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KINGS COUNTY  
BEHAVIORAL HEALTH  
**QUALITY ASSESSMENT  
& PERFORMANCE  
IMPROVEMENT (QAPI)  
WORK PLAN**

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*FY 2019-2020*



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# Performance Monitoring

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# Introduction

In accordance with the California Department of Health Care Services (DHCS) requirements in Title 9, Section 1810.440, Kings County Behavioral Health (KCBH) has a Quality Assurance (QA) Unit that performs quality assessment and performance improvement (QAPI) activities in accordance with the DHCS Mental Health Plan (MHP) Contract. Additionally, KCBH produces an annual QAPI Work Plan via its Quality Improvement Committee (QIC) which has a membership of County and Contracted Mental Health and Substance Use Disorder providers, and community and county partners.

The goal of the KCBH QAPI activities is to ensure Kings County beneficiaries have appropriate access to timely, quality specialty mental health services as demonstrated through measurable outcomes.

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## Purpose and Structure

Within Kings County Behavioral Health Administration is the Quality Assurance (QA) Unit which reports to the KCBH Deputy Director of Administrative Services. The KCBH QA Unit consists of a QA Manager, QA Licensed Clinician, QA Specialist, Business Applications Specialist, and an Office Assistant.

The purpose of the KCBH QA Unit is to establish a written description (QAPI Work Plan) by which the specific structure, process, scope and role of this plan is articulated. Beginning with the fiscal year 2019-2020, significant revision has taken place to the KCBH QAPI Work Plan due to the ongoing transition of Managed Care from its previous oversight by Kings View to KCBH, as well as the incorporation of several DHCS regulatory requirements released in fiscal years 2017-2018 and 2018-2019 via Information Notices and/or within the MHP Contract such as conversion from Notice of Actions (NOAs) to Notice of Adverse Benefit Determinations (NOABDs). As such, starting fiscal year 2019-2020, the QA Unit will monitor overall performance in the following areas, and will begin the baseline development for future trend analysis:

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### **Beneficiary and System Outcomes**

- Beneficiaries Served and Demographics
- Timeliness of Services
- 24/7 Access Line
- No-Show Rate
- ANS/PCS-35 Data
- Consumer Perception Survey
- Discharge Disposition

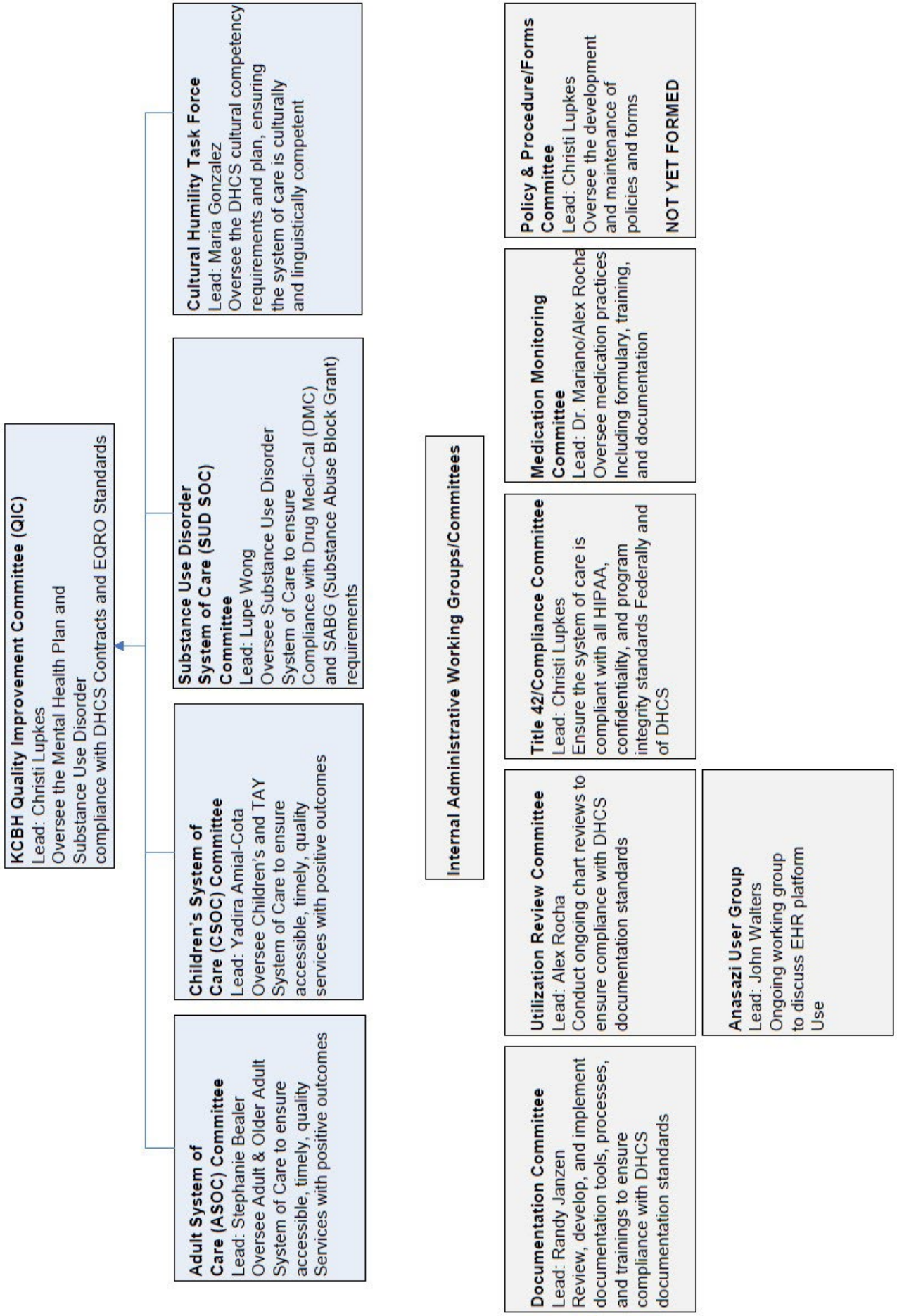
<b>Utilization Management and Utilization Review</b>	<ul style="list-style-type: none"> <li>• Service Utilization (over-and-under-utilization)</li> <li>• Medication Monitoring</li> <li>• DHCS Performance Outcomes System</li> <li>• Hospitalization Rate</li> </ul>
<b>Provider Network Adequacy, Credentialing, and Monitoring</b>	<ul style="list-style-type: none"> <li>• Network Adequacy Provider Counts</li> <li>• Service and Beneficiary GIS Maps</li> <li>• Provider Satisfaction Survey</li> <li>• Provider (Re)Credentialing</li> </ul>
<b>Beneficiary Protections</b>	<ul style="list-style-type: none"> <li>• Grievances</li> <li>• Appeals/Expedited Appeals</li> <li>• State Fair Hearings</li> </ul>
<b>Cultural and Linguistic Competency</b>	<ul style="list-style-type: none"> <li>• Cultural Competency Plan</li> <li>• Cultural Humility Task Force</li> <li>• Cultural Competency Training</li> <li>• Linguistic Competence Training</li> <li>• Bilingual Workforce</li> <li>• Timeliness of Services for Non-English Speakers</li> <li>• Language Access Utilization</li> <li>• Community Outreach</li> </ul>
<b>Coordination and Integration of Care</b>	<ul style="list-style-type: none"> <li>• Continuity of Care</li> <li>• Coordination with Managed Care Plans/Primary Care</li> <li>• Coordination with Substance Use Disorder Programs</li> </ul>

