Mental Health Commission
Data Committee
Thursday, September 13th 2018 10:00-11:30 am
At: 1220 Morello Avenue, Suite 100 Conference Room, Martinez, CA

I.  10:00 am Call to Order/Introductions

II. 10:05 am Public Comment

III. 10:10 am Committee members- VOTE on the Chair and Vice Chair of the Committee

IV. 10:20 am REVIEW progress to date, including receiving input from MHC Committees and Commissioners and BHS updates to the data dashboard model-with Warren Hayes, MHSA Program Manager

V. 10:35 am DISCUSS current draft of data dashboard model

VI. 11:00 am DISCUSS the agenda for the next meeting and set a date to reconvene

VII. 11:30 am Adjourn Meeting
Contra Costa Behavioral Health Services Quarterly Report to the Mental Health Commission

August 2018
Preliminary DRAFT Concept Outline
Concept

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

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

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

• **Concept**: how many people we have to serve the public

• **Possible Performance Indicators**: numbers of staff by classification, such as clinicians, psychiatrists, community support workers, administrative staff

• **Example**: could show number of staff available in staffing classifications, what the County has authorized, and number in staffing classifications that are vacant and being actively recruited to fill – could be depicted by program and region

• **Context**: could depict previous time periods to indicate trends
Finance

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

• **Concept**: how many persons are being served and consumer movement between levels of care – are people recovering as a result of our care

• **Possible Performance Indicators**: number served by level of service, such as locked facilities, unlocked facilities, full service partnerships, case management, clinic services, provider network, self care

• **Example**: could depict the above each quarter

• **Context**: could depict previous time periods to indicate over time possible changes in numbers served from higher to lower levels of care
Key Performance Indicators

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

• **Concept**: information not otherwise covered in the rest of the domains that speak to compliance with state and federal requirements for quality assurance

• **Possible Performance Indicators**:
  – Selected Department of Health Care Services Triennial Audit results
  – Selected Annual External Quality Review results
  – Medi-Cal billing disallowance rate
  – Penetration rates by age group, race/ethnicity, region
  – Number and type of grievances/complaints filed and status

• **Examples**: could provide key data points on the above as available

• **Context**: could provide previous data to depict trends
Topical Areas of Interest

• **Concept**: a report on emerging issues, initiatives or programs of interest

• **Possible Performance Indicator**: current status of issue, program or initiative

• **Examples**:
  – Electronic Mental Health Record System
  – Tele-psychiatry
  – Continuum of Care Reform Implementation
  – 24/7 Mobile Crisis Response Team
  – Family Volunteer Support Network
  – First Hope Expansion
  – Mental Health Supportive Housing Plan