opportunities for Improvement

1. Two years after the initial implementation of Avatar, the MHP still lacks comprehensive knowledge of its fiscal and reporting capabilities and does not have the ability to monitor key system performance metrics.

2. While the quality improvement and QA processes are systematically conducted, the clear involvement of other stakeholders such as consumers and relevant agencies such as hospitals is absent.

3. The MHP does not have processes in place to develop appropriate discharges and a relationship and coordination with primary care and local hospital resources.

D. FY09 Top Five Recommendations

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

1. Take steps to assure the IS system meets the MHP's claiming and reporting needs.

I

2. Involve consumers in the design of the Wellness Center feedback document in order to capture a broader input that includes hours and days of operation and feedback on program staff, which should go directly to QI Coordinator and Director.

Q,Oth

3. Monitor the recently outsourced 800 Access Line to assure responsiveness through secret shoppers and routine data review.

A,T,Q

4. Formally track and study initial psychiatry appointment wait times from initial contact.

A,T

5. Develop a methodology to involve more consumer and family stakeholders in QIC meetings, with a particular focus on how to improve the feedback received from system users.

Q

E. Performance Improvement Project - Clinical

Title: SCERP Cohort One

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

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

F. Performance Improvement Project - Non-Clinical

Title: EPSDT

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

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

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	7.74%	5.71%	10.65%	6.19%	29
Foster Care PR:	75.00%	54.26%	58.41%	58.11%	6
Hispanic PR:	2.73%	3.09%	4.81%	3.41%	48
App Claims/Bene (ACB):	\$3,356	\$3,593	\$5,105	\$4,614	33
White ACB:	\$3,729	\$3,607	\$4,717	\$4,621	30
Hispanic ACB:	\$2,149	\$3,259	\$5,845	\$4,448	52
Male ACB:	\$3,056	\$4,073	\$6,077	\$5,238	47
Female ACB:	\$3,602	\$3,167	\$4,356	\$4,032	27
Foster Care ACB:	\$4,615	\$5,871	\$6,549	\$7,262	37

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: Monterey

CAEQRO Size:⁽¹⁾ Medium

Region: Bay Area

A. Response to Key Recommendations from FY08

1. Review access and service utilization patterns, particularly for Latino and older adult populations. Conduct a barrier analysis and develop strategies to improve access, retention, and outcomes:
 Fully Addressed Partially Addressed Not Addressed
2. Routinely monitor timely access to intake, outpatient and medication support services, analyze processes, and address barriers to timely service:
 Fully Addressed Partially Addressed Not Addressed
3. The MHP's current programmer/analyst staffing is insufficient to meet the organization's needs, such as for ad hoc reports and data extract requests. Review IS analyst staff capacity and consider expanding IS workforce:
 Fully Addressed Partially Addressed Not Addressed

B. FY09 Strengths

1. MHP leadership continues to be proactive in obtaining program funding, collaborating with interagency and community partners, and mitigating the effects of budgetary challenges. Staff continues to maintain morale despite significant stressors.
2. Recovery principles are more integrated throughout the system with the hiring of more consumers and family members and the leadership's focus on transformation.
3. The availability of medically supervised alternative/complementary medicine offers consumers additional choice in type of medication services.

C. FY09 Opportunities for Improvement

1. There continues to be an absence of routine monitoring of key performance indicators and the use of data to influence decisions.
2. The MHP does not appear to prioritize quality improvement activities as evidenced by the lack of a current QI Work Plan, lack of two active performance improvement projects, and lack of consumer outcome measurements.
3. Despite stakeholders' reports of wait times for intakes of up to three months and waits for medication services of up to two months, the MHP does not routinely measure timeliness to services.

D. FY09 Top Five Recommendations

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

- | | |
|--|------------|
| 1. Increase the organizational practice of data analysis to influence decision making through routine monitoring of key performance indicators such as access, utilization patterns, and provider capacity. | Q,I |
| 2. Prioritize organizational efforts on quality improvement activities and provide leadership to improve performance and consumer outcomes through monitoring of QI Work Plan goals, QIC activities, and performance improvement projects. | Q,O |
| 3. Routinely monitor and develop reports on timeliness to services throughout the system, including intake, medication services and appointments after hospital discharge. Address barriers to timely access that are identified. | T |
| 4. Investigate service utilization patterns for consumers and factors relating to low penetration rates by age and ethnicity. Develop strategies to address identified barriers. | A |
| 5. Resolve the remaining outstanding national provider identifier (NPI) setup issues with the State, so that Medi-Cal claims submissions can resume. | I |

E. Performance Improvement Project - Clinical

Title: The MHP did not submit a clinical PIP

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

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

F. Performance Improvement Project - Non-Clinical

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

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

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

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	5.73%	7.37%	6.09%	6.19%	42
Foster Care PR:	113.40%	64.40%	58.12%	58.11%	1
Hispanic PR:	3.81%	3.79%	3.22%	3.41%	26
App Claims/Bene (ACB):	\$6,546	\$6,066	\$4,895	\$4,614	5
White ACB:	\$7,984	\$6,223	\$5,087	\$4,621	3
Hispanic ACB:	\$5,152	\$5,864	\$4,648	\$4,448	13
Male ACB:	\$7,664	\$7,064	\$5,604	\$5,238	4
Female ACB:	\$5,562	\$5,132	\$4,242	\$4,032	7
Foster Care ACB:	\$8,383	\$10,791	\$7,347	\$7,262	15

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: Napa

CAEQRO Size:⁽¹⁾ Small

Region: Bay Area

A. Response to Key Recommendations from FY08

1. Assess service capacity and monitor timeliness of access to services. Closely evaluate the intake process, collecting data on timeliness to determine if a redesign is warranted:

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---
2. Establish clear prescribing guidelines to promote consistency among psychiatrists, especially locum tenens. Pursue innovative recruitment and retention efforts for psychiatrists and physician extenders:

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--
3. Closely monitor claim creation/submission activity to ensure the claim is submitted within the time limit required by Short-Doyle/Medi-Cal:

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

B. FY09 Strengths

1. Implementation of both billing and clinical modules of the information system in MH and ADS within one year's time is impressive.
2. Membership in Anasazi User Group structure, especially in the California specific group (CalSIG), is beneficial to the MHP to support system upgrades and to compare policies and procedures with other members.
3. System Navigators perform excellent outreach and case management services to the Latino community based on increased numbers of Latino clients being identified and receiving services.

C. FY09 Opportunities for Improvement

1. While access to services and timeliness of service delivery was improved for children's services in the past year, access and timeliness of services remains a challenge in the adult and older adult systems of care.
2. The Hispanic penetration rate remains low at 2.81%, ranking 45 out of 56 counties. The MHP has not set goals for penetration and retention for Hispanic consumers, analyzed access barriers, or created a disparity reduction plan.
3. The Anasazi system is not consumer friendly regarding plan development, especially for children, where drop down menus are populated for adult consumers.

D. FY09 Top Five Recommendations

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

- | | |
|--|--------------|
| 1. Assess service capacity and monitor timeliness of access to services. Consider adopting a single point of entry (no wrong door) system. Improve access and timeliness to services for adults and older adults. | A,T,Q |
| 2. Analyze disparities for Hispanic and female consumers, establish goals for penetration, retention, and services. Address barriers and reduce disparities through improvement projects. | A,Q,O |
| 3. Broaden QIC membership to reflect active participation of contract providers, consumers, family members, program and senior management staff. Develop a focus on quality improvement and performance management activities. | Q |
| 4. Review and reconsider past practices regarding areas of service which are not presently billed to Medi-Cal and represent unrealized revenue. | Oth |
| 5. Develop job finding and supported employment services for consumers. | A,Oth |

E. Performance Improvement Project - Clinical

Title: SCERP Cohort I

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

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

F. Performance Improvement Project - Non-Clinical

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

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

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

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	7.37%	7.37%	7.89%	6.19%	35
Foster Care PR:	56.86%	64.40%	49.39%	58.11%	27
Hispanic PR:	2.80%	3.79%	3.95%	3.41%	47
App Claims/Bene (ACB):	\$4,085	\$6,066	\$3,668	\$4,614	27
White ACB:	\$3,766	\$6,223	\$3,755	\$4,621	29
Hispanic ACB:	\$4,526	\$5,864	\$3,131	\$4,448	23
Male ACB:	\$4,728	\$7,064	\$4,101	\$5,238	28
Female ACB:	\$3,524	\$5,132	\$3,293	\$4,032	29
Foster Care ACB:	\$5,531	\$10,791	\$6,696	\$7,262	27

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: Nevada

CAEQRO Size:⁽¹⁾ Small

Region: Superior

A. Response to Key Recommendations from FY08

1. Fill the vacant quality improvement coordinator position so that quality initiatives have increased resources and leadership:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
2. Participation in the second cohort of the SCERP PIP aimed at decreasing rehospitalizations:

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--
3. Complete the planned expansion of services at school sites and at the clinic to increase services to seriously emotionally disturbed youth:

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

B. FY09 Strengths

1. Programmatic and business practice changes have led to a significant increase in Medi-Cal revenue.
2. The MHP has established programmatic collaborative processes, procedures and relationships with contract organizations.
3. The MHP provides live and remote telecommunication eligibility support services to enable beneficiaries to successfully complete the process.

C. FY09 Opportunities for Improvement

1. The MHP continues to have low penetration rates for Hispanic and foster care beneficiaries, and specific initiatives continue to be absent.
2. The MHP has successfully expanded the utilization of contract providers in the past year, but procedures for monitoring the contracts and measuring outcomes have not been completed.
3. Although the MHP has developed a comprehensive workplan for selecting and implementing a new IS, there appears to be a lack of adequate staff time for timely and successful implementation.

D. FY09 Top Five Recommendations

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

- | | |
|---|--------------|
| 1. Monitor timeliness to services and identify and address barriers. | A,T,Q |
| 2. Consider utilizing outside consultants and other resources to achieve the stated goals for implementing a new IS. | I |
| 3. As recommended last year, review the data needs of staff, contractors, and consumers to increase access to data and resources both currently and in determining the requirements of a new IS. | Q,I |
| 4. Assess barriers to foster care and Hispanic beneficiaries. Develop specific strategies to increase penetration. Measure progress regularly to assure quality and effectiveness of the selected activities. | A,Q |
| 5. As planned, increase quality management and performance improvement activities. Regularly share findings of the Quality Improvement Plan with staff and stakeholders. | Q,Oth |

E. Performance Improvement Project - Clinical

Title: The MHP's collaborative SCERP Clinical PIP will be scored in June 2009

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

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

F. Performance Improvement Project - Non-Clinical

Title: EPSDT

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

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

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	10.44%	10.24%	7.89%	6.19%	13
Foster Care PR:	50.00%	58.11%	49.39%	58.11%	38
Hispanic PR:	4.10%	4.28%	3.95%	3.41%	20
App Claims/Bene (ACB):	\$5,807	\$4,675	\$3,668	\$4,614	13
White ACB:	\$5,510	\$4,480	\$3,755	\$4,621	13
Hispanic ACB:	\$4,962	\$5,244	\$3,131	\$4,448	18
Male ACB:	\$6,908	\$5,323	\$4,101	\$5,238	10
Female ACB:	\$4,810	\$4,133	\$3,293	\$4,032	13
Foster Care ACB:	\$5,329	\$7,412	\$6,696	\$7,262	29

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: Orange

CAEQRO Size:⁽¹⁾ Large

Region: Southern

A. Response to Key Recommendations from FY08

1. Follow through on the written plan for a system performance review, in order to further improve IRIS performance and reliability:
 - Fully Addressed Partially Addressed Not Addressed
2. Formalize a support system for consumer employees; explore career advancement opportunities. Consider models already in use by contract providers:
 - Fully Addressed Partially Addressed Not Addressed
3. Analyze and document the annual fixed and variable cost of on-going maintenance and support of IRIS. This can provide a baseline comparison against similar systems and identify any opportunities for reducing costs:
 - Fully Addressed Partially Addressed Not Addressed

B. FY09 Strengths

1. MHP leadership reflects clear vision and strategic priorities. Consumer involvement is active and meaningful, leadership is responsive to stakeholders, and staff are valued and appreciated.
2. The MHP remains highly data-driven in its approach to administrative, programmatic, and clinical decision making. Data is used throughout the service delivery system and is communicated to stakeholders in meaningful, understandable ways.
3. Access to services is a priority, as evidenced by timeliness to services and the variety of checks and balances within the system.