Monitoring will be conducted quarterly and reported at the KCBH Quality Improvement Committee, and will be reconciled into an annual evaluation of the QAPI Work Plan at the close of each fiscal year.

## Committees

Within Kings County Behavioral Health Administration is the Quality Assurance (QA) Unit which reports to the KCBH Deputy Director of Administrative Services. The KCBH QA Unit consists of a QA Manager, QA Licensed Clinician, QA Specialist, Business Applications Specialist, and an Office Assistant.

# Kings County Behavioral Health (KCBH) Committees



# Performance Monitoring

KCBH will monitor performance of the aforementioned measures in a meaningful method that includes goals, objectives, indicators/measures, measurement and interpretation. It is the intent that these measures will be tracked over each fiscal year to identify any patterns or trends that reveal areas of success and areas of improvement needed.

## Goal 1: Beneficiary and System Outcomes

Kings County Behavioral Health will provide accessible, timely, quality services that produce measurable results in promoting and sustaining wellness, recovery, and resiliency among individuals with serious emotional disturbances (SED) and severe mental illness (SMI).

### Objective 1.1: Services are Accessible

#### Indicator: Count and penetration rates of consumers served

Total number of Consumers served (Unduplicated)

	FY	MHP
	16/17	
	17/18	
	19/20	
	Q1	
	Q2	
	Q3	
	Q4	

From EHR

#### Unique Count of Adults Receiving SMHS by Fiscal Year

FY	Unique Count Receiving SMHS	Year-Over-Year Percentage Change	Unique Count of Medi-Cal Eligibles	Year-Over-Year Percentage Change	Penetration Rate	State Penetration Rate	Small County Penetration Rate
13-14	1324	N/A	22,167	N/A	6.0%	5.2%	5.5%
14-15	1509	14.0%	26,844	21.1%	5.6%	4.8%	5.3%
15-16	1501	-0.5%	29,621	10.3%	5.1%	4.4%	4.8%
16-17	1494	-0.5%	31,676	6.9%	4.7%	4.2%	4.7%
Compound Annual Growth Rate SFY	N/A	4/1%	N/A	12/6%	N/A		
17-18						4.2%	4.7%

From DHCS-generated Metrics via State Performance Outcomes System

Interpretation: to be completed at 19/20 fiscal year end as QAPI Work Plan Evaluation

