



QUALITY IMPROVEMENT

Mental Health Services Work Plan Evaluation

Fiscal Year 2019-2020

INTRODUCTION

As required by the California Department of Health Care Services (DHCS), the County of San Diego Behavioral Health Services (SDCBHS) produces an annual Quality Improvement Work Plan (QIWP) that establishes the quality improvement goals for the current fiscal year. The plan describes quality improvement activities including plans for sustaining improvement, monitoring of previously identified issues, and tracking of target areas over time. This process helps ensure the system is safe, effective, accessible, equitable, and focuses on the inclusion of the individuals and family members served. The system is also reflective of business principles in which services are delivered in a cost-effective, outcome-driven, and trauma informed fashion.

At the end of each fiscal year, the goals stated in the QIWP are evaluated to determine the overall effectiveness of the behavioral health system and the quality improvement program. This evaluation informs SDCBHS of potential areas for improvement, as well as areas to develop or enhance based on collaborative goals; and ultimately ensure that services provided are inclusive and delivered appropriately to the individuals being served.

Quality Improvement Work Plan (QIWP) Evaluation
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Summary data and a brief synopsis are provided for each QIWP goal. If more information is desired, please email your request to BHSQIPIT.HHSA@sdcounty.ca.gov.

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WORK PLAN GOALS

The QIWP goals define targeted measures by which SDCBHS can objectively evaluate the quality of services, both clinical and administrative, provided to the individuals and family members receiving services. The goals are separated into six target areas: Services Are Client Centered; Services are Safe; Services Are Effective; Services Are Efficient and Accessible; Services Are Equitable; and Services Are Timely. The target areas are in line with the priorities outlined by the DHCS. Some of the goals are process goals while others are measurable objectives. The prime objective incorporated in the QIWP goals is to continuously improve both clinical and administrative service delivery through a systematic process of monitoring critical performance indicators and implementing specific strategies to improve the process, access, safety, and outcomes of all services provided. All goals are in line with the HSA and Behavioral Health Services' vision, mission, and strategy/guiding principles.

County of San Diego, Health and Human Services Agency

Vision: Healthy, Safe, and Thriving San Diego Communities.

Mission: To make people's lives healthier, safer, and self-sufficient by delivering essential services.

Strategy:

1. **Building a Better System** focuses on how the County delivers services and how it can further strengthen partnerships to support health. An example is putting physical and mental health together so that they are easier to access.
2. **Supporting Healthy Choices** provides information and educates residents, so they are aware of how the choices they make affect their health. The plan highlights chronic diseases because these are largely preventable, and we can make a difference through awareness and education.
3. **Pursuing Policy Changes for a Healthy Environment** is about creating policies and community changes to support recommended healthy choices.
4. **Improving the Culture from Within.** As an employer, the County has a responsibility to educate and support its workforce so employees "walk the talk". Simply said, change starts with the County.

Behavioral Health Services (BHS)

Vision: Safe, mentally healthy, addiction-free communities.

Mission: In partnership with our communities, work to make people's lives safe, healthy, and self-sufficient by providing quality behavioral health services.

Guiding Principles:

1. Support activities designed to reduce stigma and raise awareness surrounding mental health, alcohol and other drug problems, and problem gambling.
2. Ensure services are outcome driven, culturally competent, recovery and client/family centered, and innovative and creative.
3. Foster continuous improvement to maximize efficiency and effectiveness of services.
4. Maintain fiscal integrity.
5. Assist employees to reach their full potential.

Services are Client Centered

GOAL 1

Decrease the proportion of *Quality of Care* grievances compared to the previous fiscal year (FY).

METHODS

Compared the annual number of Medi-Cal *Quality of Care* grievances between FY 2018-19 and FY 2019-20 using the Quarterly Grievances and Appeals report.

