

Kings County Behavioral Health

Quality Assessment & Performance Improvement (QAPI) Work Plan FY 2020-2021

The Quality Assessment & Performance Improvement (QAPI) Work Plan is a required element of the Quality Management Program, as specified by the State Department of Health Care Services (DHCS) Mental Health Plan (MHP) contract with Kings County Behavioral Health (KCBH), and by the California Code of Regulations (CCR), Title 9, Chapter 11, Section 1810.440

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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 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.

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, two QA Specialists, 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 fiscal year (FY) 2019-2020, significant revision took place to the KCBH QAPI Work Plan due to the ongoing transition of Managed Care operation and oversight from its previous County contracted provider, Kings View, to the County [KCBH]. Significant changes were also due to the incorporation of the Managed Care regulatory and reporting changes that occurred with DHCS' implementation of the 'Final Rule' that started in FY 2017-2018. As such, starting fiscal year 2019-2020, the KCBH QA Unit will monitor overall performance in the following areas, and will begin the baseline development for future trend analysis:

- Beneficiary and System Outcomes
 - Beneficiaries Served and Demographics
 - Timeliness of Services
 - 24/7 Access Line
 - CANS/PCS-35 Data
 - Consumer Perception Survey
 - Discharge Disposition
- Utilization Management and Utilization Review
 - Service Utilization (over- and under-utilization)
 - Claims Data
 - Engagement Rates
 - No-Show Rates
 - Chart Review
 - Medication Monitoring
 - Hospitalization Rate

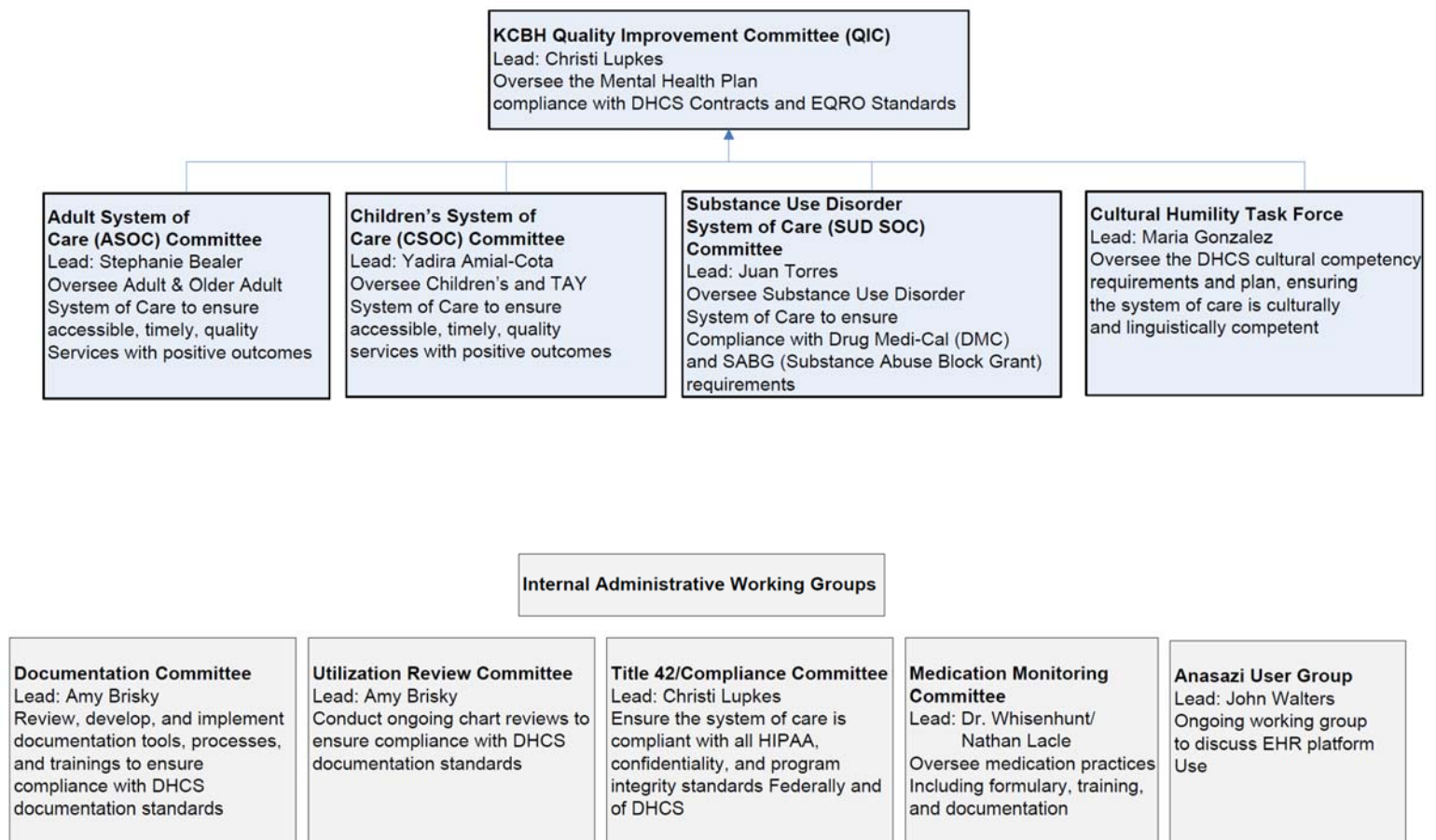
- Provider Network Adequacy, Credentialing, and Monitoring
 - Network Adequacy Provider Counts
 - Service and Beneficiary GIS Maps
 - Provider (Re)Credentialing
- Beneficiary Protections
 - Grievances
 - Appeals/Expedited Appeals
 - State Fair Hearings
- Cultural and Linguistic Competency
 - Cultural Competency Training
 - Language Access Utilization
 - Community Outreach

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

COMMITTEES

Kings County Behavioral Health has several committees that comprise the structure of oversight to the Behavioral Health System of Care. While some are specific to the operations of QA Unit, the workflow below depicts the larger oversight of key committees.

Kings County Behavioral Health (KCBH) System of Care Committees



PRIOR YEAR EVALUATION AND NEW YEAR FOCUS AREAS

KCBH evaluated the performance of the measures outlined within the fiscal year (FY) 2019-2020 MHP QAPI Work Plan and presented the results at the November 18, 2020 Quality Improvement Committee. Below is a summary of the results of that evaluation, as well as the focus areas identified for the FY 2020-2021 QAPI Work Plan.

PRIOR YEAR EVALUATION SUMMARY

- Services are accessible, as year over year the total number of consumers served as well as penetration rate has increased. However, the rate remains low in the 6-17 age group and is steadily declining, and also remains low among Hispanic/Latino but is steadily increasing year over year.
- First entry into services (10 business days/70% met) and post-psychiatric hospitalization timeliness (7 days/70% met) are timely, although foster youth timeliness at first entry does not meet 70% standard. And, while timeliness in terms of mean for psychiatry meets standards, the percent meeting the standard for all groups is below the 70% standard. Additionally, adults identified with an urgent condition fall above the 48 hours standard.
- Satisfaction among consumers remains generally satisfied, falling within 80%+ reporting satisfaction. However, satisfaction is lowest with the effectiveness of services falling within 77% among adults and older adults and 65% among children and caregivers.
- With regards to engagement; although many metrics are being developed, for those that the MHP has: A higher number of consumers are only receiving one service in total and less consumers are engaged in 15+ services, as compared to the State, and, the no-show rate is below the not-to-exceed goal of the MHP except among foster youth.
- Chart review compliance remains above the 90% compliance rate goal in total, and medication monitoring remains just under the 90% goal with medication consents being the lowest (in the 70 percent). Claims data for consumers remain lower than the State and Other Small Counties most significantly among child age groups; however, claim total and claims captured are steadily improving.
- Hospitalizations have significantly increased over the last four fiscal years, but readmission rates have significantly declined.
- MHP provider network has significantly increased over the last two fiscal years, and received certification by DHCS during April 2020 annual submission as meeting network adequacy for provider ratio, time and distance, and timely first service (at least 70% of first requests for services are offered an appointment that falls within 10 business days of request).
- Grievances have significantly declined with no analysis as of yet on trends or patterns (to come starting FY 20/21), and NOABDs and appeal monitoring began mid-FY 19/20 and will be monitored for patterns and trends moving forward as well.