Objective 1.1: Services are Accessible

**Indicator: Consumers served and penetration rates by gender**

Consumer Gender

FY	MHP		SUD		KC Census (CY)	
	Male	Female	Male	Female	Male	Female
16/17						
17/18						
18/19						
19/20						
Q1						
Q2						
Q3						
Q4						

From EHR

Unique Count of Adults Receiving SMHS by Gender, by Fiscal Year

FY	Female Count %	Penetration Rate	Male Count %	Penetration Rate
13-14	787/59.4%	6.0%	537/40.6%	5.9%
14-15	875/58.0%	5.7%	634/42.0%	5.5%
15-16	837/55.8%	5.0%	664/44.2%	5.1%
16-17	858/57.4%	4.8%	636/42.6%	4.6%
17-18				

From DHCS-generated Metrics via State Performance Outcomes System

Unique Count of Children and Youth Receiving SMHS by Gender, by Fiscal Year

FY	Female Count %	Penetration Rate	Male Count %	Penetration Rate
13-14	361/40.7%	2.6%	526/59.3%	3.7%
14-15	428/43.8%	2.9%	549/56.2%	3.7%
15-16	379/42.6%	2.5%	510/57.4%	3.3%
16-17	429/44.6%	2.8%	532/55.4%	3.4%
17-18				

From DHCS-generated Metrics via State Performance Outcomes System



Objective 1.1: Services are Accessible

**Indicator: Consumer served and penetration rate by age groups**

Consumer Age

("CY County" for Kings County is from the Census QuickFacts)

FY	Age Groups			
	0-17	18-24	25-59	60+
16/17 MHP				
16/17 SUD				
2016 CY County				
17/18 MHP				
17/18 SUD				
2017 CY County				
18/19 MHP				
18/19 SUD				
2018 CY County				
19/20 MHP				
19/20 SUD				
2019 CY County				
Q1				
Q2				
Q3				
Q4				

*From EHR and Census*

Unique Count of Adults Receiving SMHS by Age Subgroups, by Fiscal Year

FY	Ages 21-44 Count/%	Penetration Rate	Ages 45-64 Count/%	Penetration Rate	Ages 65+ Count/%	Penetration Rate
13-14	721/54.5%	5.7%	542/40.9%	8.4%	61/4.6%	1.9%
14-15	862/57.1%	5.5%	574/38.0%	7.4%	73/4.8%	2.1%
15-16	872/58.1%	5.0%	561/37.4%	6.6%	68/4.5%	1.9%
16-17	874/58.5%	4.6%	536/35.9%	6.0%	84/5.6%	2.2%
17-18						

*From DHCS-generated Metrics via State Performance Outcomes System*

Objective 1.1: Services are Accessible

**Indicator: Consumer served and penetration rate by age groups**

Unique Count of Children and Youth Receiving SMHS by Age Subgroups, by Fiscal Year

FY	Ages 0-5 Count/%	Pene. Rate	Ages 3-5 Count/%	Pene. Rate	Ages 6-11 Count/%	Pene. Rate	Ages 12-17 Count/%	Pene. Rate	Ages 18-20 Count/%	Pene. Rate
<b>13-14</b>	^Too Low to report	^Too Low to report	46/5.2%	1.0%	306/34.5%	3.4%	404/45.5%	5.7%	^Too Low to report	^Too Low to report
<b>14-15</b>	^Too Low to report	^Too Low to report	42/4.3%	0.9%	344/35.2%	3.7%	469/48.0%	6.3%	^Too Low to report	^Too Low to report
<b>15-16</b>	0/0%	0%	33/3.7%	0.7%	30/34.9%	3.2%	434/48.8%	5.4%	112/12.6%	3.2%
<b>16-17</b>	^Too Low to report	^Too Low to report	30/3.1%	0.6%	313/32.6%	3.2%	475/49.4%	5.7%	^Too Low to report	^Too Low to report
<b>17-18</b>										

From DHCS-generated Metrics via State Performance Outcomes System

Objective 1.1: Services are Accessible

**Indicator: Consumer served and penetraton rate by race/ethnicity**

.....  
Consumer Ethnicity

FY	Race/Ethnicity					
	Hispanic	Caucasian	Asian/Pac Islander	African American	Native American	Other
16/17 MHP						
16/17 SUD						
'16 CY County						
17/18 MHP						
17/18 SUD						
'17 CY County	Unable to obtain from Census					
18/19 MHP						
18/19 SUD						
'18 CY County						
19/20 MHP						
19/20 SUD						
'19 CY County						
Q1						
Q2						
Q3						
Q4						

From EHR and Census  
 "CY County" for Kings County is from the Census QuickFacts  
 Percent may equal more than 100% based on website

