KINGS COUNTY
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Mental Health • Prevention and Early Intervention• Substance Use Disorders Prevention and Treatment

Lisa D. Lewis, PhD | Director of Behavioral Health | (559) 852-2444

Kings County

Behavioral Health

Quality Assessment & Performance Improvement (QAPI) Work Plan

FY 2023-2024

with

FY 2022-2023

Evaluation

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 Code of Regulations (CCR), Title 9, Section 1810.440, Kings County Behavioral Health (KCBH) has a Quality Assurance (QA) Team that performs quality assessment and performance improvement (QAPI) activities pursuant to the Department of Health Care Services (DHCS) Mental Health Plan (MHP) Contract. As part of the required activities, KCBH produces an annual QAPI Work Plan via its Quality Improvement Committee (QIC), which is comprised 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 KCBH's Administration Division is the Quality Assurance (QA) Team, which reports to the KCBH Deputy Director. The KCBH QA Team consists of a QA Manager, a QA Licensed Clinician, a Business Applications Specialist, two QA Specialists, and an Office Assistant.

The purpose of the KCBH QA Team 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 transition of Managed Care operation and oversight from its previous County contracted provider to the County. 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 continuing through 2018-2019. As such, starting fiscal year 2019-2020, the KCBH QA Team became the oversight for monitoring performance in the following areas, and began baseline development for future trend analysis:

- Beneficiary and System Outcomes
    - Beneficiaries Served and Demographics
    - Timeliness of Services
    - 24/7 Access Line
    - ANSA data
    - 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

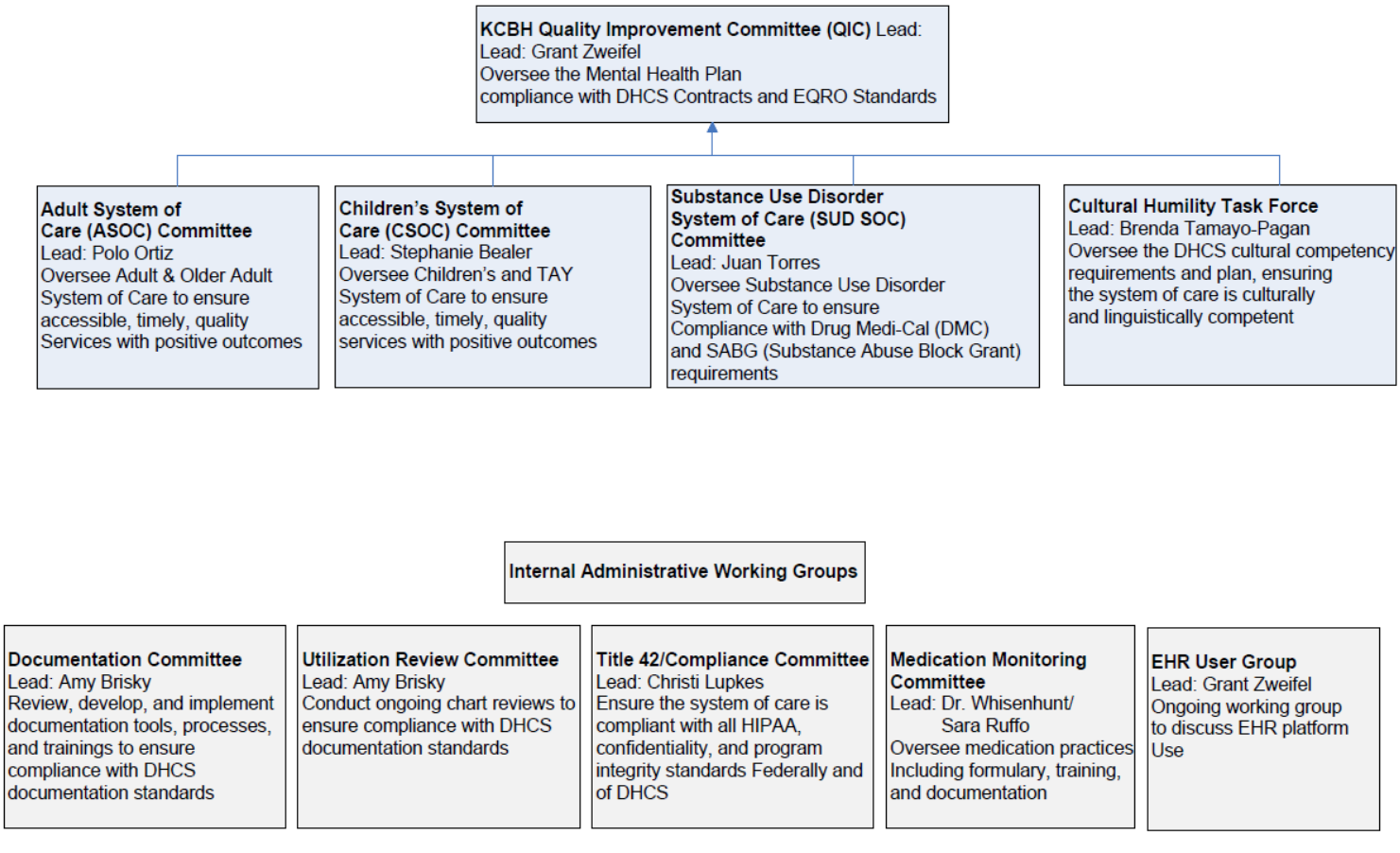
- Provider Network Adequacy, Credentialing, and Monitoring
  - Network Adequacy Provider Counts
  - Time and Distance Standards
  - Provider (Re)Credentialing
- Beneficiary Protections
  - Grievances
  - Appeals
- Cultural and Linguistic Competency
  - Cultural Competency Training
  - Language Access Utilization
  - Community Outreach

Metric development is done on a continuous basis as these measures continue to be designed. Monitoring is conducted quarterly for the metrics developed and are reviewed and discussed at the KCBH Quality Improvement Committee (QIC). The measures are reconciled at fiscal year end into an annual evaluation of the QAPI Work Plan for use in development of the proceeding fiscal year annual QAPI Work Plan update.

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) 2022-2023 MHP QAPI Work Plan and presented the results at the December 6, 2023 Quality Improvement Committee. Below is the summary of the results of that evaluation, as well as the focus areas identified for the FY 2023-2024 QAPI Work Plan.

FY 2022-2023 EVALUATION SUMMARY

Kings County Behavioral Health Mental Health Plan met the following goals in FY 2022/2023:

- Increased number of individuals served by 15%.
- Met or exceeded state's timely access among first access to medication services and follow-up appointments post psychiatric hospitalization.
- Satisfaction rating of 4.05 (out of 5) among adults clients and 4.13 (out of 5) among child/youth clients and caregivers/parents.
- Overall increase in the number of services provided.
- Hospital 30-day readmission rate remains below 10%.
- Network adequacy certification for provider ratios met state standards.
- Charts reviews resulted in an above 90% compliance rating for clinical documentation and medication monitoring standards.

Below is a summary of the MHP's goals and outcomes detailed further within this Plan.

- ***Services are Accessible:*** ***Goal partially met***
  (Penetration rates remain lower than State and Other Small Counties)
  - ***The number of individuals served increased by 15% across all ages and by 33% among 6- to 17-year-olds, after experiencing a steady decrease over the last few years****. the Kings MHP saw a steady increase each year of the number of beneficiaries served and penetration rate from 2016 through 2018 (while the penetration rate increased in 2019 the number served slightly decreased). In 2020 and 2021, both the number served and penetration rate in Kings County and among the state and other small counties decreased year over year. However, in 2022, the numbers began to rise following initial COVID impact. The number served increased 15% from 2,277 in 2021 to 2,623 in 2022, and the penetration increased from 3.51% to 3.81%. Penetration rates also increase among the state and other small counties.*
  - *Increases were most notable among 6-17 year olds and among Hispanic/Latino population, both of which had low penetration rates in prior years. The number served among Hispanic/Latino increased by 22% and the number served among the 6-17 age group increased by 33%, which was anticipated due to the reopening of schools and*

reinitializing of school-based services, after initial COVID impact. While the Kings County MHP is still below the state and other small county penetration rate for those served ages 6-17, in 2022 the rate increased for the first time since 2018.

- ***Services are Timely:*** ***Goal partially met***
  (Timeliness among 1st request and urgent conditions is outside state standards)
  - ***Timeliness among first entry into medication support services and re-entry from post-psychiatric hospitalization remains timely.*** *First entry into medication support services took on average 8.67 business days with 89% of all referrals meeting state standard of 15 business days, and the average length of re-entry post-psychiatric hospitalization took on average 7.11 calendar days with 85% meeting the HEIDIS standard of 7 calendar days. However, timeliness from first request for specialty mental health services to first offered appointment and first rendered services remain above the state standard (10 business day/80% met) landing at 14.68 business days on average with only 46% of all requests meeting the 10-business day standard.*
  - *Timeliness for entry into services for those experiencing an urgent condition is on average 89.47 hours (3.73 days) with 63% meeting the state's 48-hour (2 days) timeliness standard.*

- ***Services are of Quality to Consumers:*** ***Goal partially met***
  (Quality of Life domain in consumer perception survey remains just below 4.0 on the satisfaction scale of 1-5 with 5 being most satisfied)
  - ***Satisfaction among caregivers and youth consumers remained generally satisfied; however, the satisfaction among adult and older adult consumers was unable to be appropriately measured*** *as over half of the responses were either missing or selected as not applicable. However, in measuring the responses completed, there was a total satisfaction rating of 4.05 (out of 5) among adults clients and 4.13 (out of 5) among child/youth clients and caregivers/parents.*

  - ***Grievances decreased*** *with no identified pattern or trend.*

- ***Services Produce Measurable Outcomes:*** ***Data unable to be captured***
  - ***While in prior year reports, children experienced a 70% reduction in actionable treatment needs*** *per the measurement comparison of the initial Child Adolescent Needs and Strengths (CANS) assessment at time of entry with the CANS completed at discharge, in FY 22/23 the MHP was unable to pull this report due to conversion to a new electronic health records (EHR) system.*

- ***The Adult Needs and Strengths Assessment (ANSA) dashboard has not yet been developed.***

- ***Services are Appropriately Delivered:*** ***Goal partially met***
  (Number of beneficiaries receiving one SMHS remain well above that of the State, and hospitalizations continue to increase)
  - ***The number of claims submitted for each specialty mental health service category increased in 2022*** *except among IHBS which experienced a slight decrease. The increase would align with the increase in total number served, and the penetration rate among service categories is similar to the state and other small counties (within a 0.5% range).*

  - ***While the number of beneficiaries who received two to fourteen mental health services by the MHP was comparable to that of the state,*** *the MHP has a higher number who are only receiving one service in total and less beneficiaries than the state who are engaged in 15+ services.*

  - ***Appeals experienced a decrease****.*

  - ***Hospitalizations experienced a slight increase, and readmissions within 30-days experienced an increase*** *most notably among adults, although still under 10% readmission rate.*

- ***There is an Adequate Network of Providers:*** ***Goal Met***
  - *As of 2019, the MHP provider network significantly increased, and as such* ***received certification by DHCS during the 2019, 2020, 2021, 2022, and 2023 annual submission as meeting network adequacy*** *for provider ratio. This includes a children's reserve capacity contract.*

- ***Services are Documented in Accordance with State Standards:*** ***Goal Met***
  - ***Chart review compliance remains above the 90% compliance rate goal in total (93.26%), as does medication monitoring compliance (95.23%)****.*

- ***Services and Workforce are culturally and linguistically competent:*** ***Data is not yet captured within this plan*** *but is within the Behavioral Health Department's Cultural Competency Plan which metrics are being identified to carry over into this plan.*

FY 2023-2024 FOCUS AREAS FROM FY 2022-2023 EVALUATION

Kings County Behavioral Health underwent a conversion to its electronic health records system as of July 1, 2023, transitioning from the Kings View-hosted Cerner Anasazi to the CalMHSA-hosted Streamline Smartcare. During this conversion year of FY 23/24, reporting capabilities will be significantly impacted and staff and provider time prioritized on the conversion. As such, the focus area for FY 23/24 is the conversion, to include but not limited to, creating a legacy system, supporting providers through the transition, and getting quality assurance reporting back online.

