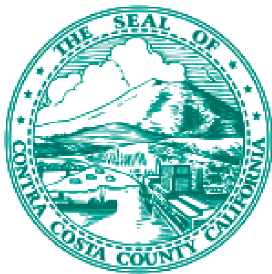

Contra Costa
Mental Health
Commission
1340 Arnold Drive, Suite 200
Martinez, CA 94553
Ph (925)957-2619
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cchealth.org/mentalhealth/mhc

Mental Health Commission
Data Committee
Wednesday, November 6, 2019 3:00-4:30pm
At: 550 Ellinwood Way, Pleasant Hill, CA

AGENDA

I. Call to Order/Introductions

II. Public Comment

III. Chair Comments/Announcements

IV. APPROVE Minutes from September 4th, 2019 meeting

V. REVIEW updated version of the Director's Report and remaining domains - with Warren Hayes, Mental Health Program Chief

VI. REVIEW summary of Data Committee input and recommendations

VII. Adjourn Meeting

The Contra Costa County Mental Health Commission is appointed by the Board of Supervisors to advise them on all matters related to the county's mental health system, in accordance with mandates set forth in the California State Welfare & Institutions Code, Sections 5604 (a)(1)-5605.5. Any comments or recommendations made by the Mental Health Commission or its individual members do not represent the official position of the county or any of its officers. The Commission is pleased to make special accommodations, if needed, please call ahead at (925) 957-5140 to arrange.

Mental Health Commission

Data Committee Input – Director's Report – as of: September 4, 2019

The ad-hoc Data Committee has been meeting since the Fall of 2018 to become educated as to how and what data is utilized by Behavioral Health Services (BHS). A communication tool, entitled the *Director's Report*, has been created to inform both BHS leadership and the Mental Health Commission as to trends in domains, or areas of interest that reflect performance indicators. Committee meeting time has been spent on gaining understanding of BHS data, what it means, and data constraints.

The following is a compilation of significant input and suggestions generated from the Data Committee's deliberations of the DRAFT Director's Report document:

Table of Contents

	Status
1. Put the Table of Contents prior to the Introduction	Incorporated
2. List sub-section headings as well as major sections	Incorporated

Introduction

3. Clarify who is the audience	Incorporated
4. Clarify purpose of the report	Incorporated
5. Explain why other county elements delivering mental health are not included in the report	Incorporated

Behavioral Health Initiatives

No changes recommended by Data Committee. However, Behavioral Health leadership provided changes to the initiatives, editing, and aligned the areas to Behavioral Health's Five Year Strategic Plan.

Performance Indicators

6. Changes in data should have some analysis of what it means	In progress
7. Notate where one domain's set of data influences or interrelates with another domain	In progress
8. Show more data over time to get better context	In progress
9. Wherever possible compare county data with statewide data	In progress
10. Provide more contextual narrative in graphs and tables	In progress

DRAFT

Need for Services

11. Differentiate new versus repeat callers and PES admissions — In progress
12. Provide demographics on callers and PES admissions — Data not available

Access to Services

13. Need to track no shows — In progress

Staffing Capacity

14. Annotate those vacant positions that BHS is not trying to fill — In progress
15. Annotate positions that are hard to fill — In progress
16. Add average pay per classification to the data table — In progress
17. Differentiate psychiatrist whole person versus FTE — In progress

Finance

Services Provided

18. For number served in locked facilities, need to differentiate between hospitals, PHFs, IMDs and state hospitals and show trends over time — In progress

Service Impact

Quality Assurance

Appendix 1 – Methodology

The Data Committee recommended that this appendix be added to list each performance indicator, the name of the report(s), where and from whom it is obtained, the data source, and the frequency of the report. This appendix has subsequently been created.

DRAFT

Director's Report

FISCAL YEAR 2018-19

Contra Costa Behavioral Health Services

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Data contained herein are in the process of being validated, and thus are considered to be illustrative for the purposes of this project

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- C. Staffing Capacity 16
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From the Director's Office

Welcome to Contra Costa Behavioral Health Services Division (BHS) and our efforts to provide the highest quality public mental health services. This report is our initial effort to share both qualitative and quantitative performance information to our staff and all interested stakeholders, such as the Mental Health Commission. The purpose of this report is to provide information and data that allows for more effective analysis, dialogue, decision-making and oversight of services by providing visibility of selected indicators that can influence the type and quantity of care that is provided. This report is divided into three parts:

Part I provides an update of significant initiatives that respond to opportunities for improved care or address identified service gaps and are aligned with the BHS Strategic Plan.

Part II reports on performance indicators that enable an analysis of the interrelated domains of a) requests for service, b) timeliness of response, c) staffing capacity, d) financing, e) number of persons served, f) service impact, and g) quality assurance data points.

Part III contains a detailed methodology of how, where and from whom data has been collected.

This report includes the staff and resources in BHS who provide public mental health services in the following continuum of care:

- In-patient psychiatric hospitals for the most serious and persistently mentally ill,
- Unlocked residential mental health treatment facilities,
- Multi-disciplinary intensive out-patient treatment in the community,
- Specialty mental health services in clinics for children experiencing a serious emotional disturbance and adults experiencing a serious mental illness,
- Prevention and early intervention programs,
- Therapy provided by individual service providers for persons experiencing emotional disturbances.

Not included in this report, due to data systems incompatibility, are public mental health services provided in the Health, Housing and Homeless Services Division, Contra Costa's Health Plan, primary care health centers, Detention Mental Health, Public Health, and those programs within BHS where services are provided to persons who are receiving alcohol and other drug services due to a primary diagnosis of a substance use disorder.

It has been our great pleasure to be a part of the efforts that help us get better at providing timely, integrated and culturally respectful care that best supports wellness, recovery and resilience for those who are struggling with behavioral health challenges.

Dr. Suzanne K. Tavano
Behavioral Health Director

Dr. Matthew P. White
Medical Director

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Part I. Behavioral Health Initiatives

Contra Costa's Behavioral Health Services Division has been implementing its Five Year Strategic Plan by focusing on several initiatives that further its mission to provide welcoming and integrated mental health and substance abuse services that promote wellness, recovery and resiliency. The following initiatives represent areas of opportunity to provide better and more timely care for those who are struggling with behavioral health challenges. These areas focus on positive improvements to our service delivery that are culturally respectful and responsive to system needs that have been identified by consumers, family members, service providers, and community stakeholders. The following provides an update on progress and a look forward to planned activities.

1. Comprehensive Coordinated Care

Value Stream Mapping and Rapid Improvement Events. The Behavioral Health Services Division has initiated a series of events, entitled ***Value Stream Mapping (VSM)*** and ***Rapid Improvement Events (RIE)***, to improve timely access and better quality of care. The focus of *Value Stream Mapping* is to take an inventory of the current state, to include identifying waste, redundancy, and non-value added activities that impede clients from receiving quality and timely access to care. The objective of subsequent *Rapid Improvement Events* is to develop and implement practices and procedures that address lessons learned in the VSM event. This process began with a week-long *VSM Event* that was held in June of 2018 at the East County Adult Mental Health Clinic. During this week a team engaged in such activities as time calculations, site visits, direct observations, staff and client interviews, and mapping of current workflows. In November 2018 a follow-up *RIE* was held at the East County Adult Mental Health Clinic to pilot these key improvement changes including implementation of a care team model and scheduling streamlining. In April of 2019 BHS held an Improvement Kickoff Event with Community Based Organization (CBO) partners focusing on identifying administrative areas to improve. This event was followed by regular meetings between CBO and BHS representatives where a one-day modified VSM event titled *Collaboration in Action* was jointly planned and conducted on August 22nd. In the lead up to the event co-mingled teams of County and CBO staff conducted observations and put together modified value stream maps focusing on mental health provider credentialing and network adequacy certification tool data collection processes. Improvement oversite meetings among executive staff as well as future CBO collaboration meetings will continue to monitor the implementation, effectiveness and sustainability of the current projects.

Moving Forward. During the *Collaboration in Action* event in August workgroups were formed to start the process of diving deeper on the ideas generated from the event. These workgroups are comprised of both CBO and BHS staff members. BHS will continue to collaborate with and plan future activities focusing on administrative relationships between the parties. The work from the first RIE piloted at the East County Clinic is now being planned to spread to the other adult regional clinics using the lessons learned from these activities.