## Objective 1.1: Services are Accessible

### Indicator: Consumer served and penetraton rate by race/ethnicity

Unique Count of Adults Receiving SMHS by Race/Ethnicity, by Fiscal Year

FY	Alaskan Native or American Indian Count/%	Pene. Rate	Asian or Pac Islander Count/%	Pene. Rate	African American Count /%	Pene. Rate	Hispanic Count/ %	Pene. Rate	Caucasion Count/%	Pene. Rate	Other/ Unknown Count %	Pene. Rate
13-14	^Too Low to report		24/1.8%	3.4%	122/9.2%	8.4%	474/35.8%	3.9%	575/43.4%	9.9%	113/8.5%	7.1%
14-15	^Too Low to report		30/2.0%	3.4%	123/8.2%	7.5%	564/37.4%	3.7%	650/43.1%	9.6%	123/8.2%	6.2%
15-16	^Too Low to report		27/1.8%	2.8%	117/7.8%	6.7%	604/40.2%	3.5%	612/40.8%	8.6%	124/8.3%	5.4%
16-17	^Too Low to report		34/2.3%	3.5%	123/8.2%	6.8%	602/40.3%	3.2%	575/38.5%	7.9%	137/9.2%	5.4%
17-18												

From DHCS-generated Metrics via State Performance Outcomes System

Due to unreported low totals of some categories, the total percent may be lower than 100% as reflected

Unique Count of Child/Youth Receiving SMHS by Race/Ethnicity, by Fiscal Year

FY	Alaskan Native or American Indian Count/%	Pene. Rate	Asian or Pac Islander Count/%	Pene. Rate	African American Count/%	Pene. Rate	Hispanic Count/%	Pene. Rate	Caucasion Count/%	Pene. Rate	Other/ Unknown Count %	Pene. Rate
13-14	^Too Low to report		^Too Low to report		82/9.2%	6.4%	500/56.4%	2.5%	226/25.5%	5.8%	63/7.1%	6.6%
14-15	^Too Low to report		13/1.3%	2.5%	97/9.9%	7.7%	565/57.8%	2.7%	221/2.6%	5.5%	65/6.7%	2.4%
15-16	^Too Low to report		11/1.2%	2.2%	87/9.8%	7.0%	528/59.4%	2.5%	191/21.5%	4.8%	63/7.1%	1.8%
16-17	^Too Low to report		^Too Low to report		84/8.7%	7.0%	589/61.3%	2.7%	202/21.0%	5.3%	67/7.0%	1.8%
17-18												

From DHCS-generated Metrics via State Performance Outcomes System

Due to unreported low totals of some categories, the total percent may be lower than 100% as reflected

## Objective 1.1: Services are Accessible

### Indicator: Penetration rates of consumers

Medi-Cal Approved Claims – Penetration & Engagement Rates - All Beneficiaries

CY	Kings County	Small Counties	Statewide
2015	4.62%	5.19%	4.78%
2016	4.22%	4.81%	4.44%
2017	4.50%	4.87%	4.52%
2018			

From CalEQRO Medi-Cal Approved Claims Report

Medi-Cal Approved Claims – Penetration Rates – Latino/Hispanic

CY	Kings County	Small Counties	Statewide
2015	3.18%	3.96%	3.50%
2016	2.97%	3.83%	3.38%
2017	3.12%	4.01%	3.35%
2018			

From CalEQRO Medi-Cal Approved Claims Report

Medi-Cal Approved Claims – Penetration Rates - Foster Care

CY	Kings County	Small Counties	Statewide
2015	29.26%	40.42%	47.52%
2016	26.13%	38.84%	46.26%
2017	42.94%	39.64%	47.28%
2018			

From CalEQRO Medi-Cal Approved Claims Report

### Indicator: No-Show rate for clinical and psychiatry services

Average No-shows for Clinicians other than Psychiatrists

MHP Standard:  $\leq 25\%$

	All Services	Adult Services	Children's Services	Foster Care
FY 16/17	22.84%	24.51%	19.54%	N/A
FY 17/18	17.93%	25.41%	17.66%	17.05%
FY 18/19	%	%	%	%
FY 19/20	%	%	%	%
Qtr 1	%	%	%	%
Qtr 2	%	%	%	%
Qtr 3	%	%	%	%
Qtr 4	%	%	%	%

From EQRO Timely Self Assessment Report

**Objective 1.1: Services are Accessible**

**Indicator: No-Show rate for clinical and psychiatry services**

Average No-shows for Psychiatrists

MHP Standard:  $\leq 25\%$

	All Services	Adult Services	Children's Services	Foster Care
FY 16/17	16.43%	16.77%	14.20%	N/A
FY 17/18	17.76%	18.21%	16.42%	16.67%
FY 18/19	%	%	%	%
FY 19/20	%	%	%	%
Qtr 1	%	%	%	%
Qtr 2	%	%	%	%
Qtr 3	%	%	%	%
Qtr 4	%	%	%	%

*From EQRO Timely Self Assessment Report*

**Objective 1.1: Services are Accessible**

**Indicator: Utilization of 24/7 Access Line**

*Metric to be developed*

**Objective 1.2: Services are Timely**

**Indicator: Timeliness of first entry for clinical service, non-urgent condition**

*Per EQRO Timely Self-Assessment Format and NACT Standards:*

Average length of time from first request for service to first offered appointment (in business days)

State Standard: 10 business days

	All Services	Adult Services	Children's Services	Foster Care
FY 16/17	<i>First request was not tracked during this time. Tracking beginning in FY 19/20.</i>			
FY 17/18				
FY 18/19				
FY 19/20	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.
Qtr 1	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.
Qtr 2	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.
Qtr 3	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.
Qtr 4	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.