FOCUS AREAS FROM PRIOR YEAR EVALUATION

As a result of the findings of the evaluation of the FY 19-20 QAPI Work Plan, the Quality Improvement Committee members identified the following focus areas for the FY 20-21 QAPI Work Plan:

- Low penetration rates among 6-17 year olds, per the claims data report provided by California External Quality Review Organization (CalEQRO)
- High rates among those receiving only one specialty mental health services, per the claims data report provided by California External Quality Review Organization (CalEQRO)
- Satisfaction of 'Effectiveness of Services' categories as reflected on the Consumer Perception Survey
- Increased hospitalization rates

In addition to the focus areas identified, the members also identified the continued focus on the development of certain metrics within the QAPI Work Plan which are noted within as yet to be developed:

- Metrics for the 24/7 Access Line
- CANS & PSC-35 Data
- Selection of Adult Outcomes Tool
- Discharge disposition reporting
- Service utilization by level of care
 - High-utilization of services (appropriately engaged)
 - Low utilization of services (unengaged)
- Hospitalizations by consumer status (active, former, new) and by payor source (privately insured, publically insured, uninsured)
- Cultural competency metrics
 - Cultural Competency training
 - Language line utilization
 - Community outreach

Lastly, it was noted during the evaluation of the prior year QAPI Work Plan that there are current and coming year initiatives of the MHP from internal identification and identification through other sources such as the findings reports from CalEQRO annual site visit of the MHP and from the DHCS triennial Medi-Cal Review. As such, these initiatives, are listed below for a full but not exhaustive picture of the focus and work of the MHP:

- Clinical PIP: Year-two conclusion for ACT PIP and identification of new Clinical PIP as concept PIP
- Non-Clinical PIP: Year-one for Urgent Conditions PIP
- EHR Tableau Dashboards: Consumer Census, CANS, PCS-35, Productivity,, and Claims by Source (includes service utilization), Case Assignments, Appointment Type, 180-day Report
- 24/7 Access Line Assessment
- Medication Consents
- Billing Review and Monitoring (Claims)

CURRENT YEAR 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 MHP 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).

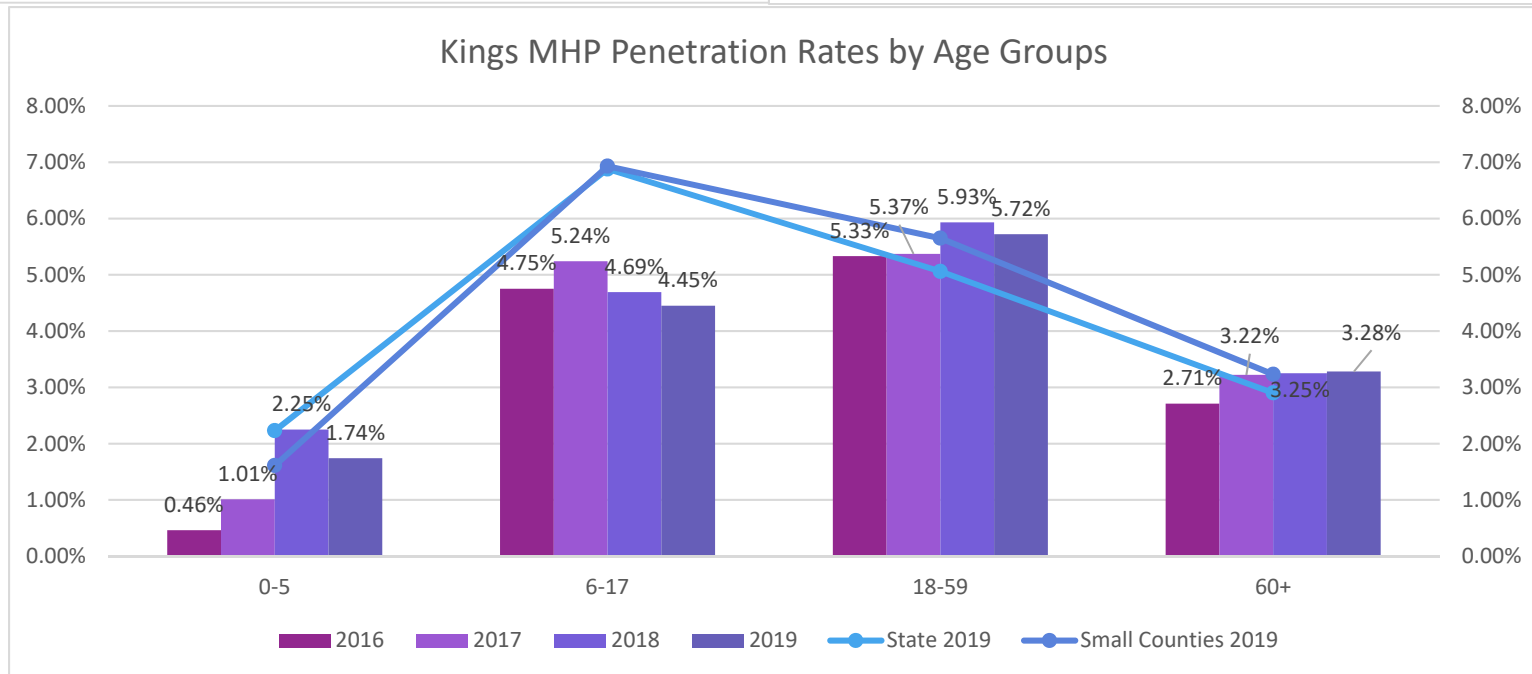
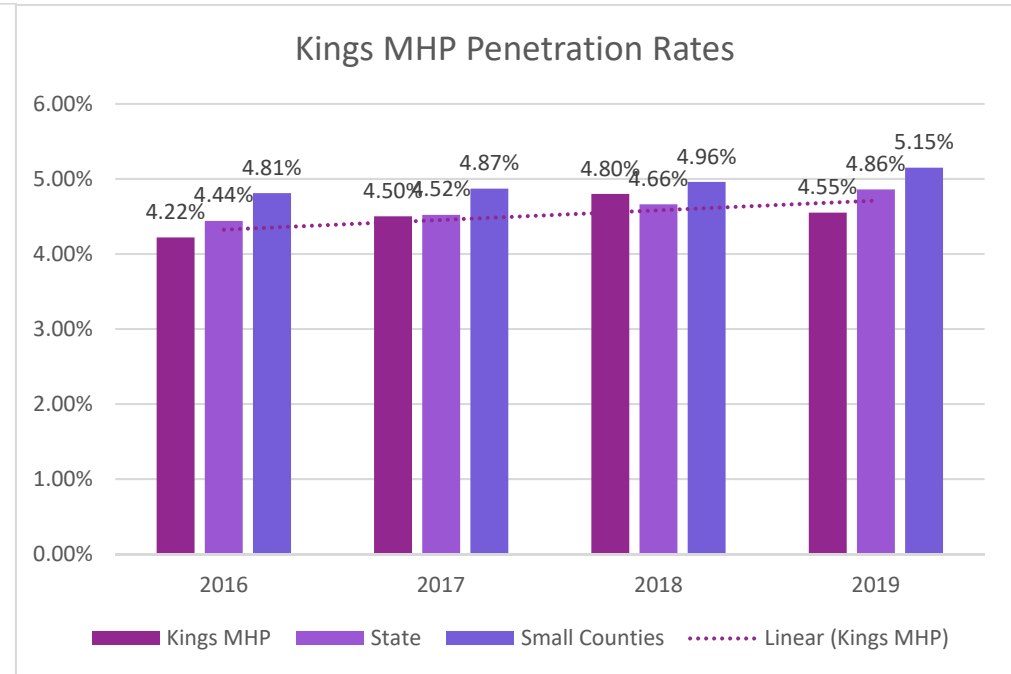
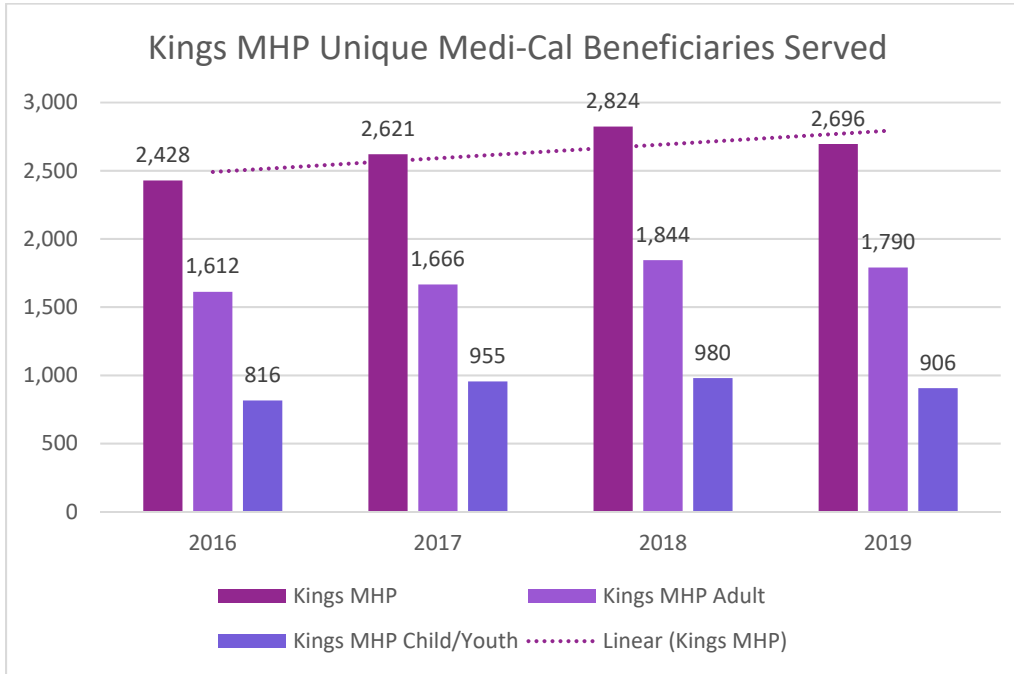
OBJECTIVE 1.1: SERVICES ARE ACCESSIBLE