Alcohol and Other Drug (AOD) Service Integration. Contra Costa is in the third year of implementation of the Drug Medi-Cal Organized Delivery System (DMCODS) that is designed to expand substance use disorder treatment and to integrate with mental health care. BHS can now receive Medi-Cal reimbursement for integrated care of persons who are dually diagnosed with a primary substance use disorder. We have embedded substance use disorder counselors in all six of our adult mental health clinics and the First Hope Program for youth. To better support care coordination AOD staff now have access to the County's electronic health record system.

Moving Forward. AOD staff are now focusing on current opportunities with their CBO contractors to restructure service delivery and integrate mental health staff into substance use disorder programs. Most recently BHS contracted with Health Right 360 to provide integrated care to individuals with the most severe co-occurring disorders, to include transitioning clients from the County's Psychiatric Emergency Services to a high acuity level residential facility.

2. Treatment, Housing and Supports

BHS has identified key service gaps that are impacting clients' ability to navigate different levels of care as they recover.

Assertive Community Treatment. The first is the need for more community based intensive outpatient treatment teams to receive patients from locked psychiatric hospitals/facilities and have the concurrent ability to provide subsidized housing as part of the treatment plan. This service gap causes patients to reside at psychiatric hospitals and detention facilities longer than needed, resulting in more expensive treatment costs that divert needed funding away from serving more of the public with community-based services. BHS is moving forward with planning for its full service partnership (FSP) programs to have the capacity to provide assertive community treatment (ACT) to fidelity, as well as flexible housing funds to provide supportive housing in the community as needed.

Moving Forward. BHS has begun contract negotiations with FSP contract providers to expand their service capacity to provide ACT to fidelity, to include housing and vocational counselors, substance use disorder counselors, health care providers and flexible funds to subsidize housing costs. Plans are for FSP programs serving youth and adults to have this capacity for FY 2020-21.

Supportive Housing. The second service gap is the lack of affordable permanent supportive housing for persons who are seriously and persistently mentally ill, homeless or at risk of chronic homelessness, and have the capacity to maintain themselves in the community with mental health services and supports. Again, clients are staying long term at facilities designed for transition, when integration into the community is both preferable and less expensive.

BHS is partnering with the Department of Conservation and Development (DCD) and the Health, Housing and Homeless Services Division (H3) to increase the stock of permanent affordable housing units for persons who are seriously mentally ill. The

County has been recently awarded $3.7 million for 29 units to be constructed in Pittsburg through the ***No Place like Home*** state initiative's first round of funding. In addition 16 units in the Walnut Creek and Richmond communities have been earmarked for development utilizing ***Special Needs Housing Program*** funding.

Moving Forward. Planning is underway for the second *No Place Like Home* notice of funding availability, which was announced in September 2019. Via a Request for Qualifications potential development sponsors have been solicited to partner with the County in submitting applications for the construction of permanent supportive housing units for persons experiencing serious mental illness and who are homeless. In addition, feasibility planning is underway for potential use of the county owned property at 1034 Oak Grove Road for construction of 20 permanent supportive housing units for transition age youth.

Forensic Diversion Programs. California has been moving to reduce its state prison population by remanding back to the counties those individuals convicted of less serious crimes. This has increased the number of individuals in our County who are involved in the criminal justice system and are struggling with serious mental illness. Forensic revenue opportunities from the state have become available for counties to implement creative approaches that divert individuals with serious mental illness and substance abuse problems away from the court system and incarceration and into treatment. Contra Costa was successful in competing for round one Proposition 47 dollars, and is implementing CoCoLead+, a law enforcement assisted diversion program in the City of Antioch. Eligible individuals are referred by the Antioch police department, and, in lieu of being charged with a misdemeanor or non-violent felony offense, are offered mental health/substance abuse treatment and connection to housing, medical, vocational and other case management services.

Moving Forward. Assembly Bill 1810 and round two Proposition 47 funding has been offered to the County for additional diversion programming. BHS is formulating plans to use this funding to expand its capacity to provide intensive outpatient treatment with supportive housing for persons who choose mental health care rather than involvement with the criminal justice system.

3. Data Systems and Evaluation

Electronic Health Record. BHS has been utilizing the electronic health record system (ccLink) for clinical documentation since September 2017. As a result of the implementation, BHS is more effectively coordinating care with providers across all of Health Services. Clients have benefited from this coordination of care with better access, integrated clinical decision-making, information sharing, and capacity management. Additionally, in July 2018, ShareCare replaced the Insyst PSP system for behavioral health billing. Incremental improvements have been made to each system since their implementation, as well as continued enhancement and optimization.

Moving Forward. An upcoming project is the ccLink Portal Project, which will allow community-based organizations access to ccLink through a web-based portal. This will

enhance communication and collaboration between CBOs and BHS on the behalf of shared clients. The projected Go Live for this Portal is February 2020.

Planning is also underway to develop a **data dashboard** with indicators to assist with planning, resource management and performance evaluation.

4. Division Operations and Infrastructure

Psychiatry Shortage. Optimal care calls for a sufficient number of well-trained professionals to be able to respond to the volume of services needed. A workforce needs assessment has highlighted a significant shortage of psychiatrists that hampers the Division's ability to respond in a timely and effective manner. Behavioral Health has engaged in several strategies to address this shortfall. Telepsychiatry has been piloted in East county and is now being implemented in the Central and West regions of the county in both adult and child clinics. A Behavioral Health managed student loan repayment program has offered a financial incentive for a number of psychiatrists to make significant work commitments to Behavioral Health. Contracting capacity has been significantly strengthened to bring more psychiatrists to the County who are not County employees. Finally, a substantial pay rate increase for independent contractors has been implemented to bring compensation more in line with other Bay Area counties. Data on authorized versus filled psychiatry positions has been created to quantify the impact of these strategies, and progress will be updated on a regular basis.

Moving Forward. While a shortage still persists, the aforementioned strategies are now beginning to produce results. Several new psychiatrists are scheduled to start with Behavioral Health in the coming months.

Part II - Performance Indicators

A performance indicator is selected data that has been chosen to estimate how well an organization is performing. While the data is not complete or definitive it provides sufficient validity to enable quantifiable measures that assist in analysis and decision-making with regard to allocation of resources and performance management. This report depicts indicators from seven domains, or areas, that assist in understanding the quality and quantity of care needed and provided, how these domains relate to each other, and enable visibility of opportunities for positive system change.

Each of the seven domains are depicted by graphs and tables to provide a pictorial view of the domains and selected performance indicators. For FY 2018-19 the following summary and analysis provides an overview of key areas characterizing the state of BHS:

- **Need for Services.** Access Line call volume and Psychiatric Emergency Services (PES) admissions have been relatively stable in FY 2018-19, with an average of 2,100 calls for service and 875 PES admissions per month.
- **Response to Service Request.** Offered first appointments for routine non-psychiatry appointments have met the state standard of 10 business days, while offered first psychiatry appointments significantly decreased from 32 business days to 17 days, slightly higher than the state standard of 15 days.
- **Staffing Capacity.** Staff vacancy rate dropped from 19% to 12%, with the psychiatry vacancy rate dropping from 31% to 20%.
- **Funding.** BHS was budgeted $225 million, and spent $225 million.
- **Services Provided.** Number of mental health services provided in BHS county operated clinics remained stable throughout the year, averaging 12,300 services per month.
- **Service Impact.** BHS Full Service Partnership programs significantly decreased PES admissions and in-patient psychiatric hospitalizations for enrolled persons, while a significantly high percentage of adult system of care costs were spent on persons in locked psychiatric facilities.
- **Quality Assurance.** Contra Costa serves a higher proportion of persons who are seriously mentally ill and poor than other counties in the state, and serves a higher proportion of non-white persons than the county census. 70% of persons surveyed agreed or strongly agreed that they were better able to take care of their needs as a result of services from BHS.

***Moving Forward*.** Performance indicator data suggest that the reduction of staff vacancies and the increase in in-patient psychiatric hospital costs will challenge the ability of BHS to stay within budget. In order to keep pace BHS will need to 1) generate increased Medi-Cal billable services to bring in additional federal reimbursement revenue, and 2) provide more intensive outpatient treatment capacity, such as Full Service Partnerships, as a lower cost alternative to locked psychiatric hospitals.