DATA / RESULTS

The number of reported Medi-Cal *Quality of Care* grievances for FY 2019-20 has decreased compared to those reported in FY 2018-19. In both FY 2018-19 and FY 2019-20, *Quality of Care* grievances made up the majority of all reported grievances per quarter.

Total Number of Medi-Cal *Quality of Care* Grievances

	Q1	Q2	Q3	Q4	Total
FY 2018-19	22	37	26	28	113
FY 2019-20	29	20	38	18	105

Services are Client Centered

GOAL 2

90% of adult clients will report that staff were sensitive to their cultural background in the State-required Consumer Perception Survey.

METHODS

- The annual State-required consumer satisfaction survey, Mental Health Statistics Improvement Plan (MHSIP), was completed by any adult served by a mental health services program in the Adult/Older Adult (AOA) System of Care contracted by SDCBHS during the May 2019 survey period.
- Responses to the following question were evaluated: “Staff were sensitive to my cultural background.”

DATA / RESULTS

Questions based on services received in the last 6 months	% Disagree/Strongly Disagree	% Agree/Strongly Agree
18. Staff were sensitive to my cultural background (race, religion, language, etc.)	2.4	86.0

Of the 2,406 adult clients who responded to this survey, 86% reported agree/strongly agree that staff were sensitive to their cultural background, including race and language. This level of satisfaction among adult clients remains slightly below the 90% goal.

Services are Safe

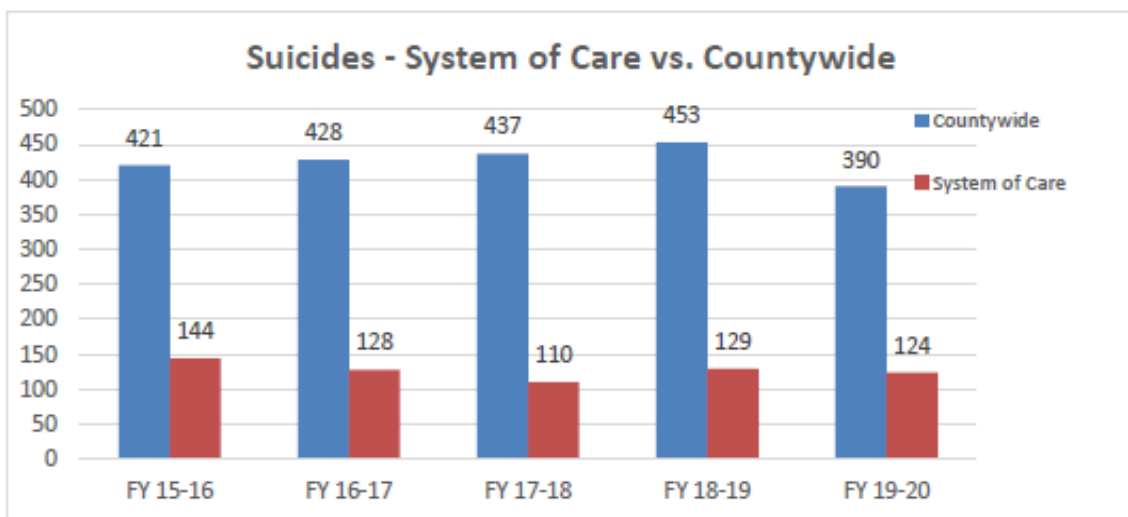
GOAL 3

Decrease the number of completed suicides in the Behavioral Health Services (BHS) System of Care by 5% from FY 2018-19.

METHOD

- Analyzed suicide report based on data from the Medical Examiner's Office.
- Analyzed the suicide rate in the BHS System of Care – this includes both mental health and substance use disorder services clients.