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

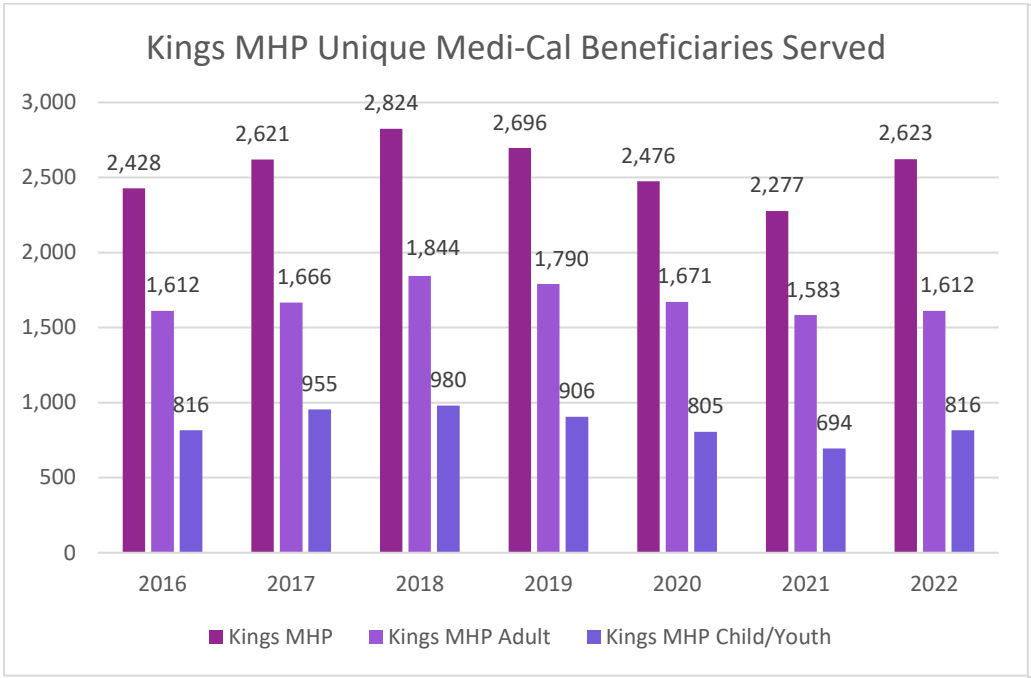
ANALYSIS: Based on the review of the year-by-year approved claims data report disseminated by Behavioral Health Concepts (BHC) each year, the Kings MHP saw a steady increase each year of the number of beneficiaries served and penetration rate from 2016 through 2018 (while the penetration rate increased in 2019 the number served slightly decreased). In 2020 and 2021, both the number served and penetration rate in Kings County and among the state and other small counties decreased year over year. However, in 2022, the numbers began to rise following initial COVID impact. The number served increased 15% from 2,277 in 2021 to 2,623 in 2022, and the penetration increased from 3.51% to 3.81%. Penetration rates also increase among the state and other small counties.

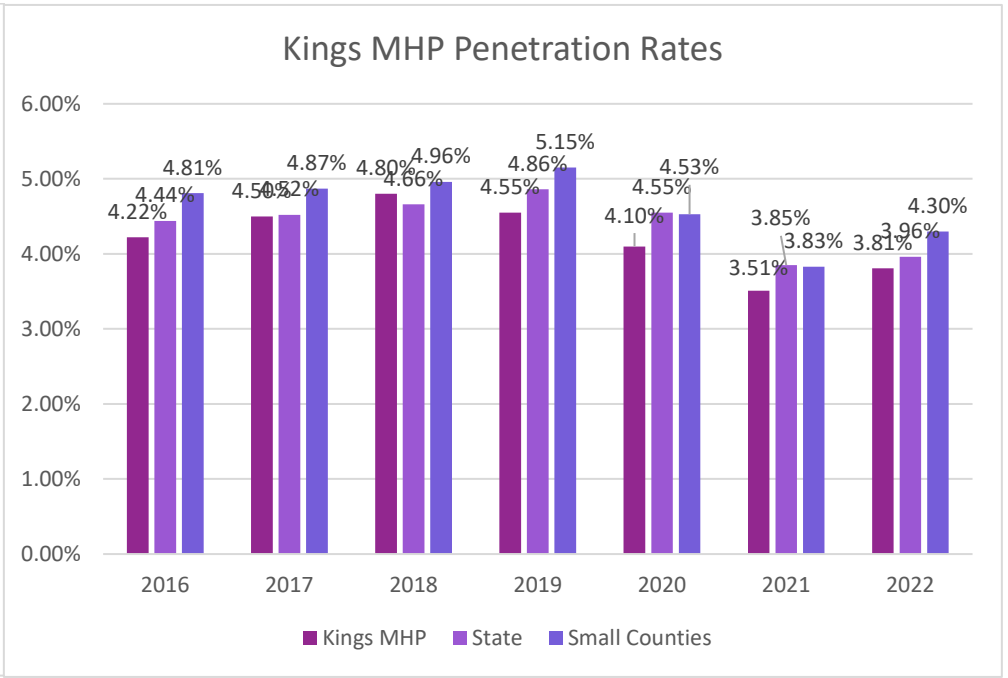
In reviewing the number served by age group, those 0-5 and 60+ slightly decreased, and those within the 6-17 and 18-59 group experienced increases. The 6-17 year old age group increased by 33%, from 606 in calendar year 2021 to 808 in calendar year 2022. This was anticipated due to the reopening of schools and reinitializing of school-based services, after initial COVID impact. The 18-59 year old age group experienced a 12% increase from 2021 (1393) to 2022 (1557). Kings County MHP is still below the state and other small county penetration rate for those served ages 6-17 years old, but the Kings MHP rate is no longer year by year decreasing.

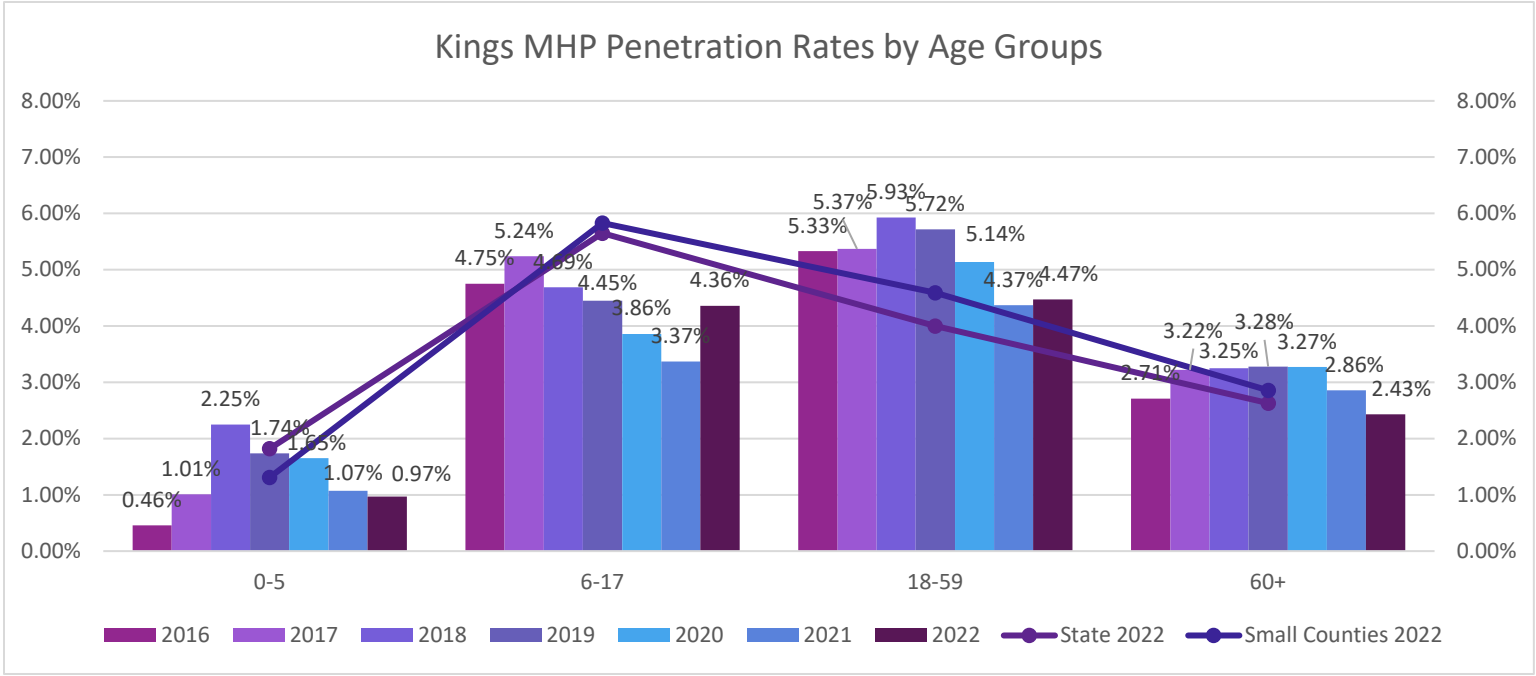
ACTION: Kings County Behavioral Health will continue to support increased outreach efforts and school-based services.

PRIOR YEAR ACTION AND RESULT: The low penetration rate among children ages 6-17 continued to be a focus of the KCBH Children System of Care Committee during fiscal year 2020/21 & 2021/22. During 2020/21 discussion, it was noted that with the reopening of schools post-COVID closure, school-based mental health services and referrals would be reinvigorated, and as such this measure was monitored for progress with impact anticipated in 2022 and beyond which per the 2022 claims data proved true.