INDICATOR: COUNT AND PENETRATION RATES OF CONSUMERS SERVED, ALL AND BY AGE GROUP

ANALYSIS: Based on the review of the year-by-year approved claims data report disseminated by Behavioral Health Concepts (BHC) each year, the Kings MHP saw a steady increase each year of the number of beneficiaries served and with the penetration rate. However, in 2019, there was a slight decrease in both. The Kings MHP served 2,696 Medi-Cal beneficiaries with specialty mental health services in calendar year 2019. This is an 11% increase from 2016, but a 4% decrease from 2018. Additionally, the Kings MHP overall penetration rate for 2019 was 4.55, an 8% increase from 2016, but a 5% decrease from 2018. And, while the Kings County MHP overall penetration rate decreased in 2019, the linear trajectory remains in an upward projection. Additionally, Kings MHP remains low among penetration rate for child and youth services ages 6-17 as compared to the State and other small counties, and has been steadily declining over the last couple of years. And, the Kings MHP average approved claims overall per beneficiary is steadily increasing, but remains about \$1,000 to \$1,500 below that of the State and other small counties which is especially so for claims among our child and youth population 0-17.

ACTION: The low penetration rate among children ages 6-17, and the low claims among children ages 0-17 will be presented to the Children System of Care Committee for review and discussion for any possible action.

Unique Count of Medi-Cal Beneficiaries & Penetration Rates, by Age Group, Receiving SMHS (with at least one approved claim)



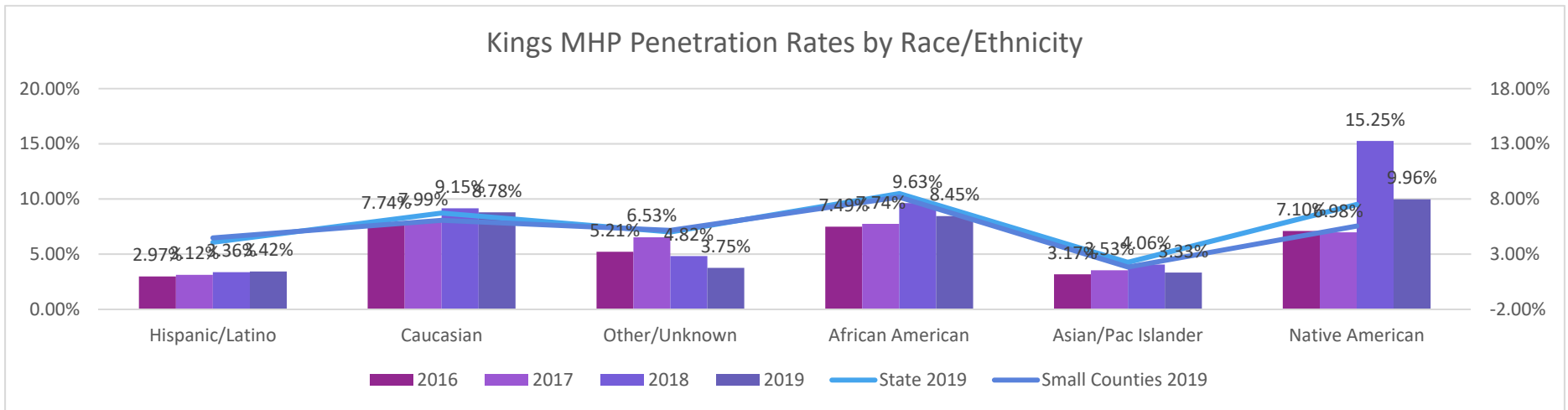
INDICATOR: CONSUMER SERVED AND PENETRATION RATE BY RACE/ETHNICITY

ANALYSIS: Of the beneficiaries served by Kings MHP in 2019, the race and ethnicity composition was 50% Hispanic/Latino, 30% Caucasian, 9% other/unknown, 9% African American, 1% Asian/Pacific Islander, and .09% Native American. The penetration for each were similar to or above that of the State and other small counties except for Hispanic/Latino which remains low although has improved each year since 2016.

ACTION: With the penetration rate among the Hispanic/Latino population increasing year by year, no action will be taken.

Unique Count of Medi-Cal Beneficiaries & Penetration Rates, by Race/Ethnicity, Receiving SMHS (with at least one approved claim)

FY	Hispanic/ Latino Count/%	Pene. Rate	Caucasian Count/%	Pene. Rate	Other Count/%	Pene. Rate	African American Count/%	Pene. Rate	Asian/Pac. Islander Count/%	Pene. Rate	Native American Count %	Pene. Rate
2016	1,133/47%	2.97%	772/32%	7.74%	253/10%	5.21%	204/8%	7.49%	53/2%	3.17%	13/.05%	7.10%
2017	1,205/46%	3.12%	779/30%	7.99%	366/14%	6.53%	212/8%	7.74%	44/2%	3.53%	15/.06%	6.98%
2018	1,316/47%	3.36%	866/31%	9.15%	294/10%	4.82%	262/9%	9.63%	50/2%	4.06%	36/1%	15.25%
2019	1,352/50%	3.42%	816/30%	8.78%	236/9%	3.75%	228/9%	8.45%	40/1%	3.33%	24/.09%	9.96%



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

ANALYSIS: The length of time from initial request for mental health services to first offered appointment was an average of 1.61 business days for all ages of which 96% of all first offered appointments met the 10 business day DHCS standard. Last fiscal year it was an average of 4.68 business days with 95% meeting the standard. The length of time improved across all populations; adults, children, and foster youth, for fiscal 19/20 in comparison to 18/19, with all groups' mean staying well below the 10 business day standard.

Additionally, the length of time from initial request for mental health services to first kept appointment (the start of the mental health assessment) was an average of 6.35 business days for all ages of which 82% of all first kept appointments met the 10 business day DHCS standard. Last fiscal year, it was an average of 2.59 business days with 92% meeting the standard. The length of time increased across the adult and children age groups, yet decreased among foster youth improving from 15 business days to 10 business days. However, while the time from first request to kept appointment increased, it remains below the 10 business day DHCS standard.

ACTION: Both the timeliness of offered appointments and kept appointments are in compliance with the DHCS 10 business days standard, but with the kept appointments timeliness increasing by approximately 3.5 days from FY 18/19 to 19/20, this measure will be monitored closely throughout FY 20/21 to assess if this has become a trend to be addressed.

AVERAGE LENGTH OF TIME FROM FIRST REQUEST FOR SERVICE TO FIRST OFFERED APPOINTMENT (IN BUSINESS DAYS)—DHCS Standard: 10 Bus. 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 18/19.</i>			
FY 17/18				
FY 18/19	4.68 Mean 1 Median 7.28 Std Dev. 95% Met Std	2.27 Mean 1 Median 8.15 Std Dev. 98% Met Std	2.88 Mean 1 Median 6.20 Std Dev. 90% Met Std	8.91 Mean 7 Median 7.51 Std Dev. 70% Met Std
FY 19/20	1.61 Mean 0 Median 5.30 Std Dev. 96% Met Std	1.15 Mean 0 Median 4.54 Std Dev. 96% Met Std	2.47 Mean 0 Median 6.38 Std Dev. 92% Met Std	8.42 Mean 7.5 Median 8.17 Std Dev. 67% Met Std

AVERAGE LENGTH OF TIME FROM FIRST REQUEST FOR SERVICE TO FIRST KEPT APPOINTMENT (IN BUSINESS DAYS)—DHCS STANDARD: 10 BUS. 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	2.59 Mean 1 Median 8.34 Std Dev. 92% Met Std	2.43 Mean 1 Median 8.97 Std Dev. 97% Met Std	2.99 Mean 1 Median 6.61 Std Dev. 83% Met Std	15.13 Mean 11 Median 13.45 Std Dev. 34% Met Std
FY 19/20	6.35 Mean 2 Median 12.19 Std Dev. 82% Met Std	5.97% Mean 1 Median 13.09 Std Dev. 85% Met Std	7.10 Mean 4 Median 10.14 Std Dev. 77% Met Std	10.05 Mean 9 Median 8.22 Std Dev. 54% Met Std

INDICATOR: TIMELINESS OF FIRST ENTRY FOR PSYCHIATRIC SERVICE, NON-URGENT CONDITION

ANALYSIS: The length of time from initial request for service to first psychiatry appointment was an average of 14.78 business days for all ages of which 65% met the 15 business day DHCS standard. Last fiscal year, it was an average of 20.22 business days with 38% meeting the standard. The timeliness improved for both adults and children, and remained the same (13 vs 13.5) for foster youth, with all groups falling below the 15 business day standard.