*Per EQRO Timely Self-Assessment Format and NACT Standards*

## Objective 1.2: Services are Timely

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Average length of time from first request for service to first kept appointment (in business days)

State Standard: 10 business days

	All Services	Adult Services	Children's Services	Foster Care
FY 16/17	21.63 Mean 17 Median 23.60 Std. Dev.	19.07 Mean 16 Median 20.02 Std. Dev.	25.19 Mean 19 Median 27.51 Std. Dev.	N/A
FY 17/18	1.60 Mean 1.00 Median 2.35 Std. Dev.	1.60 Mean 1.00 Median 2.55 Std. Dev.	1.59 Mean 1.00 Median 1.88 Std. Dev.	13.51 Mean 9.00 Median 13.79 Std. Dev.
FY 18/19	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.
FY 19/20	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.
Qtr 1	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.
Qtr 2	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.
Qtr 3	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.
Qtr 4	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.

Per EQRO Timely Self-Assessment Format and NACT Standards



**Objective 1.2: Services are Timely**

**Indicator: Timeliness of first entry for psychiatric service, non-urgent condition**

Average length of time from first request for service to first psychiatry appointment (in business days)

State Standard: 15 business days

	All Services	Adult Services	Children's Services	Foster Care
FY 16/17	45 Mean 44 Median 27.89 Std. Dev.	44 Mean 43 Median 23.22 Std. Dev.	47 Mean 49 Median 21.61 Std. Dev.	N/A
FY 17/18	21.99 Mean 21 Median 13.03 Std. Dev.	21.83 Mean 21 Median 13.21 Std. Dev.	24.07 Mean 24 Median 12.65 Std. Dev.	18.55 Mean 18 Median 8.17 Std. Dev.
FY 18/19	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.
FY 19/20	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.
Qtr 1	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.
Qtr 2	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.
Qtr 3	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.
Qtr 4	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.

*Timely Self-Assessment Format and NACT Standards*

## Objective 1.2: Services are Timely

### Indicator: Timeliness of first entry for urgent condition (non-5150 evaluation)

Average length of time for urgent appointment that do not require prior authorization

State Standard: 48 Hours

	All Services	Adult Services	Children's Services	Foster Care
FY 16/17	1 day Mean 1 day Median N/A Std. Dev.	1 day Mean 1 days Median N/A Std. Dev.	N/A Mean N/A Median N/A Std. Dev.	N/A
FY 17/18	9 days Mean N/A Median N/A Std. Dev.	1 day Mean 1 day Median N/A Std. Dev.	17 days Mean 17 days Median N/A Std. Dev.	N/A Mean N/A Median N/A Std. Dev.
FY 18/19	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.
FY 19/20	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.
Qtr 1	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.
Qtr 2	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.
Qtr 3	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.
Qtr 4	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.

Per EQRO Timely Self-Assessment Format and NACT Standards

## Objective 1.2: Services are Timely

### Indicator: Timeliness of first entry for urgent condition (non-5150 evaluation)

Average length of time for urgent appointment that requires prior authorization

State Standard: 96 Hours

	All Services	Adult Services	Children's Services	Foster Care
FY 16/17	N/A Mean N/A Median N/A Std. Dev.	N/A Mean N/A Median N/A Std. Dev.	N/A Mean N/A Median N/A Std. Dev.	N/A Mean N/A Median N/A Std. Dev.
FY 17/18	N/A Mean N/A Median N/A Std. Dev.	N/A Mean N/A Median N/A Std. Dev.	N/A Mean N/A Median N/A Std. Dev.	N/A Mean N/A Median N/A Std. Dev.
FY 18/19	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.
FY 19/20	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.
Qtr 1	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.
Qtr 2	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.
Qtr 3	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.
Qtr 4	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.

Per EQRO Timely Self-Assessment Format and NACT Standards

Objective 1.2: Services are Timely

**Indicator: Timeliness of post-psychiatric inpatient discharge**

Average length of time for a follow-up appointment after hospital discharge (in days)

HEDIS Measure Standard: 7 days post discharge

	All Services	Adult Services	Children's Services	Foster Care
FY 16/17	6.32 Mean 4 Median 8.04 Std. Dev.	6.17 Mean 4 Median 7.41 Std. Dev.	7.41 Mean 3 Median 11.77 Std. Dev.	N/A
FY 17/18	3.48 Mean 1 Median 7.24 Std. Dev.	3.18 Mean 1 Median 7.07 Std. Dev.	7.89 Mean 4 Median 10.36 Std. Dev.	3.83 Mean 4 Median 3.97 Std. Dev.
FY 18/19	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.
FY 19/20	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.
Qtr 1	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.
Qtr 2	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.
Qtr 3	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.
Qtr 4	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.	Mean Median Std. Dev.