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

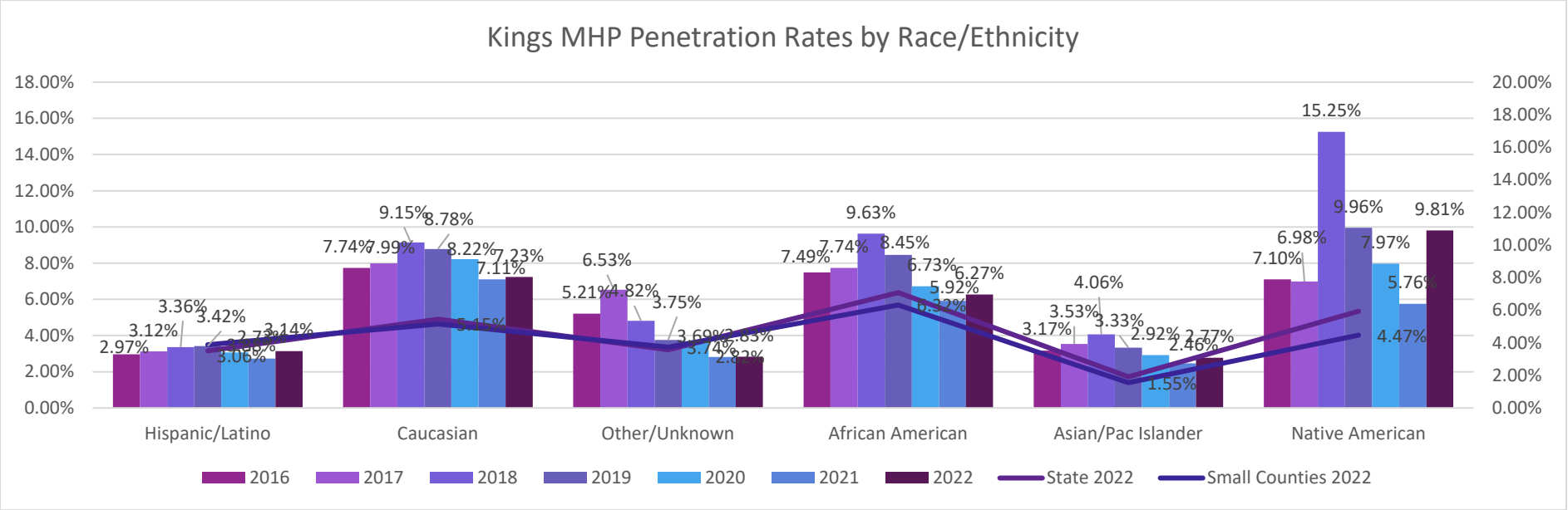
ANALYSIS: Of the beneficiaries served by Kings MHP in 2022, the race and ethnicity composition was 54% Hispanic/Latino, 26% Caucasian, 11% other/unknown, 7% African American, 1% Asian/Pacific Islander, and 1% Native American. When reviewing the number served by race and ethnicity, all numbers remain similar to prior years with no significant change, except among Hispanic/Latino and Native American populations. The number served among Hispanic/Latino increased by 22% from 2021 (1611) to 2022 (1411). The number served among Native American increased 85% from 14 in 2021 to 26 in 2022 although the small number (n) causes dramatic jumps with any change.

ACTION: Penetration rates among the Hispanic/Latino population, which was historically lower than the state and other small counties, experienced an increase in 2022, showing a positive trajectory and moving in closer alignment with the state and other small counties. Kings County Behavioral Health will continue to support increased outreach efforts especially those events and efforts focused toward the Hispanic/Latino population.

PRIOR YEAR ACTION AND RESULT: The MHP increased media campaigns and outreach in 2021/22 and 2022/23 to ensure the public was aware services were open and available to include telehealth options. It was anticipated any increase based on outreach would be seen potentially in 2022 claims data. The 2022 claims data has shown increased access in services, most notably among the Hispanic/Latino and Native American populations.

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%
2020	1,227/50%	3.06%	752/30%	8.22%	262/11%	3.69%	179/7%	6.73%	36/1%	2.92%	20/0.8%	7.97%
2021	1,161/51%	2.73%	669/29%	7.11%	240/11%	2.82%	160/7%	5.92%	33/1%	2.46%	14/1%	5.76%
2022	1,411/54%	3.14%	691/26%	7.23%	282/11%	2.83%	174/7%	6.27%	39/1%	2.77%	26/1%	9.81%


Kings MHP Penetration Rates by Race/Ethnicity
18.00%
16.00%
14.00%
12.00%
10.00%
8.00%
6.00%
4.00%
2.00%
0.00%
20.00%
18.00%
16.00%
14.00%
12.00%
10.00%
8.00%
6.00%
4.00%
2.00%
0.00%
2.97%
3.12%
3.36%
3.42%
3.06%
3.14%
7.74%
7.99%
9.15%
8.78%
8.22%
7.11%
7.23%
6.53%
5.21%
4.82%
3.75%
7.49%
7.74%
9.63%
8.45%
6.73%
5.92%
6.27%
3.17%
3.53%
4.06%
3.33%
2.92%
1.55%
2.46%
2.77%
7.10%
6.98%
15.25%
9.96%
7.97%
5.76%
4.47%
9.81%
Hispanic/Latino
Caucasian
Other/Unknown
African American
Asian/Pac Islander
Native American
2016
2017
2018
2019
2020
2021
2022
State 2022
Small Counties 2022

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: In FY 22/23, the length of time from initial request for mental health services to first offered appointment was an average of 14.68 business days for all ages of which 46% of all first offered appointments met the 10 business day DHCS standard. Last fiscal year it was an average of 15.04 business days with 43% meeting the standard. The length of time decreased among adults, but slightly increased among children and more significantly among foster youth. All age groups remain above the DHCS standard of 10 business days and well below the DHCS standard of 80% of all appointments required to meet this standard.

Additionally, the length of time from initial request for service to first kept appointment was an average of 18.73 business days for all ages of which 39% met the 10-business day DHCS standard. Last fiscal year, it was an average of 17.25 business days with 40% meeting the standard. The length of time decreased among adults, but slightly increased among children and more significantly among foster youth. All age groups remain above the DHCS standard of 10 business days and well below the DHCS standard of 80% of all appointments required to meet this standard.

ACTION: Provider shortages and increased access created a strain on timeliness standards, a strain that was shared among many counties post-COVID. Due to the need for clinics to be more nimble in adjusting more real-time to staffing shortages and access demands, it was decided to forgo a Performance Improvement Project (PIP) rather for both clinic access points to work closely with their respective clinics in finding solutions for addressing timeliness such as a standby call list for those who would be willing to fill a no-show or cancelation if one arises, double-booking in a manner that adequately aligns with the average no-show occurrence, etc..

PRIOR YEAR ACTION AND RESULT: Clinic-level monthly monitoring of timeliness began in March 2023 with an ability to work within the clinic to find solutions to address the issues each respective clinic may be experiencing and to design solutions most pertinent to those issues.

1ST REQUEST FOR SERVICE TO 1ST OFFERED APPOINTMENT (IN BUSINESS DAYS)–DHCS Standard: 10 Bus. Days/80% of Appts Must Meet Std

	All Services	Adult Services	Children's Services	Foster Care
FY 16/17	*First request was not tracked during this time. Tracking beginning in FY 18/19.*			
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
FY 20/21	7.5 Mean 6 Median 1-82 Range 79% Met Std	6.3 Mean 5 Median 1-52 Range 83% Met Std	9.5 Mean 8 Median 1-82 Range 71% Met Std	8.7 Mean 8 Median 2-23 Range 75% Met Std
FY 21/22	15.04 Mean 13 Median 11.18 Std Dev 1-114 Range 43% Met Std	12.57 Mean 11 Median 10.89 Std Dev 1-114 Range 50% Met Std	17.26 Mean 17 Median 10.97 Std Dev 1-63 Range 36% Met Std	13.93 Mean 9.50 Median 9.79 Std Dev 1-37 Range 53% Met Std
FY 22/23	14.68 Mean 12 Median 1-78 Range 46% Met Std	11.68 Mean 11 Median 1-76 Range 48% Met Std	17.49 Mean 12 Median 1-78 Range 45% Met Std	20.89 Mean 15 Median 1-77 Range 35% Met Std

1ST REQUEST FOR SERVICE TO 1ST KEPT APPOINTMENT (IN BUSINESS DAYS)–DHCS STANDARD: 10 BUS. DAYS/80% OF APPTS MUST MEET STD

	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
FY 20/21	10.2 Mean 7 Median 1-275 Range 71% Met Std	7.5 Mean 6 Median 1-61 Range 80% Met Std	13.7 Mean 9 Median 1-275 Range 76% Met Std	13.8 Mean 12 Median 2-54 Range 80% Met Std
FY 21/22	17.25 Mean 14 Median 14.85 Std Dev 1-114 Range 40% Met Std	15.70 Mean 12 Median 15.58 Std Dev 1-114 Range 45% Met Std	18.96 Mean 17 Median 13.79 Std Dev 1-85 Range 34% Met Std	17.54 Mean 14 Median 14.10 Std Dev 2-57 Range 44% Met Std
FY 22/23	18.73 Mean 14 Median 1-144 Range 39% Met Std	12.15 Mean 11 Median 1-76 Range 48% Met Std	23.40 Mean 16 Median 1-120 Range 33% Met Std	33.74 Mean 25 Median 1-144 Range 19% Met Std

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

ANALYSIS: In FY 22/23, the length of time from initial request for psychiatry service to first offered psychiatry appointment was an average of 8.67 business days for all ages of which 89.38% met the 15-business day DHCS standard. In FY 21/22, it was an average of 7.63 business days with 90% meeting the standard. Timeliness within this measure slightly increased from last fiscal year but overall remains within timeliness standard for both average business days and percent of appointments meeting the standard of 15 business days and at least 80% of appointments meeting the standard. When reviewed by age group, adults experienced a slight improvement from last fiscal year, but timeliness decreased among children.

In FY 22/23, the length of time from initial request for psychiatry service to first rendered psychiatry service was an average of 12.15 business days for all ages of which 75.09% met the 15-business day DHCS standard. In FY 21/22, it was an average of 13.49 business days with 73% meeting the standard. Timeliness within this measure improved from last fiscal year, and while the average days remains within timeliness standard, the percent of appointments meeting the 15-business day standard is below the standard which must be 80% or higher. When reviewed by age group, adults experienced an improvement from last fiscal year, but timeliness decreased among children.

ACTION: Provider shortages and increased access created a strain on timeliness standards, a strain that was shared among many counties post-COVID. Due to the need for clinics to be more nimble in adjusting more real-time to staffing shortages and access demands, it was decided to forgo a Performance Improvement Project (PIP) rather for both clinic access points to work closely with their respective clinics in finding solutions for addressing timeliness such as a standby call list for those who would be willing to fill a no-show or cancelation if one arises, double-booking in a manner that adequately aligns with the average no-show occurrence, etc...

PRIOR YEAR ACTION AND RESULT: In FY 21/22, both the timeliness of offered appointments and kept appointments were in compliance with DHCS standards which were 15 business days and at least 70% meeting the standard; therefore, no action was determined as necessary.