C. FY09 Opportunities for Improvement

1. As staffs are shifted from Medi-Cal to MHSA-funded positions, Medi-Cal caseload continues to increase, leading to reduced consumer care and increased staff burnout.
2. Office support staff state that they receive an increasingly large number of calls from pharmacies requesting verification of eligibility for prescription benefits. This has become a significant drain on their time.
3. While the Paraprofessional Training Program appears promising, there are no plans to assist consumers to transition into permanent employment at the end of their six month internships.

D. FY09 Top Five Recommendations

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

- | | |
|--|--------------|
| 1. Develop a tracking, monitoring, and quick response system to monitor the impact of staff reductions on capacity and consumer access. Monitor findings routinely to determine what strategies may ameliorate problems that may emerge. | A,Q |
| 2. Survey office support staff to determine the extent and reasons for increased calls by pharmacy inquiries to determine if corrective action is necessary. | A,I |
| 3. Create a true career ladder for consumer and family employees; include more job opportunities for interns and more resources for communication, mitigation and advocacy. Monitor outcomes regarding consumers employment after training and internship. | Q,Oth |
| 4. Continue frank discussions with staff in the agency about recovery issues and consumer employment to better manage and facilitate transition of consumers into the employee/colleague role. | Q,Oth |
| 5. Place a high priority on evaluating pre/post findings for analyses done regarding program changes so that any problems can be quickly identified and remedied. Continue with inclusionary stakeholder process in this regard. | O |

E. Performance Improvement Project - Clinical

Title: Prescribing Practices

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

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

F. Performance Improvement Project - Non-Clinical

Title: Efficiency of the EPSDT System

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

Key Elements: (N=13)
 Yes - 2, Partial - 2, No - 9

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	5.13%	6.02%	6.32%	6.19%	53
Foster Care PR:	74.03%	52.50%	55.98%	58.11%	9
Hispanic PR:	3.01%	3.49%	3.47%	3.41%	43
App Claims/Bene (ACB):	\$3,073	\$3,464	\$4,159	\$4,614	40
White ACB:	\$3,504	\$3,684	\$4,097	\$4,621	33
Hispanic ACB:	\$3,180	\$3,319	\$3,745	\$4,448	34
Male ACB:	\$3,397	\$3,839	\$4,737	\$5,238	37
Female ACB:	\$2,787	\$3,125	\$3,635	\$4,032	41
Foster Care ACB:	\$4,547	\$4,978	\$6,665	\$7,262	38

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: Placer/Sierra

CAEQRO Size:⁽¹⁾ Medium

Region: Central

A. Response to Key Recommendations from FY08

1. Acquire and track data and outcomes on consumers who transition from the MHP to the county medical clinic. Measure successful transfers to primary care and assure a mechanism for return for specialty mental health services if needed:
 - Fully Addressed
 - Partially Addressed
 - Not Addressed
2. Promote the interface of mental health services for children and adults. Consider a TAY task force integrating supervisor's systems of care meetings, and specific tracking of mental health caseloads and their acuity:
 - Fully Addressed
 - Partially Addressed
 - Not Addressed
3. Carefully monitor staffing levels during implementation of CWS. Ensure that documentation is created for new policies, procedures and business practices:
 - Fully Addressed
 - Partially Addressed
 - Not Addressed

B. FY09 Strengths

1. MHP leadership promotes a clear mission, vision, and strategic priorities; it is committed to system transformation and the implementation of a wellness and recovery framework encompassing cultural competence throughout the organization.
2. The MHP is committed to primary/behavioral health care integration efforts. Staff demonstrates clinically appropriate system discharge planning to ensure a successful transfer of care.
3. The MHP continues to maintain staff knowledgeable in data access and reporting, providing useful data to support decision-making and process improvement.

C. FY09 Opportunities for Improvement

1. Entry of service data for billing purposes can take up to 60 days. This excessive delay in entry impedes cash flow and does not present a real-time view of services provided, which is especially relevant in crisis settings.
2. Continued deferment of CWS implementation further delays improvements in clinical documentation and progress toward full implementation of an EHR.
3. Sierra County Mental Health had a complete turnover of all staff, excluding three contract staff. Such conditions make continuity of care and the maintenance of institutional knowledge difficult.

D. FY09 Top Five Recommendations

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

1. Identify alternative solutions and implement a plan to resolve the data entry backlog, to ensure services are entered and claimed in a timely fashion. I
2. Re-consider priority of full CWS implementation and consider all possible alternatives available to provide additional resources to complete implementation of CWS, including possible use of MHSA IT funds. I
3. Analyze service patterns to determine if the decreasing dollars per beneficiary served and corresponding shift in numbers of services reflects intended goals. A,O
4. Complete the evaluation of reasons for the high Medi-Cal claim denial rate and take corrective action as needed. I
5. Expand the use of Avatar's scheduling feature beyond the ASOC doctors, to include other ASOC and CSOC clinic-based programs. I

E. Performance Improvement Project - Clinical

Title: EPSDT PIP

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

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

F. Performance Improvement Project - Non-Clinical

Title: Decreasing Psychiatrist Wait Time

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

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

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	9.21%	5.71%	6.09%	6.19%	20
Foster Care PR:	53.09%	54.26%	58.12%	58.11%	35
Hispanic PR:	3.89%	3.09%	3.22%	3.41%	23
App Claims/Bene (ACB):	\$3,952	\$3,593	\$4,895	\$4,614	28
White ACB:	\$3,808	\$3,607	\$5,087	\$4,621	28
Hispanic ACB:	\$4,192	\$3,259	\$4,648	\$4,448	26
Male ACB:	\$5,162	\$4,073	\$5,604	\$5,238	24
Female ACB:	\$2,999	\$3,167	\$4,242	\$4,032	37
Foster Care ACB:	\$4,993	\$5,871	\$7,347	\$7,262	32

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: Plumas

CAEQRO Size:⁽¹⁾ Small-Rural

Region: Superior

A. Response to Key Recommendations from FY08

1. Establish regular peer support groups and other mechanisms for training and support for consumer employees:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
2. Create opportunities for consumer employee career advancement, including more regular, yet flexible, benefitted positions:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
3. Create a matrix of key performance indicators for regular tracking and reporting data summaries for improved management decision support:

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

B. FY09 Strengths

1. The MHP continues to have very high penetration rates and low hospitalization rates.
2. The MHP demonstrates innovative service delivery to children with the wilderness program and golf and fishing group services.
3. The MHP has hired many part-time consumer employees and provides educational supports for consumers.

C. FY09 Opportunities for Improvement

1. The wait time to a medication services assessment can take up to ten weeks and sometimes longer.
2. The MHP continues to have few reports available to track key performance indicators.
3. While the MHP has created more job opportunities for consumers, there are limited employment, peer support, and career advancement opportunities.

D. FY09 Top Five Recommendations

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

- | | |
|---|------------------|
| 1. Prioritize the identification of key quality data indicators available from the CMHC IS and the development of reports utilizing this data. | Q,I |
| 2. As recommended in previous years, develop performance management goals, indicators, tracking and trending mechanisms and use the data to improve outcomes. Monitor timeliness to services. | A,T,Q,O,I |
| 3. Continue to identify treatment needs for consumers with co-occurring substance abuse disorders and enter into planning discussions with county and community agencies to develop local services. | A |
| 4. Develop regular peer support training and groups to empower and support consumers, family members and consumer/family member employees. | A,Q,Oth |
| 5. Begin the process of developing an MHSA IT capital expansion proposal as a first step in the migration to an electronic health record. | I |

E. Performance Improvement Project - Clinical

Title: SCERP Clinical PIP will be scored in June 2009 as a single project submission

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

F. Performance Improvement Project - Non-Clinical

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

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

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	12.95%	10.24%	10.65%	6.19%	1
Foster Care PR:	70.18%	58.11%	58.41%	58.11%	10
Hispanic PR:	8.77%	4.28%	4.81%	3.41%	1
App Claims/Bene (ACB):	\$4,113	\$4,675	\$5,105	\$4,614	26
White ACB:	\$4,194	\$4,480	\$4,717	\$4,621	26
Hispanic ACB:	\$3,505	\$5,244	\$5,845	\$4,448	31
Male ACB:	\$5,110	\$5,323	\$6,077	\$5,238	25
Female ACB:	\$3,362	\$4,133	\$4,356	\$4,032	31
Foster Care ACB:	\$3,277	\$7,412	\$6,549	\$7,262	45

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: Riverside

CAEQRO Size:⁽¹⁾ Large

Region: Southern

A. Response to Key Recommendations from FY08

1. With continued low penetration rates and consumer perception of lack of access to needed services/supports, review service capacity and explore methods of measuring if consumers are getting the right amount and intensity of services:

Fully Addressed Partially Addressed Not Addressed
2. Focus on reducing disparities for Hispanic and Foster Care populations. Examine process barriers, such as authorization procedures regarding frequency of services that may be impacting outcomes for children and adolescents:

Fully Addressed Partially Addressed Not Addressed
3. Initiate the use of a few key data elements to track system performance, such as timeliness to intake and medication services, and establish quantitative goals. If the goals are not met, employ an improvement process to address identified barriers:

Fully Addressed Partially Addressed Not Addressed

B. FY09 Strengths

1. The MHP continues to be committed to hiring consumer and family member employees and currently employs 28 Parent Partners and 52 Peer Specialists between county operated and contract programs.
2. The decentralization of county administrative support structure in having a Human Resources team co-located in MHP offices has contributed to the successful hiring of consumers and family members.
3. The strong presence of cultural and collaborative community outreach has strengthened relationships with underserved populations and assisted in development of collaborative projects.

C. FY09 Opportunities for Improvement

1. Budget shortfalls and position reductions have resulted in more difficulty accessing services and delays in receiving services. Consumers report waits of 2-3 weeks for urgent appointments and two months for intake with clinician and psychiatrist.
2. MHP penetration rates and approved claims remain lower than similar size counties and the statewide average, particularly for populations of Latino community and foster care youth.
3. As noted in last year's report, the MHP has made little progress in routinely monitoring key indicators of system performance, setting quantitative goals, and establishing improvement activities to address poor performance.

D. FY09 Top Five Recommendations

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

- | | |
|---|--------------|
| 1. Study system capacity including possibilities for streamlining processes and planned termination, identify access issues, and address consumer population disparities in access. | A,O |
| 2. As recommended last year, continue to focus on reducing disparities for Hispanic and Foster Care populations by examining and addressing barriers to appropriate services, such as authorization procedures. | A,T,Q |
| 3. Continue to track system performance through the use of key data elements, quantitative goals, regular monitoring and reporting to stakeholders. Establish access and timeliness goals and employ an improvement process to address identified barriers. | A,T |
| 4. If BHIS contract negotiations with the current vendor are not finalized by April 2009, the MHP needs to develop a strategy and contingency plans that may include selecting another vendor. | I |

E. Performance Improvement Project - Clinical

Title: Reducing Inpatient Re-hospitalization

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

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

F. Performance Improvement Project - Non-Clinical

Title: Increasing Identification of Children with Co-occurring Disorders

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

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

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	5.34%	6.02%	6.32%	6.19%	50
Foster Care PR:	40.96%	52.50%	55.98%	58.11%	49
Hispanic PR:	2.86%	3.49%	3.47%	3.41%	44
App Claims/Bene (ACB):	\$2,871	\$3,464	\$4,159	\$4,614	46
White ACB:	\$2,962	\$3,684	\$4,097	\$4,621	42
Hispanic ACB:	\$2,521	\$3,319	\$3,745	\$4,448	44
Male ACB:	\$3,282	\$3,839	\$4,737	\$5,238	41
Female ACB:	\$2,509	\$3,125	\$3,635	\$4,032	48
Foster Care ACB:	\$2,974	\$4,978	\$6,665	\$7,262	47

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: Sacramento

CAEQRO Size:⁽¹⁾ Large

Region: Central

A. Response to Key Recommendations from FY08

1. In the likelihood that it will take at several years to fully implement a new IS, consider developing interim approaches for collecting and utilizing clinical data electronically:

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---
2. Utilize the website to provide more up to date information for providers and consumers including changes in policies, resource information, and access guides:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
3. Continue with work group efforts to increase timely system access, for adults in particular. Determine ways to decrease caseloads and optimize outcomes:

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

B. FY09 Strengths

1. The MHP has a longstanding history of recovery-oriented practices, including active consumer, family member and stakeholder participation; culturally competent practices; consumer employment; and consumer-driven programs.
2. The MHP has created a comprehensive service delivery system that brings together an expansive array of contract providers.
3. Penetration rate ratios and average approved claims ratios for Hispanic beneficiaries have steadily improved over the past three years; the MHP's Hispanic to White penetration rate ratio is among the highest statewide.