Per EQRO Timely Self-Assessment Format

## Objective 1.2: Services are Timely

### Indicator: Timeliness of post-psychiatric inpatient discharge

Follow-up after emergency department visit for mental illness (CMS Core Measure)

Placeholder: Awaiting State Measure

## Objective 1.3: Services are of Quality to Consumers

### Indicator: Consumer Satisfaction Survey

Consumer Perception Surveys (CPS) Results

Survey Date	Sample Size	Overall Rating <i>1 least to 5 most</i>	Question Category			
			Satisfaction	Access	Informed Consent/ Participation	Effectiveness/ Well-Being
May 2018 Adult/OA	140	4.22	4.45	4.22	4.29	3.94
May 2018 C/Y & Family	31	4.33	4.48	4.44	4.48	3.92
Nov 2018 Adult/OA						
Nov 2018 C/Y & Family						
May 2019 Adult/OA						
May 2019 C/Y & Family						
Nov 2019 Adult/OA						
Nov 2019 C/Y & Family						

**Objective 1.4: Services  
Produce Measurable Outcomes**

**Indicator: Functional improvement among child/youth consumers, per use of CANS/PCS-35**

.....  
Metric to be developed

**Indicator: Discharge disposition**

.....  
Metric to be developed

**Goal 2: Utilization Management and Utilization Review**

Services are delivered in a manner that is appropriate to meet the level of care needs of each consumer

**Objective 2.1: Services are Appropriately Delivered**

**Indicator: Service utilization by level of care based on program’s level of care delivery**

.....  
Placeholder for Metric: Services delivered by category for the following programs: ACT, FSP, Non-FSP (ROS), TBS, and IHBS

**Indicator: High-utilization of services**

.....  
Placeholder for Metric: Count of consumers receiving high-use of crisis intervention or more than 5 services per month, who are not in an ACT, FSP, TBS, or IHBS program

**Indicator: Under-utilization of services**

.....  
Placeholder for Metric: Count consumer with no contact for more than 30 days

**Indicator: Engagement rates of consumers**

.....  
Engagement Rates for Children/Youth

CY	Penetration Rates 1 or more SMHS Visits			Engagement Rates 5 or more SMHS Visits		
	Kings County	Small Counties	Statewide	Kings County	Small Counties	Statewide
FY 13/14	3.1%	4.9%	5.2%	2.1%	3.5%	3.3%
FY 14/15	3.3%	4.9%	4.3%	2.1%	3.4%	3.2%
FY 15/16	2.9%	4.6%	4.1%	1.9%	3.1%	3.0%
FY 16/17	3.1%	4.7%	4.1%	2.1%	3.2%	3.1%
FY 17/18		4.8%	4.4%		3.1%	3.2%
FY 18/19						

From DHCS Performance Outcomes System Reports

**Objective 2.1: Services are Appropriately Delivered**

**Indicator: Engagement rates of consumers**

Engagement Rates for Adults

CY	Penetration Rates 1 or more SMHS Visits			Engagement Rates 5 or more SMHS Visits		
	Kings County	Small Counties	Statewide	Kings County	Small Counties	Statewide
FY 13/14	6.0%	5.5%	4.4%	4.0%	3.2%	3.3%
FY 14/15	5.6%	5.3%	4.3%	3.6%	3.0%	3.2%
FY 15/16	5.1%	4.8%	4.1%	3.2%	2.7%	3.0%
FY 16/17	4.7%	4.7%	4.1%	2.9%	2.7%	3.1%
FY 17/18		4.7%	4.2%		2.6%	2.5%
FY 18/19						

*From DHCS Performance Outcomes System Reports*

**Objective 2.2: Services are documented according to State standards of care**

**Indicator: Chart review/Utilization Review**

Chart Review Results

FY and/or Qtr	Total Charts	Items Compliant	Items Non-Compliant	% Compliant
18-19 Q4	24	1099	330	76.9%

Chart Review Categorical Compliance Rates (non/# of items)

FY and/or Qtr	Consents	Assessment	Tx Plan	Med Necess.	Prog Note	Doc Summary	Poss Recoup
18-19 Q4	88.61% (9/70)	67.44% (42/87)	84.21% (51/272)	88.00% (3/22)	64.00% (171/304)	85.42% (7/41)	86.57% (47/303)

**Objective 2.2: Services are documented according to State standards of care**

**Indicator: Medication Practices**

.....

Medication Monitoring Chart Review Results

MHP Standard: 90% Compliance

Time Period	Total Number of Charts	Items Compliant	Items Non-Compliant	Percent Compliant
18/19 Q3 & Q4	47	283	17	94.33%
FY 18/19				
FY 19/20				
Qtr 1				
Qtr 2				
Qtr 3				
Qtr 4				

.....