DATA / RESULTS



System of Care Suicides FY 2019-20:

- **BHS System of Care suicides have decreased by 3.9% from FY 2018-19 (129 to 124).** While there was a decrease in System of Care suicides from the previous FY, the 5% goal was not met.
- System of Care suicides comprised 32% of all suicides countywide in FY 2019-20, an increase from 29% in the previous FY.
- Of the 124 suicides in the System of Care, 12% (15) were completed by clients with open assignments and 88% (109) were completed by clients with closed assignments. Of the 109 clients with closed assignments, 49% (53) have been closed for 12 months or more.

Services are Safe

GOAL 4

Increase by 5% the number of first-time Psychiatric Emergency Response Team (PERT) clients connected to BHS services within 30 days after PERT service, from the previous fiscal year.

METHOD

- Processing required from Cerner Community Behavioral Health (CCBH) extracts (Assignments and Services).
- Calculated all first-time PERT enrollments and matched with the most recent service after the initial PERT contact.

DATA / RESULTS

In FY 2019-20, BHS served 6,802 first-time PERT clients with a connection to BHS services within 30 days or less. This is an increase of 3%, from FY 2018-19. Although numbers trended down from Q1 to Q2 in FY 2019-20, the number of clients served in Q3 and Q4 (FY 2019-20) is noticeably less than FY 2018-19, Q3 and Q4. This could be related to the COVID-19 stay-at-home order which began at the end of Q3, FY 2019-20.

First Time Psychiatric Emergency Response Team Contact w/Service	FY 2018-19	FY 2019-20	%
Q1	1,574	1,828	↑ 16.1%
Q2	1,596	1,741	↑ 9.1%
Q3	1,711	1,656	↓ -3.2%
Q4	1,723	1,577	↓ -8.5%
Total	6,604	6,802	3.0%

Services are Effective

GOAL 5

Increase by 5% the number of individuals discharged from a psychiatric hospital that connect to treatment services within 7 and within 30 days after discharge, from FY 2018-19.

METHODS

- Continued to track the number of clients who connect to treatment services within 7- and 30-days following discharge.
- Created a report aggregating data by System of Care to determine if recidivism occurred after discharge. Examined types of services after discharge for patterns of care and determined whether those who did not connect to other treatment services connected to hospitals instead.

DATA / RESULTS

Connection to Outpatient Services within 7 and 30 Days Following Discharge

	Time Frame	FY 2017-18	FY 2018-19	FY 2019-20	% Change (FY 18/19-19/20)
Systemwide	Clients Connected within 7 Days	36.6% (3,445)	37.3% (3,496)	35.7% (3,392)	-1.6%
	Clients Connected within 30 Days	48.6% (4,567)	50.3% (4,714)	49% (4,652)	-1.3%

Note: The number of clients who connected within 7 days of discharge is a subset of the number of clients who connected within 30 days of discharge. Additionally, services are only reported for clients who received a valid Face-to-Face or Telehealth service.

Connection to Treatment Services Post-Discharge from Psychiatric Hospital

In FY 2019-20, the percentage of clients who connected to treatment services within 7 days has decreased by 1.6%, compared to the previous fiscal year. Similarly, the percentage of clients who connected to treatment services within 30 days has decreased by 1.3%.

While there was no real variance between discharges in which recidivism – clients returning to Psychiatric Hospitals after discharge, within 7 and within 30 days – and no recidivism occurred, there was a significant difference between the Systems of Care. Within the Adult and Older Adult System, the percentage of clients who connected to treatment services within 7 and 30 days was 34.1% and 46.9% respectively. Within the Children, Youth, and Families System of Care, the percentage of clients who connected to treatment services within 7 and 30 days was 49.9% and 71.6% respectively.

Services are Effective

GOAL 6









Clinicians will report that Adult and Older Adult System of Care clients are getting better, as evidenced by significant improvement from pre and post assessment in the overall mean of client outcome measures.

METHODS

- Clinicians enter Illness Management Recovery (IMR) and Recovery Markers Questionnaire (RMQ) scores into the Mental Health Outcomes Management Systems (mHOMS), which generates quarterly reports for monitoring purposes.
- BHS Contracting Officer's Representatives (CORs) monitor outcomes on a program level and discuss measures with program managers to improve IMR and RMQ scores.
- At the end of the FY, systemwide IMR and RMQ scores are evaluated.

