QUALITY IMPROVEMENT WORK PLAN GOALS FOR 2006

MONITORING SERVICE DELIVERY CAPACITY	
1.	Increase the Service Delivery Capacity by one (1) adult Full Service Partnership and one (1) child Full Service Partnership.
MONITORING ACCESSIBILITY OF SERVICES	
1.	Increase access to after-hours care by 2%, as measured by PMRT response times of one hour to a safe environment,
2.	Decrease the number of abandoned calls (responsiveness of the 24 hour toll free number) by 1%.
3.	Evaluate the results of the two (2) year Latino Access study regarding interpreter training outcomes.
MONITORING BENEFICIARY SATISFACTION	
1.	Increase the total number of surveys submitted by 5% from the November 2005 survey period.
2.	Through collaboration with the Office of Consumer Affairs, Client Coalition, and Clinics in different Service Areas, PEQIC will dedicate efforts to increase the participation of peers/volunteers in assisting with the survey completion in May 2006. Efforts will be made to increase the participation to 6 or more sites compared to 3 clinics in the November 2005 survey period.
3.	The Department will monitor satisfaction rates in the November 2005 survey period to ensure they are maintained at about the same level as the May 2005 survey period – 90% positive responses on Adult survey, 96% positive response on Older Adult survey, 89% positive responses on youth family, and 75% positive responses on the youth survey.
4.	The Department will monitor responses to the question on the MHSIP regarding written materials being available in client's preferred language to ensure these percentages are always 90% or above.
5.	The Department will report the State's findings, regarding the Performance Outcome Survey, to providers and local QICs for use in quality improvement activities.
6.	The LMHP will continue to respond to beneficiary grievances and fair hearings; bi-annual reports will be submitted to PEQIC for further analysis and policy recommendations.
7.	The LMHP will continue to monitor beneficiary requests to change service providers. Action will be taken when the request go from 12 to 25 per year.
MONITORING CLINICAL ISSUES	
1.	Continue current protocols for reviewing medication practices.
2.	Monitor for occurrences of potentially poor quality of care through the Program Review process. Report such occurrences to respective District Chiefs, PEQIC and Executive Management. When quality of care issues are significant, report these occurrences to the County's-Auditor Controller for further review.
3.	Increase initiation and engagement in two existing clinic-based Healthy Living Groups by 20%.
4.	Decrease BMI by 10% from baseline to six months of participation in Healthy Living Groups.
5.	Develop a framework for Performance Based Contracting related to child contract providers.
MONITORING CONTINUITY OF CARE	
1.	Continue to evaluate the effectiveness of the MOUs with the Regional Centers, the Department of Children and Family Services, and other human service agencies through liaison meetings and through identification of issues within the Service Area QICs.
2.	Due to the problems encountered with the Integrated System, a work group will be established to develop specific data definitions and standards to collect accurate information related to the number of patients being discharged from acute psychiatric inpatient facilities.
MONITORING OF PROVIDER APPEALS	
1.	Evaluate trends in the informal and formal two-tiered review for any authorization disputes submitted to LMHP for a three year period.