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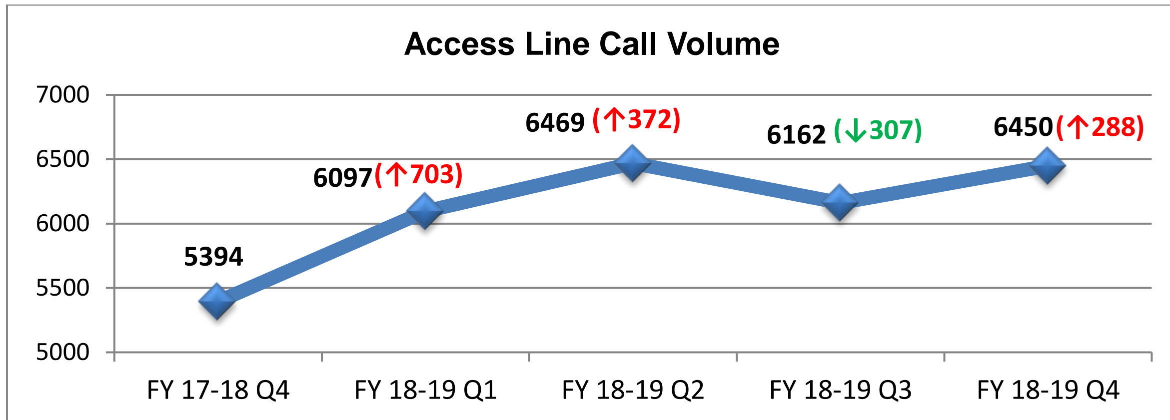
A. Need for Services

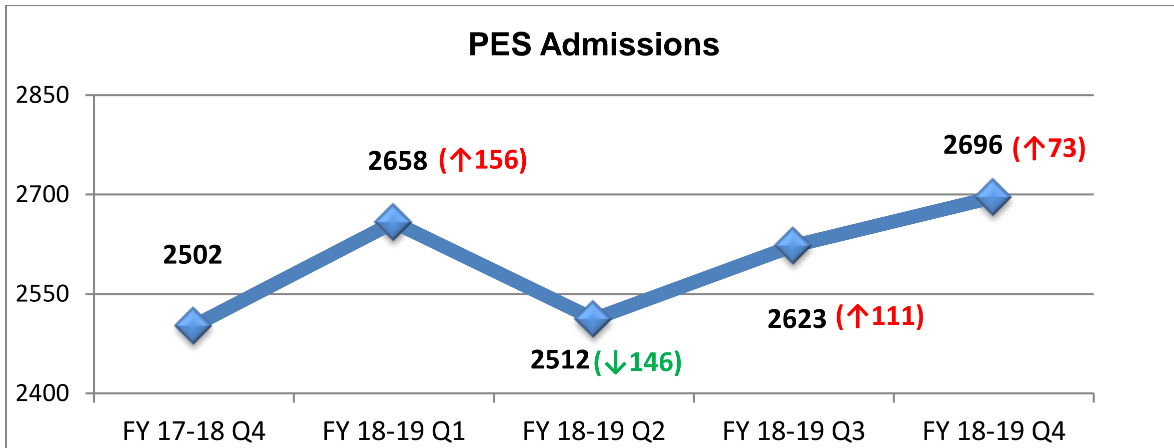
a. An indicator of need for public mental health services is the volume of calls received through BHS's toll free 24/7 Access Line, where appointments for the type of care needed are provided.



FY/QTR	Call Volume	Transfer to Clinical Services	Transfer to Outside Agencies	Volume Change from Prev. QTR
FY 17-18 Q4	5,394	Not available	Not available	
FY 18-19 Q1	6,097	Not available	Not available	+703
FY 18-19 Q2	6,469	1,083	1,585	+372
FY 18-19 Q3	6,162	1,042	2,826	-307
FY 18-19 Q4	6,450	1,091	2,675	+288

Total Call Volume to Date in FY 18-19: 25,178

b. A second indicator of need for mental health services is the number of in-person admissions for crisis mental health services at Contra Costa's Psychiatric Emergency Services (PES):



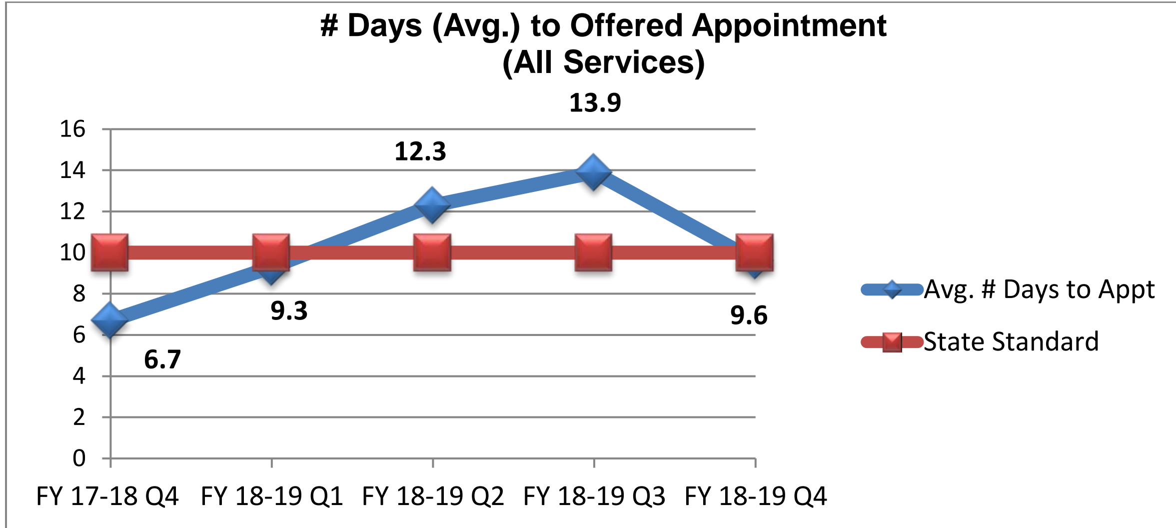
FY/QTR	Admissions Volume	Volume Change from Prev. QTR	Readmissions Volume
FY 17-18 Q4	2,502		14
FY 18-19 Q1	2,658	+156	11
FY 18-19 Q2	2,512	-146	10
FY 18-19 Q3	2,623	+111	
FY 18-19 Q4	2,696	+73	

Total Admissions in FY 18-19: 10,489

B. Access to Services

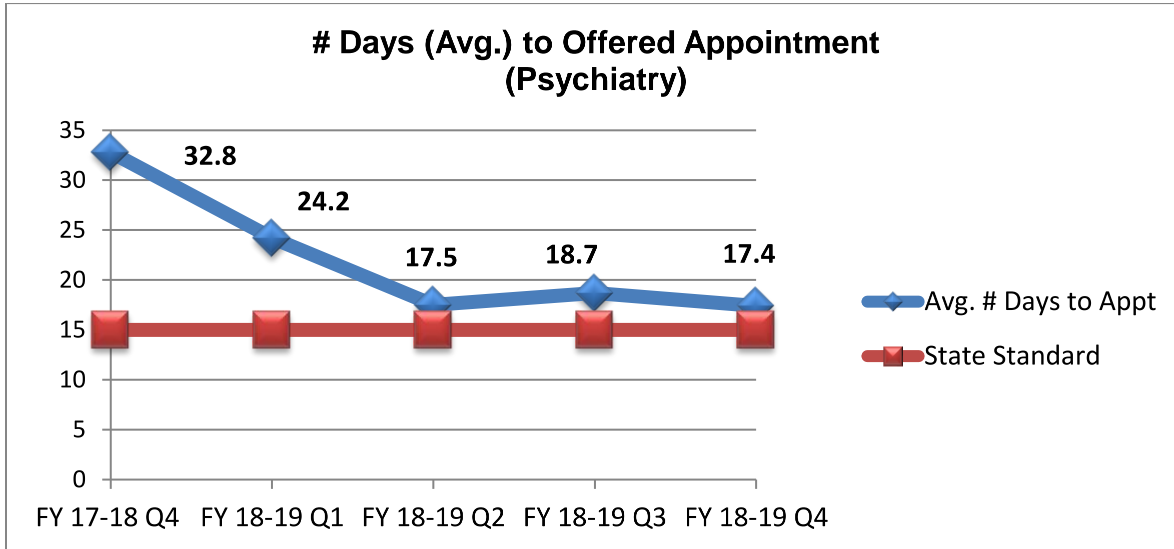
An indicator of responsiveness by BHS is the length of time it takes for someone to get a first appointment for mental health care in our county operated clinics.

a. The number of days from initial request to offered appointment for ALL SERVICES, and the percent of offered appointments that meet the State standard of 10 business days:



	FY 17-18		FY 18-19							
	QTR 4		QTR 1		QTR 2		QTR 3		QTR 4	
	days	%	days	%	days	%	days	%	days	%
All Adult Clinics	5.9	92	9.7	66	12.4	59	13.3	67	9.1	73
West	5.4	96	9.2	62	9.5	72	5.2	97	3.9	97
Central	5.0	98	10.1	50	9.1	66	4.9	95	6.4	89
East	4.8	97	6.8	91	16.5	44	23.8	29	10.9	53
Older Adult	22.3	8	33.2	0	32.3	18	30.5	11	31.7	16
All Children’s	9.1	70	8.3	74	11.9	47	15.6	42.8	10.8	67
West	8.5	81	6.1	94	8.4	77	7.5	79	8.1	77
Central	10.2	58	9.2	70	7.7	80	13.4	69	11.1	66
East	8.9	70	9.4	61	16.6	10	21.9	4	12.5	61
All Services	6.7	87	9.3	67	12.3	56	13.9	60	9.6	71

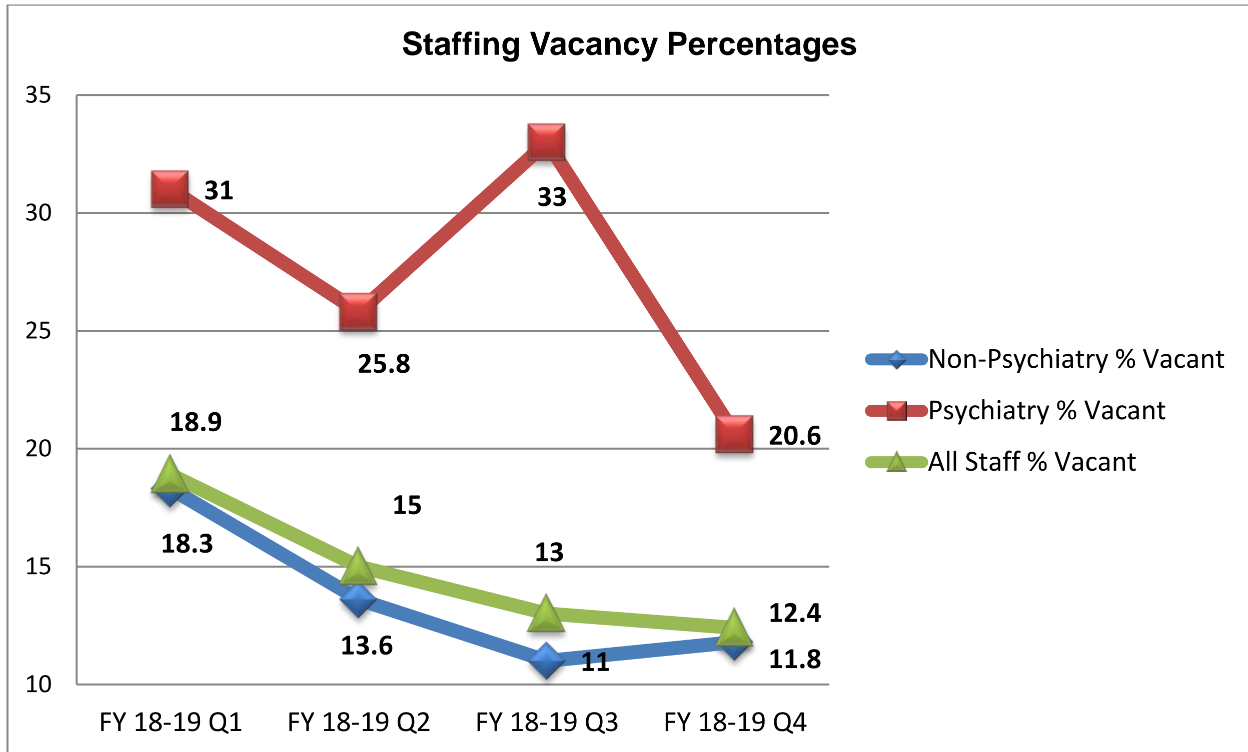
b. The number of days from initial request to offered appointment for a PSYCHIATRIST, and the percent of offered appointments that meet the State standard of 15 business days:



	FY 17-18		FY 18-19							
	QTR 4		QTR 1		QTR 2		QTR 3		QTR 4	
	days	%	days	%	days	%	days	%	days	%
All Adult Clinics	34.6	38	25.3	29	18.5	32	19.8	27	18	48
West	9.2	83	15.7	41	20.3	12	20.4	13	21.2	23
Central	29.1	21	32.7	12	18.1	25	13.1	65	11.1	97
East	57.8	11	30.2	30	16.7	56	25.1	9	20.8	33
Older Adult	28.7	43	13.3	67	18	60	14.4	60	4.3	100
All Children’s	19.0	55	9.5	88	7.3	95	11.9	77	9.3	91
West	9.8	100	11.3	80	3.8	100	15	100	9	100
Central	51.6	0	3.0	100	8.9	89	11.8	78	9.7	94
East	16.0	48	9.2	92	7.7	100	11.8	67	8	80
All Services	32.8	41	24.2	34	17.5	38	18.7	52	17.4	51

C. Staffing Capacity

An indicator of how well BHS can respond to need is the number of county staff that are able to provide and support public mental health services.



1. Non-Psychiatry Vacancies as of: July 2019

Program	Position Title	Number
Children's System of Care	MH Program Supervisor	2
	MH Clinical Specialist	6
	MH Specialist	5
	MH Community Support Worker II	4
	Clerk-Experienced Level	1
	System Total:	18

Adult System of Care	MH Clinical Specialist	13
	MH Community Support Worker II	4
	Family Nurse Practitioner	3
	Registered Nurse	3
	MH Employment Specialist	1
	Clerical Supervisor	1
	Clerk- Senior Level	1
	System Total:	26

MH System-Wide		
CMU-Access Line	MH Program Supervisor	1
	MH Clinical Specialist	2
	MH Community Support Worker	1
	Clerk Senior Level	1
Coaching to Wellness	Registered Nurse	1
Patient Financial Services	Patient Financial Services Specialist	1
Provider Services	MH Clinical Specialist	1
	Clerk Experienced Level	1
	System Total:	9

Program	Position Title	Number
Administration		
Quality Assurance	HS Planner/Evaluator	2
	Clerk-Experienced Level	1
Utilization Review	MH Clinical Specialist	3
	Utilization Review Coordinator	1
BH Administration	Secretary Advanced Level	1
	System Total	8

All Non-Psychiatrist Vacancies:	61
Total Non-Psychiatrist Positions Authorized:	518

2. Psychiatry Vacancies

Children's System of Care	Number Full-Time Equivalent
County Employed	4.50
Contractor Employed	5.63
System Total	10.13

Adult System of Care	Number Full-Time Equivalent
County Employed	9.89
Contractor Employed	11.73
System Total	21.62