DATA / RESULTS

- Clinicians reported that clients are getting better as evidenced by significant improvements from pre to post assessment in all three IMR subscales and the overall IMR mean.
- Clients self-reported significant improvement in their overall mental health status via the RMQ from pre to post assessment.

Illness Management and Recovery (IMR)	N	Pre	Post	Change	Legend  Significant positive change ($p < .05$)  Non-significant positive change  No change
Substance Use Subscale	3,609	4.25	4.29		
Management Subscale	3,723	2.79	2.92		
Recovery Subscale	3,729	2.91	2.98		
Overall Mean	3,732	3.22	3.30		
Recovery Markers Questionnaire (RMQ)	N	Pre	Post	Change	
Overall Mean	2,614	3.61	3.67		

Services are Effective

GOAL 7

Establish a baseline for the proportion of clients that discharge to a lower level of care.

METHODS

- Monitored a systemwide Discharge Summary Report.
- Analyzed discharges for FY 2019-20 that had a discharge disposition of “*Transferred to Lower Level of Care.*”

DATA

Discharge to a Lower Level of Care			
Quarter	All Discharges	Transferred to Lower Level of Care	Percentage
Q1	4,633	554	12.0%
Q2	4,009	520	13.0%
Q3	3,864	570	14.8%
Q4	3,893	474	12.2%
Total	16,399	2,118	12.9%

RESULTS

The clients that met the criteria were separated into quarters to obtain a measurable value. For FY 2019-20, BHS served an average of 13% of clients who discharged to a lower level of care. With a total discharges count of 16,399 and the number of discharges to a lower level of care at 2,118, **it is reasonable to set a baseline of at least 12% discharge with a disposition of “*Transferred to Lower Level of Care*” within any quarter.**

Services are Efficient and Accessible

GOAL 8

Provide specialty mental health services to 2% of county uninsured or Medi-Cal under 200% Federal Poverty Level (FPL) eligible population.

METHODS

- Retrieved and analyzed the Census Report from the County of San Diego Health and Human Service Agency, Office of Business Intelligence.
- Analyzed Quarterly reports and Databook, and Medi-Cal Penetration Rate Report.
- Penetration rate can be defined as the fraction of Medi-Cal clients served in a given fiscal year compared to the total number of Medi-Cal clients in the region of interest.

DATA / RESULTS

Percentage of Medi-Cal Clients Served by San Diego County:

Population	FY 2019- 20			FY 2018- 19		
	Medi-Cal Eligible Clients in the County of San Diego	Medi-Cal Clients Served (Distinct)	Rate (%)	Medi-Cal Eligible Clients in the County of San Diego	Medi-Cal Clients Served (Distinct)	Rate (%)
Adult and Older Adult	497,484	34,793	7.0	578,619	35,344	6.1
Children and Youth	270,186	11,738	4.3	310,588	12,596	4.1
Total	767,670	46,531	6.1	889,207	47,940	5.4

The overall penetration rate for FY 2019-20 is 6.1%, exceeding the FY goal of 2%. This is slightly higher than the previous fiscal year, which was 5.4%. The penetration rate is higher among the Adult/Older Adult population than the Children and Youth population in the current and the previous fiscal years.

Services are Efficient and Accessible

GOAL 9

Ensure a minimum of 85% of interpreter services are provided by BHS contractors' bilingual staff to ensure treatment is immediately accessible to all clients regardless of language preference.

METHODS

- Utilized CCBH extract, pulling all services for FY 2019-20.
- Used crosswalk to attach interpreter type and language to each service.
- Calculated percent of overall Non-English services provided by bilingual program staff (Figure 1); additionally, provided a breakdown of interpretations by bilingual program staff for the five threshold languages - Spanish, Arabic, Vietnamese, Tagalog, and Farsi - and a roll-up of all other languages (Figure 2).

