



	<p>equals the proportion of Medi-Cal beneficiaries.</p> <ul style="list-style-type: none"> <li>• Determine whether client outcomes are equivalent regardless of ethnic group or primary language</li> <li>• Ensure MHP progress in the delivery of culturally competent services through the biennial completion and analysis of a system-wide Cultural Competence Agency Self Assessment.</li> <li>• Ensure agency progression towards cultural competency.</li> </ul>	<ul style="list-style-type: none"> <li>• Track/trend satisfaction through translated surveys and/or analyze by primary language of consumers. Compare to level of satisfaction of MHP members in general.</li> <li>• Collect self-assessment data and set goals based on information</li> <li>• Continue incorporation of cultural competency skill sets within all training/education opportunities.</li> </ul>		<p>Annual Report to QIC</p> <p>Annual Report to QIC</p>
<b>2.Accessibility</b>	<ul style="list-style-type: none"> <li>• Maintain service delivery sites across county care system through a variety of contracts with organizational and enrolled network providers</li> <li>• Monitor responsiveness of 24-hour telephone access to meet statewide standard for timeliness, responsiveness and cultural competence.</li> <li>• Establish mechanisms to monitor access to mental health services.</li> </ul>	<ul style="list-style-type: none"> <li>• Annual report on changes in numbers of organizational and enrolled network providers from previous year</li> <li>• Quality Management to conduct year round tests of 24 hour call line and MHP follow-up system.</li> <li>• For appointments following inpatient services at MHTC, MHP standard of care is for clients to be seen by MD within 30</li> </ul>	<p>QM</p> <p>Research &amp; Evaluation, QM In collaboration with Program</p>	<p>Report to QIC by August 31, 2008</p> <p>Quarterly Report to QIC</p>

		<p>days of discharge from inpatient hospitalization</p> <ul style="list-style-type: none"> <li>• For appointments following inpatient services for clients under 18, MHP standard of care is for clients to be seen by MD within 30 days of discharge from inpatient hospitalization</li> </ul> <p><b><i>Baseline established in 06-07 Report</i></b></p> <ul style="list-style-type: none"> <li>• For outpatient linkage to a Children’s provider from the first Access Team contact to the first clinical outpatient service in Children’s.</li> <li>• For outpatient linkage to an Adult provider from the first Access Team contact to the first outpatient service in Adults.</li> <li>• For outpatient linkage to an Adult provider from the first Access Team contact to the first medication appointment in Adults.</li> </ul>		
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<p><b>3. Satisfaction</b></p>	<p>Evaluate consumer satisfaction</p> <ul style="list-style-type: none"> <li>• Monitor and assess consumer satisfaction.</li> <li>• Monitor Problem Resolution process.</li> </ul>	<ul style="list-style-type: none"> <li>• Administer and analyze State required and local/program specific satisfaction surveys.</li> <li>• MHP goal for return of State required satisfaction surveys is 80%</li> <li>• MHP goal for consumer satisfaction is to target specific items on State required satisfaction surveys for improvement (see Attachments. Adults: Items 6, 17 and 20; Children: Items 2, 3, and 11)</li> <li>• Inform providers/practitioners of results through publication of satisfaction survey results system wide.</li> <li>• Track, trend and analyze grievance and State Fair Hearings.</li> </ul>	<p>Practitioners/ Providers &amp; Research</p> <p>QM</p>	<p>Semi-Annual Report to QIC</p> <p>Annual report to QIC</p>
<p><b>4. Effectiveness of Care/ Clinical Issues</b></p>	<ul style="list-style-type: none"> <li>• Identify potential occurrences of poor quality care.</li> <li>• Evaluate information produced through monthly adult and child clinical chart reviews.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue QIC Executive Committee Review of adverse incidents, identifying issues, including cultural competence considerations, requesting and reviewing plans of correction.</li> <li>• Continue reduction in error rates in the following categories based on FY04-05 established baseline: <ul style="list-style-type: none"> <li>• No ICD-9 code (Baseline FY04-05: 6.1%; FY05-06: 2.5% Acceptable Error Rate: 0% ).</li> </ul> </li> </ul>	<p>EQIC and appropriate QIC sub-committees</p> <p>QM/UR subcommittee on UR</p> <p>QM</p>	<p>Report as needed to QIC</p> <p>Annual Report to QIC</p>