C. FY09 Opportunities for Improvement

1. An impacted adult system results in large caseloads, difficulty accessing psychiatric services, fewer services per beneficiary, and over-reliance upon crisis services. Children's services has complex, paper-laden communication and referral channels.
2. With over 90% of direct services contracted to outside providers, mental health services are highly decentralized with relatively weak inclusive overarching planning, resulting in unintended variability among providers.
3. While numerous committees provide ample opportunity to approach system-wide challenges, they may also result in a duplication of effort or cause a delay in timely change. This is of greatest concern in dealing with system access and service capacity.

D. FY09 Top Five Recommendations

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

- | | |
|--|------------------|
| 1. Examine system capacity, length of stay patterns, and access to services. Consider the use of rapid process improvement techniques to streamline referrals and mitigate lengthy wait times and high caseloads. | A,T,Q |
| 2. Explore methods to establish oversight and consistency within the large system of providers in terms of service capacity and the implementation of wellness and recovery principles throughout all programs. | A,T,Q,Oth |
| 3. Analyze consumer and family member involvement within the MHP system, including participation on the leadership team and in key committees. Increase numbers of individuals providing consumer and family member representation to broaden input. | Q,Oth |
| 4. Consider developing data systems for the centralized collection of LOCUS and EBP data, even if free-standing from the IS, as an interim solution for analyzing outcomes. | Q,O,I |
| 5. Evaluate the existing committee structure within the MHP for duplication of effort and overall effectiveness of actions taken as a result of committee participation. | Q |

E. Performance Improvement Project - Clinical

Title: Increasing the Continuity of Care between Acute and Outpatient Settings through TCORE

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

F. Performance Improvement Project - Non-Clinical

Title: Reducing 30-Day Inpatient rehospitalization in Adult and Child/Youth Clients

Status: Active Little/No Activity None Key Elements: (N=13)
 Completed Concept/Design Yes - 6, Partial - 1, No - 6

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	7.03%	5.71%	6.32%	6.19%	36
Foster Care PR:	63.03%	54.26%	55.98%	58.11%	17
Hispanic PR:	4.31%	3.09%	3.47%	3.41%	18
App Claims/Bene (ACB):	\$4,768	\$3,593	\$4,159	\$4,614	21
White ACB:	\$4,671	\$3,607	\$4,097	\$4,621	23
Hispanic ACB:	\$4,648	\$3,259	\$3,745	\$4,448	20
Male ACB:	\$5,400	\$4,073	\$4,737	\$5,238	22
Female ACB:	\$4,205	\$3,167	\$3,635	\$4,032	21
Foster Care ACB:	\$8,188	\$5,871	\$6,665	\$7,262	16

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: San Benito

CAEQRO Size:⁽¹⁾ Small

Region: Bay Area

A. Response to Key Recommendations from FY08

1. As recommended last year, analyze the reasons for the high denial rate. Create a written plan to resolve each problem discovered. Monitor success routinely:

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---
2. Dedicate in-house resources to learning the Anasazi system sufficiently to be able to create reports needed to effectively manage programs:

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---
3. Participate in the Anasazi user group CalSIG (California Special Interest Group) that meets regularly via conference calls to establish contacts directly with other Anasazi users:

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

B. FY09 Strengths

1. The MHP has continued to expand its services and maintain fiscal stability in spite of the current economic environment.
2. The multi-disciplinary management team continues to meet regularly to discuss outstanding IS issues and the status of projects.
3. The MHP has expanded its tele-psychiatry services.

C. FY09 Opportunities for Improvement

1. Service patterns associated with the MHP's lower approved claims are not clearly understood. A history of focus on brief therapy may be a factor, but also the MHP is looking to increase this figure.
2. The MHP's rate of denied claims continues to exceed the statewide average.
3. The MHP continues to be hampered in its ability to take advantage of the reporting capabilities of its IS, particularly due to the lack of staff with skills to develop Crystal Reports.

D. FY09 Top Five Recommendations

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

- | | |
|--|--------------|
| 1. Investigate expanding the hours of operation of the Esperanza Center and other services beyond the limited business hours. | A |
| 2. Involve consumers and other stakeholders in the development of new programs and services. | Q,Oth |
| 3. Examine capacity and no-show issues to remedy the long wait times for psychiatric evaluation appointments. | A |
| 4. Review denied claims reports, and investigate data quality and claims production processes in order to establish policies and procedures aimed at reducing denied claims and maximize revenue collection. | I |
| 5. Actively monitor responsiveness from County IT and Kings View in the ongoing resolution of the Anasazi lockout/system freeze issue. This should be resolved prior to implementing clinical modules and adding more users to the Anasazi system. | I |

E. Performance Improvement Project - Clinical

Title: EPSDT

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

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

F. Performance Improvement Project - Non-Clinical

Title: Improved Access for All Clients

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

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

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	7.45%	7.37%	7.89%	6.19%	33
Foster Care PR:	44.32%	64.40%	49.39%	58.11%	45
Hispanic PR:	5.69%	3.79%	3.95%	3.41%	8
App Claims/Bene (ACB):	\$2,635	\$6,066	\$3,668	\$4,614	52
White ACB:	\$2,703	\$6,223	\$3,755	\$4,621	49
Hispanic ACB:	\$2,229	\$5,864	\$3,131	\$4,448	49
Male ACB:	\$2,483	\$7,064	\$4,101	\$5,238	53
Female ACB:	\$2,750	\$5,132	\$3,293	\$4,032	42
Foster Care ACB:	\$3,354	\$10,791	\$6,696	\$7,262	43

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: San Bernardino

CAEQRO Size:⁽¹⁾ Large

Region: Southern

A. Response to Key Recommendations from FY08

1. Establish methods for timely communication of IS replacement project to both MHP and contract provider staff:

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--
2. Track and monitor timeliness outcomes from initial and ongoing appointments, as well as no-show rates. Analyze data and implement strategies to improve access to beneficiaries:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
3. Examine process barriers for identifying and referring foster care youth for assessments and services:

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

B. FY09 Strengths

1. The MHP makes intensive and extensive use of data to inform and support program decisions.
2. The Integrated Information Steering Committee membership was expanded to include County Information Systems Department (ISD), contract providers, consumers and consumer advocates.
3. The Holt Street clinic is the prototype for the development of integrated health care services that involves co-locating health care staff in the same facility to create a "one-stop" shop to increase access.

C. FY09 Opportunities for Improvement

1. The MHP is losing Medi-Cal and other revenue through inefficient service capture, and lack of workflow integration, adequate reports, and reconciliation of data.
2. The MHP has made less progress than planned on the process of selecting and implementing a new information system.
3. Wait times to see psychiatrist for initial as well as follow-up appointments continue to be problematic – up to 12 weeks after initial intake.

D. FY09 Top Five Recommendations

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

- | | |
|---|--------------|
| 1. As planned, increase the ability to examine key indicators by identifying or developing standardized measures to inform access and timeliness system wide. | A,T,Q |
| 2. Implement the Billing Committee's top six findings to improve capture of Medi-Cal and other funding source revenue. | I,Oth |
| 3. Develop a strategy and plans to complete deployment of the appointment scheduler application at the remaining clinic and programs by December 2009. | I |
| 4. Assign staff resources to the enterprise Data Warehouse project to achieve the long-range goal to implement a fully integrated electronic health record. | I |
| 5. Develop a plan to address lack of integrated external databases. | Q,I |

E. Performance Improvement Project - Clinical

Title: Reducing Hospitalization Recidivism – Rehospitalization PIP (Non-SCERP Cohort 2)

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

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

F. Performance Improvement Project - Non-Clinical

Title: Learning Disparities Access improvement Project

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

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

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	6.23%	6.02%	6.32%	6.19%	40
Foster Care PR:	50.66%	52.50%	55.98%	58.11%	36
Hispanic PR:	3.55%	3.49%	3.47%	3.41%	30
App Claims/Bene (ACB):	\$2,901	\$3,464	\$4,159	\$4,614	45
White ACB:	\$2,881	\$3,684	\$4,097	\$4,621	46
Hispanic ACB:	\$2,850	\$3,319	\$3,745	\$4,448	38
Male ACB:	\$3,214	\$3,839	\$4,737	\$5,238	43
Female ACB:	\$2,623	\$3,125	\$3,635	\$4,032	46
Foster Care ACB:	\$4,097	\$4,978	\$6,665	\$7,262	41

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: San Diego

CAEQRO Size:⁽¹⁾ Large

Region: Southern

A. Response to Key Recommendations from FY08

1. Develop a business strategy that permanently retains InSyst archival data:
 Fully Addressed Partially Addressed Not Addressed
2. Include more than one year of data for comparative or trend line analysis purposes:
 Fully Addressed Partially Addressed Not Addressed
3. Evaluate system-wide issues which affect timeliness to services. Determine what issues are affecting disparate reports in average waits for services:
 Fully Addressed Partially Addressed Not Addressed

B. FY09 Strengths

1. The MHP continues to routinely monitor and analyze relevant performance indicators, and use data to inform decisions regarding system change.
2. The MHP continues to prioritize quality improvement and performance management. There is active involvement of stakeholders in quality improvement efforts.
3. The Behavioral Health Services integration project has resulted in COD screening, staff training, joint advisory meetings, four new COD programs, hiring of a clinical director, and administration of the SAMHSA Fidelity Scale.

C. FY09 Opportunities for Improvement

1. Consumer and family member employees appear to have difficulties based upon the lack of a living wage, career ladder, supported employment, and assistance transitioning off disability payments.
2. The MHP lacks or is in under capacity in certain areas, such as supported employment, supported housing, benefits specialists, adult residential co-occurring disorder services, new hire training, and warm line services.
3. The inability to fill vacancies due to a county hiring freeze is resulting in increased workloads. The uncertainty regarding probable future downsizing and restructuring is resulting in stress among staff.

D. FY09 Top Five Recommendations

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

- | | |
|--|--------------|
| 1. Develop supported employment opportunities, career ladders for consumers and family members, and availability of benefit consultants specializing in assisting consumers in transitioning off of disability benefits as they secure employment. | A,Oth |
| 2. Prioritize testing of Medi-Cal claims with DMH to avoid delays and assure claim submission and full payment according to the DMH six-month time limits. | I |
| 3. Develop a business strategy and implement a plan that permanently retains InSyst archival data. | I |
| 4. Automate dashboard indicators report production process. | Q |
| 5. Analyze rates of adult hospital admissions and readmission within 30 days to identify utilization trends, identify reasonable utilization goals, and address any identified problems. | Q,O |

E. Performance Improvement Project - Clinical

Title: EPSDT

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

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

F. Performance Improvement Project - Non-Clinical

Title: Improving Consumer Satisfaction

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

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

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	7.51%	6.02%	6.32%	6.19%	32
Foster Care PR:	59.94%	52.50%	55.98%	58.11%	22
Hispanic PR:	4.62%	3.49%	3.47%	3.41%	14
App Claims/Bene (ACB):	\$2,749	\$3,464	\$4,159	\$4,614	48
White ACB:	\$2,709	\$3,684	\$4,097	\$4,621	48
Hispanic ACB:	\$2,749	\$3,319	\$3,745	\$4,448	39
Male ACB:	\$3,115	\$3,839	\$4,737	\$5,238	45
Female ACB:	\$2,423	\$3,125	\$3,635	\$4,032	50
Foster Care ACB:	\$5,033	\$4,978	\$6,665	\$7,262	31

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: San Francisco

CAEQRO Size:⁽¹⁾ Large

Region: Bay Area

A. Response to Key Recommendations from FY08

1. Include contractors, staff and consumer/family members in assessing and addressing system capacity. Regularly utilize the data compiled by the MHP within the context of this expanded committee:
 - Fully Addressed Partially Addressed Not Addressed
2. Ensure that the Avatar implementation is a system wide initiative. Invite contract providers to participate and create a secure web site as well as utilize standing committees to disseminate updated information:
 - Fully Addressed Partially Addressed Not Addressed
3. Develop standardized ongoing orientation, mentoring and coaching for peer support and consumer employees:
 - Fully Addressed Partially Addressed Not Addressed

B. FY09 Strengths

1. Collaboration with other public and community agencies and contractors, including primary care and substance abuse, has continued to improve access, care and coordination for consumers.
2. The MHP's sophisticated data analytic capacity includes an ability to develop performance improvement projects, capacity analyses, outcome measurements, and capacity to routinely use of data for decision making.
3. Despite the lack of a career ladder, the MHP has developed diverse consumer employee roles, which appear to be well integrated with existing employee classifications.