DATA / RESULTS

Based on the figures provided, **BHS has met the 85% mark for services being provided in client's primary language by BHS contractors' bilingual staff.**

Figure 1.

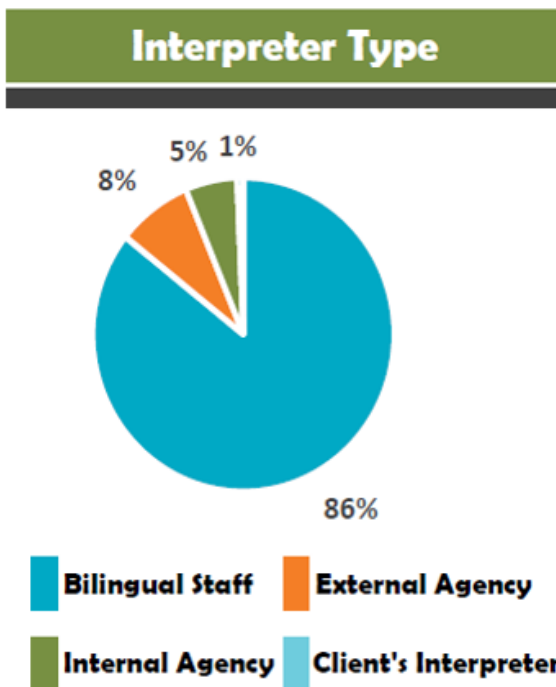
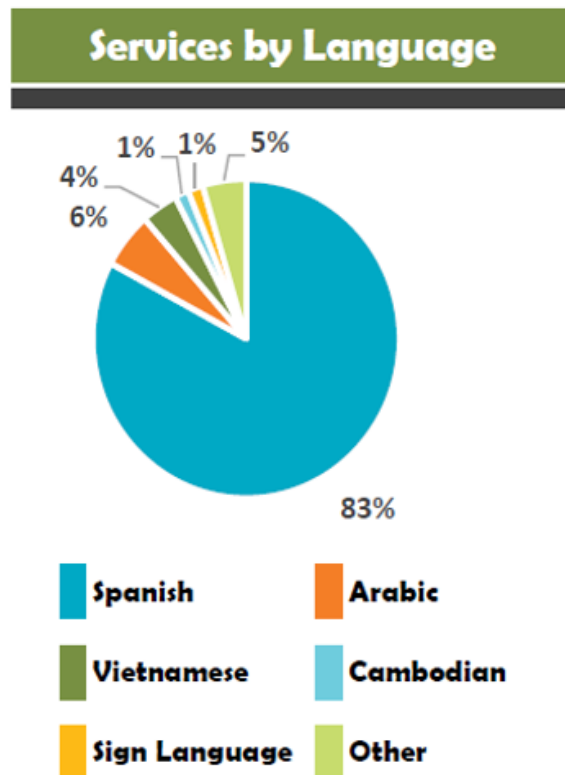


Figure 2.



Services are Efficient and Accessible

GOAL 10

Increase the number of crisis stabilization beds in the North County region.

METHODS

Confirmed executed contract and addition of program to network.

RESULTS

There is one active CSU in North County: Palomar CSU. Beginning FY 2019-20 there were 6 crisis stabilization beds (recliners) available. **Recliners were increased by 33% to a total of 8 by the end of the FY.** There are projections to increase recliners by 100% (for a total of 16) by December 2020.



Services are Equitable

GOAL 11

100% of Mental Health programs will be co-occurring service capable.

METHODS

Analysis of mental health programs adherence to the requirements in each statement of work to ensure the program is co-occurring service capable. Analysis also included attendance rates for the CADRE training series, a program designed for implementation of the Comprehensive, Continuous Integrated System of Care (CCISC) model, to ensure providers receive training for implementing a framework for working with co-occurring mental health and substance use disorder issues.