ACTION: Both the timeliness of offered appointments and kept appointments are in compliance with the DHCS 10 business days standard, but with the kept appointments timeliness increasing by approximately 3.5 days from FY 18/19 to 19/20, this measure will be monitored closely throughout FY 20/21 to assess if this has become a trend to be addressed.

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	20.22 Mean 19 Median 12.37 Std Dev. 38% Met Std	20.50 Mean 19 Median 12.85 Std Dev. 37% Met Std	18.92 Mean 17 Median 9.45 Std Dev. 47% Met Std	13.00 Mean 15 Median 7.07 Std Dev. 50% Met Std
FY 19/20	14.78 Mean 10 Median 13.39 Std Dev. 65% Met Std	15.07 Mean 9.5 Median 14.02 Std Dev. 64% Met Std	13.52 Mean 10.5 Median 9.87 Std Dev. 67% Met Std	13.5 Mean 13.5 Median 10.53 Std Dev. 50% Met Std

INDICATOR: TIMELINESS OF FIRST ENTRY FOR URGENT CONDITION

ANALYSIS: The length of time from initial request for service for an urgent condition to actual service was an average of 61.20 hours for all ages of which 65% met the 48 hour DHCS standard. Please note, that at this time, the data is only reflective of quarters 3 and 4 of FY 19/20 as the Department is still obtaining Quarter 1 and 2 data. Prior to FY 19/20, urgent conditions timeliness was measured by days. While the timeliness for

adults with an urgent conditions did not meet the 48 hours standard (79.38), the timeliness for children did (27.43), and there were not foster youth who were identified with an urgent condition entering SMHS in FY 19/20.

ACTION: The MHP is developing their current non-clinical PIP around improving the definition and identification of, process for, and tracking of urgent conditions with the goal of better identifying those with an urgent condition and serving them in a timelier manner.

AVERAGE LENGTH OF TIME FOR URGENT APPOINTMENT THAT DO NOT REQUIRE PRIOR AUTHORIZATION (IN HOURS)—DHCS 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 day 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	4.26 Mean 8 Median 3.43 Std Dev. 35% Met Std	4.50 Mean 6 Median 3.59 Std Dev. 25% Met Std	3.85 Mean 9 Median 3.91 Std Dev. 50% Met Std	8 Mean 8 Median 0 Std Dev. 0% Met Std
Reported in hours as of FY 19/20				
FY 19/20	61.20 Mean 36 Median 85.82 Std Dev. 65% Met Std	79.38 Mean 48 Median 98.17 Std Dev. 54% Met Std	27.43 Mean 0 Median 44.75 Std Dev. 86% Met Std	0 Mean 0 Median 0 Std Dev. 0% Met Std

AVERAGE LENGTH OF TIME FOR URGENT APPOINTMENT THAT REQUIRES PRIOR AUTHORIZATION (IN HOURS)—DHCS STANDARD: 96 HOURS

	All Services	Adult Services	Children’s Services	Foster Care
FY 16/17	<i>No appointments applicable</i>			
FY 17/18				
FY 18/19				
FY 19/20				

INDICATOR: TIMELINESS OF POST-PSYCHIATRIC INPATIENT DISCHARGE

ANALYSIS: In FY 19/20, Kings MHP had 193 post-psychiatric hospitalization appointments of which 181 (94%) of the follow-up appointments fell within the 7 calendar day HEIDIS standard, with the average number of calendar days for all follow-up appointments at 2.97 days which was an improvement from FY 18/19 which was an average of 7.18 days. Timeliness improved across all groups from FY 18/19 to 19/20, with all groups falling well below the 7-day standard in FY 19/20.

ACTION: No action applicable.

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	7.18 Mean 5 Median 8.65 Std Dev. 73% Met Std	7.17 Mean 5 Median 8.99 Std Dev. 73% Met Std	7.46 Mean 5 Median 6.9 Std Dev. 69% Met Std	5.33 Mean 5 Median 1.52 Std Dev. 100% Met Std
FY 19/20	2.97 Mean 2 Median 2.80 Std Dev. 94% Met Std	2.95 Mean 2 Median 2.87 Std Dev. 93% Met Std	3.14 Mean 3 Median 2.40 Std Dev. 97% Met Std	2.86 Mean 2 Median 3.24 Std Dev. 86% Met Std

OBJECTIVE 1.3: SERVICES ARE OF QUALITY TO CONSUMERS

INDICATOR: CONSUMER SATISFACTION SURVEY

ANALYSIS: Between the two consumer perceptions surveys completed in 2019, the satisfaction among beneficiaries and caregivers remained static with little increase and decrease between the May 2019 and Nov 2019 surveys. Generally, there is approximately 80% satisfaction with services, participation, and access, but approximately 60% to 70% satisfaction with effectiveness of services as it relates to quality of life.

ACTION: DHCS has just released the data for the May 2020 consumer perception survey. The MHP is downloading for analysis and comparison to May and November 2019 results. Findings will be reported at the Quality Improvement Committee for review and discussion for possible necessary actions.

CONSUMER PERCEPTION SURVEYS (CPS) RESULTS

Survey Date	# of Surveys	Question Category			
		Satisfaction	Access	Informed Consent/ Participation	Effectiveness/ Well-Being
May 2019 Adult/OA	131	89.6%	87.4%	85.2%	77.0% <i>(13.9% neutral)</i>
May 2019 C/Y & Family	274	84.4%	79.6%	84.0%	65.1% <i>(20.6% neutral)</i>
Nov 2019 Caregiver (0-11)	24	81.9%	87.5%	86.6%	72.7% <i>(11% neutral)</i>
Nov 2019 Youth (12-17)	28	78.6%	79.8%	75.8%	65.3% <i>(20.1% neutral)</i>

Nov 2019 Adult (18-59)	80	90.4%	79.6%	81.4%	59.0% <i>(19.3% neutral)</i>
Nov 2019 Older Adult (60+)	4	91.7%	83.3%	84.1%	59.4% <i>(15.6% neutral)</i>

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: Number of services by service code within each level of care program (ROS, FSP, ACT) in comparison with number of consumers served by program

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

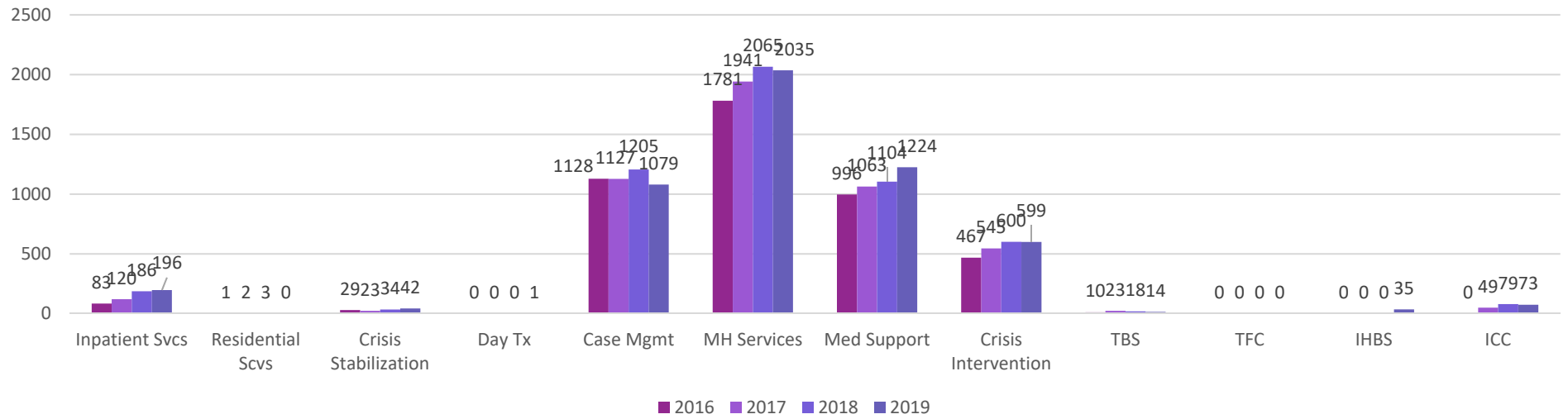
Placeholder for Metric: Count consumer with no contact for more than 30 days