1ST REQUEST TO 1ST OFFERED PSYCHIATRY APPT (IN BUSINESS DAYS)–DHCS

Standard: 15 Bus. Days/80% of Appts Must Meet Std

	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 StdDev 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 StdDev 64% Met Std	13.52 Mean 10.5 Median 9.87 Std Dev 67% Met Std	13.5 Mean 13.5 Median 10.53 StdDev 50% Met Std
FY 20/21	10.9 Mean 6 Median 1-267 Range 86% Met Std	10.5 Mean 6 Median 1-264 Range 87% Met Std	12.3 Mean 6 Median 2-267 Range 83% Met Std	11 Mean 11 Median 3-19 Range 50% Met Std
FY 21/22	7.63 Mean 5 Median 7.15 Std Dev 1-43 Range 90% Met Std	7.14 Mean 5 Median 6.80 Std Dev 1-43 Range 91% Met Std	10.18 Mean 7 Median 8.34 Std Dev 2-40 Range 86% Met Std	15 Mean 14 Median 8.60 Std Dev 5-26 Range 67% Met Std
FY 22/23	8.67 Mean 7 Median 1-61 Range 89% Met Std	6.50 Mean 6 Median 2-54 Range 99% Met Std	16.99 Mean 13 Median 2-61 Range 86% Met Std	14.82 Mean 17 Median 1-28 Range 45% Met Std

1ST REQUEST TO 1ST KEPT PSYCHIATRY APPT (IN BUSINESS DAYS)–DHCS

STANDARD: 15 BUS. DAYS/80% OF APPTS MUST MEET STD

	All Services	Adult Services	Children's Services	Foster Care
FY 16/17	*Length of time from first request to first kept psychiatry appt is a new measure added to EQRO Timeliness Report in FY 20/21; therefore, data began being measured in 20/21.*			
FY 17/18				
FY 18/19				
FY 19/20				
FY 20/21	20.3 Mean 13 Median 2-281 Range 55% Met Std	23.9 Mean 18 Median 2-281 Range 45% Met Std	8.4 Mean 6 Median 2-26 Range 85% Met Std	0 Mean 0 Median 0 Range 0% Met Std
FY 21/22	13.49 Mean 7 Median 15.31 Std Dev 1-82 Range 73% Met Std	13.94 Mean 6 Median 16.15 Std Dev 1-82 Range 71% Met Std	11.36 Mean 9 Median 10.11 Std Dev 2-58 Range 85% Met Std	15 Mean 14 Median 8.60 Std Dev 5-26 Range 67% Met Std
FY 22/23	12.15 Mean 10 Median 2-47 Range 75% Met Std	11.16 Mean 9 Median 2-47 Range 81% Met Std	16.35 Mean 14 Median 2-47 Range 56% Met Std	19.83 Mean 18.50 Median 6-33 Range 75% Met Std

INDICATOR: TIMELINESS OF FIRST ENTRY FOR URGENT CONDITION

ANALYSIS: In FY 22/23, the length of time from initial request for service for an urgent condition to rendered service where prior authorization was not required was an average of 89.47 hours (3.73 days) for all ages of which 63% met the 48-hour DHCS standard. In FY 21/22, it was an average of 98.93 hours (4.12 days) with 71% meeting the standard. This timeliness measure remains outside of the DHCS standard, and is the MHP's non-clinical PIP for an MHP-wide standardized identification, response, and tracking process for Urgent Conditions to help improve the identification of and timeliness for urgent conditions.

There is also an area where the MHP is to report on urgent conditions that require a prior authorization for service; however, there were none meeting this requirement therefore no data to report.

ACTION: A more MHP-wide standardized process for identifying, responding to, and tracking of urgent conditions is the MHP's non-clinical PIP. This process was approved by the Adults System of Care, Children's System of Care, and Documentation Committees' for implementation October 2021. The aim is to better identify those beneficiaries with urgent conditions and serve them in a more timely manner. The tracking will be collected each month from each MHP provider site for analysis, reporting, and discussion at the monthly aforementioned committees to ensure effective implementation and progress towards PIP aim. The Year Two Intervention in 2023 is to institute an urgent conditions questionnaire at the front desk of the children's and adult clinics to continue to improve the ability to identify those with an urgent condition.

PRIOR YEAR ACTION AND RESULT: The MHP was to develop a 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. This occurred and the process was implemented October 2021.

AVERAGE LENGTH OF TIME FOR URGENT APPOINTMENT THAT DO NOT REQUIRE PRIOR AUTHORIZATION (IN HOURS)–DHCS Standard: 48 HOURS/80% of Appts Must Meet Std

	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 day 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 StdDev 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
FY 20/21	138 Mean 96 Median 0-840 Range 43% Met Std	123.75 Mean 84 Median 0-672 Range 44% Met Std	96 Mean 60 Median 0-312 Range 50% Met Std	576 Mean 576 Median 312-840 Rg. 0% Met Std
FY 21/22	98.93 Mean 48 Median 175.50 Std Dev 0-840 Range 71% Met Std	98.53 Mean 24 Median 191.98 Std Dev 0-840 Range 79% Met Std	104 Mean 48 Median 162.16 Std Dev 0-696 Range 50% Met Std	0 Mean 0 Median 0 Std Dev 0-0 Range 0% Met Std
FY 22/23	89.47 Mean 24 Median 0-1200 Range 63% Met Std	38.82 Mean 24 Median 0-504 Range 82% Met Std	136.74 Mean 72 Median 0-1200 Range 45% Met Std	40 Mean 24 Median 24-72 Range 67% Met Std

AVERAGE LENGTH OF TIME FOR URGENT APPOINTMENT THAT REQUIRES PRIOR AUTHORIZATION (IN HOURS)–DHCS STANDARD: 96 HOURS/80% OF APPTS MUST MEET STD

	All Services	Adult Services	Children's Services	Foster Care
FY 16/17	*No appts that require prior authorizations*			
FY 17/18				
FY 18/19				
FY 19/20				
FY 20/21				
FY 21/22				

INDICATOR: TIMELINESS OF POST-PSYCHIATRIC INPATIENT DISCHARGE

ANALYSIS: In FY 22/23, Kings MHP had 243 post-psychiatric hospitalization appointments of which 206 (85%) 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 7.11 days. This rose from 21/22 5.29 mean but remained within the 7-day HEIDIS standard.

ACTION: Measures are within HEIDIS standard therefore no action is necessary.

PRIOR YEAR ACTION AND RESULT: There was no action identified in 22/23.

AVERAGE LENGTH OF TIME FOR A FOLLOW-UP APPOINTMENT AFTER HOSPITAL DISCHARGE (IN DAYS)

	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 73% Met Std	7.17 Mean 5 Median 73% Met Std	7.46 Mean 5 Median 69% Met Std	5.33 Mean 5 Median 100% Met Std
FY 19/20	2.97 Mean 2 Median 94% Met Std	2.95 Mean 2 Median 93% Met Std	3.14 Mean 3 Median 97% Met Std	2.86 Mean 2 Median 86% Met Std
FY 20/21	5.27 Mean 3 Median 84% Met Std	4.94 Mean 3 Median 86% Met Std	5.97 Mean 4 Median 79% Met Std	7.11 Mean 3 Median 72% Met Std
FY 21/22	5.29 Mean 3 Median 86% Met Std	5.34 Mean 3 Median 87% Met Std	5.14 Mean 3.5 Median 83% Met Std	5.40 Mean 3.5 Median 70% Met Std
FY 22/23	7.11 Mean 3 Median 84.77% Met Std	7.93 Mean 3 Median 82.45% Met Std	4.31 Mean 2 Median 97.73% Met Std	2 Mean 2 Median 100% Met Std

OBJECTIVE 1.3: SERVICES ARE OF QUALITY TO CONSUMERS

INDICATOR: CONSUMER SATISFACTION SURVEY

ANALYSIS: For the June 2022 Consumer Perception Survey, the ability to assess and compare satisfaction among beneficiaries and caregivers was challenging as the MHP has experienced a high percent of consumers and family members not starting the survey but not completing questions as shown below as "N/A or Missing", as such, while it appears the satisfaction decreased from prior survey periods starting in 2020, it is primarily due to a high percent of missing or incomplete responses; the average likert score for each category remains generally static as satisfied.

ACTION: Continue with administering the survey in paper form for all those who have in-person services while in the lobby for their appointment and only offering online surveys to those who receive their service through telehealth, but ask clinics to have staff check in with survey takers to encourage completion of survey.

PRIOR YEAR ACTION AND RESULT: Increase number of individuals completing a survey by administering the survey in paper form for all those who have in-person services while in the lobby for their appointment and only offering online surveys to those who receive their service through telehealth. This was shown to significantly increase the number of individuals starting a survey, but did not reduce the number not completing a survey among adults.

CONSUMER PERCEPTION SURVEYS (CPS) RESULTS

Survey Date	# of Surveys	Question Category *(Likert scale 1 to 5, with 5 most satisfied)*			
		Satisfaction	Access	Informed Consent/ Participation	Effectiveness/ Well-Being
May 2019 Adult/OA	274	4.48 (89.6%)	4.28 (87.4%)	4.40 (85.2%)	3.96 (77.0%) *(13.9% neutral)*
May 2019 C/Y & Family	131	4.4 (84.4%)	4.37 (79.6%)	4.34 (84.0%)	4.01 (65.1%) *(20.6% neutral)*

Survey Date	# of Surveys	Question Category			
		Satisfaction	Access	Informed Consent/ Participation	Effectiveness/ Well-Being
Nov 2019 Caregiver (0-11)	24	4.17 (81.9%)	4.14 (87.5%)	4.24 (86.6%)	3.9 (72.7%) *(11% neutral)*
Nov 2019 Youth (12-17)	28	4.22 (78.6%)	4.15 (79.8%)	4.26 (75.8%)	3.89 (65.3%) *(20.1% neutral)*
Nov 2019 Adult (18-59)	80	4.49 (90.4%)	4.24 (79.6%)	4.31 (81.4%)	3.91 (59.0%) *(19.3% neutral)*
Nov 2019 Older Adult (60+)	4	4.72 (91.7%)	4.33 (83.3%)	4.39 (84.1%)	3.71 (59.4%) *(15.6& neutral)*
June 2020 Adult/OA	51	4.20 (56.86%) *(38.56% N/A or Missing)*	4.01 (50.65%) *(43.14% N/A or Missing)*	4.24 (50.45%) *(43.85 % N/A or Missing)*	3.62 (34.19%) *(43.63% N/A or Missing)*
June 2020 C/Y & Family	32	4.32 (71.88%) *(23.96% N/A or Missing)*	4.37 (80.21%) *(18.75% N/A or Missing)*	4.39 (81.25%) *(16.32% N/A or Missing)*	4.05 (61.08%) *(32.39% N/A or Missing)*
June 2021 Adult/OA	27	4.89 (23.46%) *(53.09% N/A or Missing)*	4.82 (23.46%) *(53.70% N/A or Missing)*	4.79 (22.64%) *(57.09 % N/A or Missing)*	4.67 (28.97%) *(58.18% N/A or Missing)*
June 2021 C/Y & Family	26	4.23 (64.10%) *(28.21% N/A or Missing)*	4.21 (65.38%) *(28.21% N/A or Missing)*	4.10 (59.83%) *(31.20% N/A or Missing)*	3.82 (55.94%) *(29.37% N/A or Missing)*