C. FY09 Opportunities for Improvement

1. The flow of accurate information from "1380" to staff at program sites continues to be a challenge for the organization.
2. Co-occurring services rely upon the change-agents to provide ongoing linkage and communication. This process is losing vitality with participants broadly sensing their input is neither desired nor utilized.
3. The MHP's process for implementation of improvements is experienced as lacking in resources, communication, accountability and follow-through, connected to a lack of coherent process for implementation of standards and changes.

D. FY09 Top Five Recommendations

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

- | | |
|--|--------------|
| 1. Develop an improved management process with its high-cost consumers both in and out of the Medi-Cal funding stream. | Q,O |
| 2. Analyze how to preserve InSyst's operating capabilities for at least two more years. | I |
| 3. Develop a vertically integrated process that includes contract and civil service team representation in ground-level discussions of program changes, so as to incorporate the input of service delivery staff when program consolidation may need to occur. | Q,Oth |
| 4. Develop and implement a policy change process that assures all stakeholders are informed of protocol changes, consumers through managers, and that new processes are actively monitored for adherence and compliance. | Q,Oth |
| 5. Create a website or internet portal newsgroup populated with all housing resources and open to update by the housing providers. | A,I |

E. Performance Improvement Project - Clinical

Title: DBT PIP

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

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

F. Performance Improvement Project - Non-Clinical

Title: Incredible Years

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

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

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	11.17%	7.37%	6.32%	6.19%	8
Foster Care PR:	53.54%	64.40%	55.98%	58.11%	34
Hispanic PR:	6.24%	3.79%	3.47%	3.41%	6
App Claims/Bene (ACB):	\$5,867	\$6,066	\$4,159	\$4,614	10
White ACB:	\$5,938	\$6,223	\$4,097	\$4,621	8
Hispanic ACB:	\$4,564	\$5,864	\$3,745	\$4,448	22
Male ACB:	\$6,631	\$7,064	\$4,737	\$5,238	12
Female ACB:	\$5,008	\$5,132	\$3,635	\$4,032	9
Foster Care ACB:	\$10,482	\$10,791	\$6,665	\$7,262	8

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: San Joaquin

CAEQRO Size:⁽¹⁾ Medium

Region: Central

A. Response to Key Recommendations from FY08

1. Develop and implement a systematic plan to investigate, and intervene to reduce drop-out and increase penetration rates for a few selected priority areas and beneficiary populations as a first step to dealing with this complex issue:
 Fully Addressed Partially Addressed Not Addressed
2. Develop consistent methodology and standards of care regarding timeliness of appointments that include the request for services through routine service initiation:
 Fully Addressed Partially Addressed Not Addressed
3. Investigate and address significant complaints during multiple focus groups concerning consumer maltreatment while receiving services at the PHF:
 Fully Addressed Partially Addressed Not Addressed

B. FY09 Strengths

1. IS and Fiscal staff are knowledgeable in the operation of InSyst.
2. The MHP is dedicated to actual implementation of a consistent mission and vision, moving forward in spite of fiscal challenges and staffing deficiencies. The MHP has managed to maintain fiscal viability without implementing staff lay-offs.
3. The MHP has implemented new programs through active engagement of local contract provider agencies.

C. FY09 Opportunities for Improvement

1. Quality improvement initiatives have received minimal attention, as the system has focused on MHSA implementation and financial stability. These efforts have not simultaneously included goals consistent with the new mission/vision and routine measurement.
2. Low rates of penetration (especially for youth), average approved claims, and retention patterns continue to suggest ongoing barriers to access and engagement in services.
3. Significant concerns remain regarding the quality of services – especially consumer safety – within the MHP's PHF.

D. FY09 Top Five Recommendations

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

- | | |
|--|--------------|
| 1. Develop and implement a plan to investigate and intervene to reduce drop-out and increase penetration rates for a few selected priority areas and beneficiary populations as a first step to dealing with this complex issue. | A,Q |
| 2. Investigate and address significant complaints regarding consumer maltreatment while receiving services at the PHF. | Q |
| 3. Continue with efforts to implement an efficient and consumer-responsive process for access to services | A |
| 4. Examine potential areas of unrealized system capacity such as improving standards for productivity that include expectations regarding caseloads and roles, and assuring that psychiatry time is well utilized. | A |
| 5. Examine productivity expectations based upon roles and types of services provided to increase opportunities for communication venues from senior leadership to and from various levels of staff, consumers, and family members. | Q,Oth |

E. Performance Improvement Project - Clinical

Title: Improving treatment through engagement in a range of services (Wellness Center)

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

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

F. Performance Improvement Project - Non-Clinical

Title: EPSDT – Co-occurring disorders

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

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

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	5.50%	5.71%	6.09%	6.19%	47
Foster Care PR:	40.75%	54.26%	58.12%	58.11%	50
Hispanic PR:	2.66%	3.09%	3.22%	3.41%	50
App Claims/Bene (ACB):	\$2,450	\$3,593	\$4,895	\$4,614	53
White ACB:	\$2,632	\$3,607	\$5,087	\$4,621	51
Hispanic ACB:	\$2,150	\$3,259	\$4,648	\$4,448	51
Male ACB:	\$2,945	\$4,073	\$5,604	\$5,238	48
Female ACB:	\$2,056	\$3,167	\$4,242	\$4,032	54
Foster Care ACB:	\$4,785	\$5,871	\$7,347	\$7,262	36

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: San Luis Obispo

CAEQRO Size:⁽¹⁾ Medium

Region: Southern

A. Response to Key Recommendations from FY08

1. Expand data analysis skills to promote an understanding of data driven decision making across the MHP and incorporate use of regular data to manage fiscal and clinical performance:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
2. When migrating to a new system, maintain an active role in the needs assessment and involve line staff in the process:

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--
3. Continue to develop coordination with primary care physicians; develop indicators of success and measure change over time, addressing deficiencies through staff training and inter-agency collaboration processes:

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

B. FY09 Strengths

1. The Change Committee whose primary membership is direct staff and stakeholders is charged with soliciting ideas for improvement and providing feedback to senior leadership.
2. The MHP implemented a system-wide peer review process of medical charts. Teams of three clinical staff rotate to review each clinic site every month.
3. The FY08-09 Strategic Initiatives established quarterly goals, responsible party and timelines for reporting progress.

C. FY09 Opportunities for Improvement

1. The Cultural Competency Committee's only charge in FY07-08 and FY08-09 has been diversity and cultural competency training. Senior leadership has not been a regularly attending member. Direct staff, consumer and family membership has been sporadic.
2. Consumer and family membership in the major committees or through other regular venues is limited, reducing regular feedback and input from service recipients.
3. The MHP spends 40% of its Medi-Cal revenue on a small group of high cost beneficiaries; there is no analysis of outcomes or the impact on system access for others.

D. FY09 Top Five Recommendations

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

- | | |
|---|--------------|
| 1. Implement a plan with milestones and goals measuring the use of data by Division Managers and Program Managers at a local level that monitors performance indicators and quality of care issues. | Q,O |
| 2. Provide clear direction and support to the Cultural Competence Committee regarding mission, initiatives, and measurable goals and milestones. | A,Q |
| 3. Implement where and how regular feedback and input from service recipients will be obtained. Create an ongoing feedback loop to consumers and family members as a part of this plan. | Q,Oth |
| 4. Commit considerable attention to data extraction and reporting capabilities in the selection of a replacement information system. Assure adequate training for staff on reporting and data extraction tools. | Q,I |
| 5. Evaluate service patterns and outcomes associated with the high cost beneficiaries and male/female consumers. | Q,O |

E. Performance Improvement Project - Clinical

Title: Integrated Dual Disorder Treatment (IDDT)

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

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

F. Performance Improvement Project - Non-Clinical

Title: Improving client outcomes through collaborative treatment planning

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

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

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	8.67%	6.02%	6.09%	6.19%	23
Foster Care PR:	75.40%	52.50%	58.12%	58.11%	5
Hispanic PR:	3.33%	3.49%	3.22%	3.41%	33
App Claims/Bene (ACB):	\$5,534	\$3,464	\$4,895	\$4,614	15
White ACB:	\$5,283	\$3,684	\$5,087	\$4,621	17
Hispanic ACB:	\$4,996	\$3,319	\$4,648	\$4,448	17
Male ACB:	\$6,368	\$3,839	\$5,604	\$5,238	14
Female ACB:	\$4,784	\$3,125	\$4,242	\$4,032	15
Foster Care ACB:	\$10,269	\$4,978	\$7,347	\$7,262	9

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: San Mateo

CAEQRO Size:⁽¹⁾ Medium

Region: Bay Area

A. Response to Key Recommendations from FY08

1. As recommended last year, conduct capacity analysis to inform program planning, and resource management and development especially as access increases at particular clinics:
 - Fully Addressed Partially Addressed Not Addressed
2. Identify specific goals, strategies, and timelines in Cultural Competence Committee and relevant Co-Occurring committees and conduct regular evaluation. Consider creating shorter term, manageable goals in ethnic group access disparities reduction:
 - Fully Addressed Partially Addressed Not Addressed
3. Develop a plan for dealing with the existence of different consumer identification numbers for mental health and substance abuse programs, in preparation for future IS integration efforts:
 - Fully Addressed Partially Addressed Not Addressed

B. FY09 Strengths

1. The MHP continues to have a high overall penetration rate, including high penetration rates for Native American, African-American, and TAY populations. The MHP has the third highest foster care penetration rate in the state.
2. The MHP excels at building collaborative relationships with contractors/community partners and developing ways of working together to serve consumers and family members.
3. The MHP has developed and supported a strong group of change agents that have improved integrated services to consumers with COD.

C. FY09 Opportunities for Improvement

1. While access has improved in the past year, the MHP has challenges to provide culturally sensitive and language appropriate services for underserved populations, particularly Asian/Pacific Islanders.
2. Consumers report a wait of four to six weeks for a medication appointment. Consumers and family members would like access to walk in services for both medication and clinician visits to address urgent concerns and speed access.
3. While integration of behavioral health services has increased over the past year, consumers report continued fragmentation of AOD and mental health services with a lack of consistency of services provided depending on location of entry to services.

D. FY09 Top Five Recommendations

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

- | | |
|--|------------|
| 1. Examine capacity, staffing resources, and develop strategies for providing timely services, identifying program completion and step down criteria, and exit from services. | A,Q |
| 2. Continue to focus on improving access and culturally appropriate treatment for API and other underserved populations. | A,Q |
| 3. Continue behavioral health integration efforts to improve consistency of COD treatment and access with a "no wrong door" approach to policies and practice | A,Q |
| 4. Identify strategies and adjust resources as necessary to get the Avatar implementation project back on schedule, to avoid the time and expense of retrofitting the VAX system for short-term needs. | I |
| 5. Increase communication with contract providers to keep them informed of IS implementation plans, and assess provider needs for training regarding current MHP-supplied reports such as "Documentation at a Glance." | I |

E. Performance Improvement Project - Clinical

Title: EPSDT

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

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

F. Performance Improvement Project - Non-Clinical

Title: API Access Disparities at North County Clinic

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

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

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	7.76%	7.37%	6.09%	6.19%	28
Foster Care PR:	92.20%	64.40%	58.12%	58.11%	3
Hispanic PR:	4.40%	3.79%	3.22%	3.41%	16
App Claims/Bene (ACB):	\$4,746	\$6,066	\$4,895	\$4,614	23
White ACB:	\$5,600	\$6,223	\$5,087	\$4,621	12
Hispanic ACB:	\$3,601	\$5,864	\$4,648	\$4,448	29
Male ACB:	\$5,558	\$7,064	\$5,604	\$5,238	20
Female ACB:	\$4,084	\$5,132	\$4,242	\$4,032	23
Foster Care ACB:	\$5,828	\$10,791	\$7,347	\$7,262	24

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: Santa Barbara

CAEQRO Size:⁽¹⁾ Medium

Region: Southern

A. Response to Key Recommendations from FY08

1. Seek feedback from long term staff to maintain critical institutional knowledge while benefitting from a new management team. Develop clear, concise strategic plans and regularly communicate these plans:
 Fully Addressed Partially Addressed Not Addressed
2. Continue with LOCRI implementation; include formal tests of reliability and consistency across raters. The MHP's high percentage of retention past fifteen services warrants some analysis, as do the claims disparities for Latinos and women:
 Fully Addressed Partially Addressed Not Addressed
3. Conduct a needs assessment of clinical staff regarding recovery and consumer employment. Implement formalized support and training structures for consumer employees and other staff as indicated:
 Fully Addressed Partially Addressed Not Addressed

B. FY09 Strengths

1. The MHP has been able to work on stabilizing funding reductions in ways that it believes minimize adverse impact to service delivery and the implementation of new evidenced-based practices.
2. Analyzing claims and billing codes for children's services is a priority.
3. Structured quality improvement tools for measurement and practices are under development. This includes a significant effort dedicated to identifying an appropriate and timely PIP.