INDICATOR: SERVICES PROVIDED AS DEMONSTRATED THROUGH APPROVED CLAIMS

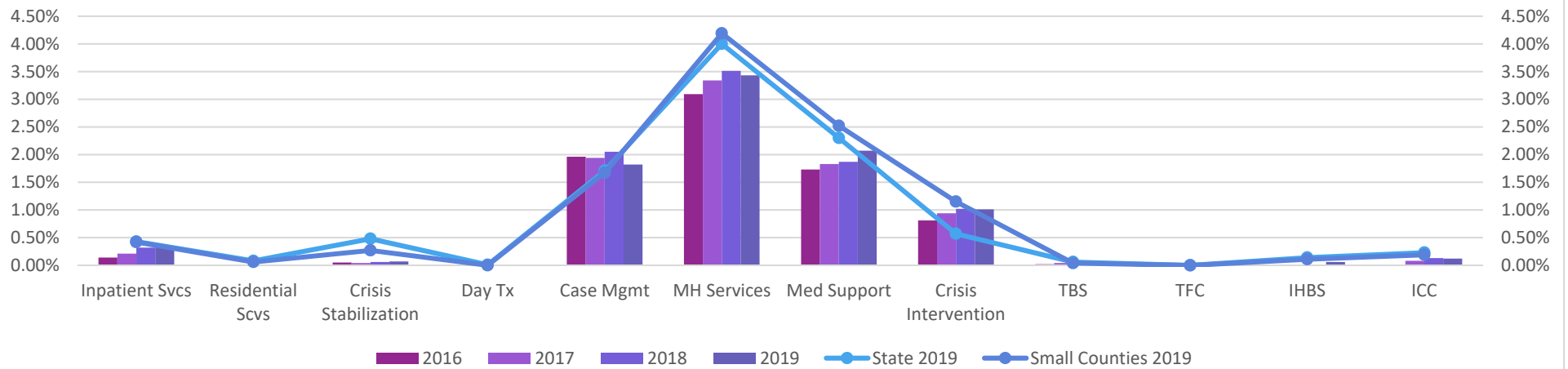
ANALYSIS: Medi-Cal beneficiaries received assessment, plan development, and therapy as the highest number of SMHS delivered; Med Support the 2nd highest service category; Case Management 3rd, and Crisis Intervention 4th. In comparison to the State and other small counties, Kings County Medi-Cal beneficiaries received less Mental Health Services (this service category is comprised of therapies) and Med Support, and more Case Management and Crisis Intervention, and just slightly less Inpatient Services in comparison to the State and other small counties.

ACTION: The MHP is working to pull service categories provided per program/level of care in comparison to the intent of the program to assess if programs are providing the appropriate level of care through demonstration of number and type of services per client on average.

Kings Coutny MHP Medi-Cal Beneficiaries Served per SMHS per Calendar Year



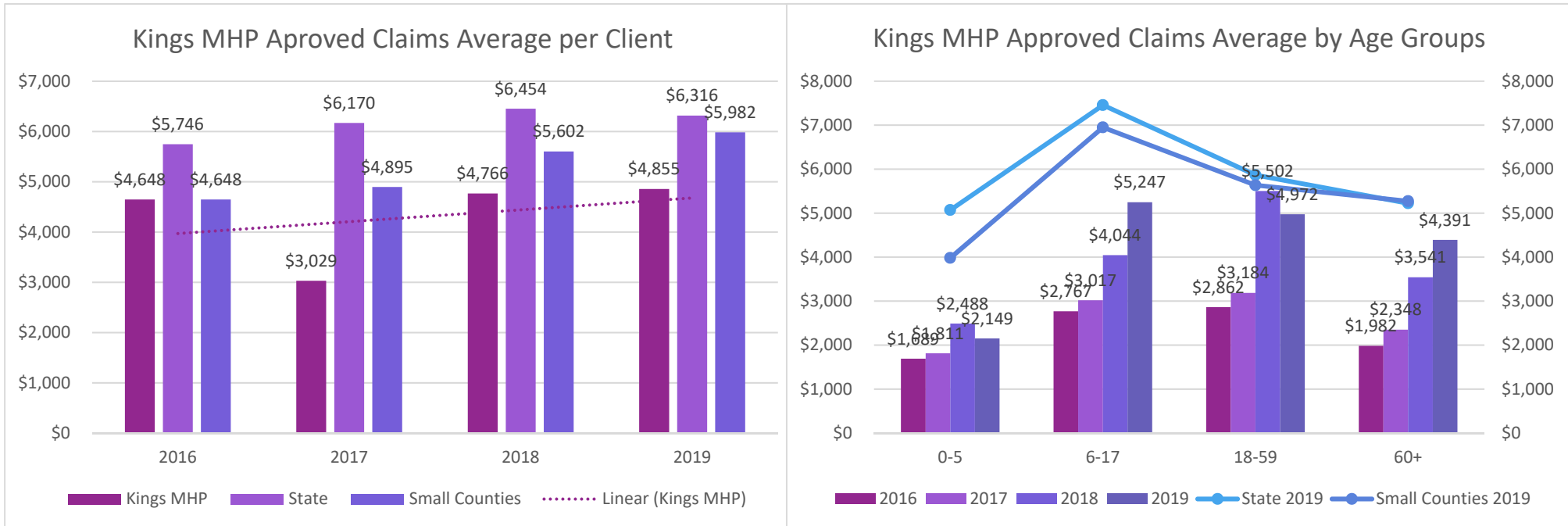
Kings County MHP Service Pentration Rates per SMHS per Calendar Year



INDICATOR: MEDI-CAL APPROVED CLAIMS AND SERVICES

ANALYSIS: Kings MHP average approved claims overall per beneficiary is steadily increasing, but it remains about \$1,000 to \$1,500 below that of the State and other small counties especially among the child and youth population ages 0-17. Most of the service categories average similar claim amounts in comparison to the State and other small counties; however, where there is substantial difference is among services Kings County MHP does not provide but is seen within the State and other small counties claims. Such services are Residential, Day Treatment, and Therapeutic Foster Care, which could be the cause for difference in average approved amounts.

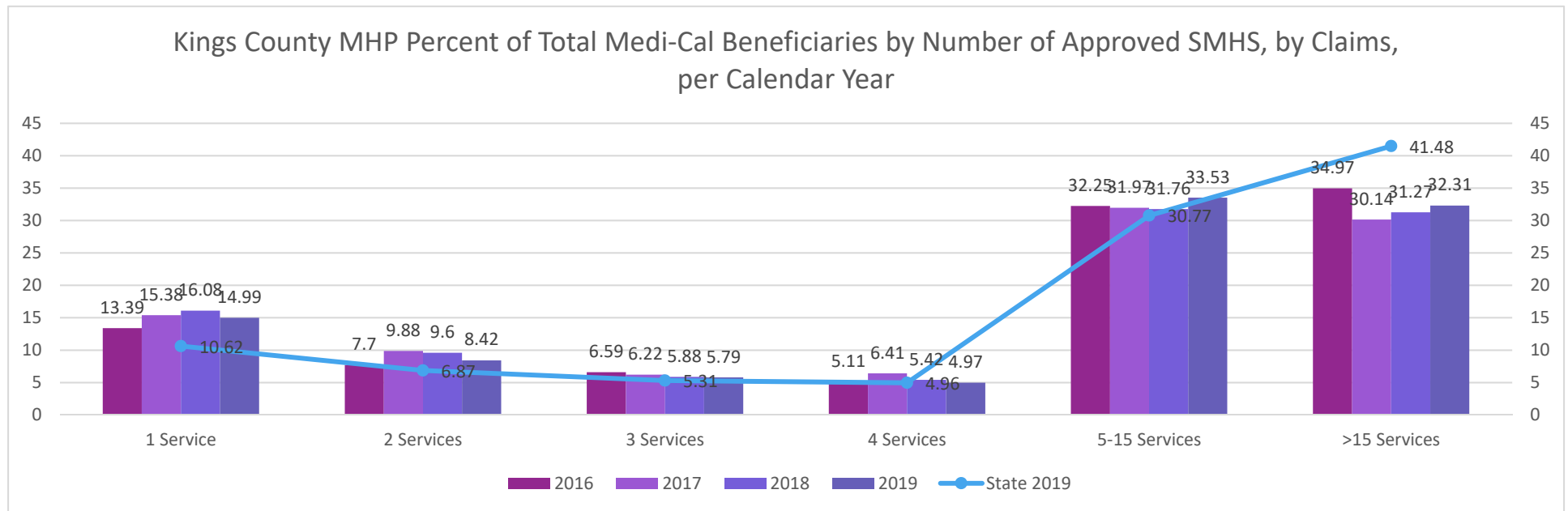
ACTION: The MHP has begun receiving dashboards from its contracted provider hosting the MHP’s EHR. One of the dashboards is for productivity. This will assist the MHP in identifying where billings may be low and will help focus possible improvement strategies. In the meantime, the MHP has already begun to see an improvement with capturing claims. In FY 19/20, of all services provided, 67% were claimed; in FY 18/19 it was 53%; and in FY 17/18 it was 54%.