Survey Date	# of Surveys	Question Category *(Likert scale 1 to 5, with 5 most satisfied)*			
		Satisfaction	Access	Informed Consent/ Participation	Effectiveness/ Well-Being
June 2022 Adult/OA	120	4.18 (24.76%) *(71.11% N/A or Missing)*	4.10 (23.89%) *(71.25% N/A or Missing)*	4.11 (23.97%) *(71.30% N/A or Missing)*	3.83 (20.48%) *(71.65% N/A or Missing)*
June 2022 C/Y & Family	139	4.16 (59.71%) *(27.58% N/A or Missing)*	4.22 (64.03%) *(26.62% N/A or Missing)*	4.23 (61.31%) *(29.74% N/A or Missing)*	3.90 (52.58%) *(29.37% N/A or Missing)*

OBJECTIVE 1.4: SERVICES PRODUCE MEASURABLE OUTCOMES

INDICATOR: FUNCTIONAL IMPROVEMENT AMONG CHILD/YOUTH CONSUMERS, PER USE OF CANS/PCS-35

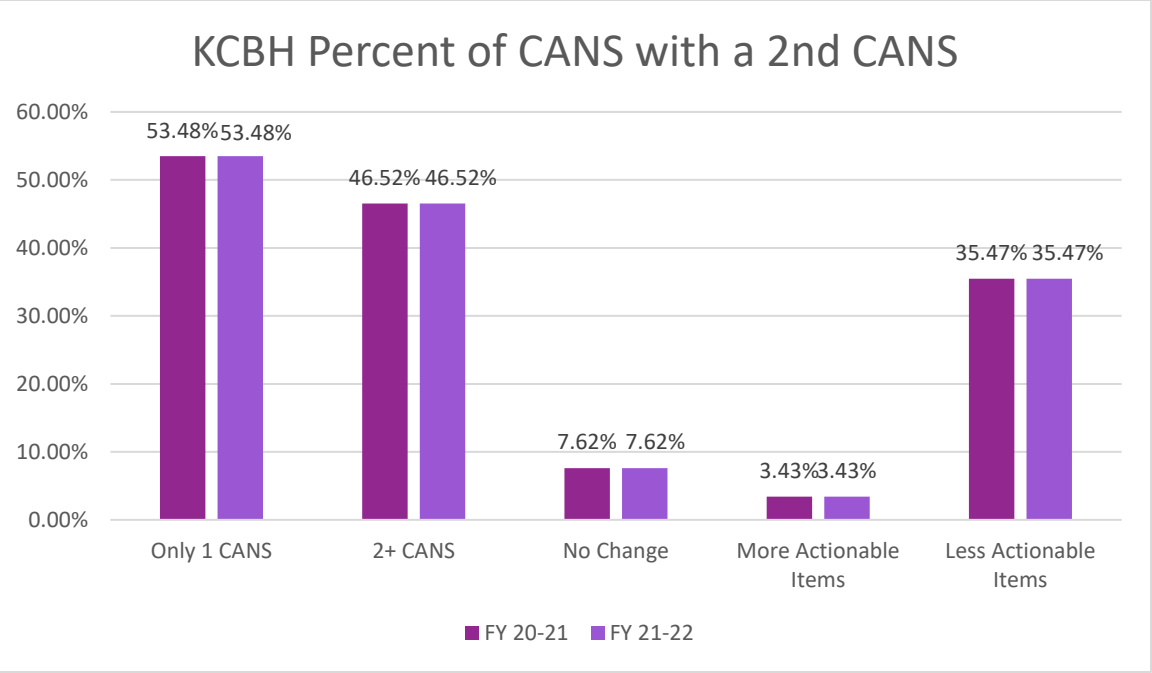
ANALYSIS: The Child and Adolescent Needs and Strengths (CANS) is a multi-purpose tool developed for children's services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. Kings County Behavioral Health (KCBH) clinicians currently administer CANS 2.0 for children and youth up to 21 years of age at intake, every 6 months throughout treatment or earlier if clinically indicated, and at discharge, as a structured assessment to identify youth and family strengths and needs. Questions on the CANS are scored on a scale from 0-3, with 3 being the highest indicator of needing immediate or intensive action. Questions are grouped into four categories: Child behavioral and emotional needs, Life domain function, Risk behaviors, and Cultural factors. Progress on the CANS is defined as a reduction of at least one need from initial assessment to discharge (i.e., moving from a '2' or '3' at initial assessment to a '0' or '1' on the same item at the discharge assessment). Below is a visual representation of CANS which had an initial and discharge CANS, and the 2s and 3s scored on the initial CANS versus at discharge (2s and 3s being the actionable treatment areas and as such a reduction in 2s and 3s demonstrates progress in treatment).

Upon a more detailed review of FY 20-21 and 21-22 discharge CANS scores among 2s and 3s in comparison to initial CANS 2s and 3s, nearly all scores experienced a reduction of 70% or greater; the area that had a low score but experienced the least percentage of reduction was among 2s in Self-Harm; and the common areas that scored the highest in actionable areas during initial CANS were Depression, Family Functioning, School Functioning, Anger Control, and Decision-making.

The Department was undergoing a conversion of it's Electronic Health Records (EHR) in FY 22/23 effective July 1, 2023, and as such a dashboard for FY 22/23 was not available.

ACTION: Attempt to obtain the FY 22/23 CANS Dashboard from legacy system, and ensure the creation of a CANS dashboard in the new EHR.

PRIOR YEAR ACTION AND RESULT: There was no prior year action; metric developed as of FY 21/22 QAPI Work Plan.


KCBH Percent of CANS with a 2nd CANS
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
53.48%
53.48%
46.52%
46.52%
7.62%
7.62%
3.43%
3.43%
35.47%
35.47%
Only 1 CANS
2+ CANS
No Change
More Actionable Items
Less Actionable Items
FY 20-21
FY 21-22

INDICATOR: FUNCTIONAL IMPROVEMENT AMONG ADULT CONSUMERS, PER USE OF ANSA

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

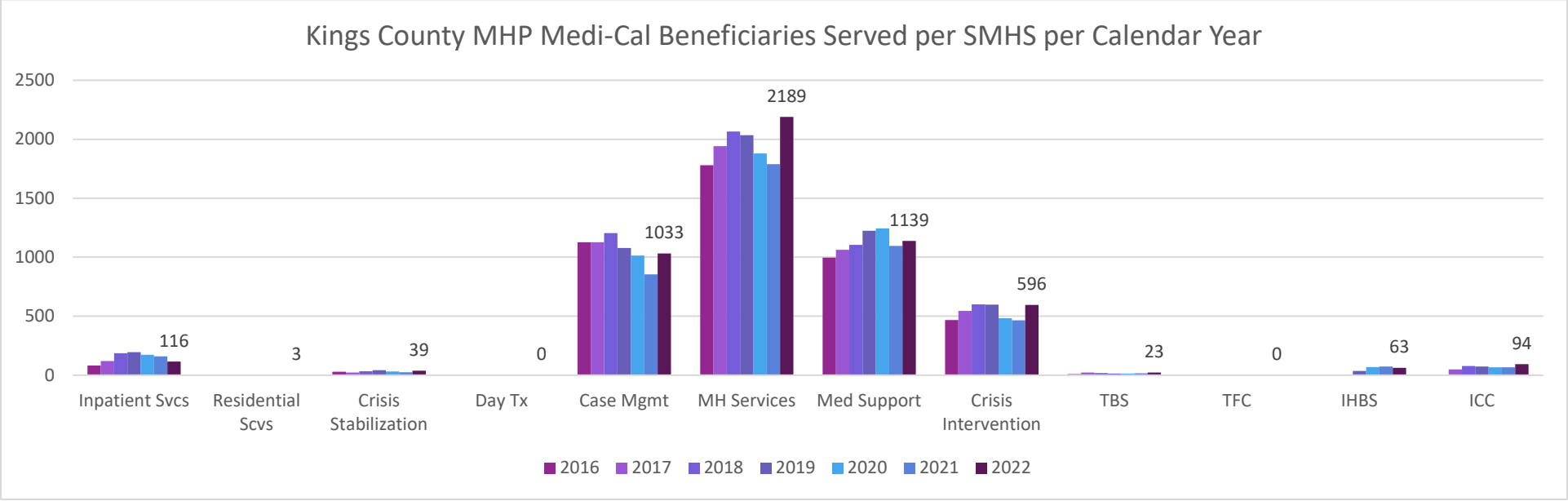
Placeholder for Metric: Count consumer with no contact for more than 30 days

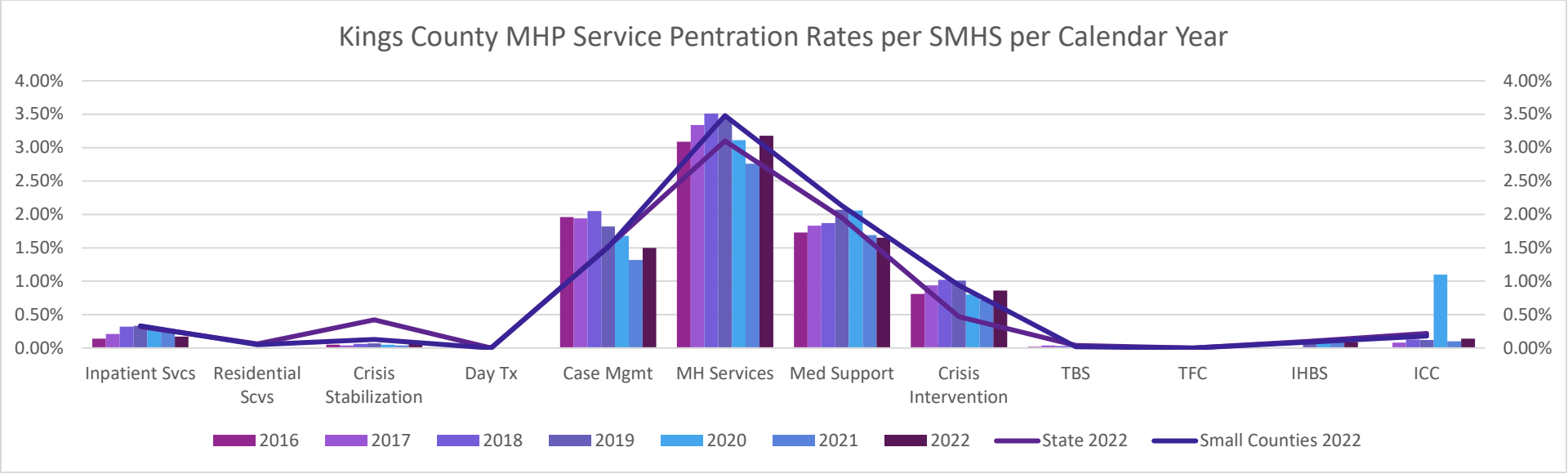
INDICATOR: SERVICES PROVIDED AS DEMONSTRATED THROUGH APPROVED CLAIMS

ANALYSIS: In calendar year 2022, the number of beneficiaries with claims increased among all SMHS categories except among Inpatient and IHBS of which Inpatient experienced a 27.5% decrease and IHBS a 15% decrease. Overall, there was a 16% increase in the number served throughout the SMHS categories which is similar to the 15% increase in total population served from 2021 to 2022. Most notably, the number of beneficiaries who received a crisis intervention increased 28% which may be a factor in the decrease in inpatient services, and the total number of beneficiaries in who received a mental health services increase 22%. When reviewing the penetration rate among all service categories though, all of the rates align with that of the state and other small counties (within less than a 0.5% range).

