COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH SERVICES

QUALITY IMPROVEMENT

Mental Health Work Plan Evaluation

Fiscal Year 2018-2019

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY | LIVE WELL SAN DIEGO

Performance Improvement Team
Analyzing the Past to Shape the Future

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. One QIWP is produced for Mental Health Services (MHS), and a separate QIWP is also produced for Substance Use Disorder Services (SUD). The plan describes quality improvement activities including plans for sustaining improvement, monitoring of previously identified issues, and tracking of target areas over time. The QIWP demonstrates how the planned quality improvement activities have contributed and will contribute to meaningful improvement in clinical care and services provided. 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.

FISCAL YEAR 2018-2019

Quality Improvement Work Plan (QIWP) Evaluation
Developed by the County of San Diego Health and Human Services,
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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 HHSA 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 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

Maintain the number of Quality of Care related grievances.

METHOD

Tracked the number of grievances related to customer service, staff interactions, access to services and other categories.

DATA

Table 1

Total Reported Grievances	Counts by Fiscal Year		Percent Change
	FY 2017-18	FY 2018-19	
Access	21	10	↓
Quality of care	157	113	↓
Change of Provider	0	4	↑
Confidentiality Concern	7	4	↑
Other	25	14	↓
Total	**210**	**145**	**-31%**

Figure 1

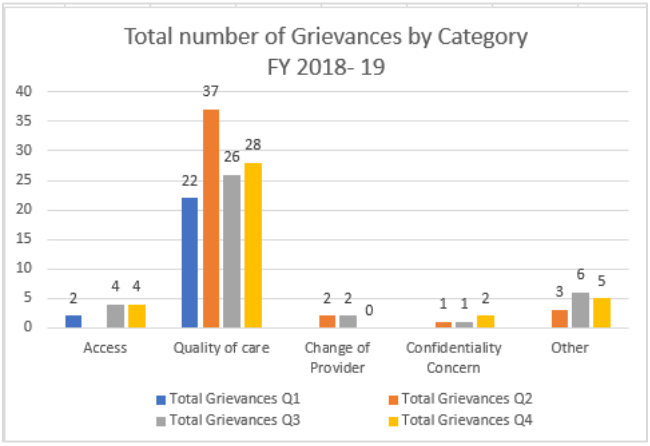
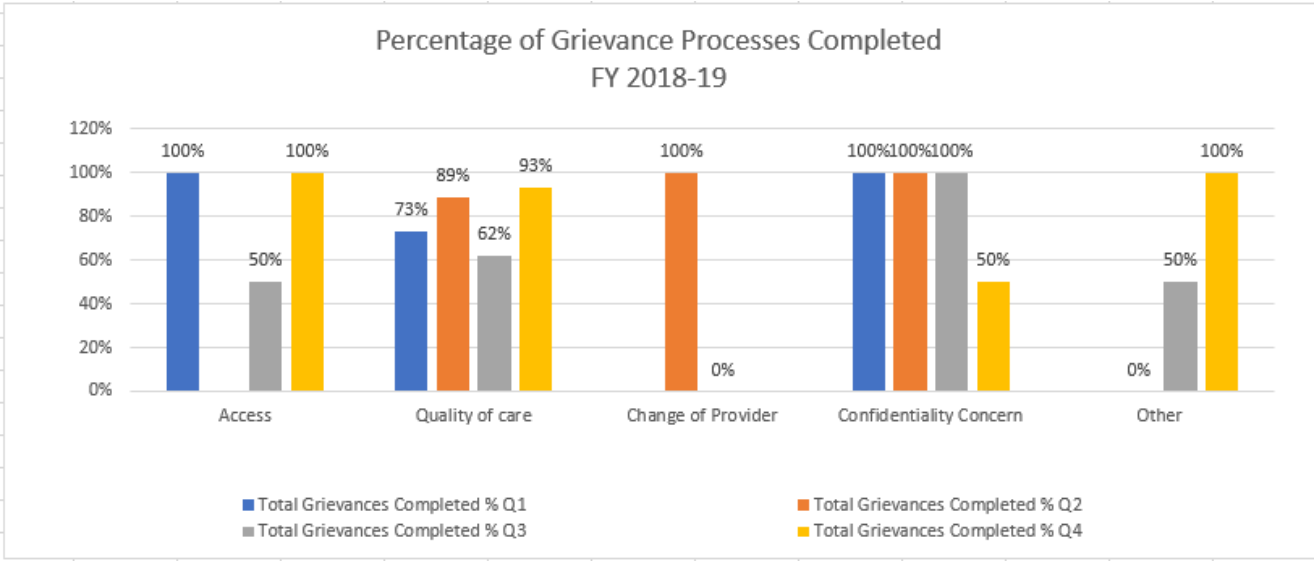


Figure 2



Services Are Client Centered

RESULTS

Grievances and Appeals Report

- Majority of grievances (113) were made in the category of *Quality of Care* with concerns over staff behavior, followed by treatment issues or concerns, and medications being the top three reasons (Table 1).

- Compared to the previous fiscal year, FY 2018-19 showed a decrease in the number of grievances across all categories except in the categories of *Change of Provider* and *Confidentiality Concerns* (Table 1).

- Accessibility and timeliness of services were the reasons for grievances in the *Access* category, with a total number of 10 compared to 21 in the previous fiscal year (Table1).

- 100% of grievances were resolved in *the Change of Provider* and *Confidentiality Concerns* categories.

JFS and CCHEA Outreach Efforts

Jewish Family Services (JFS) and the Consumer Center for Health Education & Advocacy (CCHEA) are community-based programs that provide education, information, and advocacy services. These services include investigation of patients' rights and grievances on behalf of consumers who are receiving outpatient and inpatient services; consumers in residential facilities; and LPS-designated facilities. They are contracted by the County to facilitate the grievance process for clients in accordance with Title 9 and 42 of the Code of Federal Regulations for clients' rights and protections under the law.

Next Steps

- Continue to track grievances for the upcoming fiscal year, and share findings quarterly at the Quality Review Council (QRC) meeting. Based on findings regarding trends in services and provider interactions, the QRC will officially endorse recommendations for changes in the grievances and appeals process as necessary.
- Majority of grievances were on Quality of Care, including concerns with staff behavior, treatment, and medication. Findings will be endorsed to programs in order to gain insight on possible system enhancements to mitigate these issues.
- Continue to work with JFS and CCHEA in outreach and education on mental health parity to ensure that clients have access to needed services.

Services Are Client Centered

GOAL 2

Implement a new data collection system for 100% of Clubhouses to enhance tracking of attendance and outcomes.