INDICATOR: ENGAGEMENT RATES OF CONSUMERS

ANALYSIS: Kings MHP appears to have more beneficiaries receiving only one SMHS (i.e. presumably more being found not meeting medical necessity, or after assessment not returning for treatment) than the State rate, and less receiving more than 15 SMHS. Beneficiaries receiving 2 to 15 SMHS from Kings MHP is similar to that of the State and other small counties.

ACTION: The MHP has begun to develop several reports to assist in assessing if beneficiaries are engaging in services at the most appropriate level of care and thus discharging successfully after a sufficient length of program engagement. This will help the MHP interpret if falling below the State and other small counties more than 15 SMHS is indicative of an opportunity for improvement. Additionally, the MHP is reviewing other County QAPI Work Plans to assess their NOABD rate for medical necessity denial at assessment in an effort to gauge if the higher rate of beneficiaries receiving one SMHS is indicative of a higher rate of beneficiaries not meeting medical necessity at assessment.



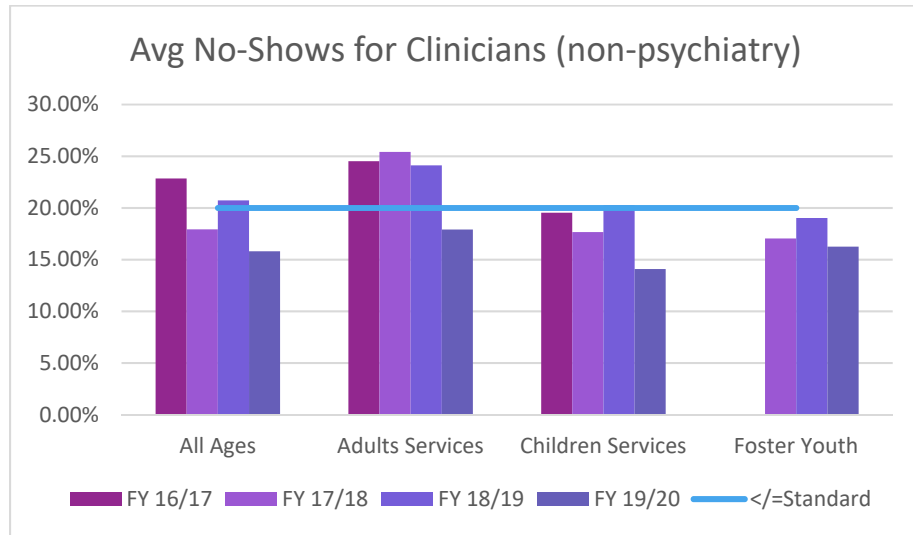
INDICATOR: NO-SHOW RATE FOR CLINICAL AND PSYCHIATRY SERVICES

ANALYSIS: In FY 19/20, Kings MHP had a 12.11% no-show rate for psychiatry services among all ages, which is a decrease from 16.15% in FY 18/19. For clinical services (non-psychiatry), for FY 19/20, the no-show rate among all ages was 22.41%, which was an increase from the FY 18/19 rate of 20.72%. A few things to note: The number of foster youth appointments that make up the foster youth rate is a small number; therefore, any change in no-shows reflects large impacts to the percent, and the children’s no-show rate for psychiatry decreased substantially from 16.53 in FY 18/19 to 4.55 in FY 19/20, so with such a significant change, this data is being reviewed for accuracy as well as for potential causes.

ACTION: The children’s no-show rate for psychiatry decreased substantially from 16.53 in FY 18/19 to 4.55 in FY 19/20, so with such a significant change, this data is being reviewed for accuracy as well as for potential causes.

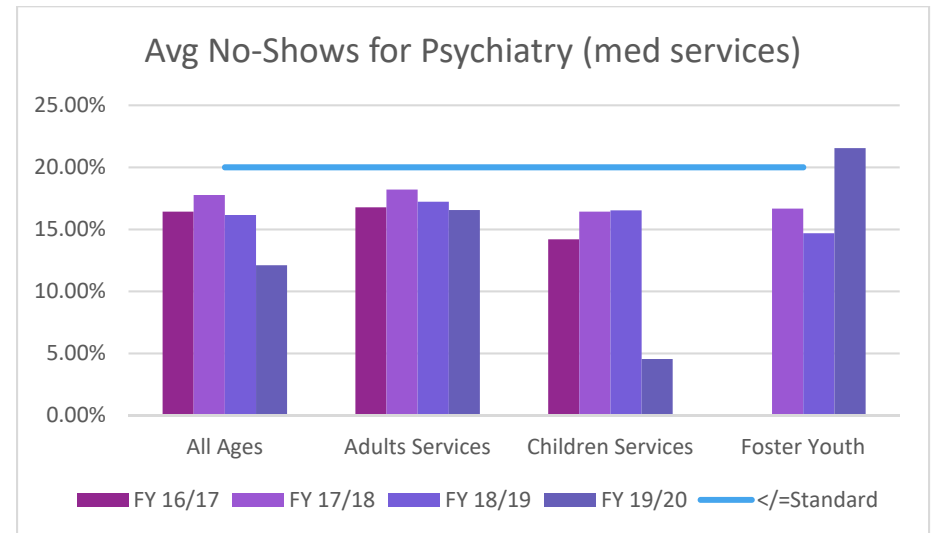
AVERAGE NO-SHOWS FOR CLINICIANS OTHER THAN PSYCHIATRISTS

MHP Standard: $\leq 20\%$



AVERAGE NO-SHOWS FOR PSYCHIATRISTS

MHP Standard: $\leq 20\%$



INDICATOR: MEDICATION PRACTICES

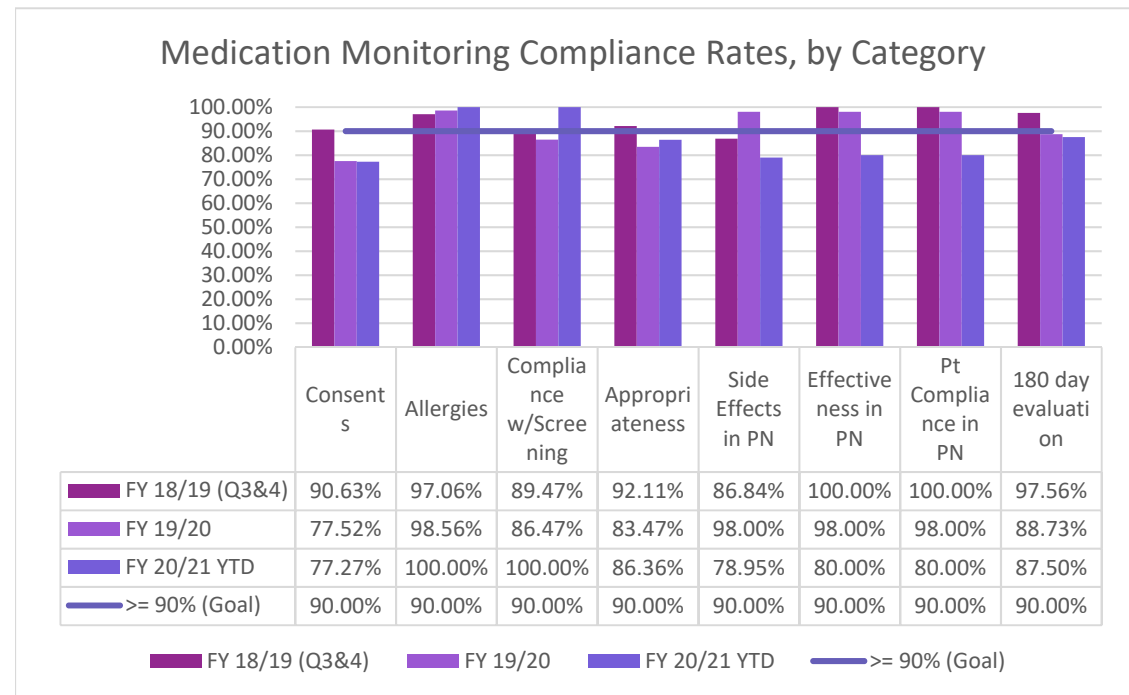
MEDICATION MONITORING CHART REVIEW RESULTS

ANALYSIS: In FY 19/20, Kings MHP had a 89.42 medication monitoring review compliance rate after reviewing 159 charts totaling 1,068 items reviewed for compliance. The medication monitoring review is broken out into categories seen in the graph below. Most of the categories met or exceeded the MHP’s goal of at or above 90%. Med consents, appropriateness of medication prescribing practice, and evaluation of patient every 180 days were the three categories that fell below the 90% standard.

ACTION: The categories are being discussed in the medication monitoring committee for decision with action to assist in increasing compliance in the three areas that did not meet the 90% standard.