ACTION: No action is needed as penetration rates are similar to that of the state and other small counties.

PRIOR YEAR ACTION AND RESULT: No action was identified for FY 21/22.



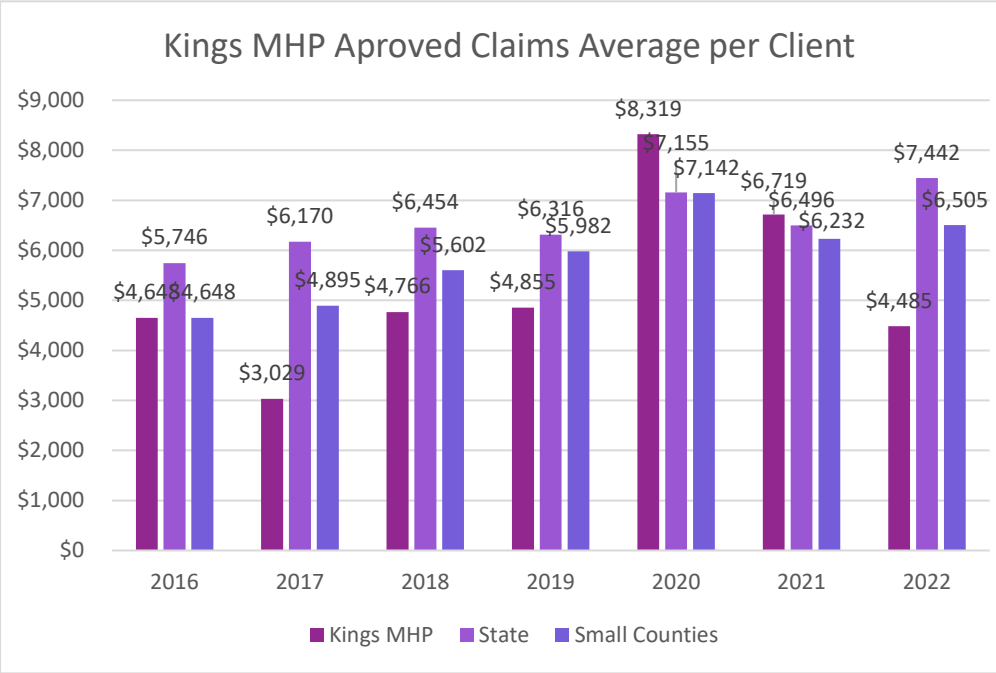

Kings County MHP Service Pentration Rates per SMHS per Calendar Year
4.00%
3.50%
3.00%
2.50%
2.00%
1.50%
1.00%
0.50%
0.00%
Inpatient Svcs
Residential Scvs
Crisis Stabilization
Day Tx
Case Mgmt
MH Services
Med Support
Crisis Intervention
TBS
TFC
IHBS
ICC
2016
2017
2018
2019
2020
2021
2022
State 2022
Small Counties 2022

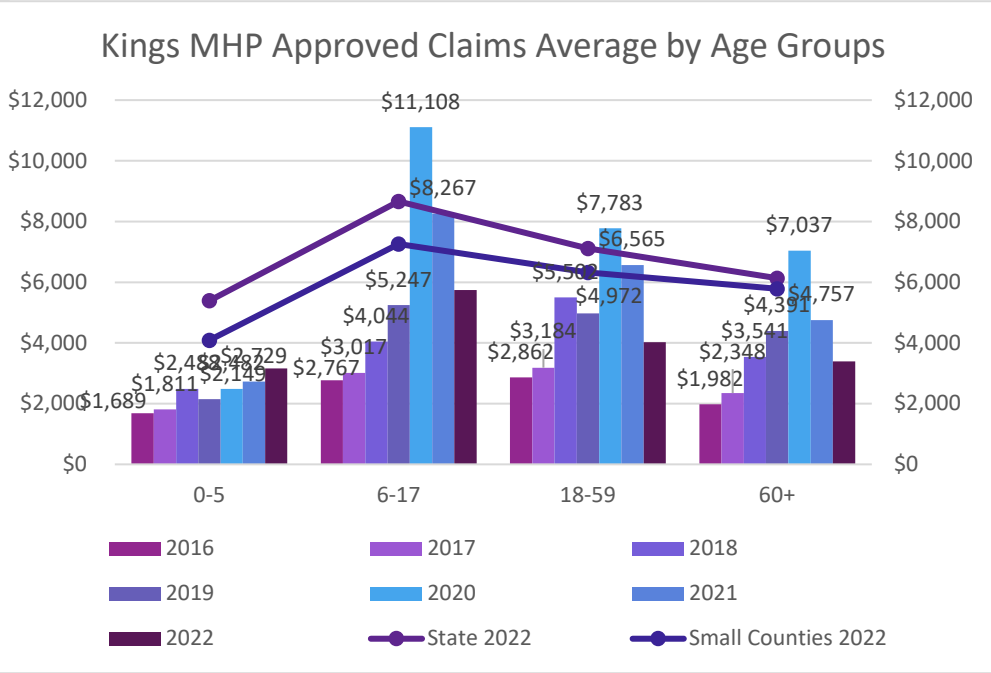
INDICATOR: MEDI-CAL APPROVED CLAIMS AND SERVICES

ANALYSIS: Kings MHP average approved claims was historically around $4,500 per beneficiary except in 2020-2021where it significantly increased nearly doubling. However, that is not an accurate reflection of a true increase because during 2020 MHPs were able to adjust their rates to COVID rates which were rates above the typical SMHS rates to assist MHPs in covering costs during the unpredictable pandemic. This COVID rate continued into a portion of 2021. Therefore, any data related to claim amounts that cover FY 20/21 should be reviewed with caution as they reflect an atypical inflated amount that cannot be compared to other years. Nor can it be compared to the State and other counties, as it was optional for MHPs to adjust to COVID rates and as such State and other small county claims encompass some adjusted rates and other non-COVID adjusted rates. Average approved claim returned to $4,485 in 2022 which is significantly below that of the state and other small counties. However, this too is not a true comparison because the state and other small counties have claims in service categories not incurred by Kings County as those services are not available in Kings County. These services are Day Treatment which has an average approved claim of $11,927 for the state and $28,504 for other small counties, and Therapeutic Foster Care which has an average approved claim of $22,796 for the state and $5,487 for other small counties.

ACTION: No action recommended.

PRIOR YEAR ACTION AND RESULTS: No identified action from FY 21/22.



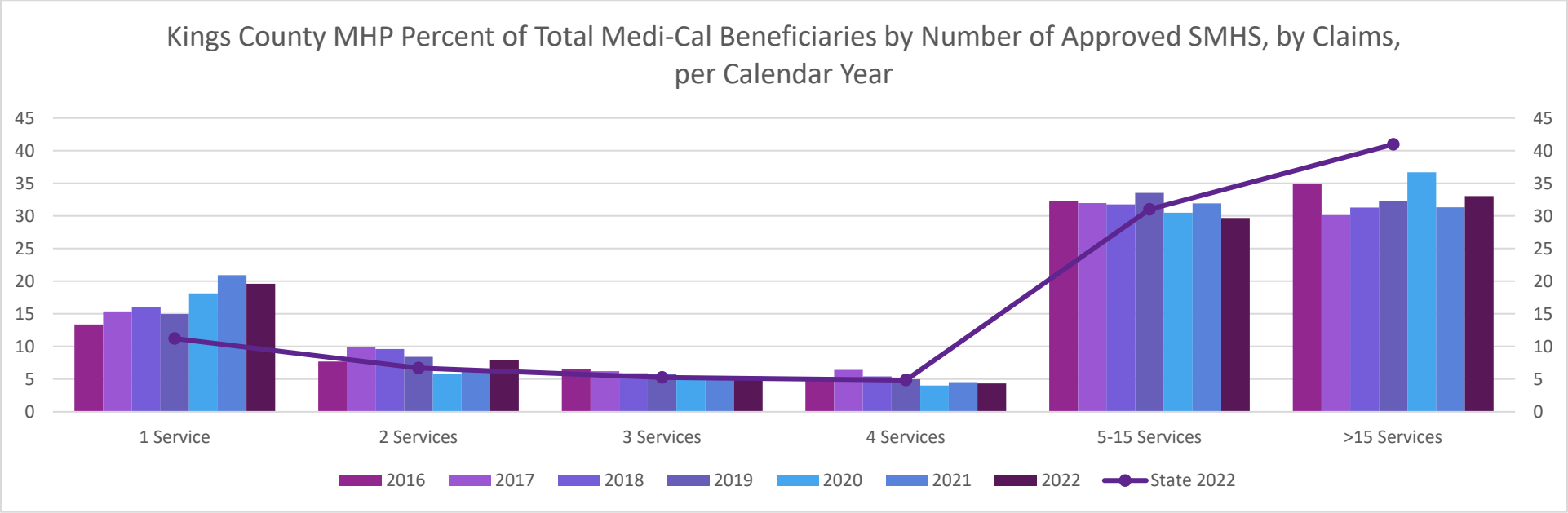


INDICATOR: ENGAGEMENT RATES OF CONSUMERS

ANALYSIS: Kings MHP continues to have more beneficiaries receiving only one SMHS than the state rate and less receiving more than 15 SMHS than the state rate. Beneficiaries receiving 2 to 15 SMHS from Kings MHP is similar to the state rate.

ACTION: The MHP will explore methods in which this may be able to be examined through data and will also discuss among providers to try to glean an understanding of potential reasons for the more having just 1 SMHS and less having 15 or more.

PRIOR YEAR ACTION AND REMAINS THIS YEAR'S ACTION: The MHP was to develop 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. However, that has not yet occurred. Additionally, the MHP was to review 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, but this has not yet occurred.