METHODS

- Worked with UCSD Health Services Research Center (HSRC) to develop ClubHOMS, a web application that manages and tracks a wide range of health and other key outcomes of Clubhouse users.

- Tracked the progress of the development and implementation of ClubHOMS.

Services Are Client Centered

RESULTS

- The ClubHOMS pilot was launched at four Clubhouses in March 2019, and later began expansion to all six operational Clubhouses in June 2019. The system was rigorously tested during the pilot and feedback from the programs were collected for the system developers' follow up.

- ClubHOMS was fully implemented at all six Clubhouses in the County's system of care in July 2019.

- Based on input from Clubhouse stakeholders, the following forms were developed and added into the system:
  - Registration
  - Member Information
  - Key Outcomes
  - Goals
  - Clubhouse Member Assistance and Supports
  - Outreach

Notable features added to ClubHOMS

- Member sign-in page that logs daily attendance, providing a means for tracking attendance of each member across the system

- Member access to apply for assistance and connection to further support such as housing and employment programs.

- Member-completed forms such as the PROMIS Global Health Survey and a Satisfaction Survey.

Next Steps

- The members' attendance and outcomes will be tracked and a summary report will be developed and produced every quarter.
- Members' key health/other outcomes and progress on goals (if any) will be tracked and analyzed for every quarterly reporting period.
- Clubhouse clients and staff will be surveyed regularly to collect feedback on the system, for continuous enhancement based on users' needs.
- Regular meetings and trainings at the Clubhouses will continue, to support system users and staff.

Services Are Client Centered

GOAL 3

Establish baseline data from the new outcomes tool, Child and Adolescent Needs and Strengths (CANS), recently implemented in the CYF System of Care.

METHODS

- Data entered into CYF-mHOMS was used to generate reports including:
  - Individual progress report (to show clients' item ratings on each CANS domain over time)
  - Average Impact Report (to show changes in programs' average number of actionable needs across Behavioral and Emotional Needs, and Risk Behaviors)
  - Item Breakdown Report (to show percentage of clients with actionable needs that made progress, stayed the same, or became worse)

- Worked with UCSD-CASRC and the CYF Outcomes Committee Workgroup to monitor the implementation of CANS for FY 2018-19.

DATA

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. CANS Improvement is defined as a reduction of at least three needs from initial assessment to discharge, and an increase of strength from initial assessment to discharge.

Effective July 1, 2018, as a requirement by the State, CANS was included as one of the assessments administered to all children receiving specialty mental health services except inpatient services. The San Diego version of the CANS (SD-CANS) is administered at the beginning of treatment, 6 months into treatment, and at discharge.

In Q1-Q2, 36% (n=120) of clients improved between initial assessment and discharge on the needs scale, while 33% (n=112) of clients improved between initial assessment and discharge on the strengths scale.

Services Are Client Centered

RESULTS

- A total of 93% (n = 1, 086) of discharged clients had CANS measures at two timepoints (initial and either 6 months after treatment/ discharge) for use in establishing a baseline.
- A total of 90% (n = 1,687) of clients ages 6 to 21 had at least one actionable need on the initial CANS. Thus, majority of the clients are meeting the minimum threshold for County service need.
- The outcomes reporting format was revised for FY 2019-20 to improve data presentation.
- Baseline data could not be determined at this time according to clinicians, as the data from the markers are currently not suitable for comparison.

Next Steps

- Produce and fine-tune a new outcomes reporting template to better reflect results with the new markers, and develop a compliance tip sheet for providers.
- Continue to work with clinicians and with the CYF Outcomes Committee Workgroup to examine the next fiscal year's complete year data to establish a baseline for the new measures.
- Continue CANS Quarterly Summary Report (QSR) training for CYF contract monitors, analysts, and program managers in FY 2019-20.
- Review Q1-Q2 outcomes data to determine benchmarks for the next fiscal year's program quarterly status reports, including what percentage of clients should be making clinical improvement. This is to establish a performance baseline to quantify and track changes that show effectiveness of the system.
- Add family-friendly CANS definitions to CYF mHOMS, which clinicians can print out and provide to families to facilitate their understanding of the measures.
- Implement CANS-EC (for use with clients in early childhood, ages 0-5 years) in 2019.
- Review data and assess to explore the possibility of adoption/application of CANS to fit specific needs of clients with SUD.

Services Are Safe

GOAL 4

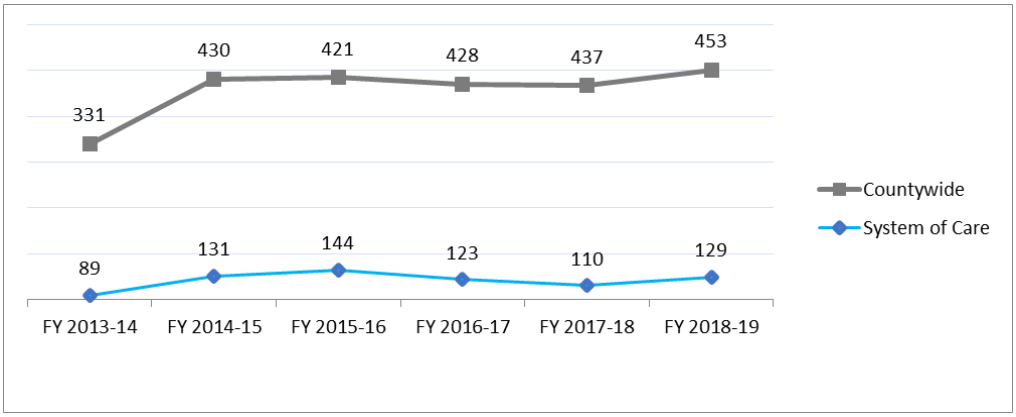
Decrease the number of completed suicides in the Behavioral Health System of Care by 5% from FY 2017-18.

METHODS

- Held monthly clinical case review committee meetings led by the BHS Clinical Director to identify risk factors and consider appropriate interventions.
- Piloted a Prospective Risk Analysis (PRA) tool, a comprehensive client risk analysis, at four select mental health clinics. The pilot includes training that covers the process of assessing for self-injury, suicide, and violence. It also included guidance on how to apply interviewing skills and techniques in order to develop a clinical formulation of risk, based on Dr. Shawn Christopher Shea's Chronological Assessment of Suicide Events (CASE) approach. This training is available as a webinar on the RIHS website for additional staff training.