Medication Monitoring Chart Review Results

MHP Standard: 90% Compliance

.....

Follow-up care for children prescribed ADHD medication (CMS Core Measure)

Placeholder: Awaiting State Measure

.....

Antidepressant medication management (CMS Core Measure)

Placeholder: Awaiting State Measure

.....

Use of first-line psychosocial care for children and adolescents on antipsychotics (CMS Core Measure)

Placeholder: Awaiting State Measure

.....

Adherence to antipsychotic medication for individuals with schizophrenia (CMS Core Measure)

Placeholder: Awaiting State Measure

.....

Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications (CMS Core Measure)

Placeholder: Awaiting State Measure



Objective 2.2: Services are documented according to State standards of care

**Indicator: DHCS Performance Outcomes System – Approved Claims**

Medi-Cal Approved Claims – Average Cost - All Beneficiaries

CY	Kings County	Small Counties	Statewide
2015	\$2,949	\$4,417	\$5,458
2016	\$2,762	\$4,648	\$5,746
2017	\$3,029	\$4,895	\$6,170
2018			

*From CalEQRO Medi-Cal Approved Claims Report*

Medi-Cal Approved Claims – Average Cost – Latino/Hispanic

CY	Kings County	Small Counties	Statewide
2015	\$2,730	\$3,857	\$5,029
2016	\$2,605	\$4,105	\$5,430
2017	\$2,253	\$3,993	\$5,278
2018			

*From CalEQRO Medi-Cal Approved Claims Report*

Medi-Cal Approved Claims – Average Cost – Foster Care

CY	Kings County	Small Counties	Statewide
2015	\$3,032	\$6,569	\$8,432
2016	\$3,517	\$7,037	\$9,147
2017	\$3,552	\$7,671	\$9,962
2018			

*From CalEQRO Medi-Cal Approved Claims Report*

Objective 2.2: Services are documented according to State standards of care

**Indicator: Hospitalization and Re-hospitalization Rates**

Hospitalization Rates

	All Services	Adult Services	Children's Services	Foster Care
FY 16/17	210	11	28	N/A
FY 17/18	203	180	13	10
FY 18/19				
FY 19/20				
Qtr 1				
Qtr 2				
Qtr 3				
Qtr 4				

Re-hospitalization within 30-days of hospital discharge

*From EQRO Timely Self-Assessment Report*

	All Services	Adult Services	Children's Services	Foster Care
FY 16/17	15/14%	14/12.93%	1/29%%	N/A
FY 17/18	27/13.30%	24/13.33%	2/15.38%	1/10%%
FY 18/19	%	%	%	%
FY 19/20	%	%	%	%
Qtr 1	%	%	%	%
Qtr 2	%	%	%	%
Qtr 3	%	%	%	%
Qtr 4	%	%	%	%