C. FY09 Opportunities for Improvement

1. Structured quality improvement measures and practices currently require additional staff training and study of their reliability and validity.
2. IS infrastructure needs to be significantly improved to ensure that all basic Medi-Cal and Medicare billing requirements are met. Sustained county staff capacity to address IS issues is crucial.
3. Effective working relationships between the MHP and its contract providers is limited, with little engagement and involvement in committees and other quality management processes.

D. FY09 Top Five Recommendations

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

- | | |
|---|--------------|
| 1. Increase monitoring and evaluation of beneficiary satisfaction. Consider appropriate level of care and medication issues, in addition to current access and timeliness goals. | T,Q |
| 2. Increase efforts to engage providers in timely and pertinent areas of the current QIC process. Consider leadership forums and collaborative partnerships in setting and adding to agendas, especially priority agendas, and in co-chairing committee work. | Q |
| 3. Give significant attention to improving consumer employee support and access to needed resources. | Oth |
| 4. Involve clinical staff in workgroups to identify, address and evaluate system issues related to MIS/IT and increase departmental capacity to work with new and developing MIS infrastructure. | I,Oth |
| 5. Increase engagement, integration in response to recommendations and suggestions made by consumers and family members in timely and pertinent areas of the QIC process. | Q,Oth |

E. Performance Improvement Project - Clinical

Title: The MHP did not submit a Clinical PIP.

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

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

F. Performance Improvement Project - Non-Clinical

Title: Top 25% High Claims Youth – Targeted Case Management and Evaluation and Plan Development

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

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

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	6.76%	6.02%	6.09%	6.19%	37
Foster Care PR:	79.83%	52.50%	58.12%	58.11%	4
Hispanic PR:	4.31%	3.49%	3.22%	3.41%	17
App Claims/Bene (ACB):	\$6,847	\$3,464	\$4,895	\$4,614	4
White ACB:	\$6,654	\$3,684	\$5,087	\$4,621	5
Hispanic ACB:	\$6,724	\$3,319	\$4,648	\$4,448	6
Male ACB:	\$7,718	\$3,839	\$5,604	\$5,238	3
Female ACB:	\$6,060	\$3,125	\$4,242	\$4,032	4
Foster Care ACB:	\$8,824	\$4,978	\$7,347	\$7,262	13

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: Santa Clara

CAEQRO Size:⁽¹⁾ Large

Region: Bay Area

A. Response to Key Recommendations from FY08

1. Actively and consistently include consumer employees, line staff and clinical supervisors in the decision-making process of strategic initiatives and service delivery:

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---
2. Initiate a formal cost/benefit study to address the pros and cons of continuing to use the current IS:

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--
3. Create specific and ongoing orientation/training and mentoring for consumer employees:

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

B. FY09 Strengths

1. Despite vacancies and re-organization disruptions, the Decision Support Team developed several useful data analyses and reports, and a number of draft management planning reports to help leadership monitor key processes.
2. MHP leadership now recognizes that effective management of the IS is necessary to maximize revenue production and monitor program activity, and that this is directly linked to service quality and outcomes.
3. Consumer and family members who participated in the review report high satisfaction with services.

C. FY09 Opportunities for Improvement

1. Additional work on A/R improvements is necessary to enable accurate financial reporting to MHP leadership and contract providers who are deeply concerned about delayed cost report settlements.
2. The MHP did not conduct activities described in the QI Work Plan and has been hampered by multiple staff and structural changes over the last several years.
3. There is too little automation of routine report production and other processes in UNI/CARE, making it too easy for staff to miss important information and requiring more manual intervention than necessary.

D. FY09 Top Five Recommendations

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

- | | |
|--|--------------|
| 1. Increase QI and performance improvement activities. Operationalize and continue plans to increase the availability and use of data to inform program planning, evaluation, and capacity monitoring. | Q,I |
| 2. Complete the A/R project as soon as possible, in order to begin accurate and complete financial reporting, reduce the high Medi-Cal claims denial rate, and help finalize cost reports for FY03-04 and FY04-05. | I |
| 3. Examine the outcomes of the high amount claimed per beneficiary and causes for lower penetration rates to develop system strategies for treatment and access. | A,Q,O |
| 4. Develop strategies to address IS users' concerns about lack of automated report production, to assist over-burdened staff who report omitting this work due to lack of time and clerical support. | I |
| 5. Finalize and submit the MHSA IT plan as soon as practical, to expedite the decision regarding the future EHR. | I |

E. Performance Improvement Project - Clinical

Title: EPSDT

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

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

F. Performance Improvement Project - Non-Clinical

Title: Improving Return and Completion Rates for Consumer Satisfaction Survey

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

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

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	5.67%	7.37%	6.32%	6.19%	44
Foster Care PR:	54.70%	64.40%	55.98%	58.11%	32
Hispanic PR:	3.47%	3.79%	3.47%	3.41%	31
App Claims/Bene (ACB):	\$6,388	\$6,066	\$4,159	\$4,614	6
White ACB:	\$6,432	\$6,223	\$4,097	\$4,621	6
Hispanic ACB:	\$7,482	\$5,864	\$3,745	\$4,448	4
Male ACB:	\$7,343	\$7,064	\$4,737	\$5,238	7
Female ACB:	\$5,529	\$5,132	\$3,635	\$4,032	8
Foster Care ACB:	\$17,708	\$10,791	\$6,665	\$7,262	2

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: Santa Cruz

CAEQRO Size:⁽¹⁾ Medium

Region: Bay Area

A. Response to Key Recommendations from FY08

1. Continue with efforts already underway to understand better the patterns of service delivery. Consider whether outcomes could be maintained while services are expanded to others who have traditionally not met criteria for inclusion:
 Fully Addressed Partially Addressed Not Addressed
2. Analyze the continuing need to support multiple information systems:
 Fully Addressed Partially Addressed Not Addressed
3. To satisfy the need for access to more clinical information, consider interim steps toward electronic health records if full systems replacement is not feasible in foreseeable future:
 Fully Addressed Partially Addressed Not Addressed

B. FY09 Strengths

1. There is strong, effective leadership within the MHP; this view is consistently echoed among staff, consumers, and community stakeholders.
2. The MHP has implemented an Access Hub which has increased access and decreased wait times for services.
3. The MHP maintains comprehensive outcome data for children's mental health and publishes a report, including a report card, every two years.

C. FY09 Opportunities for Improvement

1. The MHP has faced significant budget challenges that have impacted many facets of the service delivery system, including reprioritization of strategic initiatives and reorganization of positions.
2. With the use of multiple applications to store unique clinical information, the only place for accessing a comprehensive picture of consumer services is the hardcopy medical record, which is not always up to date or easily accessible.
3. There is no formalized method for the consumer voice to be directly relayed to leadership, nor is there sufficient support available to consumer employees.

D. FY09 Top Five Recommendations

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

1. As recommended last year, research alternative solutions for providing features of an on-line clinical record to psychiatrists and other clinical staff in a single application. **I**
2. Consider changing the entry of service records (therapist logs) to a decentralized model. Ideally, data should be entered at the point of service (POS). The farther removed data entry is from POS, the greater likelihood of error and data loss. **I,Oth**
3. Identify quality indicators for monitoring outcomes within adult programs; consider lessons learned from children's system of care. **Q,O,Oth**
4. Develop formalized support mechanisms for consumer employees, including training, supervision and peer support. Consider the development of a consumer liaison to serve as a member on the leadership team. **Q,Oth**
5. Examine patterns of service intensity and lengths of stay. Begin by identifying consumers for whom a gradual decrease in intensive service quantity would support recovery and less reliance upon the formal mental health system. **Q,Oth**

E. Performance Improvement Project - Clinical

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

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

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

F. Performance Improvement Project - Non-Clinical

Title: Improving timeliness of initial assessments to improve access to service and clinical outcomes

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

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

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	7.43%	7.37%	6.09%	6.19%	34
Foster Care PR:	108.00%	64.40%	58.12%	58.11%	2
Hispanic PR:	4.28%	3.79%	3.22%	3.41%	19
App Claims/Bene (ACB):	\$11,819	\$6,066	\$4,895	\$4,614	1
White ACB:	\$11,675	\$6,223	\$5,087	\$4,621	1
Hispanic ACB:	\$11,798	\$5,864	\$4,648	\$4,448	2
Male ACB:	\$12,606	\$7,064	\$5,604	\$5,238	2
Female ACB:	\$10,882	\$5,132	\$4,242	\$4,032	1
Foster Care ACB:	\$18,376	\$10,791	\$7,347	\$7,262	1

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: Shasta

CAEQRO Size:⁽¹⁾ Small

Region: Superior

A. Response to Key Recommendations from FY08

1. As recommended by CAEQRO last year, advance mechanisms to track and measure timeliness and outcomes of initial and on-going appointment wait times, and engagement:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
2. Prioritize increasing psychiatric service capacity and monitor consumer access despite current physician shortage. Use the data to inform planning, treatment strategies and monitoring of consumer outcomes during this time of low access:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
3. Ensure that documentation is created for new policies, procedures and business practices as enhancements are implemented and current processes or job functions are modified during CWS implementation:

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

B. FY09 Strengths

1. The MHP has hired new business and IS personnel to streamline its IS implementation which has been plagued by vendor delays.
2. The MHP has hired a new analyst who is able to produce various reports from the IS for quality management purposes, an area where the MHP has lagged.
3. The MHP has started to redesign its QM plan to improve the accuracy of reports and increase the use of data for quality monitoring and improvement.

C. FY09 Opportunities for Improvement

1. Consumer and family member frustrations with communication and access as well as how they are treated by staff have persisted for the last several years. It appears that reports of problems have gone unattended.
2. Lack of critical report production from the new IS that should have been automated has taken up valuable personnel time that could be otherwise devoted to improving business processes.
3. Although much of the IS implementation delays have been due to factors beyond the control of the MHP, IS personnel turnover has created a lack of continuity and historical knowledge.

D. FY09 Top Five Recommendations

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

- | | |
|---|--------------|
| 1. Advance mechanisms to measure timeliness and outcomes of initial and ongoing appointment wait times, and engagement. Monitor show rates as a mechanism to improve consumer outcomes in addition to appointment scheduling after crisis services discharge. | A,Q,O |
| 2. Ensure timely production of critical reports such as those which will support a cost report. | I |
| 3. Investigate service utilization patterns and associated outcomes to understand why higher service recipients have much lower approved claim amounts per capita than statewide, and determine if any remedial steps need to be taken. | O |
| 4. Devise strategies for IS and analytical staff retention, since the MHP has had much turnover in the past and has been successful in attracting competent staff in the past year. | I,Oth |

E. Performance Improvement Project - Clinical

Title: SCERP

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

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

F. Performance Improvement Project - Non-Clinical

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

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

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

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	9.98%	10.24%	7.89%	6.19%	17
Foster Care PR:	54.34%	58.11%	49.39%	58.11%	33
Hispanic PR:	5.47%	4.28%	3.95%	3.41%	9
App Claims/Bene (ACB):	\$2,931	\$4,675	\$3,668	\$4,614	44
White ACB:	\$2,940	\$4,480	\$3,755	\$4,621	43
Hispanic ACB:	\$3,017	\$5,244	\$3,131	\$4,448	36
Male ACB:	\$3,236	\$5,323	\$4,101	\$5,238	42
Female ACB:	\$2,658	\$4,133	\$3,293	\$4,032	44
Foster Care ACB:	\$5,209	\$7,412	\$6,696	\$7,262	30

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: Siskiyou

CAEQRO Size:⁽¹⁾ Small-Rural

Region: Superior

A. Response to Key Recommendations from FY08

1. Examine the outcomes of the high amount claimed per beneficiary to develop system strategies for treatment and access within the available resources. Establish standards, monitoring, and measures to ensure access and effectiveness:

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---
2. Increase quality management and performance improvement activities:

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
--	--	---
3. As started, continue efforts to add consumer and family member input at all levels to contribute to quality improvement and monitoring practices:

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

B. FY09 Strengths

1. At 13.2%, the MHP continues to have the highest Medi-cal penetration rate of all 56 MHPs that is reflected across most demographic and aid code categories.
2. The MHP's claims denial rate continues to be the lowest in the state. The MHP has well-managed business and security practices, but they are maintained by key individuals, not in writing.
3. MHP staff members report good organizational communication, cohesiveness and high staff satisfaction.