DATA

Number of Suicides	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	Percent Change
System of Care	89	131	144	123	110	129	⇧ 17.3%
Countywide	331	430	421	428	437	453	⇧ 3.7%



Services Are Client Centered

RESULTS

FY 2018-19 Suicides

- System of Care suicides have increased by 17.3% from FY 2017-18 (110 to 129).
- The top three methods of suicide in the System of Care were by hanging (59), firearm (18), and medication overdose (17).
- System of Care suicides made up (28.5%) of countywide suicides in FY 2018-19, an increase from 25.2% in the previous fiscal year.

New Suicide Prevention Program

- BHS unveiled a new suicide prevention campaign called *Stop Firearm Suicide SD*. Former BHS Director Alfredo Aguirre presented the gun safety project to the San Diego Police Chiefs and Sheriffs Association on November 7, 2018.
- The campaign began with a focus on education and means reduction to reduce access to guns for persons with suicidal ideation. Suicide is the second leading cause of non-natural death in San Diego County, with firearms being the most common method of suicide (1,451 people died of suicides involving firearms in the County from 2008-2017). Flyers were posted in gun shops and ranges, and informational brochures were disseminated to gun owners.
- BHS has also begun distribution of hundreds of gun safety locks with suicide prevention messaging throughout the County. A key principle of firearm safety is to keep guns securely stored at all times. This is especially important when someone who is having thoughts of suicide may be able to access them.

Next Steps

- Continue to look at ways to reduce suicides and enhance the standard of care through the Clinical Standards Committee meetings.
- Continue the suicide prevention campaign.
- Distribute firearms safety brochures, posters, and gun locks.

Services Are Safe

GOAL 5

Ensure 65% of Full Service Partnership (FSP) Project One for All (POFA) clients are in permanent housing at the latest assessment compared to intake.

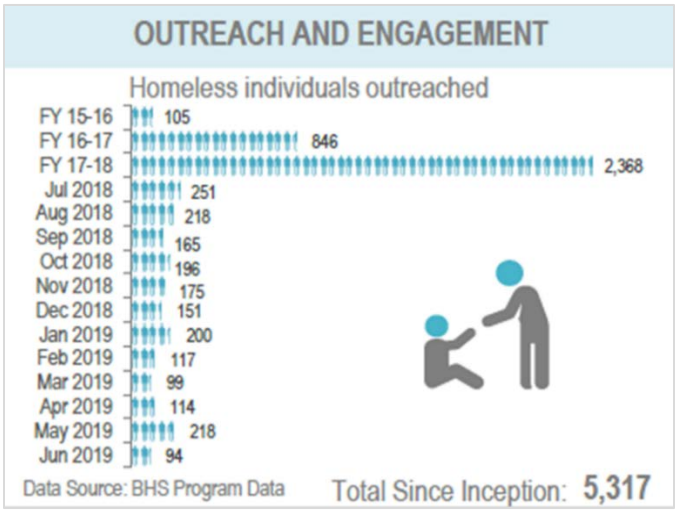
METHODS

- Tracked FSP POFA clients monthly for new admissions, discharges, and housing status changes.
- Collaborated with Housing and Community Development Service (HCDS) FSP providers to ensure the accuracy of reported housing status.
- Continued efforts to increase outreach and engagement to maintain the number of clients participating in POFA.

DATA

Year	# of Clients Permanently Housed	% of Clients Permanently Housed	Total Clients
FY 2018-19	1,568	62.1 %	2,525

Note: Board & Care was not a housing category in the FSP Report, but was included in the number of clients permanently housed.



Services Are Safe

RESULTS

Clients connected to permanent housing in FY 2018-19

- There was a reduction in the percentage of POFA clients that were housed in FY 2018-19 (62.1%) compared to FY 2017-18 (64.4%), but the program served a higher total number of clients (from 1,535 to 1,568).
- The number of unhoused clients increased from 155 to 309. This category includes clients in skilled nursing facilities, congregate homes, and medical hospitals.
- The possible reason for the reduction in percentage of housed POFA clients could be due to the shortage of available housing in San Diego County.

Outreach and Engagement

The San Diego Police Department's Homeless Outreach Team (HOT) is a specialized unit usually composed of police officers, a Psychiatric Emergency Response Team (PERT) clinician, and a County human services specialist. They go out on a daily basis to reach out to individuals and facilitate their placement into an emergency shelter and linking them with appropriate services.

BHS made contact with an average of 167 homeless individuals per month in FY 2018-19.

New Initiatives for Supportive Housing

A total of $7.1 million was added to the housing assistance program budget in FY 2018-19. The budget covers expenditures for the Housing Choice Voucher program, tenant-based rental assistance program, and other housing assistance programs.

- To increase housing opportunities for individuals experiencing SMI and homelessness (including POFA participants), a total of 150 new landlords were recruited to participate. This goal is part of a multi-year effort to increase the number of landlords on the interest list in the County's Housing Authority jurisdiction.
- As part of a multi-year effort to provide rental assistance to individuals with SMI and experiencing homelessness in the County's Housing Authority jurisdiction (an estimated 344 individuals, based on annual regional homeless count), an additional 100 individuals will be provided with rental assistance to secure and maintain housing under the POFA program.

Next Steps

- Leverage the work of programs such as No Place Like Home in following up on efforts to enhance housing services in the County. No Place Like Home is a statewide program that dedicates up to $2 billion in bond proceeds to invest in the development of permanent housing for persons in need of mental health services and are experiencing or at risk of homelessness.
- Through the Corporation for Supportive Housing (CSH), continue to work with the housing authorities on the availability of local affordable housing.
- Maintain monitoring to review and assess landlord incentives and recommend increases where appropriate.
- Monitor San Diego Housing Commission's planned increase of rent payment standards.
- Collaborate with FSP programs to standardize a response for property managers that require assistance with clients that have non-PERT issues, to minimize the number of PERT calls for situations when law enforcement is not required.
- Continue to work with FSP providers to divert POFA clients from psychiatric inpatient admission.

Services Are Effective

GOAL 6

Increase the number of individuals discharged from a psychiatric hospital that connect to services within 7 and 30 days after discharge by 5% from last fiscal year, to provide effective continuity of care.

METHODS

1. Continued to track the number of clients who connect to outpatient services within 7- and 30-days following discharge.

2. Monitored hospital readmissions across the system to track clients that need to be connected to services appropriately.

3. Examined the types of services after discharge for patterns of care.

DATA

Connection to Outpatient Services within 7- and 30-Days Following Discharge

	Time Frame	FY 2017-18	FY 2018-19	% Change (FY 17/18-18/19)
Systemwide	Clients Connected within 7 Days	36.6% (3,445)	37.3% (3,496)	0.7%
	Clients Connected within 30 Days	48.6% (4,567)	50.3% (4,714)	1.8%

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 Face-to-Face or Telehealth service.