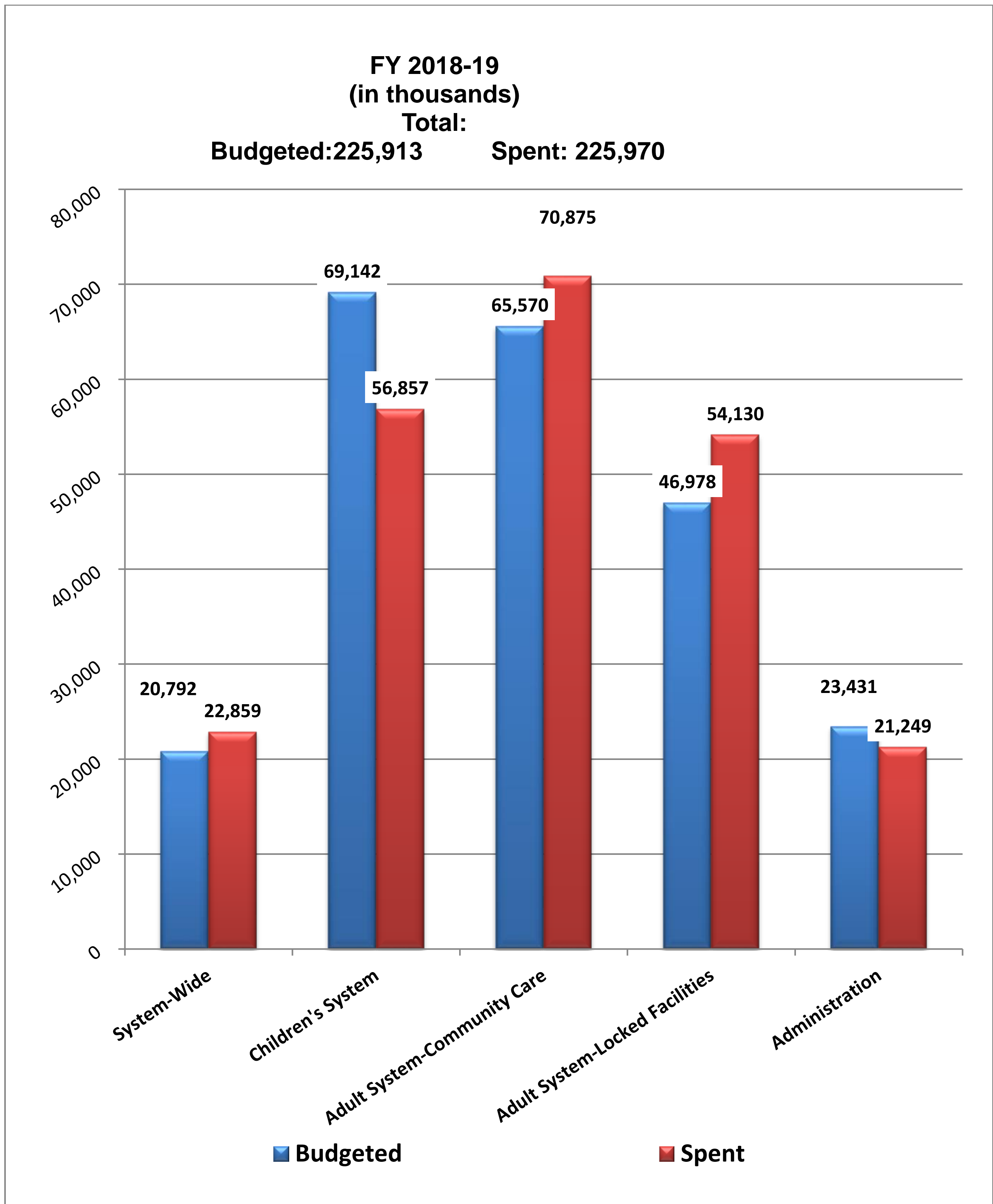
Total Number FTE of Psychiatrists Employed	31.75
Total Number FTE of Psychiatrists Authorized	40.00
Total Number FTE of Psychiatrists Vacant	8.25

3. Staffing Summary

	Authorized	Vacant	Percent Vacant
Non-Psychiatrists	518	61.00	11.8
Psychiatrists	40	8.25	20.6
Total All Staff	558	69.25	12.4

D. Finance

How much money is provided versus how much is spent for fiscal year 2018-19 is an indicator of BHS capacity to field staff and conduct operations (in thousands).



Mental Health Program – Fiscal Report as of: July 2019

REVENUES	Fiscal Year 2017-18		Fiscal Year 2018-19	
	Projected	**Actual**	**Projected**	**Actual**
Medi-Cal/Medicare	73,723,857	68,429,147	75,206,902	Not yet available
State and Other Revenues	69,111,086	76,803,185	82,888,016	Not yet available
MHSA	51,574,743	40,473,193	50,513,394	Not yet available
Net County Cost	17,291,188	16,715,483	17,304,856	Not yet available
Total	211,700,874	202,421,008	225,913,168	Not yet available

EXPENDITURES	Fiscal Year 2017/18		Fiscal Year 2018/19		
	Budgeted	**Spent**	**Budgeted**	**Spent**	
Total MH Program	211,700,874	202,421,008	225,913,168	225,970,139	

Expenditures by Program Type (in thousands)						
	Budgeted	**Spent**				
	2018-19	**QTR 1**	**QTR 2**	**QTR 3**	**QTR 4**	**Variance**
System-Wide	20,792				22,859	2,067
PEI/INN/WET	13,689				14,456	767
Network Providers	7,103				8,403	1,300
Children's System	69,142				56,857	12,285
FSP/ACT Sub-total	2,525				2,094	431
Adult System	112,548				125,005	12,457
FSP/ACT-TAY	2,257				1,518	739
FSP/ACT-Adult	5,149				5,970	821
FSP/ACT Sub-total	7,406				7,488	82
In-patient Hospitals						
IMDs/SNFs	7,133				7,815	682
CCRMC-PES/4C	26,921				35,375	8,454
Out of Plan Hospitals	5,595				5,133	462
Managed Care in-patient	1,765				1,479	286
State Hospitals	5,564				4,328	1,236
In-patient Hospital Sub-total	46,978				54,130	7,152
Administration	23,431				21,249	2,182
Total MH Program	225,913				225,970	57

Notes.

1. State and other revenues include state funding from 1991 and 2011 realignment legislation, AB403, AB109, Prop 47, contract with Department of Rehabilitation, federal mental health block grant, and miscellaneous income from school districts and others.

2. PEI/INN/WET are the Mental Health Services Act (MHSA) funded programs of Prevention and Early Intervention (PEI), Innovative Projects (INN), and Workforce Education and Training (WET), and are included in the System-Wide budget. Finance cost centers are 5727 and 5753 for PEI, 5764 for WET and 5899 for INN.

3. Network Providers are contractors providing therapeutic care to persons who are considered to be experiencing a mild to moderate level of mental health issues, and the totals are included in the System-Wide budget. Finance cost center for Network Providers is 5983

4. FSP/ACT (Full Service Partnership/Assertive Community Treatment) are contracts to service providers fielding an intensive multi-disciplinary behavioral health service in the community, and the totals are included in the Children's and Adult Systems of Care budgets. Children's FSP/ACT is in Finance cost center 5722, line item 2320 Outside Medical Services. TAY FSP/ACT is in Finance cost center 5723, line item 2320 Outside Medical Services. Adult FSP/ACT is in Finance cost center 5724 and 5713, line item 2320 Outside Medical Services.

5. TAY means transitional age youth from ages 16 to 25.

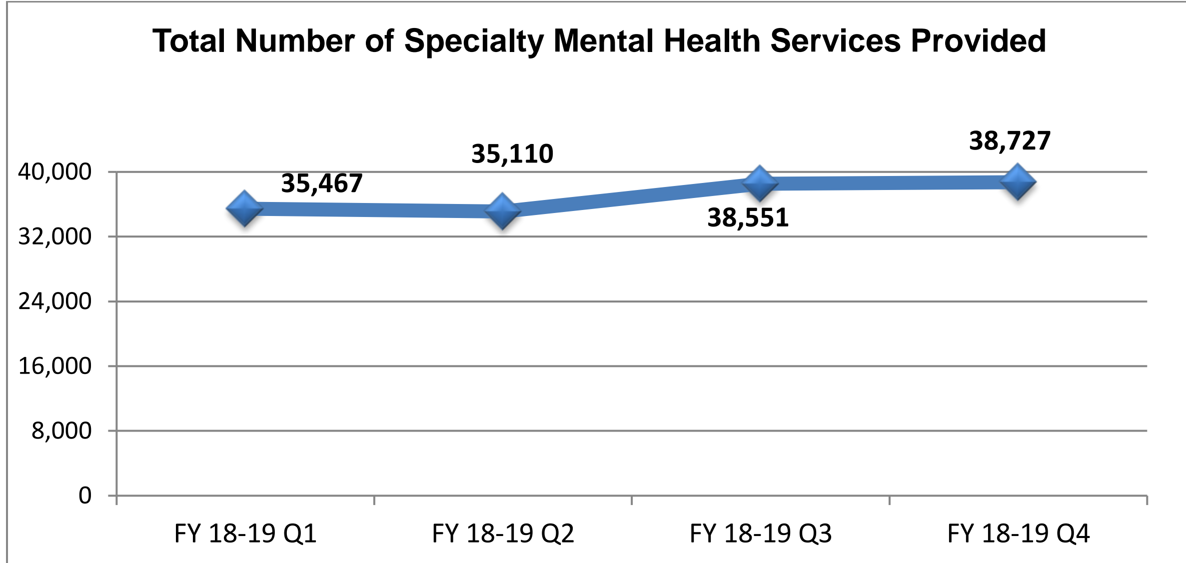
6. IMDs/SNFs (Institutes for Mental Disease/Skilled Nursing Facilities) CCRMC-PES/4-C (Contra Costa Regional Medical Center- Psychiatric Emergency Services/Ward 4-C), Out of Plan Hospitals, such as John Muir and Fremont, Managed Care, Managed Care In-patient, and State Hospitals are psychiatric in-patient treatment facilities. Total expenditures for these facilities are included in the Adult System of Care budget. IMDs/SNFs is in Finance cost center 5984. CCRMC-PES/4-C is in Finance cost center 5944. Out of Plan Hospitals is in Finance cost center 5962. Managed Care In-patient is in Finance cost center 5982. State Hospitals is in Finance cost center 5994.

7. Variance means the difference, plus or minus, between the funds budgeted and what was actually spent at the end of the fiscal year.

