

MISSION STATEMENT: To assist Contra Costa County mental health consumers, family members and the general public in advocating for the highest quality mental health services and supports delivered with dignity and respect

QUALITY OF CARE COMMITTEE
Thursday, September 20th, 2018, 5:00- 6:30pm
At: 1220 Morello Avenue, Suite 100 Conference Room, Martinez, CA
AGENDA

- I. Call to order/Introductions**
- II. Public comments-**
- III. Commissioner comment-**
- IV. Chair announcements/comments-**
- V. APPROVE minutes from July 21, 2018 meeting**
- VI. RECEIVE Update on CCBHS Efforts to analyze potential solutions for a Children and Adolescent Treatment Program Residential Center- with Warren Hayes, MHSA Program Manager**
- VII. BRAINSTORM general questions regarding Behavioral Health programs and services, PES and 4C to provide to the Ad Hoc Data Committee– Barbara Serwin, Chair**
- VIII. Adjourn**



Contra Costa Behavioral Health Services Quarterly Report to the Mental Health Commission

August 2018

Preliminary DRAFT Concept Outline

Concept

- A quarterly Director's report that depicts domains and indicators to enable a common understanding of the state of CCBHS with stakeholders
- Enables attention to performance indicators within CCBHS to facilitate continuous improvement
- The following report format is preliminary and any listed data is illustrative only

Domains

- Access to Services
- Staffing Capacity
- Finance
- Services Provided
- Key Performance Indicators
- Quality Assurance
- Topical Areas of Interest

Access to Services

- Concept: how long it takes for someone to get a first appointment for mental health care in our clinics
- Possible Performance Indicators: percentage of routine, urgent and psychiatry appointments made within a prescribed time standard
- Example: the percentage of appointments offered - routine (within 10 business days), urgent (within two business days), and psychiatry (within 15 business days), and average length of time from first request for service to appointment – can be depicted by adult and children’s services in each region
- Context: could depict previous time periods to indicate trends

Staffing Capacity

- Concept: how many people we have to serve the public
- Possible Performance Indicators: numbers of staff by classification, such as clinicians, psychiatrists, community support workers, administrative staff
- Example: could show number of staff available in staffing classifications, what the County has authorized, and number in staffing classifications that are vacant and being actively recruited to fill – could be depicted by program and region
- Context: could depict previous time periods to indicate trends

Finance

- Concept: how much money we spend versus how much revenue is provided
- Possible Performance Indicators: how much revenues and expenditures are budgeted, spent and generated, and how much revenues and expenditures are projected by the end of the fiscal year
- Example: could depict the above by cost center each quarter
- Context: could depict previous time periods to indicate trends in revenues and expenditures

Services Provided

- Concept: how many persons are being served and consumer movement between levels of care – are people recovering as a result of our care
- Possible Performance Indicators: number served by level of service, such as locked facilities, unlocked facilities, full service partnerships, case management, clinic services, provider network, self care
- Example: could depict the above each quarter
- Context: could depict previous time periods to indicate over time possible changes in numbers served from higher to lower levels of care

Key Performance Indicators

- Concept: key data not otherwise covered in the rest of the domains that speak to the impact of service delivery
- Possible Performance Indicators:
 - number of psychiatric emergency service (PES) admissions per month
 - reduction in PES admissions, in-patient hospitalizations, homelessness after full service partnership participation
 - number of persons connected to care by prevention and early intervention programs
 - consumer/family member survey results
- Examples: could update the above as data becomes available
- Context: could depict previous time periods to indicate impact over time

Quality Assurance

- Concept: information not otherwise covered in the rest of the domains that speak to compliance with state and federal requirements for quality assurance
- Possible Performance Indicators:
 - Selected Department of Health Care Services Triennial Audit results
 - Selected Annual External Quality Review results
 - Medi-Cal billing disallowance rate
 - Penetration rates by age group, race/ethnicity, region
 - Number and type of grievances/complaints filed and status
- Examples: could provide key data points on the above as available
- Context: could provide previous data to depict trends

Topical Areas of Interest

- Concept: a report on emerging issues, initiatives or programs of interest
- Possible Performance Indicator: current status of issue, program or initiative
- Examples:
 - Electronic Mental Health Record System
 - Tele-psychiatry
 - Continuum of Care Reform Implementation
 - 24/7 Mobile Crisis Response Team
 - Family Volunteer Support Network
 - First Hope Expansion
 - Mental Health Supportive Housing Plan