DATA / RESULTS

All Behavioral Health Services (BHS) contracted programs have adopted the Comprehensive, Continuous, Integrated System of Care (CCISC) model. In accordance with the Organizational Provider Operations Handbook (OPOH) all mental health programs are required, upon intake, to assess the presence of substance use. Also, during treatment, substance use is reassessed on an ongoing basis. Substance use programs must also comply with BHS requirements to ensure they are dual diagnosis capable. BHS utilizes the CCISC report to assess use of tools learned in CADRE training to influence their co-occurring efforts.

The percentage of BHS programs that are co-occurring service capable is 100% for FY 2019-20. In addition, the majority of programs had staff that have attended CADRE training.

Services are Equitable

GOAL 12

100% of clients and families indicating in the State-required Consumer Perception Surveys that they had access to written info in their primary language and/or received services in the language they prefer.

METHODS

- Language availability data for the Adult/Older Adult (A/OA) System of Care was collected from the 2019 annual consumer perception survey (MHSIP).
- Language availability data for the Children, Youth and Families (CYF) System of Care was collected from the 2019 annual consumer perception survey, Youth Services Survey (YSS).

DATA / RESULTS

During the 2019 survey period:

- **93.4% (998) of families and 98.3% (1,848) of CYF consumers reported that written information was available in their preferred language**, these proportions remain slightly below the goal.
- **98% (2,033) of Adult/Older Adult consumers, 95.6% (1,026) of families, and 98.9% (1,862) of CYF consumers reported that services they received were provided in the language they prefer.**
- While these results do not fully meet the goal, we can see that “yes” responses to these questions have continued to trend in a positive direction over that past 3 survey periods.

Adult/Older Adult Clients (“yes” answers)			
MHSIP State Survey Question	May 2017	May 2018	May 2019
Were the services you received provided in the language you prefer?	97.0%	98.0%	98.0%
Youth Clients (“yes” answers)			
YSS State Survey Questions	May 2017	May 2018	May 2019
Services received were provided in the preferred language.	96.4%(N=1,086)	96.1%(N=1,085)	95.6% (N=1,026)
Written information was available in the preferred language.	93.2%(N=1,049)	93.8%(N=1,056)	93.4% (N=998)
Parents/Caregivers (“yes” answers)			
YSS State Survey Questions	May 2017	May 2018	May 2019
Services received were provided in the preferred language.	98.4% (N=2,023)	98.5% (N=2,031)	98.9% (N=1,862)
Written information was available in the preferred language.	97.5% (N=2,023)	97.4% (N=2,019)	98.3% (N=1,848)