Services Are Effective

RESULTS

Connection to Outpatient Services Post-Discharge from a Psychiatric Hospital

- In FY 2018-19, the percentage of clients who connected to outpatient services within 7 days increased by 0.7%, compared to the previous fiscal year. Similarly, the percentage of clients who connected to outpatient services within 30 days increased by 1.8%.

- While full system data is reported, it's also important to look at the data by population. Within the Adult and Older Adult system, the percentage of clients who connected to outpatient services within 7- and 30-days was 35.1% and 48.1% respectively. Within the Child, Youth, and Family system, the percentage of clients who connected to outpatient services within 7- and 30-days was 56.5%% and 69.9% respectively.

- The 7- and 30-day connection rates in San Diego County (37.3% and 50.3%, respectively) are lower than the 2016 Healthcare Effectiveness Data and Information Set (HEDIS) measure rate of 45.5% and 63.8%, respectively.

Types of Services Used by Medi-Cal and Indigent Clients Post-Discharge from a Psychiatric Hospital

Out of all clients who connected to an outpatient service after discharge from a psychiatric hospital, the most frequently received types of services within 7- and 30-days from discharge were Medication Services (33.6% and 44.8%, respectively), followed by Mental Health Services (22.2% and 31.2%, respectively).

Next Steps

- Survey clients readmitted into psychiatric inpatient hospitals on what they felt were largest barriers to receiving follow-up services.
- Continue to consider additional efforts to improve care coordination (warm handoff) between hospital and outpatient levels of care.
  - Increase length of case management services so it does not end until OP services begin.
  - Provide transportation to initial OP appointment.
  - Increase communication between programs to insure better understanding of client needs.
- Continue to track the number of clients who connect to outpatient services within 7- and 30-days following discharge.
- Examine types of services used after discharge for patterns of care, to determine appropriate levels of care to connect clients to after discharge.

Services Are Effective

GOAL 7

Ensure 80% of active job seekers in a supported employment specific program will be placed in employment within 90 days. The 90 days begin upon job seeker's determination of employment readiness.

METHODS

- Tracked the implementation of the Individualized Placement and Support (IPS) model through individualized program coaching and an external IPS Fidelity Review by San Diego Workforce Partnership (SDWP).
- Tracked the caseload average per employment specialist along with the progress of active job seekers placed in employment within 90 days.

DATA

Data is pending from the San Diego Workforce Partnership's External IPS Fidelity Review.

Services Are Effective

RESULTS

In alignment with the BHS Five-Year Strategic Employment Plan (2014-19), two toolkits were developed by SDWP in coordination with the Corporation for Supportive Housing.

One toolkit is for mental health consumers who are seeking employment, and the other is for employers who are exploring the opportunity to hire mental health consumers into their workforce. Both documents are now accessible at the San Diego Technical Resource Library (TRL) and the San Diego Mental Health Services Act (MHSA) Network of Care.

In FY 18-19, BHS shifted the focus of Supported Employment to use the IPS Model. The IPS model provides a standard caseload for supporting individuals with Serious Mental Illness to obtain competitive employment. The model is supported through the following principles:

- Competitive Employment
- Systemic Job Development
- Rapid Job Search
- Integrative Services
- Benefits Planning
- Zero Exclusion
- Time Unlimited Supports
- Worker Preferences

BHS is tracking implementation of the IPS Model through individualized program coaching and external IPS Fidelity Review by contracted Technical Assistants, San Diego Workforce Partnership. Quarterly Status Reports track the caseload average per case manager along with progress of active job seekers placed in employment within 90 days – the projected outcome is 80% across all levels of care.

Next Steps

- Identify barriers to job placement for active job seekers that are not placed in employment within 90 days.
- Continue to monitor data on client's job readiness, training, and on-the-job paid apprenticeship to enhance opportunities that lead to competitive employment within the 90-day goal.
- Review regional job market data to identify in-demand jobs and high-growth industries to inform job placement plans for job seekers and counselors.
- Continue to connect with businesses in developing workforce solutions that support the County's supported employment efforts for program participants.

Services Are Efficient and Accessible

GOAL 8

Provide specialty mental health services to 2% of the County's *uninsured/Medi-Cal under 200% Federal Poverty Line (FPL)*-eligible population.

METHODS

- Tracked the number of Medi-Cal clients served in San Diego County for FY 2018-19.
- Compared the number of Medi-Cal clients with the Medi-Cal-eligible population numbers for the same time frame.

DATA

Table 1. Service Penetration Rates for Medi-Cal-Eligible Clients in San Diego County

Population	FY 2018- 19			FY 2017- 18		
	Medi-Cal Eligible Clients in the County of San Diego	Medi-Cal Clients Served (Distinct)	Percentage	Medi-Cal Eligible Clients in the County of San Diego	Medi-Cal Clients Served (Distinct)	Percentage
Adult and Older Adult	578,619	35, 344	6.1%	594,735	37,063	6.2%
Children and Youth	310, 588	12, 596	4.1%	338,095	13,894	4.1%
Total	889, 207	47, 940	5.4%	932,830	50,957	5.5%

Table 2. Service Penetration Rates for Medi-Cal-Eligible Clients in San Diego County by Race for FY 2018-19

Race	Medi-Cal Eligible Clients	Clients Served	Percentage
African American	50,063	5,664	11.2%
Hispanic	2,90,080	17,342	6.0%
Native American	3,903	334	8.6%
Asian/ Pacific Islander	68,497	367	5.4%
White	1,77,697	15,937	9.0%

Services Are Efficient and Accessible

RESULTS

In FY 2018-19, a total of 5.4% of Medi-Cal eligible adult, older adult, children, and youth clients were served (Table 1). This shows a slight decrease from 5.5% in FY 2017-18, but meets the goal of 2%.

Despite Hispanic residents being disproportionately represented in the Medi-Cal-eligible population, the penetration rate for service for this race category (6.0%) is significantly lower compared to other race categories except for Asian/Pacific Islander (5.4%). In comparison, the African American race category has the highest penetration rate at 11.2%. (Table 2)

The lowest penetration rate is among Asian/Pacific Islander clients, reflecting an apparent underreporting of behavioral health issues within this cultural group.