C. FY09 Opportunities for Improvement

1. As noted in FY08, The MHP lacks a data-driven decision making culture and utilizes very little of its IS analytical and reporting capabilities for tracking quality and outcomes.
2. Despite long retention rates and very high average approved claims per beneficiary served, the MHP has not analyzed capacity, developed step down and service exit strategies, or addressed long wait times and possible access barriers.
3. Review participants report up to eight weeks wait time for routine intake and up to ten weeks for routine psychiatry appointment, which may be negatively impacting the no show rates and appropriate service accessibility.

D. FY09 Top Five Recommendations

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

- | | |
|---|--------------|
| 1. As recommended in previous years, develop performance management goals, indicators, tracking and trending mechanisms, and use the data to improve outcomes. | Q,O |
| 2. Monitor timeliness to routine services, including to psychiatric intake appointments and post-hospital discharge, and address long wait times. | T |
| 3. As recommended last year, design organizational communication opportunities for regular consumer and family member input into services and planning, performance management, and improvement activities at all levels of the organization. | Q,Oth |
| 4. Institute routine examination of service utilization patterns for high-cost and frequent service recipients in order to develop alternatives such as groups and recovery-oriented services. | Q,O |
| 5. Continue to improve training by including courses on wellness and recovery, suicide prevention, and evidence based practices as well as evaluating the results of training. | Q,O |

E. Performance Improvement Project - Clinical

Title: The MHP's collaborative SCERP Clinical PIP will be scored in June 2009

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

F. Performance Improvement Project - Non-Clinical

Title: EPSDT

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

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	12.89%	10.24%	10.65%	6.19%	2
Foster Care PR:	68.99%	58.11%	58.41%	58.11%	12
Hispanic PR:	8.35%	4.28%	4.81%	3.41%	2
App Claims/Bene (ACB):	\$10,764	\$4,675	\$5,105	\$4,614	2
White ACB:	\$9,946	\$4,480	\$4,717	\$4,621	2
Hispanic ACB:	\$13,188	\$5,244	\$5,845	\$4,448	1
Male ACB:	\$12,884	\$5,323	\$6,077	\$5,238	1
Female ACB:	\$8,959	\$4,133	\$4,356	\$4,032	2
Foster Care ACB:	\$13,860	\$7,412	\$6,549	\$7,262	5

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: Solano

CAEQRO Size:⁽¹⁾ Medium

Region: Bay Area

A. Response to Key Recommendations from FY08

1. Maintain a high priority on the current plan for selection of an IS replacement and establish an initial implementation timeline by mid-2008, in order to complete replacement before existing software product support is discontinued:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
2. Conduct program capacity analyses in order to determine realistic ways to improve system responsiveness for the initiation of services throughout the system. Create a system for centralized monitoring of effectiveness of strategies:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
3. Increase the spread of information regarding the wellness centers; monitor outcomes closely to assure that consumer needs are met and are flexibly addressed depending upon needs of different populations:

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

B. FY09 Strengths

1. The monthly Mental Health Dashboard reports provide managers and other stakeholders an easy to read quick reference of key MHP-defined indicators.
2. Wellness Centers provide opportunities for support, education, and work preparedness.
3. Relationships between the MHP and its contract providers have significantly improved through increased communication and collaboration.

C. FY09 Opportunities for Improvement

1. Penetration rates are decreasing and there are significant disparities in access and service delivery for females, Hispanics, and Asian/Pacific Islanders.
2. Family members continue to feel excluded from the services of their family members, even when the consumer requests their participation. Decreased availability of the family advocate exacerbates this perspective.
3. The SDMC claiming system is under going a number of state-mandated changes during FY08-09 – the project is known as SD Phase 2. This will require allocation of staff resources in order to continue to timely submit claims for reimbursement.

D. FY09 Top Five Recommendations

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

- | | |
|---|--------------|
| <ol style="list-style-type: none"> 1. Assess the “welcoming atmosphere” and customer service approach at the MHP clinics, including the role of advocates, reasons for decreasing penetration rates, and the potential of psychiatry co-location in the smaller communities. | A,Oth |
| <ol style="list-style-type: none"> 2. Assign a sufficient level of staff resources to implement required SD Phase 2 changes in order to timely submit claims for Medi-Cal reimbursement. | I |
| <ol style="list-style-type: none"> 3. Identify priority projects within the QI Work Plan and Cultural Competence Plans. Begin with peer review of medication services as well as a few additional projects which can be easily measured and demonstrate early improvement. | Q |
| <ol style="list-style-type: none"> 4. Complete plans to identify a replacement system for InSyst in order to ensure a smooth and successful implementation in advance of discontinuance of product support for InSyst. | I |
| <ol style="list-style-type: none"> 5. While the morale of the senior leaders has significantly improved under the new leadership, similar attention is necessary to include the line staff in system changes. | Q,Oth |

E. Performance Improvement Project - Clinical

Title: Hospital readmission rates

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

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

F. Performance Improvement Project - Non-Clinical

Title: Napa State Hospital Placements and Use of LOCUS

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

Key Elements: (N=13)
 Yes - 1, Partial - 1, No - 11

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	5.38%	7.37%	6.09%	6.19%	48
Foster Care PR:	57.79%	64.40%	58.12%	58.11%	25
Hispanic PR:	2.51%	3.79%	3.22%	3.41%	52
App Claims/Bene (ACB):	\$4,750	\$6,066	\$4,895	\$4,614	22
White ACB:	\$4,719	\$6,223	\$5,087	\$4,621	22
Hispanic ACB:	\$5,113	\$5,864	\$4,648	\$4,448	15
Male ACB:	\$5,596	\$7,064	\$5,604	\$5,238	18
Female ACB:	\$3,840	\$5,132	\$4,242	\$4,032	26
Foster Care ACB:	\$6,293	\$10,791	\$7,347	\$7,262	19

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: Sonoma

CAEQRO Size:⁽¹⁾ Medium

Region: Bay Area

A. Response to Key Recommendations from FY08

1. Ensure that the planning process for a new IS includes key stakeholders and users, including contract providers and clinicians:
 - Fully Addressed
 - Partially Addressed
 - Not Addressed
2. Ensure that clinical quality management efforts achieve the same levels of success as documentation compliance:
 - Fully Addressed
 - Partially Addressed
 - Not Addressed
3. As recommended by CAEQRO last year, develop mechanisms to track timeliness and outcomes of initial and on-going appointment wait times:
 - Fully Addressed
 - Partially Addressed
 - Not Addressed

B. FY09 Strengths

1. The MHP has started a partnership with FQHCs that has potential to effectively increase access, especially to Latinos. The MHP has established a mechanism to track the number of consumers, including demographics, served at FQHCs.
2. The MHP continues to have a capable business and IS team.
3. The planning process for MHSA IT Capital funding appears to have been thorough and comprehensive.

C. FY09 Opportunities for Improvement

1. Quality management and improvement practices continue to be limited and practices continue to be compliance focused.
2. Latino consumers continue to be significantly underserved and the MHP has not established strategic priorities or initiated performance improvement plans to address the problem.
3. The MHP continues to lack consistent or stable measures to track initial assessment and routine appointment wait times.

D. FY09 Top Five Recommendations

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

- | | |
|---|----------------|
| 1. Increase quality management and performance improvement activities. | Q,I |
| 2. Examine access and retention data by demographics to understand disparities for Hispanic beneficiaries. | A,T,Q,O |
| 3. Give significant attention to workforce development issues with emphasis on bilingual staffing planning and strategies. | A,Q,Oth |
| 4. Consider establishing an ongoing multi-disciplinary IT workgroup to identify possible issues and prepare for the new IT. | I |
| 5. Identify a process to identify and track primary care status of consumers and identification of shared FQHC clients. | I,Oth |

E. Performance Improvement Project - Clinical

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

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

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

F. Performance Improvement Project - Non-Clinical

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

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

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

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	5.21%	7.37%	6.09%	6.19%	51
Foster Care PR:	41.60%	64.40%	58.12%	58.11%	47
Hispanic PR:	1.59%	3.79%	3.22%	3.41%	55
App Claims/Bene (ACB):	\$6,997	\$6,066	\$4,895	\$4,614	3
White ACB:	\$7,124	\$6,223	\$5,087	\$4,621	4
Hispanic ACB:	\$6,002	\$5,864	\$4,648	\$4,448	8
Male ACB:	\$7,620	\$7,064	\$5,604	\$5,238	5
Female ACB:	\$6,320	\$5,132	\$4,242	\$4,032	3
Foster Care ACB:	\$8,404	\$10,791	\$7,347	\$7,262	14

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: Stanislaus

CAEQRO Size:⁽¹⁾ Medium

Region: Central

A. Response to Key Recommendations from FY08

1. Determine whether the closing of particular programs, particularly those in outlying areas, has negatively affected access including indigent populations and underserved groups:
 - Fully Addressed
 - Partially Addressed
 - Not Addressed
2. Identify specific health-related indicators pertaining to consumer outcomes, and thereby analyze the effectiveness of communication between the MHP and primary care:
 - Fully Addressed
 - Partially Addressed
 - Not Addressed
3. Continue to obtain line staff feedback on weaknesses of the daily operations of the current IS system and desired functionality of the new system. The ability to continue to obtain data via both standard and ad hoc reporting will be of high priority:
 - Fully Addressed
 - Partially Addressed
 - Not Addressed

B. FY09 Strengths

1. The MHP continues to demonstrate its commitment to the provision of high quality services that reflect the needs of the community while simultaneously facing significant budget reductions.
2. Issues of quality improvement are integrated throughout the service delivery system, including attention to timeliness, cultural competence, data collection and reporting, and active consumer and family member participation within the QICs.
3. The IT Manager now supervises both performance measurement and data management units.

C. FY09 Opportunities for Improvement

1. As reported by the MHP, the number of individuals served decreased 20 percent during the past four fiscal years, much of which was the result of budgetary reductions.
2. During these tight budgetary times the implementation of Short-Doyle Phase 2 will be critical to maintain Medi-Cal revenue flow to support ongoing operations.
3. Many consumer employees reported feeling less valued and working in less meaningful positions than previous years. Those in the community college credential program expressed frustration regarding clinical internship availability at the MHP.