INDICATOR: NO-SHOW RATE FOR CLINICAL AND PSYCHIATRY SERVICES

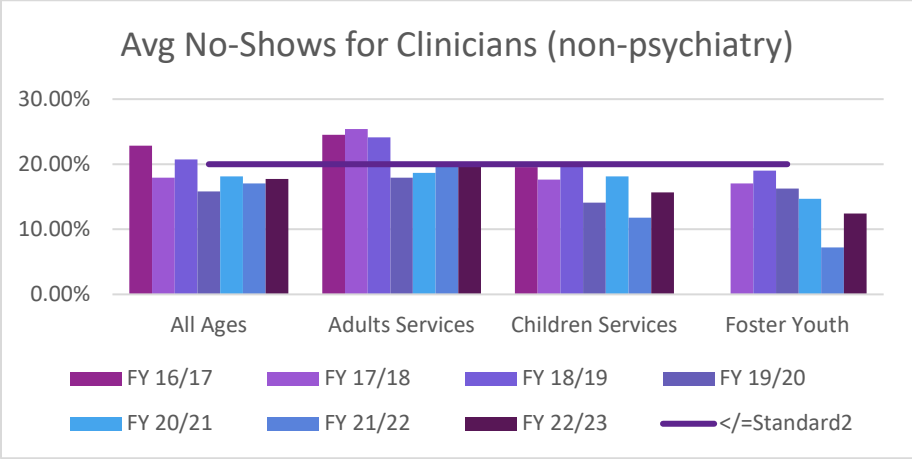
ANALYSIS: In FY 22/23, the no-show rates for psychiatry (med services) among all ages was 21.15%. The rate among adults and foster youth both increased from the prior FY causing both to be above the not to exceed MHP standard of 20%. However, the number is very low among foster youth thus causing untrue percentage shifts. The no show rate among children's psychiatry services decreased from 20.16 in FY 21/22 to 17.74 in FY 22/23. For clinical services (non-med services), for fiscal year 2022/2023, the no-show rates among all ages was 17.73%, remaining below the not to exceed 20% standard among all ages.

ACTION: Psychiatry no-show rate is to be sent to the Medical Director for review and discussion at the Medication Monitoring Committee.

PRIOR YEAR ACTION AND RESULT: No action was identified to be taken in FY 21/22.

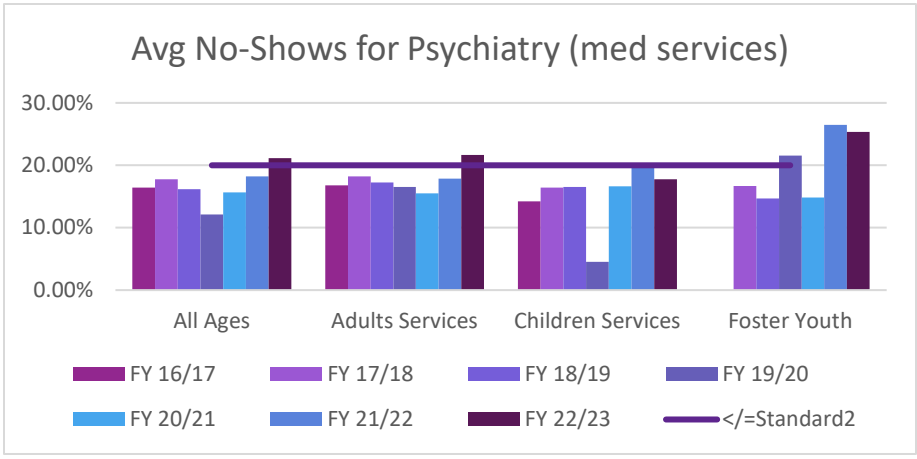
AVERAGE NO-SHOWS FOR CLINICIANS OTHER THAN PSYCHIATRISTS

MHP Standard: </=20%



AVERAGE NO-SHOWS FOR PSYCHIATRISTS

MHP Standard: </=20%



OBJECTIVE 2.2: SERVICES ARE DOCUMENTED ACCORDING TO STATE STANDARDS OF CARE

INDICATOR: CHART REVIEW/UTILIZATION REVIEW

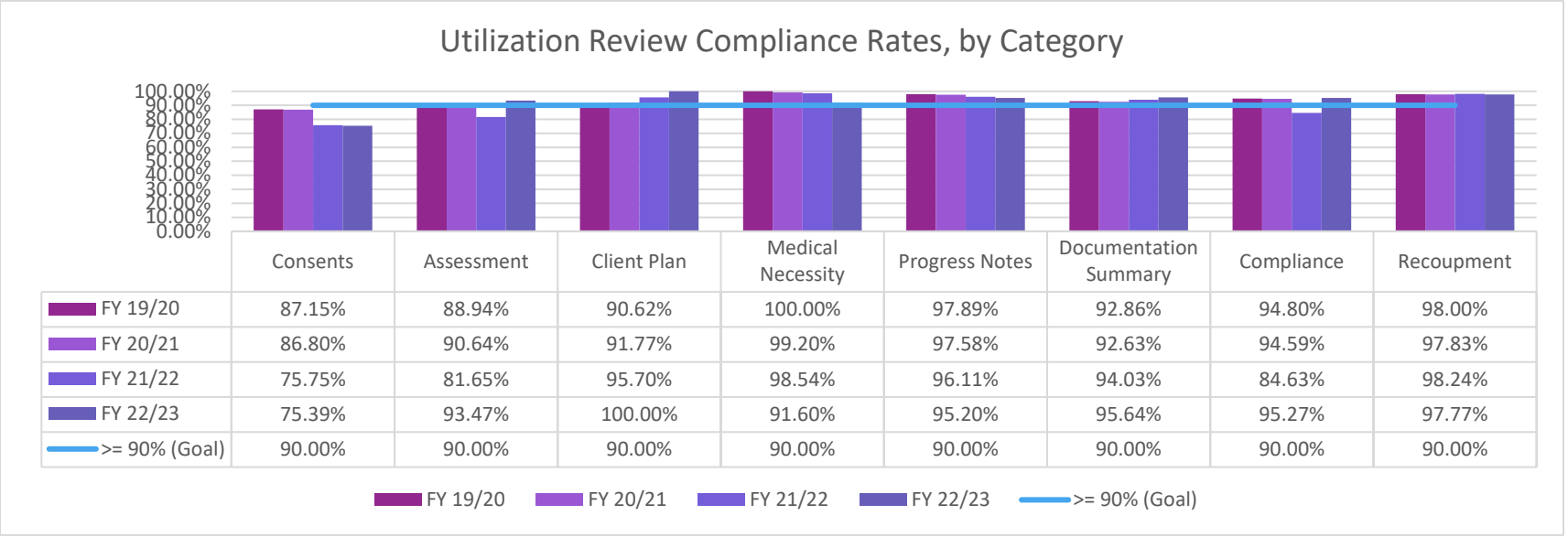
ANALYSIS: In FY 22/23, Kings County MHP had a 93.26% utilization review (UR) compliance rate after reviewing 183 charts totaling 14,108 chart items. This is a slight increase from FY 21/22 total compliance of 92.67%, and is over the compliance goal of 90%. UR is broken out into 8 categories seen in the graph below wherein all but three met or exceeded the MHP goal of 90% compliance. The only area below 90% compliance was Consents. The MHP UR audit tool was revised in November 2022 to align with CalAIM Documentation Redesign making comparison of data across fiscal year 22/23 to be difficult as many UR categories, including Assessment, Access Criteria, and Problem List were changed significantly. For this reason, there is an unavoidable data limitation which should be considered.

ACTION: Consents will remain an area of focus for improvement at the UR Committee in FY 22/23.

PRIOR YEAR'S ACTION AND RESULTS: The MHP saw significant changes in the compliance percentages of many categories throughout FY 22/23 which are trending in a positive direction. In Q3, it was discovered that due to an E.H.R. limitation, providers were not able to edit/ correct the Problem List fields (specifically the area in which a diagnosis is "identified by") completed by another MHP program. This issue had persisted since the implementation of Documentation Redesign in August 2022. This resulted in findings of Problem Lists being out of compliance with little/ no opportunity for correction. The MHP attempted to ameliorate this in Q4 by only recording Problem List deficiencies if the error was made by the current treating provider who had opportunity to enter/correct the diagnosis/problem. This issue is likely the reason for the 5.55% compliance decrease in the Problem List category as no other question in this category yielded significant or persistent findings. Although the Consent category is under the compliance percentage goal of 90% and continues to be an area of focus for the MHP, there has been a 8.72% increase in compliance throughout the fiscal year.

CHART REVIEW RESULTS

FY	Total Charts Reviewed	Items Compliant	Items Not-Compliant	Total % Compliant
FY 19/20	233	13,838	1,311	91.35%
FY 20/21	215	19,673	950	95.39%
FY 21/22	201	11,550	913	92.67%
FY 22/23	183	13,157	951	93.26%



	Consents	Assessment	Client Plan	Medical Necessity	Progress Notes	Documentation Summary	Compliance	Recoupment
FY 19/20	87.15%	88.94%	90.62%	100.00%	97.89%	92.86%	94.80%	98.00%
FY 20/21	86.80%	90.64%	91.77%	99.20%	97.58%	92.63%	94.59%	97.83%
FY 21/22	75.75%	81.65%	95.70%	98.54%	96.11%	94.03%	84.63%	98.24%
FY 22/23	75.39%	93.47%	100.00%	91.60%	95.20%	95.64%	95.27%	97.77%
>= 90% (Goal)	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%

INDICATOR: MEDICATION PRACTICES

MEDICATION MONITORING CHART REVIEW RESULTS

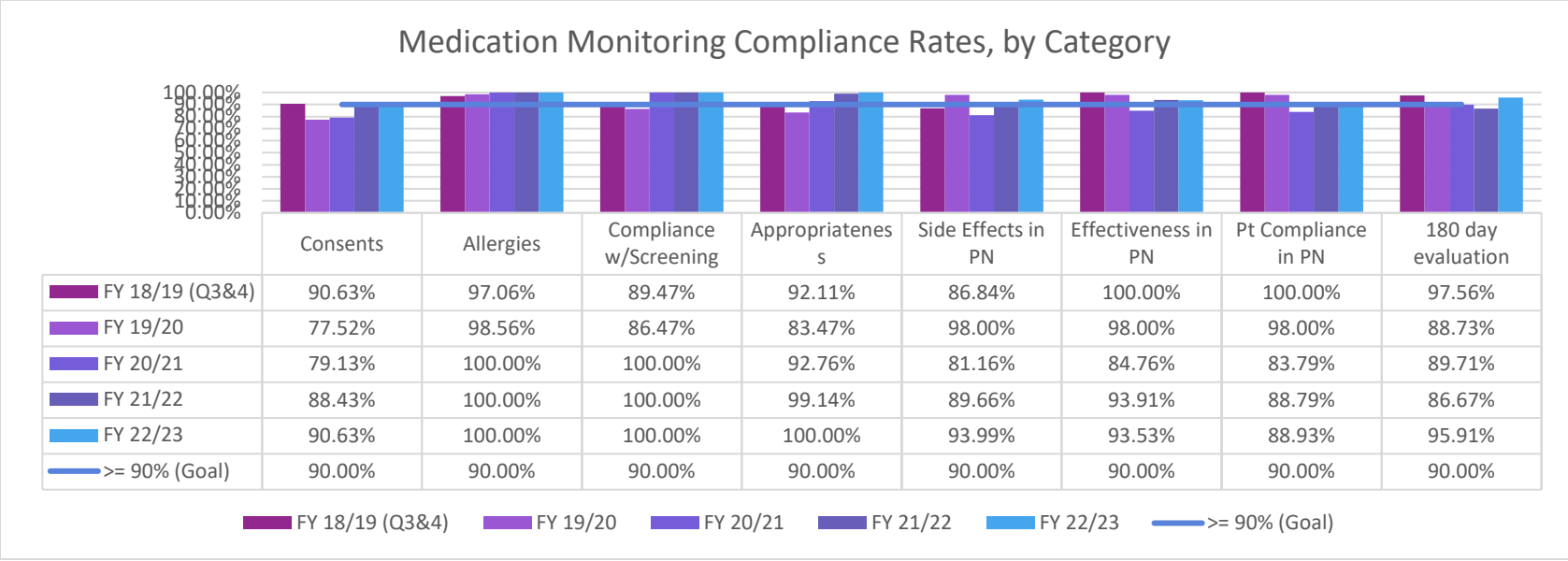
ANALYSIS: In FY 22/23, Kings MHP had a 95.23% medication monitoring compliance rate after reviewing 166 charts totaling 1,185 chart items. The medication monitoring review is broken out into 8 categories seen in the graph below. All but one of the eight categories met or exceeded the MHP goal of 90% compliance. Patient compliance noted within progress notes was the only categories that did not meet the 90% standard.