E. Services Provided

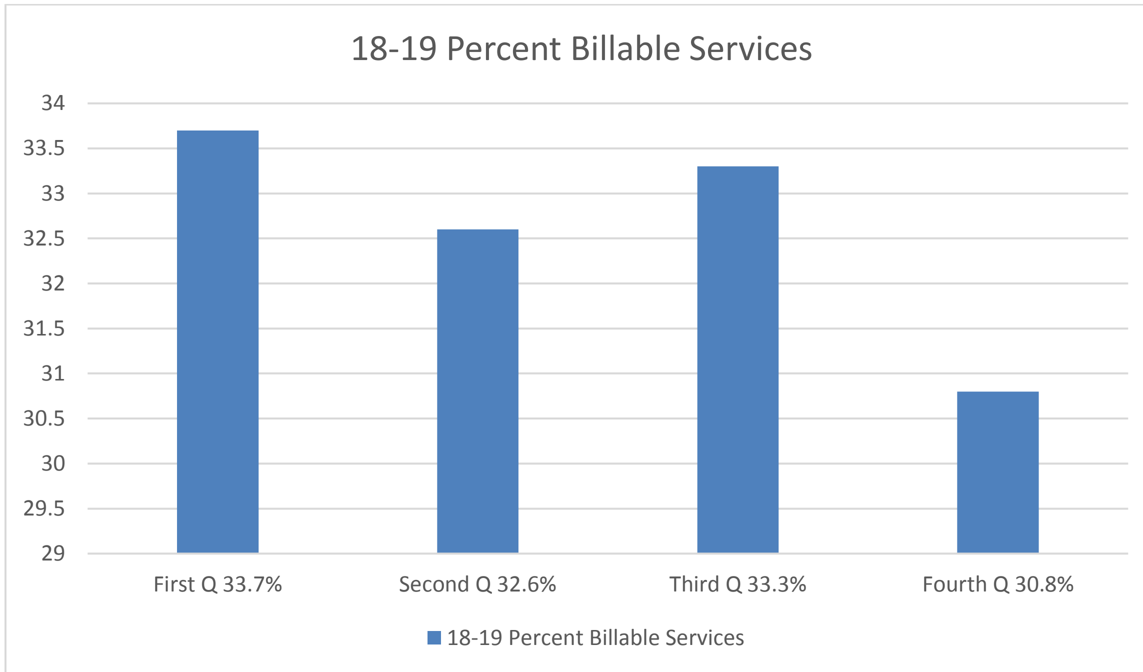
Two indicators have been selected to depict volume of services provided by BHS.

a. Total number of specialty mental health services provided enables an indicator of how many services are provided in relation to number of staff available.



MH Programs	QTR 1 FY 18-19	QTR 2 FY 18-19	QTR 3 FY 18-19	QTR 4 FY 18-19
West Children Clinic	2,357	2,441	2,829	2,417
Central Children Clinic	2,977	3,395	4,045	4,056
East Children Clinic	3,027	2,704	3,142	3,233
First Hope Clinic	1,094	1,210	1,610	2,281
Other Children Programs	1,828	2,414	2,563	2,314
Total Children Programs	11,283	12,164	14,189	14,301
West Adult Clinic	7,226	6,309	6,376	6,101
Central Adult Clinic	6,038	5,720	6,425	7,367
East Adult Clinic	4,047	4,204	4,495	3,988
Older Adult Clinic	1,985	1,758	1,740	1,734
Other Adult Programs	4,888	4,955	5,326	5,236
Total Adult Programs	24,184	22,946	24,362	24,426
Total Services Provided	35,467	35,110	38,551	38,727

b. The percentage of county operated clinician hours that are billable for federal financial participation (Medi-Cal and/or Medi-Care) provides an indicator of what percentage of an average work week is spent providing direct care.

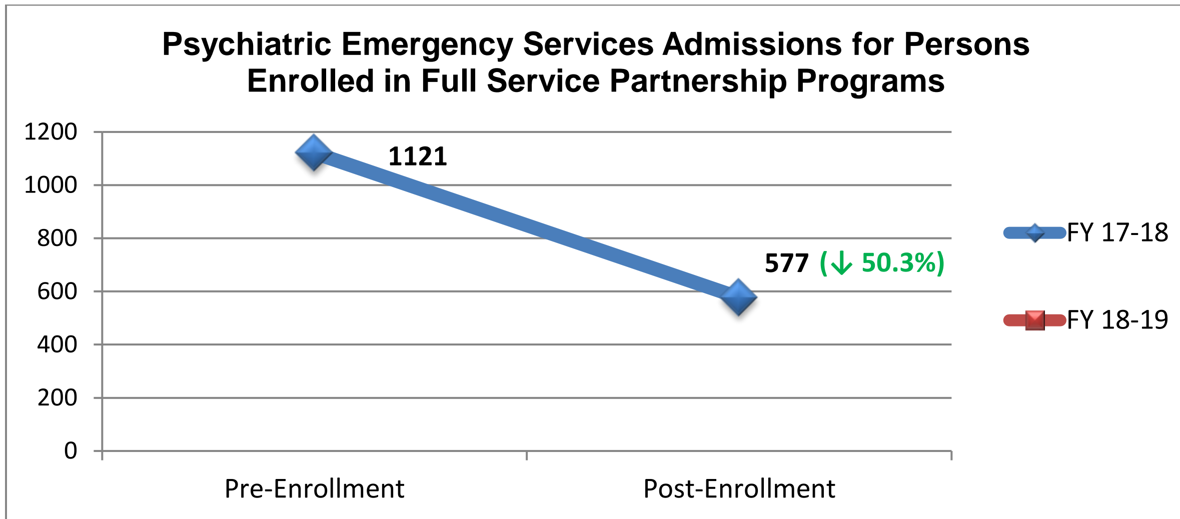


MH Programs	OCT FY 18-19	DEC FY 18-19	MAR 18-19	JUN FY 18-19
West Children Clinic	31.2	30.2	34.2	18.7
Central Children Clinic	38.1	37.9	40.8	31.4
East Children Clinic	35.4	32.0	30.5	31.3
First Hope Program	31.1	30.4	24.0	36.4
Other Children Programs	35.0	34.9	35.4	27.5
Total Children Programs	36.9	34.9	33.2	31.5
West Adult Clinic	27.4	29.8	24.9	31.8
Central Adult Clinic	34.7	32.7	29.7	30.5
East Adult Clinic	30.9	32.7	49.8	11.5
Older Adult Program	26.6	29.5	42.9	30.6
Other Adult Programs	47.8	29.6	37.5	27.2
Total Adult Programs	31.2	31.2	34.2	29.7
Total % Billable Services	33.7	32.6	33.3	30.8

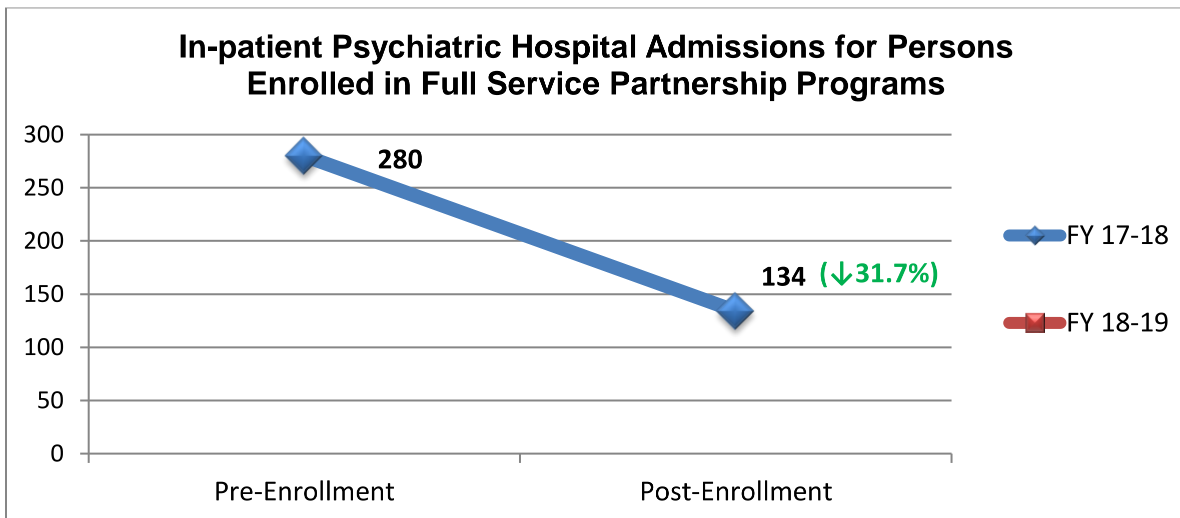
F. Service Impact

Two indicators have been selected to provide data on how well the services of BHS assist clients avoid in-patient psychiatric hospitalization and recover to lower levels of care.