D. FY09 Top Five Recommendations

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

- | | |
|---|--------------|
| <p>1. To improve implementation of the new management information system, consider separating clinical functions from system/data project management functions.</p> | I |
| <p>2. Analyze issues associated with the decreasing numbers served, including access barriers among certain age or racial/ethnic groups. In reporting key indicators, include MHSA service data so that a full picture of access is available.</p> | A |
| <p>3. Explore opportunities for increased information flow from line and supervisory staff to executive leadership and the director. Consider a task force comprised of representatives from diverse regions and programs, as well as all levels of staffing.</p> | Q,Oth |
| <p>4. Consider expanding the availability of the parent partner and kinship programs to accommodate the needs of working families. Explore whether other program hours impact working families' access to services.</p> | A |
| <p>5. Revisit issues and trainings pertaining to working with and supervising consumer employees. Conduct anonymous surveys of consumer employees regarding recommended areas for improvement.</p> | Q,Oth |

E. Performance Improvement Project - Clinical

Title: Shared Decision Making

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

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

F. Performance Improvement Project - Non-Clinical

Title: EPSDT

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

Key Elements: (N=13)
 Yes - 1, Partial - 1, No - 11

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	5.62%	5.71%	6.09%	6.19%	46
Foster Care PR:	61.90%	54.26%	58.12%	58.11%	19
Hispanic PR:	3.18%	3.09%	3.22%	3.41%	38
App Claims/Bene (ACB):	\$3,278	\$3,593	\$4,895	\$4,614	35
White ACB:	\$3,378	\$3,607	\$5,087	\$4,621	34
Hispanic ACB:	\$2,713	\$3,259	\$4,648	\$4,448	41
Male ACB:	\$3,344	\$4,073	\$5,604	\$5,238	39
Female ACB:	\$3,209	\$3,167	\$4,242	\$4,032	32
Foster Care ACB:	\$5,629	\$5,871	\$7,347	\$7,262	25

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: Sutter/Yuba

CAEQRO Size:⁽¹⁾ Small

Region: Central

A. Response to Key Recommendations from FY08

1. Support the RFP development and release, while waiting for MHS IT guidelines to be published:
 Fully Addressed Partially Addressed Not Addressed
2. Continue to review the intake process and timely access to medication support services; monitor timeliness, perform a barrier analysis and address identified issues to improve timeliness and access to services:
 Fully Addressed Partially Addressed Not Addressed
3. Provide consumer and family member employees with role-specific training and opportunities to expand work hours, obtain benefits, and career advancement:
 Fully Addressed Partially Addressed Not Addressed

B. FY09 Strengths

1. The selection of a knowledgeable Project Manager for selecting and implementing a new IS should be a big boost towards obtaining a replacement for the aging IS.
2. The MHP measures a number of indicators in the QI Work Plan evaluation.
3. The MHP formed a parent advisory council which can provide the MHP a valuable resource to help direct QI and other areas.

C. FY09 Opportunities for Improvement

1. Timely access to medication support services continues to be problematic.
2. As noted last year, the MHP has not increased use of data and measurements to guide program decisions and routine clinical management.
3. The difficulties encountered in complying with billing system requirements over the past year raise concerns regarding the MHP's ability to meet the upcoming Short Doyle II deadline.

D. FY09 Top Five Recommendations

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

- | | |
|---|--------------|
| 1. As planned, regularly monitor the intake process and timeliness to medication and assessment processes. Evaluate indicators such as no shows and timeliness at least quarterly to identify barriers. Implement changes and evaluate the effectiveness. | A,T |
| 2. Continue to analyze barriers to post hospitalization engagement in order to reduce the high 30 day re-admission rate. Consider rapid process development techniques to try new approaches expeditiously, review data and continue to revise processes. | O |
| 3. Develop a work plan to implement and test the changes required for Short Doyle II billing and determine if outside resources will be needed for meeting the mandated deadline. | I,Oth |
| 4. Consider performing a comprehensive business process and data needs analysis as part of determining the requirements for a new IS. | I |
| 5. Identify ways to disseminate available data and reports to all levels of staff. Foster use of the data in conjunction with staff input regarding barriers to quality and access to develop and implement improvements. | Q |

E. Performance Improvement Project - Clinical

Title: The MHP's collaborative SCERP Clinical PIP will be scored in June 2009

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

F. Performance Improvement Project - Non-Clinical

Title: EPSDT

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

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	7.65%	5.71%	7.89%	6.19%	31
Foster Care PR:	36.65%	54.26%	49.39%	58.11%	51
Hispanic PR:	3.05%	3.09%	3.95%	3.41%	41
App Claims/Bene (ACB):	\$3,717	\$3,593	\$3,668	\$4,614	29
White ACB:	\$3,814	\$3,607	\$3,755	\$4,621	27
Hispanic ACB:	\$3,616	\$3,259	\$3,131	\$4,448	28
Male ACB:	\$4,553	\$4,073	\$4,101	\$5,238	29
Female ACB:	\$3,052	\$3,167	\$3,293	\$4,032	35
Foster Care ACB:	\$10,679	\$5,871	\$6,696	\$7,262	7

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: Tehama

CAEQRO Size:⁽¹⁾ Small

Region: Superior

A. Response to Key Recommendations from FY08

1. Pursue telepsychiatry as an interim solution to mitigate long wait times while continuing recruitment for additional medical staff:

Fully Addressed

Partially Addressed

Not Addressed

2. Analyze service utilization and system capacity. Develop strategies to address low Latino penetration rates, below-average claims per beneficiary served for Latinos and foster care youth, and gender disparity in foster care claims:

Fully Addressed

Partially Addressed

Not Addressed

3. Develop specific indicators to measure and monitor clinical and business outcomes, such as timely access to psychiatrists and clinicians, retention patterns, and effectiveness of cultural competence efforts:

Fully Addressed

Partially Addressed

Not Addressed

B. FY09 Strengths

1. The MHP has embraced Performance Improvement Projects during the past year, taking a leadership role in the Small County Emergency Risk Pool rehospitalization PIP.
2. The MHP has the necessary equipment to provide telemedicine services, and it has identified a psychiatrist interested in pursuing this work with the MHP.
3. Efforts made by the MHP to improve business practices and reporting have resulted in improved revenue and a significant reduction in denied claims.

C. FY09 Opportunities for Improvement

1. Leadership has not reached its goal of effectively communicating its priorities, mission and vision to staff; staff feedback supports this impression.
2. The MHP does not measure, track, or trend clinical outcomes – the SCERP PIP a significant exception.
3. Despite implementation of a drop-in clinic model, the MHP has been unable to quantify problems and track the timeliness, effectiveness and outcomes of actions taken to improve care.

D. FY09 Top Five Recommendations

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

- | | |
|--|--------------|
| 1. Expand on lessons learned from participation in the SCERP PIP; identify and apply additional outcome indicators that the MHP can measure, track and trend to foster data-driven decision-making within the MHP. | Q,O |
| 2. Identify concrete goals for increasing communication between leadership and staff. Address methods for increasing staff involvement in program planning and improving staff morale as part of a systemic focus on wellness, recovery, and resilience. | Q,Oth |
| 3. Track and measure the MHP's ability to provide initial and on-going services within timeframes defined by the Quality Improvement Committee; define concrete timeliness goals for first clinical appointments following initial assessment. | T |
| 4. Prioritize improving access to psychiatric services. Investigate utilizing physician extenders, such as nurse practitioners or telemedicine. Develop timeliness goals and a concrete timeline for mitigating excessive wait times for psychiatry. | T,Q |
| 5. Analyze overall retention rate patterns and those among underserved consumer groups. This is particularly important due to the impact of engagement and service retention on consumer outcomes. | A,Q |

E. Performance Improvement Project - Clinical

Title: SCERP

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

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

F. Performance Improvement Project - Non-Clinical

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

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

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

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	10.22%	10.24%	7.89%	6.19%	14
Foster Care PR:	56.25%	58.11%	49.39%	58.11%	29
Hispanic PR:	3.89%	4.28%	3.95%	3.41%	24
App Claims/Bene (ACB):	\$3,420	\$4,675	\$3,668	\$4,614	32
White ACB:	\$3,337	\$4,480	\$3,755	\$4,621	35
Hispanic ACB:	\$2,718	\$5,244	\$3,131	\$4,448	40
Male ACB:	\$4,198	\$5,323	\$4,101	\$5,238	31
Female ACB:	\$2,935	\$4,133	\$3,293	\$4,032	38
Foster Care ACB:	\$5,841	\$7,412	\$6,696	\$7,262	23

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: Trinity

CAEQRO Size:⁽¹⁾ Small-Rural

Region: Superior

A. Response to Key Recommendations from FY08

1. Continue efforts to develop the ability to routinely extract, analyze, and use data to monitor and manage performance in program and business processes:
 Fully Addressed Partially Addressed Not Addressed
2. As recommended last year, examine current service provision patterns, especially retention and penetration rates to assess system capacity and improve timeliness:
 Fully Addressed Partially Addressed Not Addressed
3. Develop goals and strategies to increase consumer and family member participation on decision making levels. Develop effective and feasible ways to assure consumer/family members influence the service system:
 Fully Addressed Partially Addressed Not Addressed

B. FY09 Strengths

1. Although the MHP serves a small number of beneficiaries (326 in CY07) over a large area, the MHP is ranked highest in the state for Hispanic penetration rate, ranked second highest for TAY penetration, and sixth highest for overall penetration rate.
2. New leadership has energized staff and improved communication and teamwork.
3. In CY07, the MHP had no high cost beneficiaries who used greater than \$30,000 per year in services as compared to 25.7% high cost beneficiaries statewide.

C. FY09 Opportunities for Improvement

1. The MHP continues to lack QI measurement indicators, quantifiable goals, monitoring and trending of effectiveness of services and training, timeliness to medication services, cultural competence, and performance improvement activities.
2. While urgent services are prioritized, review participants report up to six week wait time for routine intake and up to eight weeks for routine psychiatry appointment.
3. The MHP lacks consumer/family member involvement in the Quality Improvement Committee and other opportunities for providing input into service planning and delivery. Consumer and family member employees lack a career ladder.

D. FY09 Top Five Recommendations

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

- | | |
|---|------------------|
| 1. Develop performance management goals, indicators, tracking and trending mechanisms and use the data to improve outcomes. Identify and implement clinical outcome measures for adults and children. | A,T,Q,O,I |
| 2. Implement measures of individual and organizational cultural competence. Analyze service disparities for TAY, Native American, and Hispanic consumers and address identified issues. | A,Q,O |
| 3. Utilize the new information system's capabilities to monitor timeliness to routine services, time to psychiatric intake and post-hospital discharge appointments, and address long wait times. | T |
| 4. Design organizational communication opportunities for regular consumer/family member input into services and planning, performance management, and improvement activities at all levels of the organization. | Q,Oth |
| 5. Monitor denied claims closely as part of the current IS priorities of addressing error corrections and reducing billing errors. | I |

E. Performance Improvement Project - Clinical

Title: The MHP's collaborative SCERP Clinical PIP will be scored in June 2009

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

F. Performance Improvement Project - Non-Clinical

Title: EPSDT

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

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	10.79%	10.24%	10.65%	6.19%	9
Foster Care PR:	55.81%	58.11%	58.41%	58.11%	30
Hispanic PR:	7.22%	4.28%	4.81%	3.41%	4
App Claims/Bene (ACB):	\$5,134	\$4,675	\$5,105	\$4,614	17
White ACB:	\$4,959	\$4,480	\$4,717	\$4,621	21
Hispanic ACB:	\$7,234	\$5,244	\$5,845	\$4,448	5
Male ACB:	\$5,583	\$5,323	\$6,077	\$5,238	19
Female ACB:	\$4,806	\$4,133	\$4,356	\$4,032	14
Foster Care ACB:	\$3,306	\$7,412	\$6,549	\$7,262	44

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: Tulare

CAEQRO Size:⁽¹⁾ Medium

Region: Central

A. Response to Key Recommendations from FY08

1. Identify strategies, goals and timelines to improve service access for beneficiaries and develop targeted engagement strategies for Latinos, older adults and foster youth:
 - Fully Addressed
 - Partially Addressed
 - Not Addressed
2. Continue workforce development initiatives and consider collaborative strategies to recruit and retain quality staff:
 - Fully Addressed
 - Partially Addressed
 - Not Addressed
3. Identify and monitor several key performance indicators within the QI Work Plan. Develop procedures to collect and routinely report the data to stakeholders:
 - Fully Addressed
 - Partially Addressed
 - Not Addressed

B. FY09 Strengths

1. The QI Work Plan, Cultural Competency Plan and PIPs are examples of the MHP using data to monitor performance indicators. The MHP is able to extract data from CMHC, and it has the analytic skills necessary to achieve a data driven environment.
2. The CMHC system remains stable and effectively managed. The MHP has a low rate of denied claims due to knowledge of the system, and well-documented policies and procedures.
3. The MHP took the initiative to revise its 2008 Cultural Competency Plan ahead of the DMH mandate, including updated demographic data, general goals and objectives, and a strategic plan.

C. FY09 Opportunities for Improvement

1. As an indicator of access to service, the MHP's low rate penetration rate ranks 55th of 56 MHPs.
2. Consumer/family involvement is limited in many committees and processes such as the PIP Committee, Wellness and Recovery Committee and No Stigma Speakers Bureau.
3. The Medical Director position has remained unfilled for the past year. Seven out of nine full time psychiatric positions are currently unfilled.