Next Steps

- An estimate of the County's population that are under 200% Federal Poverty Level (FPL) can be obtained from the US Census Bureau. In addition to collecting data on penetration rates in the system of care, efforts will be taken to collect specific data on clients served that are either uninsured or under 200% FPL for the next fiscal year. This will be done to ensure that at least 2% of this subset of the population will be served by SDCBHS.
- While Goal 8 focuses on specialty mental health services' penetration rates, SDCBHS also includes other services in an effort to help prevent the onset of mental illness and to decrease severity. This expansion was made to Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) and Innovation programs. In addition, SDCBHS is also working with the Medi-Cal Managed Care Health Plans to ensure warm hand-offs to appropriate services and levels of care for clients transitioning from specialty mental health services/requiring services within their Health Plan, and for overall coordination of care.
- The findings on penetration rates will be presented to the Cultural Competence Resource Team to discuss possible interventions to address the low penetration rates in the Asian/Pacific Islander and Hispanic communities.

Services Are Efficient and Accessible

GOAL 9

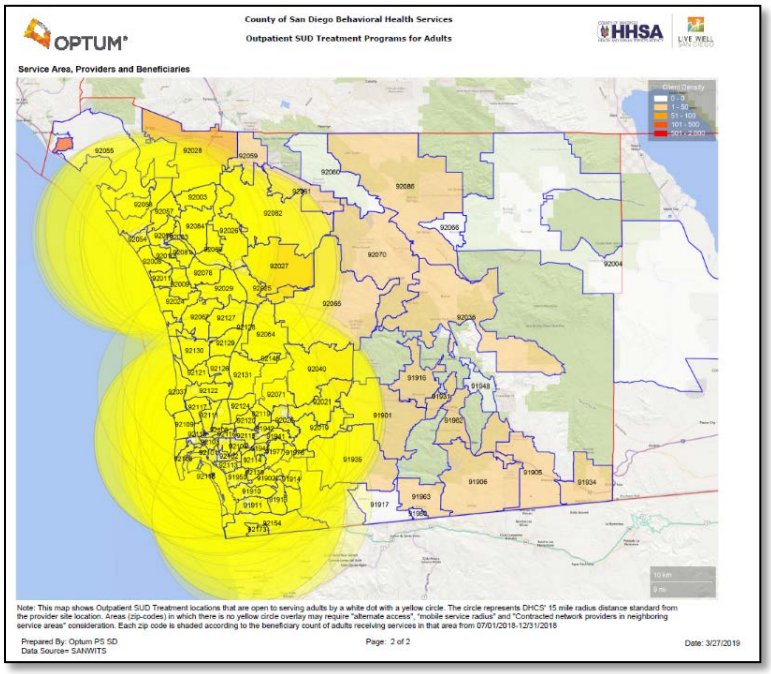
Ensure 100% of clients will have access to adult and children/youth outpatient specialty mental health services within 15 miles or 30 minutes from their place of residence.

METHODS

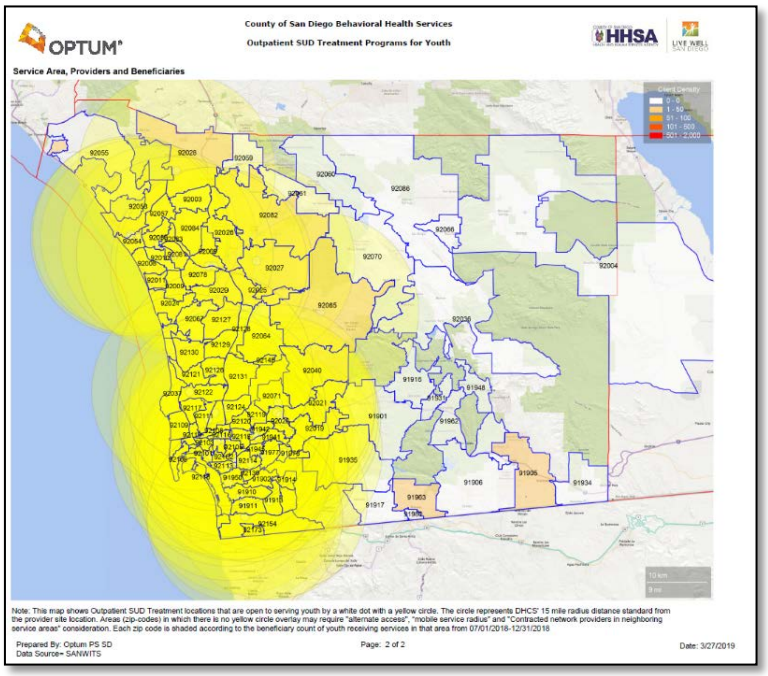
1. Created maps that reflect mental health populations by zipcode, against locations of BHS providers within a 15-mile radius.
2. Assessed the availability of BHS providers within the zipcodes of mental health clients in the system.

DATA

Geographical service area for adults



Geographical service area for youth



The Geographic Access Maps are available on Section 6.1 of the Technical Resource Library at https://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html#7

Services Are Efficient and Accessible

Adult Outpatient Rural Service Areas*

Zip Code	Service Area
91906	Campo
91963	Potrero
91935	Jamul
91916	Descanso
92036	Julian
92065	Ramona
92061	Pauma Valley
92028	Fallbrook

** Received Alternate Access standards for these service areas.*

Youth Outpatient Rural Service Areas*

Zip Code	Service Area
91905	Boulevard
91963	Potrero

** Received Alternate Access standards for these service areas.*

RESULTS

- DHCS found San Diego to be in compliance for network adequacy, including Alternate Access standards request (AAS).
- Confirmed that the Alternate Access standards for rural areas was approved by DHCS.
- The range of services are appropriate and adequate for the number of beneficiaries in the service area.

Next Steps

- Continue to track and ensure that urban service areas meet accessibility standards.
- Continue Telehealth services when appropriate.
- Continue to provide Roaming Outpatient Access Mobile (ROAM) services, which have been effective since July 1, 2018 and received well, utilizing contracted providers in the North Inland and East rural areas of San Diego County.