a. Reduction of psychiatric emergency service (PES) and in-patient psychiatric hospital admissions for persons enrolled in Full Service Partnership Programs:

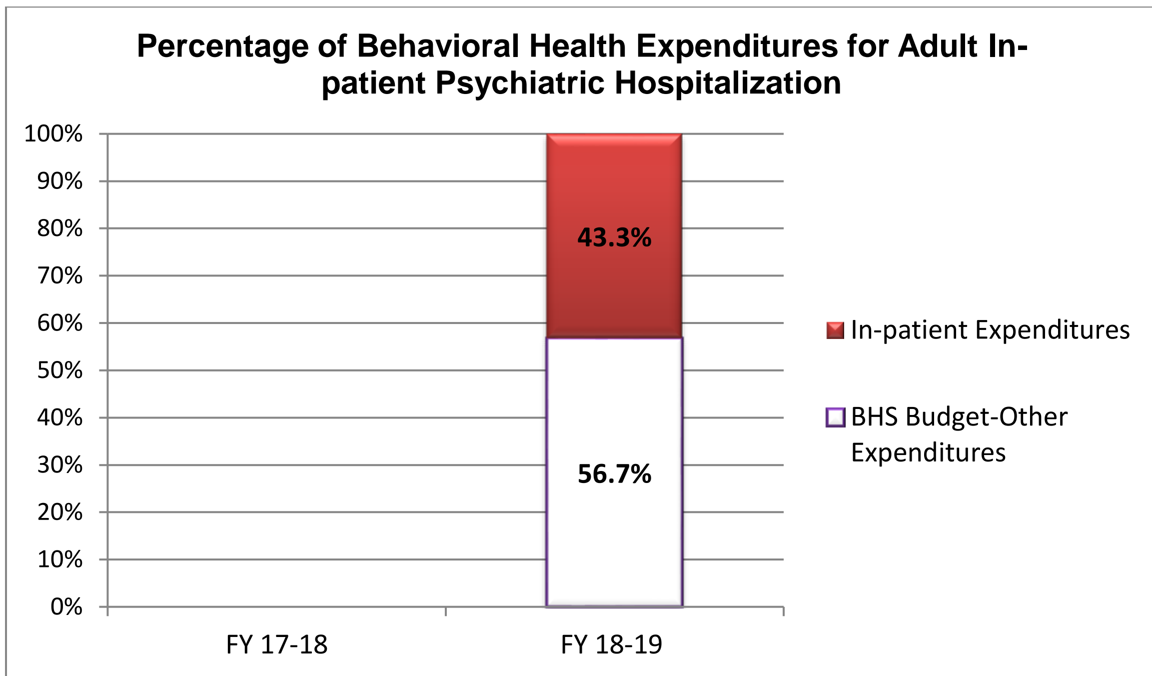


	# Pre-enrollment	# Post-enrollment	% Decrease
PES episodes FY 17-18	1121	577	50.3%
PES episodes FY 18-19	Not yet available	Not yet available	Not yet available



	# Pre-enrollment	# Post-enrollment	% Decrease
In-patient admissions FY 17-18	280	134	31.7%
In-patient admissions FY 18-19	Not yet available	Not yet available	Not yet available

b. Percent of BHS expenditures (in millions) for adult system of care in-patient psychiatric hospitalization versus total adult mental health program costs over time:



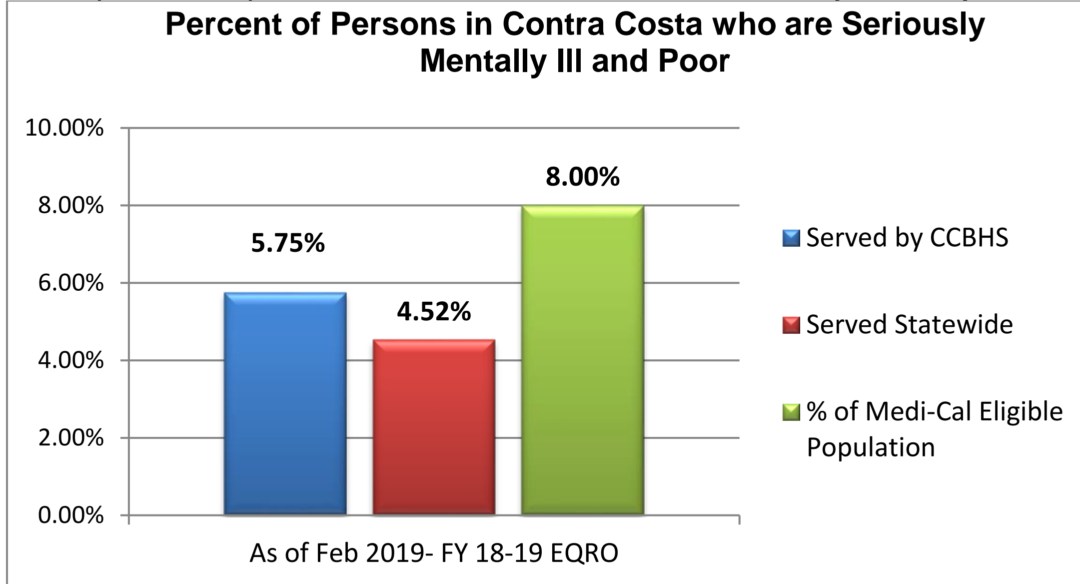
	FY 17-18	FY 18-19
Adult program expenditures		125,005*
In-patient expenditures		54,130
% of expenditures		43.3%

* in thousands

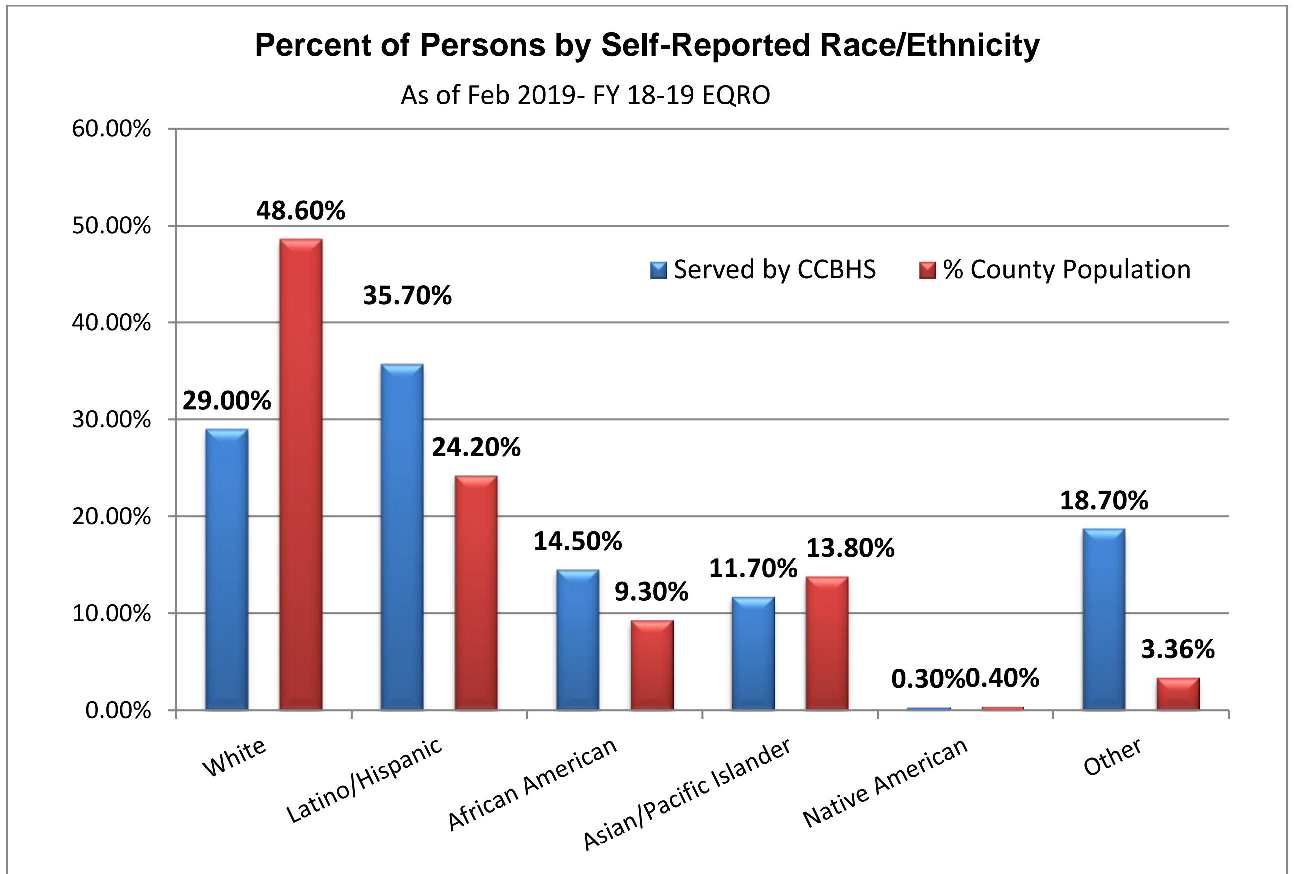
G. Quality Assurance

The following provide indicators of the equity and quality of care provided:

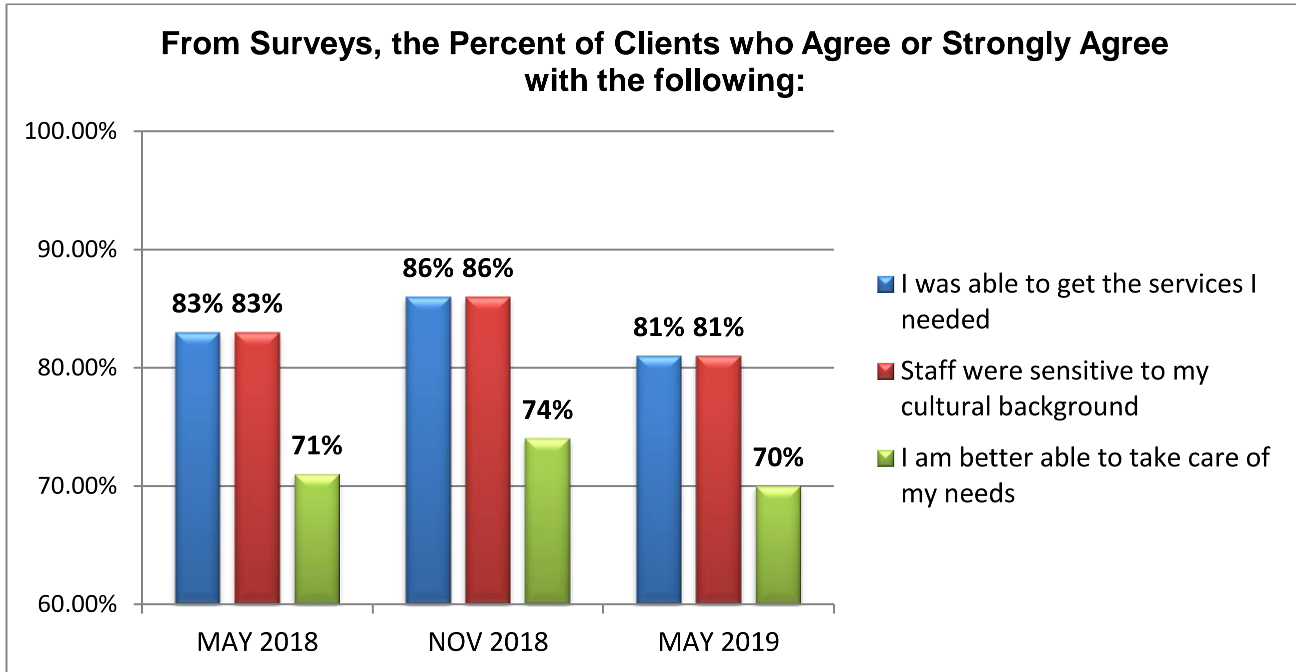
a. The percent of persons in Contra Costa who are seriously mentally ill and poor:



b. Percent of persons by self-reported race/ethnicity:



c. From customer satisfaction surveys, the percent of clients who agree or strongly agree with the following:



From the November 2018 surveys, the percent of clients who agree or strongly agree with the following:

	Youth	Adults	Total
I was able to get the services I needed	86	82	86
Staff were sensitive to my cultural background	86	79	86
I am better able to take care of my needs	74	72	74

From the May 2019 surveys, the percent of clients who agree or strongly agree with the following:

	Youth	Adults	Total
I was able to get the services I needed	81	82	81
Staff were sensitive to my cultural background	82	80	81
I am better able to take care of my needs	70	70	70

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Part III - Methodology

Section A – Need for Services

1. Access Line

Reports On:	Volume of Calls Received
Source:	Access Line
Point of Contact:	Laura Mendoza, Clerical Supervisor
Report Name:	Access Traffic
Data Source:	InContact Website
Frequency of Report:	Quarterly

2. Psychiatric Emergency Services (PES)

Reports On:	In-person admissions to PES
Source:	Contra Costa Regional Medical Center
Point of Contact:	Anne Staunton, QM Program Coordinator
Report Name:	CCHS Dashboard Psych KPIs
Data Source:	Epic Electronic Health Record
Frequency of Report:	Monthly

Section B – Access to Services

Reports On:	Days from request to offered appointment
Source:	CCBHS Research and Evaluation
Point of Contact:	Ken Gallagher, Research and Evaluation Manager
Report Name:	Access to Services
Data Source:	Tapestry and Cadence modules of ccLink
Frequency of Report:	Quarterly

Section C – Staffing Capacity

Reports On:	Staff vacancies and vacancy report
Source:	CCBHS Administration
Point of Contact:	Stacey Tupper, Project Manager
Report Name:	MH Vacant Positions List
Data Source:	PeopleSoft
Frequency of Report:	Monthly

Section D – Finance

1. Behavioral Health Budget

Reports On:	Annual funds budgeted versus spent
Source:	Office of the Auditor-Controller
Point of Contact:	Contra Costa web site
Report Name:	County Budget
Data Source:	County Auditor's Report
Frequency of Report:	Annual

2. Mental Health Program Fiscal Report

Reports On:	Funds budgeted versus spent by program
Source:	Behavioral Health Finance – Mental Health
Point of Contact:	Kathleen Tong, Accountant III
Report Name:	Mental Health Program Fiscal Report
Data Source:	County Auditor's Report
Frequency of Report:	Quarterly

Section E – Services Provided

Reports On:	Services provided and percent billable hours
Source:	Business Intelligence – Health Services
Point of Contact:	Oleg Andreev, Business Intelligence Developer
Report Name:	SCR4825 - MH County Providers – Unique Client and Service Report and BH Dashboard
Data Source:	iSite
Frequency of Report:	Monthly

Section F – Service Impact

1. Full Service Partnership Programs

Reports On:	Reduction of PES and in-patient hospitalizations
Source:	MHSA Administration
Point of Contact:	Windy Taylor, Project Manager
Report Name:	MH DCR Reports – FSP Clients Pre-and Post-Enrollment Service Summary
Data Source:	Data Collection Report, PSP/ShareCare
Frequency of Report:	Annual

2. Behavioral Health Expenditures

Reports On:	Percent of in-patient expenditures to total cost
Source:	MHSA Administration
Point of Contact:	Warren Hayes, MH Chief
Report Name:	BHS Fiscal Report
Data Source:	County Auditor's Report
Frequency of Report:	Quarterly

Section G – Quality Assurance

1. Penetration Rate

Reports On:	Percent of seriously mentally ill Medi-Cal population receiving CCBHS services
Source:	Behavioral Health Concepts, Inc.
Point of Contact:	Ken Gallagher, Research and Evaluation Manager
Report Name:	Medi-Cal Specialty Mental Health External Quality Review
Data Source:	California Department of Health Care Services
Frequency of Report:	Annual

2. Demographics

Reports On:	Medi-Cal enrollees by race/ethnicity
Source:	Behavioral Health Concepts, Inc
Point of Contact:	Ken Gallagher, Research and Evaluation Manager
Report Name:	Medi-Cal Specialty Mental Health External Quality Review
Data Source:	California Department of Health Care Services
Frequency of Report:	Annual

3. Client Satisfaction

Reports On:	Client experience at CCBHS mental health clinics
Source:	CCBHS Research and Evaluation
Point of Contact:	Ken Gallagher, Research and Evaluation Manager
Report Name:	MHSIP Consumer Satisfaction Report
Data Source:	Mental Health Statistics Improvement Project Forms
Frequency of Report:	Semi-Annual