D. FY09 Top Five Recommendations

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

- | | |
|--|--------------|
| 1. Utilize available data and programs/committees to develop a system-wide strategy and actions to increase overall penetration, specifically focusing on Latino and Foster Care outreach, engagement and penetration rates. | A,T |
| 2. Develop a system-wide plan to prioritize consumer/family member involvement in leadership positions and system transformation; initiate activities in the plan and establish timelines for improvement. | Q,Oth |
| 3. Provide computer training to those staff needing to improve computer literacy skills in order to help ease transition to an HER system. | I |
| 4. Continue workforce development issues specifically related to filling the Medical Director and other full time psychiatric positions. | A,T |
| 5. Monitor IS service responsiveness as the transition to a County IS department occurs, to assure there is not a reduction in the levels of MHP IS support. | I |

E. Performance Improvement Project - Clinical

Title: Rehospitalization - non-SCERP Cohort II

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

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

F. Performance Improvement Project - Non-Clinical

Title: Access Performance Improvement Project

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

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

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	4.53%	5.71%	6.09%	6.19%	54
Foster Care PR:	45.50%	54.26%	58.12%	58.11%	44
Hispanic PR:	3.16%	3.09%	3.22%	3.41%	40
App Claims/Bene (ACB):	\$4,576	\$3,593	\$4,895	\$4,614	25
White ACB:	\$4,474	\$3,607	\$5,087	\$4,621	25
Hispanic ACB:	\$4,415	\$3,259	\$4,648	\$4,448	24
Male ACB:	\$4,927	\$4,073	\$5,604	\$5,238	27
Female ACB:	\$4,214	\$3,167	\$4,242	\$4,032	20
Foster Care ACB:	\$6,253	\$5,871	\$7,347	\$7,262	21

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: Tuolumne

CAEQRO Size:⁽¹⁾ Small

Region: Central

A. Response to Key Recommendations from FY08

1. Both Kings View and the MHP need to develop and publicize a detailed transition plan for the imminent change to management of the clinical service system:

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--
2. Monitor timeliness of service provision, specifically from initial request for service to intake, from intake to first clinical appointment, and from intake to first medication appointment:

<input type="checkbox"/> Fully Addressed	<input checked="" type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
--	---	--
3. Openly communicate transition plans and strategic initiatives to staff:

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

B. FY09 Strengths

1. Leadership is committed to open, direct communication to address organizational issues and halt rumors, essential components to successful transformation from Kings View to County services.
2. Developing the Crisis Stabilization Program was an excellent response to the hospital closure; it addresses community concerns about family contact during a crisis, provides another resource for CSOC, and enhances the service delivery system.
3. The implementation of the Anasazi ATP module – if there is adequate staffing – will offer the opportunity for increased tracking of clinical outcomes.

C. FY09 Opportunities for Improvement

1. The MHP has been in a state of significant change for the past year – undergoing a transition to public services, psychiatric hospital closure, and development of a Crisis Stabilization Unit while facing budget reductions and staff reassignments.
2. The MHP has seen a decrease in penetration rates and approved claims per beneficiary served among many demographic groups. Formal analysis of service utilization patterns has not occurred.
3. There is a shortage of decision support staff to meet the growing demand for data and related analytic activities.

D. FY09 Top Five Recommendations

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

- | | |
|--|------------|
| 1. Analyze service utilization patterns to gain insight into the sharp decreases in overall penetration rates and approved claims per beneficiary served between CY06 and CY07 | Q,I |
| 2. Develop MHP staff knowledge of the Anasazi reporting system and Crystal Reports. With limited County IT staffing, this knowledge will be necessary to fully utilize the data extraction and reporting capabilities of the Anasazi system. | Q,I |
| 3. Clearly define target population and medical necessity criteria. Involve community stakeholders to participate in discussions that will impact service accessibility. | A |
| 4. Involve clinical staff in the implementation of the ATP module, including the planning for the utilization of clinical data for performance analysis and improvement. | I |
| 5. Ensure documentation is created for new policies, procedures and business practices as the Anasazi enhancements are implemented and current processes or job functions are modified. Ensure any updated billing policies and procedures are documented. | I |

E. Performance Improvement Project - Clinical

Title: MHP's collaborative SCERP Clinical PIP will be scored in June 2009

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

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

F. Performance Improvement Project - Non-Clinical

Title: EPSDT

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

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

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	12.34%	5.71%	7.89%	6.19%	3
Foster Care PR:	46.84%	54.26%	49.39%	58.11%	42
Hispanic PR:	7.73%	3.09%	3.95%	3.41%	3
App Claims/Bene (ACB):	\$3,024	\$3,593	\$3,668	\$4,614	42
White ACB:	\$3,033	\$3,607	\$3,755	\$4,621	40
Hispanic ACB:	\$2,164	\$3,259	\$3,131	\$4,448	50
Male ACB:	\$3,341	\$4,073	\$4,101	\$5,238	40
Female ACB:	\$2,808	\$3,167	\$3,293	\$4,032	39
Foster Care ACB:	\$1,790	\$5,871	\$6,696	\$7,262	55

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: Ventura

CAEQRO Size:⁽¹⁾ Large

Region: Southern

A. Response to Key Recommendations from FY08

1. Examine system capacity, length of stay patterns, timeliness, and no show rates. Consider use of Rapid Process Improvement techniques to streamline processes and improve productivity:

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--
2. Actively promote principles of wellness and recovery, including consumer employment, education, stigma busting, and immersion trainings:

<input checked="" type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input type="checkbox"/> Not Addressed
---	--	--
3. Continue to place the highest priority on replacement of Patient Oriented Record (POR). Ensure adequate project staffing, as well as regular communications to staff and contract providers:

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

B. FY09 Strengths

1. Leadership is committed to system transformation and a wellness and recovery framework. Ongoing strategic planning allows for simultaneous investment in the future alongside responses to current budgetary challenges.
2. The MHP is becoming a data-driven organization. The use of data to guide decisions has notably increased.
3. The MHP overcame barriers to hiring consumer and family member employees through collaboration with partner agencies and contracting with Recovery Innovations of California.

C. FY09 Opportunities for Improvement

1. The penetration rate continues to be one of the lowest among all MHPs while average approved claims is high. This pattern is reflected throughout the system.
2. Network and e-mail instability and speed issues continue to affect staff productivity and communication.
3. There appears to be a practice of not serving/discharging adult mental health consumers who elect not to take psychiatric medications; they in turn become ineligible for some recovery-based contract programs.

D. FY09 Top Five Recommendations

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

- | | |
|---|------------|
| 1. Analyze the continued decreases in penetration rate and increases in average claims over the last few years to determine whether this is consistent with desired outcomes and strategic goals. Include high cost beneficiaries in this analysis. | A,O |
| 2. Establish clear guidelines for access and focal population definition. Clarify MHP policy on the necessity of medication use for service eligibility. | A |
| 3. Conduct an analysis of the multi-step assessment process for adults to determine if it meets MHP goals. Consider potential barriers to access and the rate of attrition during this process. | A,T |
| 4. Complete and submit the MHSA IT plan as soon as possible, in order to secure funding for needed additional software and to eliminate reliance on POR and Unicare as soon as possible. | I |
| 5. Conduct a comprehensive review of network and e-mail performance and reliability issues and incorporate resolutions within the Netsmart implementation plan. | I |

E. Performance Improvement Project - Clinical

Title: White Blood Count Monitoring

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

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

F. Performance Improvement Project - Non-Clinical

Title: Zero to Five project

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

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

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	5.15%	6.02%	6.32%	6.19%	52
Foster Care PR:	67.06%	52.50%	55.98%	58.11%	13
Hispanic PR:	2.84%	3.49%	3.47%	3.41%	45
App Claims/Bene (ACB):	\$5,540	\$3,464	\$4,159	\$4,614	14
White ACB:	\$5,451	\$3,684	\$4,097	\$4,621	14
Hispanic ACB:	\$5,132	\$3,319	\$3,745	\$4,448	14
Male ACB:	\$6,197	\$3,839	\$4,737	\$5,238	15
Female ACB:	\$4,922	\$3,125	\$3,635	\$4,032	12
Foster Care ACB:	\$11,559	\$4,978	\$6,665	\$7,262	6

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Mental Health Plan Summary - FY09 CA External Quality Review Organization

MHP: Yolo

CAEQRO Size:⁽¹⁾ Small

Region: Central

A. Response to Key Recommendations from FY08

1. Develop a stabilization plan that decreases annual "reorganizations," focuses on strategic initiative follow through and on staff retention:

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

2. As many civil service job descriptions may be generalized, develop clear and specific written job responsibilities for each employee. Provide ongoing training, supervision and support for staff regarding their roles:

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
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3. Provide training, support and mentoring for consumer interns and employees. Provide regular training for staff on consumer culture:

<input type="checkbox"/> Fully Addressed	<input type="checkbox"/> Partially Addressed	<input checked="" type="checkbox"/> Not Addressed
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B. FY09 Strengths

1. The MHP has been making a determined effort to maximize billing and reduce denials. This effort appears likely to increase revenue for FY08-09.
2. The restructuring of the IS currently in progress should make it much easier to track and evaluate treatment activity.
3. Efforts to train and employ consumers through community partnerships provide much needed employment opportunities not presently available at the MHP.

C. FY09 Opportunities for Improvement

1. Despite implementation of the clinical component of the IS, there is no formal tracking of timeliness of services or consumer outcome data and reports.
2. Access to clinically appropriate services appears to be significantly affected by workforce reductions. Long delays and large caseloads are likely to negatively affect outcomes, and there is no mechanism in place to identify these effects as they occur.
3. Job descriptions that are clear and specific, especially those that relate to consumer employees, remain absent.

D. FY09 Top Five Recommendations

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

- | | |
|---|----------------|
| 1. Expand organizational priorities to simultaneously manage financial and programmatic issues. Re-establish outpatient services/staffing that are suited to consumer and family needs rather than rely upon crisis and inpatient services. | A,O |
| 2. Identify quantifiable measures for key quality indicators and include these measures in the QI Work Plan and status reports. Evaluate performance through the QIC, including a review of engagement, retention, inpatient, and service utilization data. | Q,O,I |
| 3. Enable access to Avatar by organizational providers for data entry and report generation a priority as part of the implementation of an EHR. | I |
| 4. Assure that principles of Wellness and Recovery are a part of every treatment plan and that these principles guide all adult program services, including non-MHSA programs. Include quantifiable outcomes within each consumer's treatment plan. | Q,O,Oth |
| 5. Expand services through community partnerships to address issues of employment and housing. Utilize Wellness Center volunteers to assist consumers with resume preparation, job sourcing and employment support. | Q,Oth |

E. Performance Improvement Project - Clinical

Title: SCERP Cohort II

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

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

F. Performance Improvement Project - Non-Clinical

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

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

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

G. Medi-Cal Approved Claims Data Calendar Year 2008 ⁽²⁾

Element	MHP	Region	MHPs of Similar Size	Statewide	Rank of 56 MHPs
Penetration Rate (PR):	6.70%	5.71%	7.89%	6.19%	38
Foster Care PR:	41.44%	54.26%	49.39%	58.11%	48
Hispanic PR:	3.32%	3.09%	3.95%	3.41%	34
App Claims/Bene (ACB):	\$2,972	\$3,593	\$3,668	\$4,614	43
White ACB:	\$3,106	\$3,607	\$3,755	\$4,621	39
Hispanic ACB:	\$2,874	\$3,259	\$3,131	\$4,448	37
Male ACB:	\$3,370	\$4,073	\$4,101	\$5,238	38
Female ACB:	\$2,644	\$3,167	\$3,293	\$4,032	45
Foster Care ACB:	\$4,974	\$5,871	\$6,696	\$7,262	33

H. Current Systems/Planned Changes

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

I. Review of Key Components

	Met	Partial	Not Met	No Review
1. Leadership promotes a clear mission, vision, and priority initiatives.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality improvement and performance management are organizational priorities.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Stakeholders actively participate in system planning and delivery.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Data is used to inform management and guide decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Investment in information technology infrastructure is a priority.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recovery principles drive service delivery.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Cultural competence principles and practices drive service delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Integrated service delivery strategies to key populations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Timely access to services throughout the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Evidence based practices present and monitored.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Program capacity to provide clinically appropriate services.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Staff recruitment and retention issues are actively addressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Consumers and family members are employed in key roles throughout the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Relevant staff training is provided and evaluated.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>