Services Are Equitable

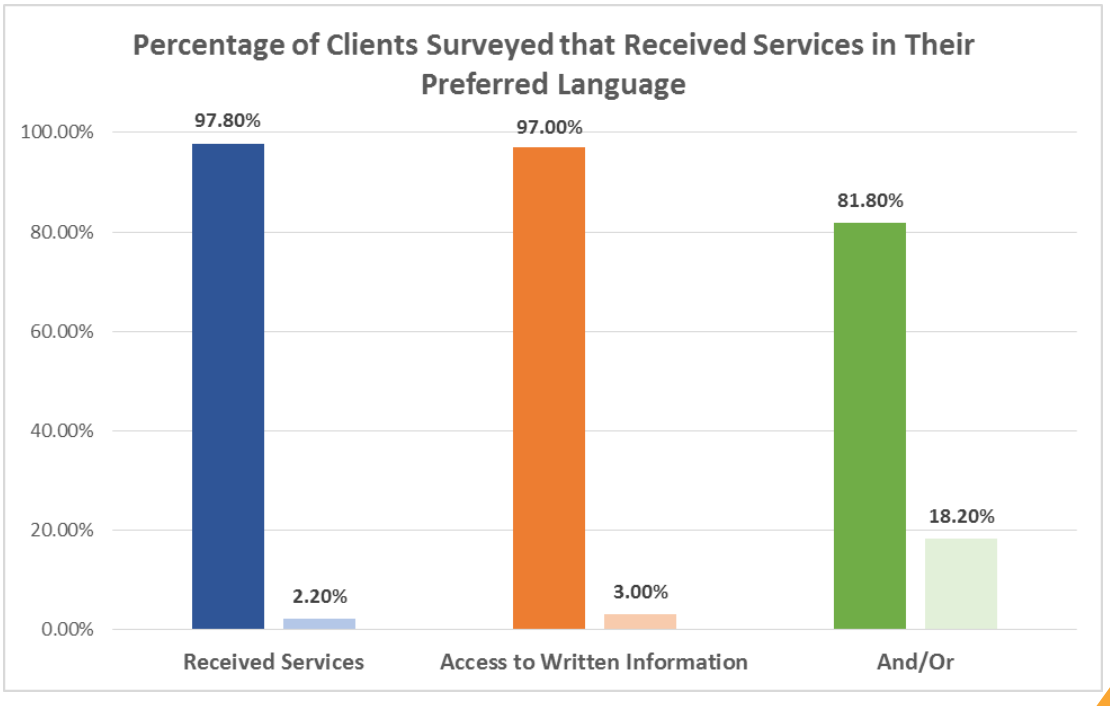
GOAL 10

Ensure 100% of clients and families indicate 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

- Analyzed data from the State-required Consumer Perception Surveys for adults and youth clients conducted in FY 2018-19; the Mental Health Statistics Improvement Program (MHSIP) and Youth Services Survey (YSS) respectively.
- Evaluated client satisfaction with the availability of services and written information in their preferred languages.
- Evaluated and updated translated documents.

DATA



Services Are Equitable

RESULTS

- Majority of youth clients (95.6%) and their family/caregiver (98.9%) agreed that services were offered in their preferred languages.
- Majority of youth clients (93.4%) and their family/caregiver (98.3%) agreed that written information was provided in their preferred language.
- Majority of adult clients (97.8%) agreed that services were offered in their preferred languages.
- 97.% of adult clients agreed that written information they received was offered in their preferred language.
- 81.8% of adult clients agreed that both the written information and service were provided in the language of their preference.

Next Steps

- Evaluate adult and youth services programs that do not meet 100% compliance to identify possible interventions.
- DHCS requires that the counties send a Network Adequacy Certification Tool to all the programs every quarter to assess the providers' service language proficiencies as certified (certified bilingual provider/ interpreter), fluent (written/ oral proficiency but not certified) and none in various languages including the threshold languages; cultural competence training; and Telehealth services. Based on the network adequacy data, assess the proportion of bilingual providers that can provide services in the population's preferred language.
- Assess the proportion of Telehealth services and the number of providers that offer Telehealth services to identify opportunities for providing implementation support to programs.

Services Are Equitable

GOAL 11

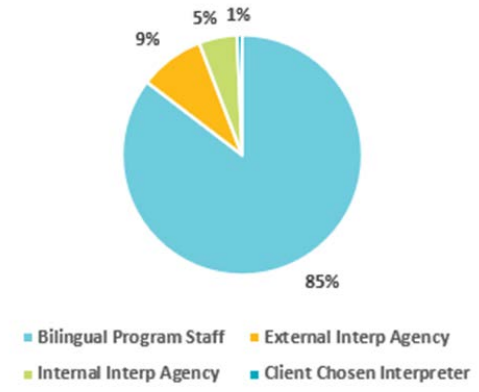
Ensure a minimum of 80% of interpreter services are provided by BHS contractors' bilingual staff to ensure treatment is immediately accessible to all clients regardless of language preference.

METHODS

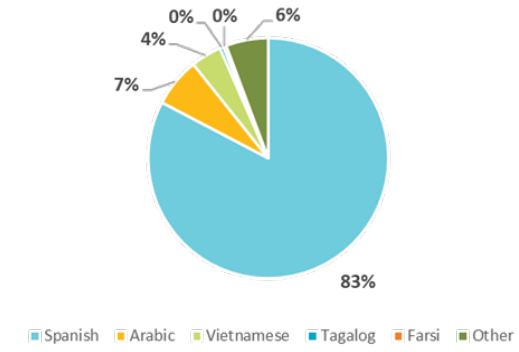
- Analyze data on all services for FY 2018-19 to attach interpreter service type and language requested to each service.
- Calculate the percentage of overall Non-English services provided by bilingual program staff.
- Provide a breakdown of interpretations by bilingual program staff for the five threshold languages (Spanish, Arabic, Vietnamese, Tagalog, and Farsi) and summary of all other languages.

DATA

Interpreter Type



Language of Interpreter Services



Language	% Bilingual Staff	% Other Interpreter Types
Spanish	92.2%	7.8%
Arabic	78.0%	22.0%
Vietnamese	40.0%	60.0%
Tagalog	59.4%	40.6%
Farsi	5.8%	94.2%
All Other	36.3%	63.7%

Services Are Equitable

RESULTS

- Overall, Non-English services were provided by bilingual program staff 85.4% of the time, which exceeds the goal of 80%.
- When bilingual staff interpretations were broken down by language, Spanish accounted for 82.7% of all Non-English services and 92% of those services were delivered by bilingual staff.
- When reviewing the County's other threshold languages, the following percentages were identified: Arabic 78%, Vietnamese at 40%, Tagalog at 59.4%, and Farsi at 5.8%.
- While over 80% of interpreter services are provided by bilingual staff, the system of care is not using bilingual staff for some threshold languages. This may be due to ongoing barriers in hiring and retaining bilingual staff.

Next Steps

- Review the proportion of providers' bilingual staff that provide services in threshold languages and compare with their usage of interpreter services.
- Identify service areas that reflect the most need for interpreter services and look at the proportion of bilingual staff in those areas for possible interventions to provide equitable services that reflect the client population.
- Continue to engage in workforce support programs in the state and county levels to mitigate acute workforce shortages.