ACTION: The MHP shall continue to monitor medication consent compliance.

PRIOR YEAR ACTION AND RESULTS: MHP held monthly medication monitoring committee meetings with all psychiatrists and med support staff to discuss and review compliance and compliance categories.

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%
FY 20/21	156	990	92	90.71%
FY 21/22	149	909	65	93.33%
FY 22/23	166	1,131	54	95.23%



	Consents	Allergies	Compliance w/Screening	Appropriateness	Side Effects in PN	Effectiveness in PN	Pt Compliance in PN	180 day evaluation
FY 18/19 (Q3&4)	90.63%	97.06%	89.47%	92.11%	86.84%	100.00%	100.00%	97.56%
FY 19/20	77.52%	98.56%	86.47%	83.47%	98.00%	98.00%	98.00%	88.73%
FY 20/21	79.13%	100.00%	100.00%	92.76%	81.16%	84.76%	83.79%	89.71%
FY 21/22	88.43%	100.00%	100.00%	99.14%	89.66%	93.91%	88.79%	86.67%
FY 22/23	90.63%	100.00%	100.00%	100.00%	93.99%	93.53%	88.93%	95.91%
>= 90% (Goal)	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%

INDICATOR: HOSPITALIZATION AND RE-HOSPITALIZATION RATES

ANALYSIS: In FY 22/23, there were 493 total psychiatric hospitalizations (includes all involuntary psychiatric hospitalizations in Kings County regardless of insurance type). This is an increase from 477 in FY 21/22. In reviewing the number of hospitalization (493) against the total County population (152,987), the County had less than a 1% (0.3%) Hospitalization Rate. Among readmission rates within 30-days of hospital discharge, there was a significant increase from 5.03% (24) in FY 21/22 to 9.13% (45) in FY 22/23. The primary increase in readmissions was among adults.

ACTION: Data will be monitored through FY 23/24 at the quarterly reporting meetings at QIC to see if increase remains, as it is compared to a prior fiscal year that was lower than the average across prior fiscal year.

PRIOR YEAR ACTION AND RESULT: There were no actions identified for FY 21/22.

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	72	13
FY 20/21	434	354	56	24
FY 21/22	477	367	110	18
FY 22/23	493	399	88	6

Data Limitation: Although there appears to be a significant increase from prior fiscal years (16/17, 17/18 and 18/19), it was noted that the methodology for which hospitalizations were captured changed in FY 19/20 and as a result it accounted for the increase in hospitalization. As such, the increase was not attributed to an increase in individuals being hospitalized, rather an administrative change in reporting.

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%	3/4.17%	2/15.38%
FY 20/21	34/7.83%	29/8.19%	2/3.57%	3/12.50%
FY 21/22	24/5.03%	16/4.36%	8/7.27%	0/0%
FY 22/23	45/9.13%	41/10.28%	4/4.55%	0/0%

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: For the FY 22/23 Network Adequacy Certification, the Kings MHP reported the availability of 94.90 direct provider full-time equivalencies (FTE), not including any reserve capacity FTEs. The MHP has a reserve capacity contract for children's psychiatry and SMHS providers to expand available providers if the need should arise. With the reserve, the available FTEs are 116.90. This composition of providers, along with the reserve capacity FTEs, meets the DHCS provider ratio standards for the 2022 annual network adequacy certification for child psychiatry providers, child non-psychiatry providers, and adult no-psychiatry providers, but is under the ratio for adult psychiatry (need 2.93 FTE, reported 1.91 FTE which was a 1.40 FTE reduction (by 4 providers) in adult psychiatry from April 2021 to July 2022).

ACTION: Assess FTE reduction in adult psychiatry to assess if these are vacancies that have since been filled, etc. Corrective action by the MHP for any unmet provider ratio will be required by March 2023.

FULL-TIME EQUIVALENCY (FTE) BY PROVIDER TYPE

Time Period	**Child/Youth Psychiatry** *(includes NP)*	**Adult Psychiatry** *(includes NP)*	**Child/Youth Medical Personnel** *(i.e. RN, PT)*	**Adult Medical Personnel** *(i.e. RN, PT)*	**Child/Youth Therapists**	**Adult Therapists**	**Child/Youth Other Qual. Prov.** *(Rehab Spc, Case Mgr, PSS)*	**Adult Other Other Qual. Prov.** *(Rehab Spc, Case Mgr PSS)*	**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
April 2021	2.29	4.36	0.9	8.10	18.55	21.00	21.70	13.65	89.65
July 2022	2.94 *(excludes NP & Reserve)*	1.91 *(excludes NP)*	1.25 *(includes NP)*	6.40 *(includes NP)*	27.95 *(excludes Reserve)*	16.00	27.65	11.80	94.90 *(excludes Reserve)*
Nov 2023	1.04 *(excludes NP & Reserve)*	3.96 *(excludes NP)*	0.00 *(includes NP)*	6.90 *(includes NP)*	27.50 *(excludes Reserve)*	24.75	22.20	17.10	103.45 *(excludes Reserve)*

DHCS NETWORK ADEQUACY PROVIDER RATIO FINDINGS						
Provider Category	**Date**	**DHCS Standard**	**DHCS Estimated Need Population** *(Medi-Cal Eligible X Prevalence)*	**# of FTE Providers Needed to Meet the Ratio Standard**	**# of FTE Providers Reported by the MHP**	**DHCS Findings (Pass/ Conditional Pass)**
Psychiatry Provider Capacity - Adults	**Nov 2023**	1:457	1697.11	3.71	4.96	Met
	July 2022	1:524	1535	2.93	4.46	Pass

	Apr 2021	1:524	1414	2.70	3.31	Pass
	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	**Nov 2023**	1:267	705.28	2.64	2.64	Met
	July 2022	1:323	684	2.12	2.54 *(includes 1 FTE Reserve)*	Pass
	Apr 2021	1:323	665	2.06	2.19	Pass
	Apr 2020	1:323	572	1.77	2.82	Pass
	Apr 2019	1:323	572	1.77	1.10	Conditional Pass
Outpatient SMHS Provider Capacity - Adults	**Nov 2023**	1:85	2533	29.8	49.45	Met
	July 2022	1:85	2292	26.96	29.45	Pass
	Apr 2021	1:85	2110	24.82	41.70	Pass
	Apr 2020	1:85	1898	22.33	47.75	Pass
	Apr 2019	1:50	1,898	37.96	44.37	Pass

Outpatient SMHS Provider Capacity -Children/ Youth	**Nov 2023**	1:49	2432	49.63	53.75	Met
	July 2022	1:43	2357	54.82	55.55 *(includes 21 FTE Reserve)*	Pass
	Apr 2021	1:43	2292	53.30	39.35	Pass
	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

TIME AND DISTANCE STANDARDS

ANALYSIS: All beneficiaries within Kings County are within the DHCS time and distance standards of 75 minutes and 45 miles to the nearest MHP provider, as the county as a whole geographically is no larger from any given point to another than that of the time and distance standards. As such, DHCS found the Kings MHP to be in compliance in prior network adequacy certifications and it is anticipated that this will continue to be found in compliance as the time and distance standards have not changed nor has the county jurisdictional area.

ACTION: No action to be taken.

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 AND APPEALS

ANALYSIS: In FY 22/23, Kings MHP Patient Rights Advocate processed 36 grievances, a decrease from FY 21/22 (63); and the Kings MHP Quality Assurance Clinician processed 5 appeals, a decrease from FY 21/22 (19). No trend or pattern arose during the FY among grievances nor appeals. During FY 22/23, the State Department of Health Care Services switched the reporting template for grievances and appeals, from the prior Annual Beneficiary Grievance and Appeal Report (ABGAR) to the Managed Care Program Annual Report (MCPAR). The process for grievance and appeals did not change.

ACTION: The Patient Rights Advocate and Quality Assurance Clinician continue to assess grievances and appeals on a quarterly basis to identify any trends or patterns that may need to be addressed. No further action is required at this time, but the continued use of timely access NOABDs will be closely monitored.

PRIOR YEAR ACTION AND RESULT: There was no identified action for FY 22/23.

GRIEVANCES

Time Period	Grievance Categories										TOTAL
	Access		Quality of Care		Change of Provider		Confidentiality Concern		Other		
	PRA	Exempt	PRA	Exempt	PRA	Exempt	PRA	Exempt	PRA	Exempt	
FY 18/19	7	0	59	10	1	0	1	0	35	0	**113**
FY 19/20	11	2	21	17	0	0	0	0	16	6	**73**
FY 20/21	2	1	3	23	0	1	0	1	11	24	**66**
FY 21/22	3	5	8	17	0	0	1	1	8	20	**63**

ABGAR Changed to MCPAR 22/23												
	Cust Service	Case Mgmt	Access to Care	Quality of Care	Cunty Communication	Payment/ Billing	Suspected Fraud	Abuse/ Neglect/ Exploitation	Untimely Response	Denial of Exp. Appeal	Other	Total
FY 22/23	3	3	7	14	0	3	0	0	0	0	6	**36**

APPEALS RESULTING FROM NOTICE OF ADVERSE BENEFIT DETERMINATION (NOABD)

FY	Categories							TOTALS
	Denial or Limited Service	**Modif. or Term of Services**	**Payment Denial**	**Service Timeliness**	**Untimely Response to Appeal of Griev.**	**Denial of Bene Request to Dispute Financial Liab.**	**Delivery System***(ABGAR only, ended in 22/23)*	
18/19	0	0	0	0	0	0	0	**0**
19/20	3	5	0	0	0	0	4	**12**
20/21	0	8	5	0	0	0	6	**19**
21/22	0	10	8	0	0	0	1	**19**
22/23	3	2	0	0	0	0	N/A	**5**

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.