*From EQRO Timely Self-Assessment Report*

Hospitalization by consumer status: active, former, new

Metric to be developed

### Goal 3: Provider Network Adequacy, Credentialing, and Monitoring

Objective 3.1: There is an adequate network of providers

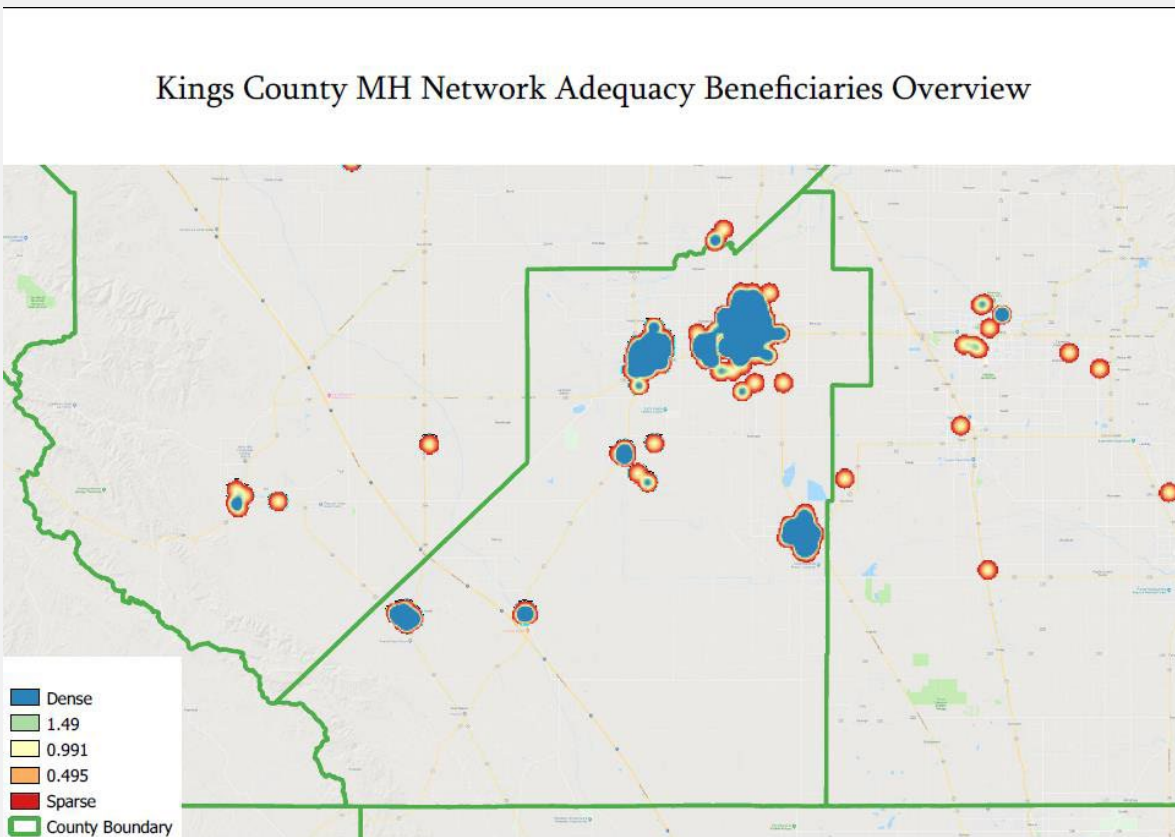
#### Indicator: Provider Staffing

Full-time equivalency (FTE) by provider type

Time Period	Child/Youth Psychiatry (includes NP)	Adult Psychiatry (includes NP)	Child/Youth Medical Personnel	Adult Medical Personnel	Child/Youth Therapists	Adult Therapists	Child/Youth Other Qualifying Providers	Adult Other Qualifying Providers	TOTAL
Jan 2019	5.0		5.0		43.0		16.0		69.0
April 2019	1.0	2.7	1.0	6.0	16.1	25.2	14.7	20.7	87.4
July 2019	0.9	4.0	0.7	4.3	19.8	24.1	19.5	19.7	93.0
Oct 2019									
Jan 2020									
April 2020									

#### Indicator: Geographic distribution of providers

Kings County Map – Provider and Consumer Overlay



Objective 3.1: There is an adequate network of providers

**Indicator: Provider Satisfaction**

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Metric to be developed

**Indicator: Provider Credentialing/Re-Credentialing**

.....

Metric to be developed

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**Goal 3: Beneficiary Protections**

Objective 4.1: The MHP will provide a grievance and appeals system for consumers to include expedited appeals and state fair hearings

**Indicator: Count and type of grievances, appeals, expedited appeals, and state fair hearings**

.....

Grievances

Time Period	Grievance Categories				TOTAL
	Access	Quality of Care	Change of Provider	Confidentiality Concern	
FY 18/19					
FY 19/20					
Qtr 1					
Qtr 2					
Qtr 3					
Qtr 4					

Objective 4.1: The MHP will provide a grievance and appeals system for consumers to include expedited appeals and state fair hearings

**Indicator: Count and type of grievances, appeals, expedited appeals, and state fair hearings**

.....

Appeals Resulting from Notice of Adverse Benefit Determination (NOABD)

Category	Process			Appeal Decision			Expedited Appeal Disposition		
	# of all NOABDs Issued	Appeal	Expedited Appeal	Appeals Pending, unresolved as of reporting time	Decision Upheld	Decision Overturned	Expedited Appeals Pending, unresolved as of reporting time	Decision Upheld	Decision Overturned
Denial Notice									
Payment Denial									
Delivery System									
Modification									
Termination									
Authorization Delay									
Timely Access									
Financial Liability									
Grievance and Appeal Timely Resolution									

.....

State Fair Hearings

Time Period	Total # of State Fair Hearing	SFH Pending, unresolved as of reporting time	Decision Upheld	Decision Overturned
FY 18/19				
FY 19/20				
Qtr 1				
Qtr 2				
Qtr 3				
Qtr 4				

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## Goal 5: Cultural and Linguistic Competence

### Objective 5.1: Culturally and Linguistically Competent Workforce

#### **Indicator: Type of cultural competency training and number of attendance**

Metric to be developed

#### **Indicator: Type of linguistic competency training such as interpreter training and number of attendance**

Metric to be developed

#### **Indicator: Bilingual service providers in MHP**

Metric to be developed

### **Objective 5.2:** Services are accessible without disparity

Indicator: Language Line Utilization

Metric to be developed

Indicator: Timeliness of services for individuals whose primary or preferred language is other than English

Metric to be developed

Indicator: Community outreach events and targeted populations

Metric to be developed

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## Goal 6: Coordination and Integration of Care

Objective 6.1: The MHP will provide consumers with a system by which to continue SMHS in accordance with DHCS IN 18-059

Indicator: Tracking of continuity of care referrals (DHCS IN 18-059)

Metric to be developed

**Objective 6.1:** The MHP will establish a coordination between SMHS and that of Primary Care and SUD for an integrated services experience

Indicator: Tracking of referrals between the MHP and MCPs/Primary Care

Metric to be developed

Indicator: Tracking of referrals between MHP and SUD

Metric to be developed