Services are Timely

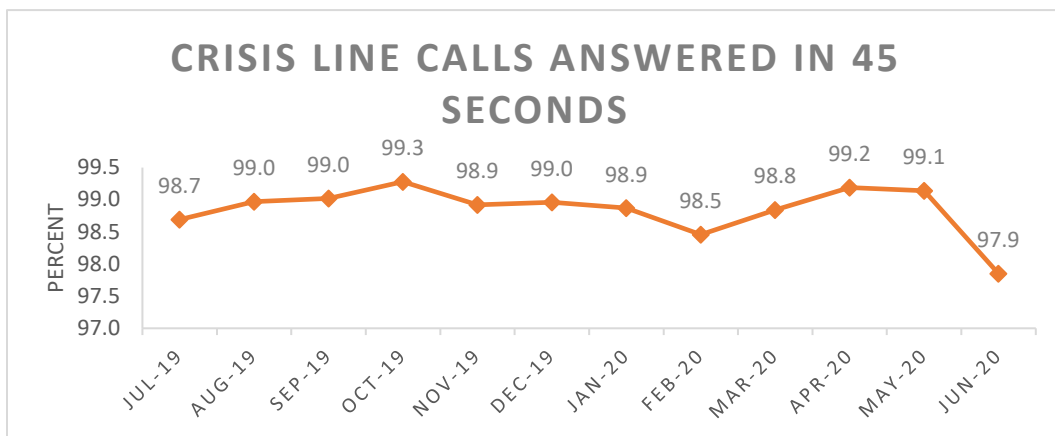
GOAL 13

- 95% of calls answered by the Access and Crisis Line (ACL) crisis queue are within 45 seconds.
- Average speed to answer all other (non-crisis) calls is within 60 seconds.

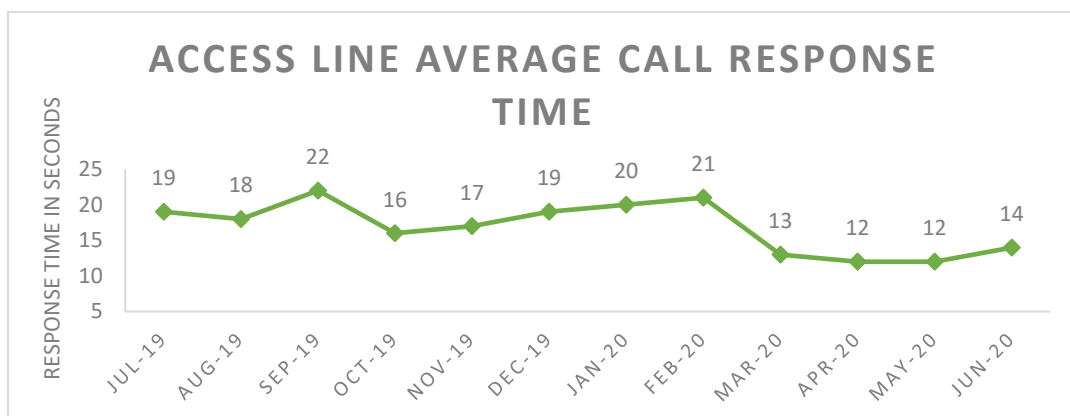
METHODS

- Utilized the ACL report to calculate the average access times for Access and Crisis Line queues.
- Utilized the Quarterly ACL Performance Standards reports to determine percentage of calls answered within 45 and 60 seconds.

DATA/RESULTS



- Crisis line calls were answered above the 95% threshold, with **98.8% of calls consistently answered within 45 seconds**. The average speed to answer crisis line calls was 11.5 seconds



- 97% of non-crisis (access) line calls were answered in 16.9 seconds (average)**, well within the 60-second parameter.

Services are Timely

GOAL 14

- a) 100% of CYF programs meet the mental health assessment timeliness standard (10 days).
- b) 100% of A/OA programs meet the mental health assessment timeliness standard (10 days).
- c) 100% of CYF and A/OA programs meet the timeliness standard for mental health assessment requests deemed as urgent (48 hours).

METHODS

- For routine appointments, access days were calculated based on number of business days between the date first entered in CCBH and the date of first appointment. For urgent appointments, calendar days between the date first entered in CCBH and date of first appointment date were used.
- Average access days for routine and urgent appointments were checked to see if they were well within the goals specified above.

DATA / RESULTS

For FY 2019-20:

- a) Average access days for *routine calls* to CYF mental health programs were well within the 10 day standard for timeliness with an **average of 7.1 days to first offered appointment**.
- b) Average access days for *routine calls* to adult mental health programs were well within the 10 day standard for timeliness with an **average of 5.5 days to first offered appointment**.
- c) Average access days were slightly above the 2 day (48 hour) standard for *urgent calls* to CYF mental health programs with a **total average of 2.8 days (67.2 hours) to first appointment**. Average access days were well within the 2 day (48 hour) standard for *urgent calls* to adult mental health programs with a **total average of 1.6 days (38.4 hours) to first appointment**.