MEDICATION MONITORING RESULTS

FY/Qtr	Total Charts Reviewed	Items Compliant	Items Not-Compliant	Total % Compliant
FY 18/19 (Q3&4)	47	283	17	94.33%
FY 19/20	159	955	113	89.42%
July 2020	13	62	15	80.52%
Aug 2020	1	89	8	91.75%



INDICATOR: HOSPITALIZATION AND RE-HOSPITALIZATION RATES

ANALYSIS: In FY 19/20, there were 463 total psychiatric hospitalizations, an increase from 308 in FY 18/19. However, the methodology for the FY 19/20 report is being reviewed to ensure accuracy to validate the potential trend being seen of increased hospitalization year by year prior to a discussion related to possible reasons for increase. a 89.42 medication monitoring review compliance rate after reviewing 159 charts totaling 1,068 items reviewed for compliance. Additionally, in FY 19/20, there was a 7.56% readmission rate within 30-days of hospital discharge, a decrease from 13.96% in 18/19; however, the methodological review may also alter this rate if it is found that the total number of hospitalizations is inaccurate.

ACTION: Methodological review to ensure accuracy of total hospitalizations.

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	308	259	44	5
FY 19/20	463	378	85	13

RE-HOSPITALIZATION WITHIN 30-DAYS OF HOSPITAL DISCHARGE

	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	43/13.96%	35/13.51	5/11.36	3/60.00%
FY 19/20	35/7.56%	30/7.94%	5/5.88%	2/15.38%

HOSPITALIZATION BY CONSUMER STATUS: ACTIVE, FORMER, NEW

Metric to be developed

HOSPITALIZATION BY CONSUMER PAYOR SOURCE: MEDI-CAL, MEDICARE, UNINSURED, PRIVATE INSURANCE

Metric to be developed

GOAL 3: PROVIDER NETWORK ADEQUACY, CREDENTIALING, AND MONITORING

The MHP will ensure all provider and provider sites are enrolled, credentialed, and/or certified in compliance with Medi-Cal requirements.

OBJECTIVE 3.1: THERE IS AN ADEQUATE NETWORK OF PROVIDERS

INDICATOR: PROVIDER STAFFING

ANALYSIS: At the time of the April 2020 Network Adequacy Certification submission to DHCS, the Kings MHP reported the availability of 122 direct provider full-time equivalencies (FTE). The composition of providers met the DHCS provider ratio standards for the 2020 annual network adequacy certification and as such, Kings MHP was found in compliance.

ACTION: No action to be taken.

FULL-TIME EQUIVALENCY (FTE) BY PROVIDER TYPE

Time Period	Child/Youth Psychiatry <i>(includes NP)</i>	Adult Psychiatry <i>(includes NP)</i>	Child/Youth Medical Personnel <i>(i.e. RN, PT)</i>	Adult Medical Personnel <i>(i.e. RN, PT)</i>	Child/Youth Therapists	Adult Therapists	Child/Youth Other Qual. Prov. <i>(Rehab Spc, Case Mgr, PSS)</i>	Adult Other Other Qual. Prov. <i>(Rehab Spc, Case Mgr PSS)</i>	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	0.9	4.1	0.9	6.1	21.1	24.5	24.2	18.1	99.9
Jan 2020	2.5	5.1	0.9	6.1	27.1	22.5	40.1	19.2	123.5
April 2020	2.9	6.1	0.9	7.1	25.1	22.5	39.1	18.3	122

DHCS NETWORK ADEQUACY PROVIDER RATIO FINDINGS

Provider Category	Date	DHCS Standard	DHCS Estimated Need Population (<i>Medi-Cal Eligible X Prevalence</i>)	# of Full Time Equivalency (FTE) Providers Needed to Meet the Ratio Standard	# of FTE Providers Reported by the MHP	DHCS Findings (Pass/ Conditional Pass)
Psychiatry Provider Capacity - Adults	Apr 2020	1:524	1272	2.43	5.09	Pass
	Apr 2019	1:524	1,272	2.43	3.25	Pass
Psychiatry Provider Capacity -Children/ Youth	Apr 2020	1:323	572	1.77	2,82	Pass
	Apr 2019	1:323	572	1.77	1.10	Conditional Pass
	Apr 2020	1:85	1898	22.33	47.75	Pass

Outpatient SMHS Provider Capacity - Adults	Apr 2019	1:50	1,898	37.96	44.37	Pass
Outpatient SMHS Provider Capacity -Children/ Youth	Apr 2020	1:43	1972	45.87	61.34	Pass
	Apr 2019	1:30	1,972	65.74	28.04	Conditional Pass

INDICATOR: GEOGRAPHIC DISTRIBUTION OF PROVIDERS

KINGS COUNTY MAP – PROVIDER AND CONSUMER OVERLAY

ANALYSIS: At the time of the April 2020 Network Adequacy Certification submission to DHCS, the Kings MHP, through geo-mapping software, reported all beneficiaries to be within the DHCS time and distance standards of 75 minutes and 45 miles to the nearest MHP provider. reported the availability of 122 direct provider full-time equivalencies (FTE). As such, DHCS found the Kings MHP to be in compliance issuing the MHP a ‘Pass’.

ACTION: No action to be taken.

Kings County MHP Network Adequacy Adult Mental Health

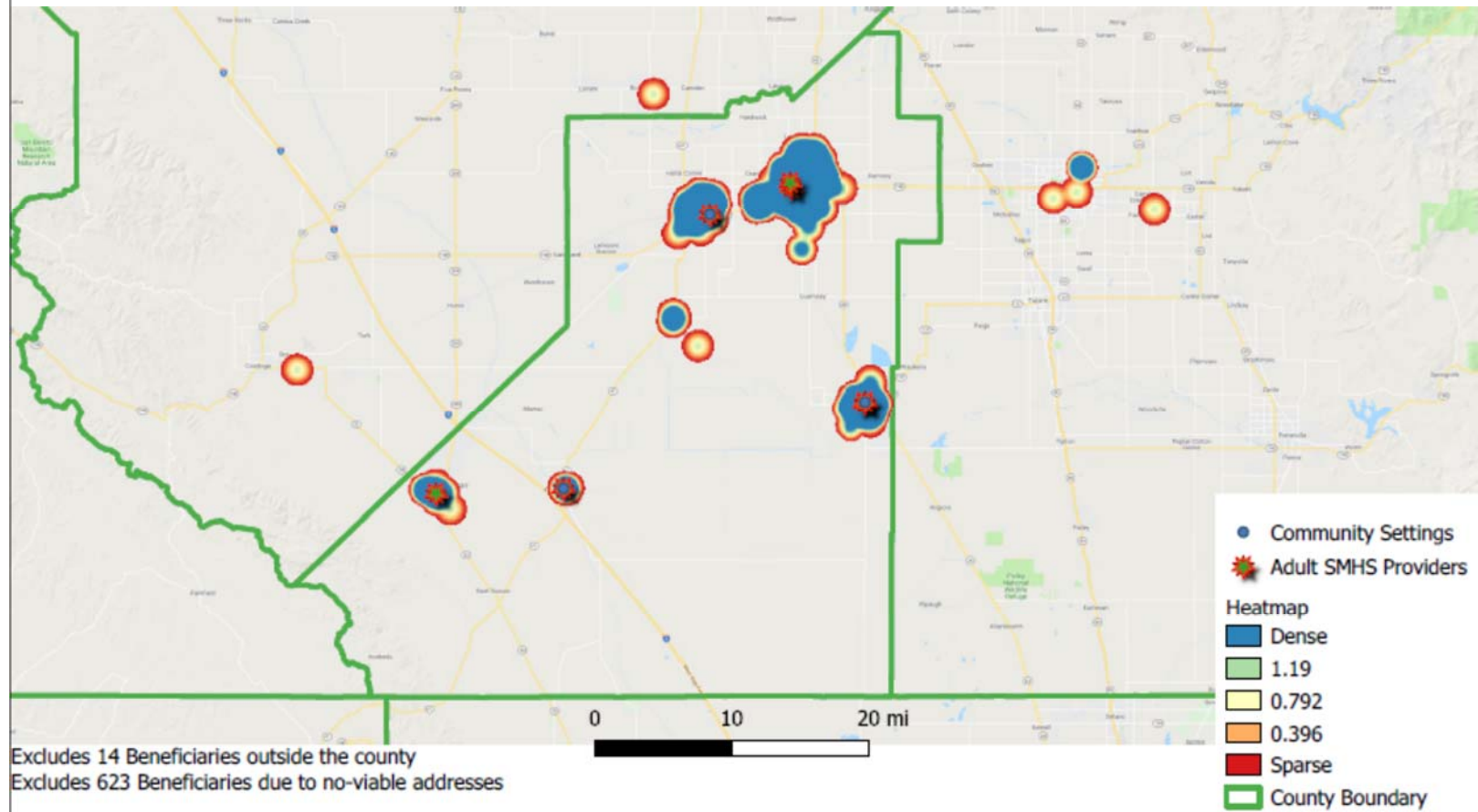
Green Star: Adult SMHS Providers

Blue Dot: Community Settings

Heat Map: Beneficiary Residence

Green Line: County Boundary

Conclusion: 994/994 (100%) of Adult Beneficiaries are located within 75 minutes or 45 miles of a provider