Services Are Timely

GOAL 12

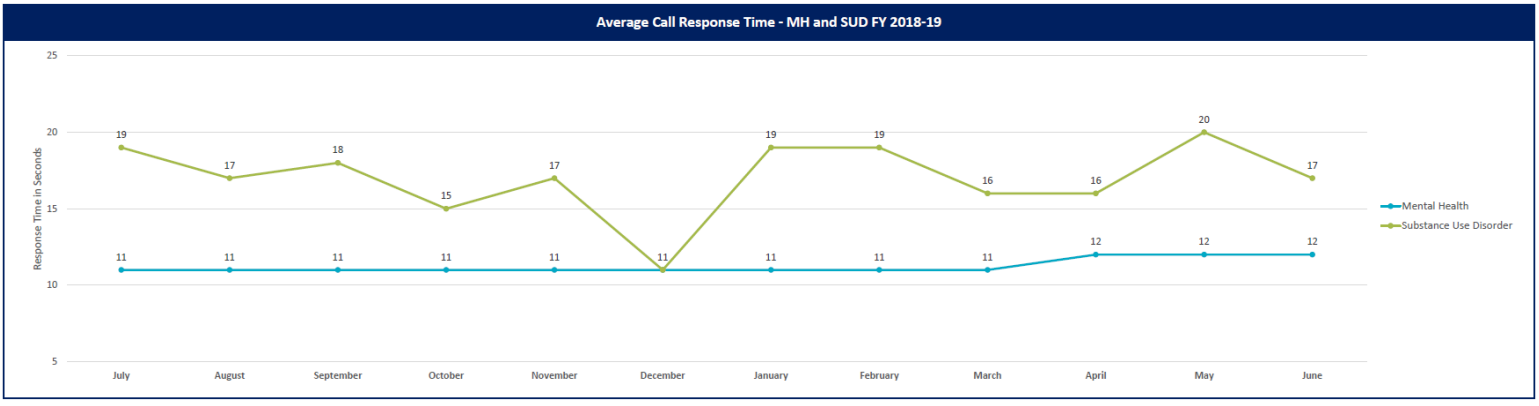
a. Ensure 95% of calls answered by the Access and Crisis Line (ACL) crisis queue are within 45 seconds.
b. Ensure average speed to answer all other (non-crisis) calls is within 60 seconds.

METHODS

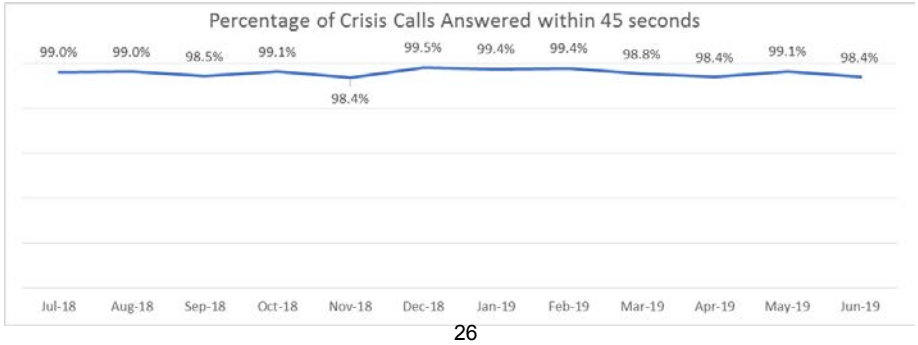
- Worked with Optum to monitor Access and Crisis Line data for FY 2018-19.
- Calculated the percentage of ACL crisis queue line calls that were answered within 45 seconds and tracked results from month to month.
- Calculated the average response times for non-crisis access lines and tracked results from month to month.

DATA

Graph 1

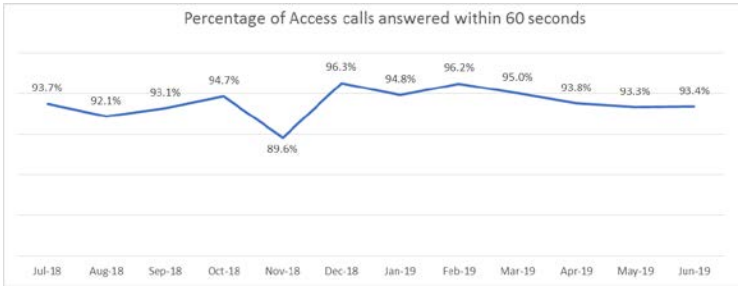


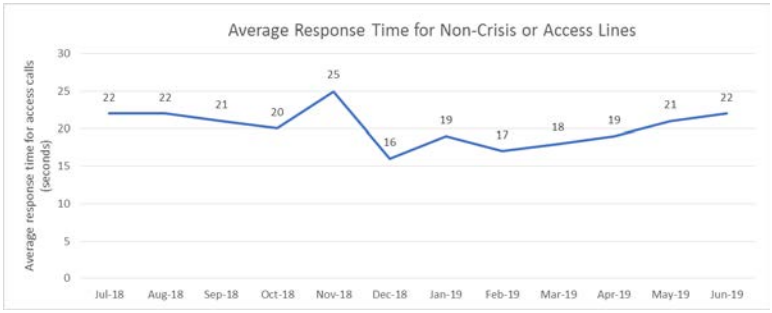
Graph 2



Services Are Timely

Graph 3





Graph 4

RESULTS

- More than 95% of ACL crisis queue lines were answered within 45 seconds. The average response time for crisis queue line calls is 11.5 seconds. (Graph 1)
- Percentage of all other non-crisis calls or the access calls that were answered with 60 seconds was all above 90% except in November 2018 (Graph 2).
- The average response time for all other non-crisis (or access calls) is 20.2 seconds, which is well within the 60-second target (Graph 3).
- The average response time for mental health-only access lines is around 19 seconds, which is well within the 60-second target (Graph 4).

Next Steps

- The average response times for the ACL crisis queue and access lines were very consistent, with very little fluctuation across all months. In addition to looking at averages, a standard deviation on these response time metrics can be useful for looking at the variance in distribution, to see a better indication of the maintenance of standards (for example, a tighter curve lends to better interpretation that standards are maintained). BHS is working with Optum to explore this type of analysis for ACL.
- Collect information on how many unique clients use ACL services. This metric will be helpful in determining the level of awareness among clients served in the County. Results can be used to review ACL services' accessibility.
- Collect separate average response times during weekends or late night/early morning hours to determine if standards are also met during these critical hours.

Services Are Timely

GOAL 13

a. 100% of CYF programs meet the mental health assessment timeliness standard (10 days).

b. Ensure 100% of AOA programs meet the mental health assessment timeliness standard (10 days).