	<ul style="list-style-type: none"> <li>• Study, analyze and continuously improve medication monitoring and medication practices in Child and Adult system.</li> </ul>	<ul style="list-style-type: none"> <li>• No Client/Caregiver Signature on Plan without explanation (Baseline 4.4%; Acceptable Error rate: 0%).</li> <li>• No indication of Coordination of Care (Baseline FY04-05:5.2%; FY05-06: 2.9%; Acceptable Error Rate: 0%).</li> <li>• Missing Notes for billed services (Baseline FY04-05 data: 22%; FY05-06: 19.1% Acceptable Error Rate: 4%)</li> <li>• Analysis of complaint, grievance, and fair hearings with concomitant monitoring of correction when appropriate.</li> <li>• Continue improvements in criteria for medication monitoring for outpatient clinics.</li> <li>• Use practice guidelines developed by Pharmacy and Therapeutics Committee for schizophrenia, bipolar disorders and depressive disorders.</li> </ul>	<p>Medication Monitoring Committee &amp; QM</p> <p>P&amp;T Committee</p>	<p>Report to QIC as needed</p> <p>Report on progress to QIC at semi-annual intervals</p>
<p><b>5. Continuity and coordination of care with Physical Health Care Providers</b></p>	<ul style="list-style-type: none"> <li>• Evaluate continuity and coordination with Physical Health Care (GMC)</li> </ul>	<ul style="list-style-type: none"> <li>• Analyze information from Adult and Child Access referral data relating to physical health/AOD/mental health coordination of care.</li> <li>• Analyze referrals to physical health providers documented in clinical charts through UR process</li> <li>• Analyze information from focused project regarding impact of physical</li> </ul>	<p>ACCESS and QM Staff</p> <p>QM</p> <p>QM &amp; P&amp;T</p>	<p>Annual Report to QIC</p> <p>Periodic &amp; Annual Report</p>

		<p>health issues on reported deaths of adult mental health clients.</p> <ul style="list-style-type: none"> <li>• Continue effort to complete MOU as required with all GMC providers.</li> </ul>	Adult Program	to QIC
<b>7. Training/ Education</b>	<ul style="list-style-type: none"> <li>• Enhance skill level through education.</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct at least annual in-house training/consultation to MHP's mandated key points of contact to ensure competence in meeting the access needs of diverse communities.</li> <li>• Conduct at least one workshop on consumer culture with trainers to include consumer/youth/parent/caregiver/family perspective on mental illness.</li> <li>• Continue development and delivery of curriculum training for MHP paraprofessional staff. Such training shall incorporate a cultural framework to core skill areas that include, but not limited to: Diagnosis and symptoms, mental health assessment and client service planning; inclusion and involvement of consumer/youth/parent/caregiver and family and other support systems.</li> <li>• Continue to expand resource list of trainers across cultures and disciplines and disseminate information of master calendar through monthly posting on MHP's website and regular distribution</li> <li>• Utilize a variety of training/educational opportunities to enhance the array of culturally competent skill sets and</li> </ul>	QM, Program & Ethnic Services	Annual Report to QIC

		community interfaces for mental health and partner agencies.		
<b>8. Performance Improvement Projects</b>	<b>Performance Improvement Projects</b> Review Progress on selected MHP Performance Improvement Projects	<ul style="list-style-type: none"> <li>MHP will continue evaluation and implementation of Performance Improvement Projects (PIP)s.</li> </ul>	QM, Ethnic Services, Research and Evaluation Staff in collaboration with Program	Periodic Progress Report to QIC