Kings County MHP Network Adequacy Youth Mental Health

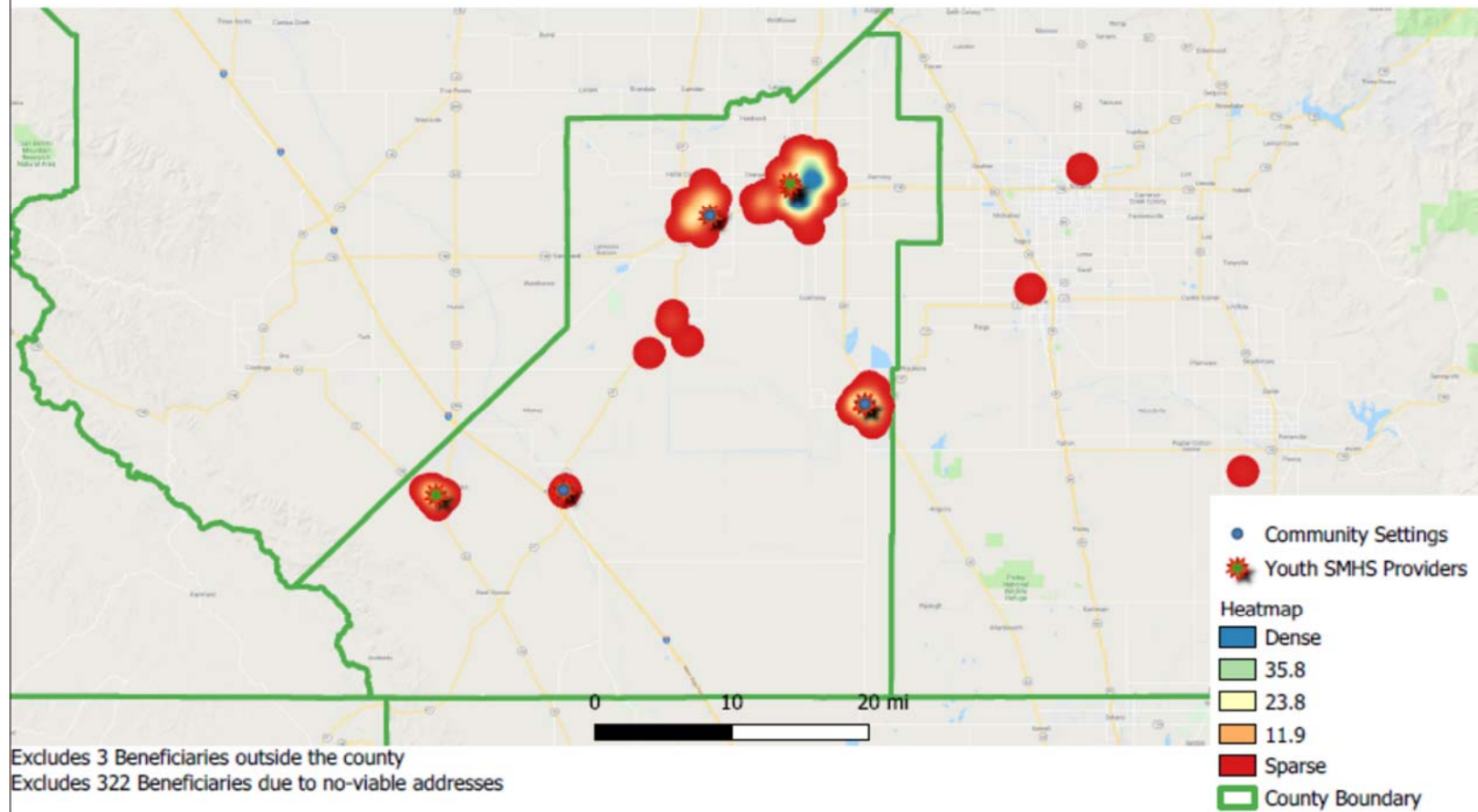
Green Star: Youth SMHS Providers

Blue Dot: Community Settings

Heat Map: Beneficiary Residence

Green Line: County Line

Conclusion: 527/527 (100%) of Youth Beneficiaries are located within 75 minutes or 45 miles of a provider



INDICATOR: PROVIDER CREDENTIALING/RE-CREDENTIALING

Metric to be developed

GOAL 4: BENEFICIARY PROTECTIONS

OBJECTIVE 4.1: THE MHP WILL PROVIDE A GRIEVANCE SYSTEM FOR CONSUMERS

INDICATOR: COUNT AND TYPE OF GRIEVANCES, APPEALS, EXPEDITED APPEALS, AND STATE FAIR HEARINGS

ANALYSIS: In FY 19/20, Kings MHP processed 48 grievances, which is a decrease from 103 in FY 18/19. In assessing the decrease, the Patient Rights Advocate who oversees grievances stated there was a significant drop during the first three months of the COVID pandemic (Mar-May 2020) but grievances have begun to steadily increase back to the typical monthly average of 8. Additionally, Kings MHP issued 812 Notice of Adverse Benefit Determinations (NOABDs) for which 12 were appealed resulting in 5 decisions upheld and 7 decisions overturned. The number of NOABDs issued in FY 19/20 by the MHP was an increase from 18/19 where 464 NOABDs were issued for which none received appeals. The reason for the increase in the number of NOABDs and appeals is: Kings MHP made the transition in January 2020 from issuing Notice of Actions (NOAs) which was the State's old process to the State's new process of Notice of Adverse Benefit Determinations (NOABDs). This resulted in providers having a specific NOABD to issue if a beneficiary did not meet eligibility criteria for Specialty Mental Health (Delivery System) and in the event that the beneficiary discontinued services unexpectedly (Termination). As such, there was an increase in both of these areas as with the training and implementation became more diligence in issuing and tracking. Prior to January 2020, providers would have issued a NOA-B form and may have categorized this as a Denial if the beneficiary did not meet eligibility criteria for Specialty Mental Health Services. Terminations were completed by issuing a 10-day letter to the beneficiary and were not tracked and recorded as thoroughly in the early months of the 19/20 fiscal year which has since been addressed with the implementation of NOABDs.

ACTION: The Patient Rights Advocate and the Quality Assurance Clinician have been asked to assess grievances and appeals on a quarterly basis for any trends or patterns revealing possible systemic issues, and present analysis at the quarterly reporting meeting of the monthly Quality Improvement Committee.

GRIEVANCES

Time Period	Grievance Categories					TOTAL
	Access	Quality of Care	Change of Provider	Confidentiality Concern	Other	
FY 18/19	7	59	1	1	35	103
FY 19/20	11	21	0	0	16	48

APPEALS RESULTING FROM NOTICE OF ADVERSE BENEFIT DETERMINATION (NOABD)

Category	FY	Process			Appeal Decision			Expedited Appeal Disposition		
		# of all NOABDs Issued	Appeal	Expedited Appeal	Appeals Pending or unresolved <i>as of reporting time</i>	Decision Upheld	Decision Overturned	Expedited Appeals Pending or unresolved <i>as of reporting time</i>	Decision Upheld	Decision Overturned
Denial Notice	18/19	464	0	0	0	0	0	0	0	0
	19/20	312	3	0	0	0	3	0	0	0
Payment Denial	18/19	0	0	0	0	0	0	0	0	0
	19/20	0	0	0	0	0	0	0	0	0
Delivery System	18/19	0	0	0	0	0	0	0	0	0
	19/20	254	1	3	0	1	0	0	0	3
	18/19	0	0	0	0	0	0	0	0	0

Modification	19/20	1	1	0	0	1	0	0	0	0
Termination	18/19	0	0	0	0	0	0	0	0	0
	19/20	245	3	1	0	3	0	0	0	1
Authorization Delay	18/19	0	0	0	0	0	0	0	0	0
	19/20	0	0	0	0	0	0	0	0	0
Timely Access	18/19	0	0	0	0	0	0	0	0	0
	19/20	0	0	0	0	0	0	0	0	0
Financial Liability	18/19	0	0	0	0	0	0	0	0	0
	19/20	0	0	0	0	0	0	0	0	0
Grievance and Appeal	18/19	0	0	0	0	0	0	0	0	0
	19/20	0	0	0	0	0	0	0	0	0
Timely Resolution	18/19	0	0	0	0	0	0	0	0	0
	19/20	0	0	0	0	0	0	0	0	0
TOTALS	18/19	464	0	0	0	0	0	0	0	0
	19/20	812	8	4	0	5	3	0	0	4

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				

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 pulled from Cultural Competency Plan and Network Adequacy Certification with regards to provider training hours and language line usage.

INDICATOR: LANGUAGE LINE UTILIZATION

Metric to be pulled from Cultural Competency Plan and Network Adequacy Certification with regards to provider training hours and language line usage.

INDICATOR: COMMUNITY OUTREACH

Metric to be pulled from Cultural Competency Plan and Network Adequacy Certification with regards to provider training hours and language line usage.