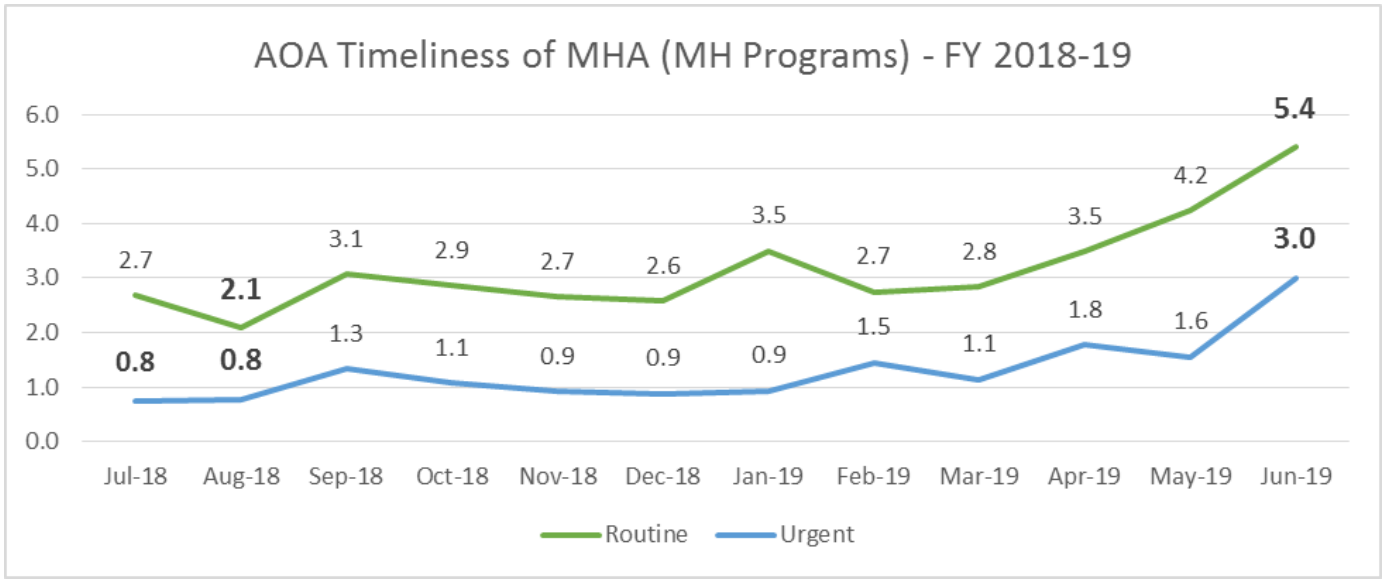
c. Ensure 100% of CYF and AOA programs meet the timeliness standard for mental health assessment requests deemed as urgent (48 hours).

METHODS

- Monitored and calculated the programs' access days for routine appointments (within 10 days) by determining the number of business days from start date to first available appointment.
- Monitored and calculated the programs' access days for urgent appointments (within 48 hours) by determining the number of business days from start date to first available appointment.
- Inquiries based on preferred languages and race/ethnicity were tabulated and analyzed.

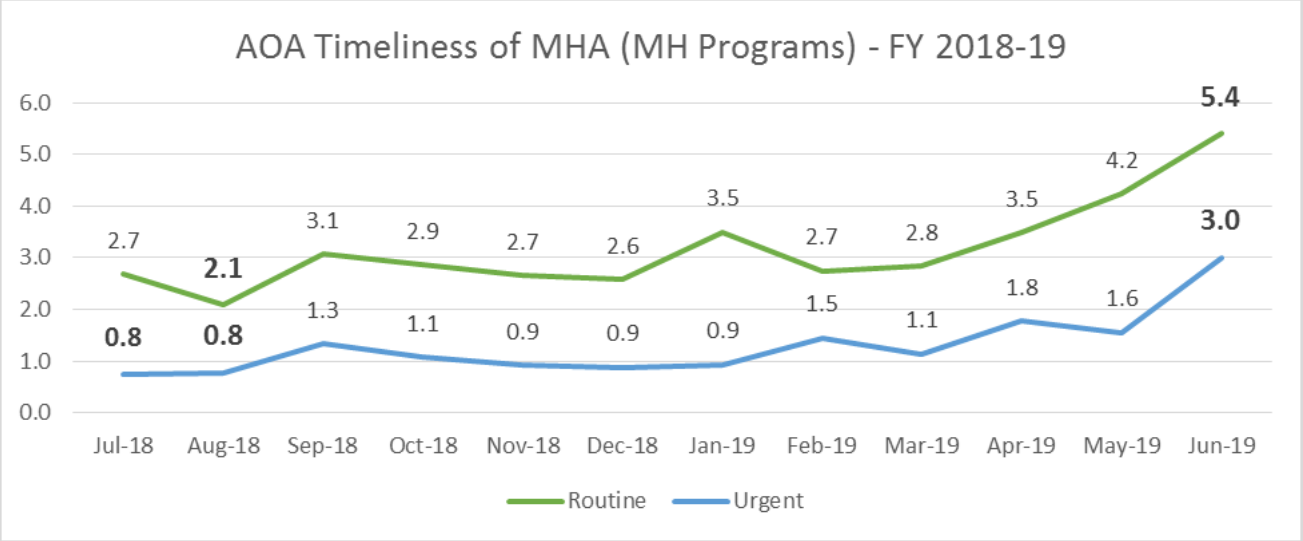
DATA

Graph 1



Services Are Timely

Graph 2



RESULTS

- 100% of CYF programs meet the mental health assessment timeliness standard (10 days), with an average of 4.3 access days for routine calls.
- 100% of AOA programs meet the mental health assessment timeliness standard (10 days), with an average of 3.1 access days for routine calls.
- 100% of CYF programs meet the mental health assessment timeliness standard (48 hours/2 days), with an average of 1.5 days for urgent calls.
- 100% of AOA programs meet the mental health assessment timeliness standard (48 hours/2 days), with an average of 1.2 days for urgent calls.

Next Steps

- Though the access days to mental health assessment for CYF MH programs on an average was within 10 days for routine calls, some months exceeded the 10-day standard. This will be investigated further to see what factors contributed to the increase.
- A total of 35 (14%) clients declined appointment due to high access days. To explore feasibility of alternative hours to increase accessibility.
- DHCS has imposed new requirements and standards for updating the Access to Service Journal (ASJ) to ensure timeliness of service. Components like first offered day for mental health assessment, first three dates for treatment offered, and closed out date will soon be implemented in ASJ to assess timeliness of service to clients.