QUALITY IMPROVEMENT

Mental Health Services Work Plan Evaluation

Fiscal Year 2021-2022

County of San Diego Health and Human Services Agency

Behavioral Health Services

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

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. Areas that are identified as needing critical attention are continued into the following fiscal year(s) for additional progress monitoring. 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
Developed by the County of San Diego Health and Human Services Agency,
Behavioral Health Services, Population Health Quality Improvement

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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 Health and Human Services Agency (HHSA) and SDCBHS' 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

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

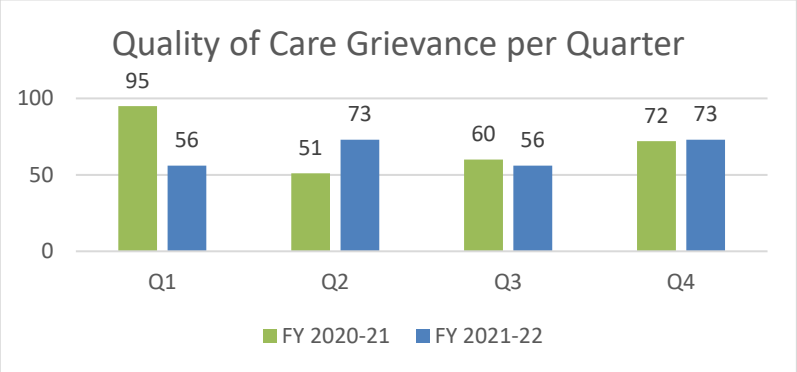
GOAL 1

Improve client Quality of Care experience, measured by a 5% reduction in the proportion of grievances in Quality of Care categories compared to fiscal year (FY) 2020-21.

METHODS

- Track the number of grievances received related to *Quality of Care*.
- *Quality of Care* grievances are broken down into subcategories which include *Staff Behavior Concerns*, *Treatment Issues/Concerns*, *Medication*, *Cultural Appropriateness*, *Other Quality of Care Issues*, *Abuse, Neglect, Exploitation, Related to Case Management, and Related to Customer Service.*
- Compare the FY number of *Quality of Care* grievances between FY 2020-21 and FY 2021-22 using the quarterly Grievances and Appeals Report.

DATA



RESULTS

- **The overall goal of decreasing the proportion of *Quality of Care* grievances by 5% was not met.**
- Out of the total 354 grievances received in FY 2021-22, 258 were related to *Quality of Care*.
- *Quality of Care* accounts for 72.9% of grievances received FY 2021-22 and a 0.6% decrease over FY 2020-21.
- *Quality of Care* includes the following subcategories and totals for FY 2021-22:
    - *Staff Behavior Concerns* – 101 (40.2%)
    - *Treatment Issues/Concerns* – 55 (21.9%)
    - *Medication* – 59 (23.5%)
    - *Cultural Appropriateness* – 6 (2.4%)
    - *Other Quality of Care Issues* – 30 (12.0%)
    - *Abuse, Neglect, Exploitation* – 4 (1.6%)
    - *Related to Case Management* – 1 (0.4%)
    - *Related to Customer Service* – 2 (0.8%)
- SDCBHS will continue to monitor the number of *Quality of Care* grievances in FY 2022-23, with the intention of meeting this goal. BHS will also collaborate with the advocacy agencies to continue education of providers.

GOAL 2

A minimum of 85% of Adults/Older Adults (AOA) receiving mental health services will report they are involved in setting outcome goals for their treatment per the Consumer Perception Survey.

METHODS

- Data is collected in an annual Consumer Perception Survey (CPS) for AOA clients.
- The Youth Services Survey (YSS) is used for the Children's Youth and Families (CYF) clients.
- A specific question concerning client participation in setting treatment goals is presented in both the AOA and CYF surveys.

DATA

Youth	2020	2021	% Change
Participated in treatment goals	91.0%	86.2%	-5.3%
Adults	**2020**	**2021**	**% Change**
Decided treatment goals	83.1%	83.1%	0.0%

RESULTS

- **The overall goal of a minimum of 85% AOA receiving mental health services will report they are involved in setting outcome goals for their treatment was not met for FY 2021-22.**
- The CYF system of care **exceeded the goal by 1.2%.** Data from this year's survey shows an overall decrease of 5.3% from the 2020 survey results regarding children/youth clients and their family's participation in setting treatment goals.
- The AOA system of care **fell short of the goal by 1.9%** and showed the same percentage as the 2020 survey results.
- SDCBHS will continue to monitor the CPS in 2022, with the intention of meeting this goal. Education continues from the BHS Quality Assurance team in working with providers on treatment planning and client engagement.

GOAL 3

Decrease the number of suicides and attempted suicides compared to FY 2020-21 by 5%, as reported in the System of Care Serious Incident Reports.

METHODS

Analysis of data collected from the FY 2020-21 and FY 2021-22 Serious Incident Reports in the System of Care.

DATA

AOA MH	Suicide Attempts	Suicide Deaths	% Change
FY 2020-21	87	17	104
FY 2021-22	78	16	94
% Difference	-10.3%	-5.9%	**-9.6%**

CYF MH	Suicide Attempts	Suicide Deaths	% Change
FY 2020-21	25	2	27
FY 2021-22	26	2	28
% Difference	4%	0%	**3.7%**

Fiscal Year	Suicide Attempts	Suicide Deaths	% Change
FY 2020-21	112	19	131
FY 2021-22	104	18	122
% Difference	-7.1%	-5.3%	**-6.9%**

RESULTS

- **The overall goal of decreasing the number of suicides and attempts of suicide in the Mental Health Services (MHS) System of Care by 5% was met for FY 2021-22.**
- Overall, MHS System of Care number of suicides and attempted suicides were reduced by 6.9% from FY 2020-21.
- MHS System of Care reported suicide deaths were reduced by 5.3% from FY 2020-21.
- MHS System of Care reported suicide attempts were reduced by 7.1% from FY 2020-21.
- Collaboration continues with the providers and community partners in addressing suicide and prevention strategies.

GOAL 4

Add 84 new housing units this fiscal year in Central and North Coastal regions for adult clients receiving mental health services.

METHODS

- Confirmation received from SDCBHS lead for Mental Health Services Act (MHSA) Housing Program.
- Housing and Community Development Services (HCDS) administers a variety of housing programs to provide the community with affordable housing options. One funding source for such housing, is the State of California's No Place Like Home (NPLH) program, that provides funding to local communities for the development of permanent supportive housing for adults with serious mental illness (SMI) and/or seriously emotionally disturbed (SED) children and adolescents and their families, who are experiencing or are at-risk of homelessness.

DATA & PROGRESS

- **Goal of adding 84 new housing units in FY 2021-22 in Central and North Coastal regions for adult clients receiving mental health services was met for FY 2021-22.**
- The No Place Like Home (NPLH) MHSA housing program was opened in FY 2021-22.
- 84 units added in FY 2021-22 in the Central and North Coastal regions.
- For FY 2022-23, the MHSA Housing Program is currently leasing 49 out of 57 units.
- The goal for FY 2022-23: Add 57 new housing units in South and North Inland regions for adult clients receiving mental health services.

GOAL 5

Increase the number of clients discharged from a psychiatric hospital that connect to treatment services within 7 and within 30 days after discharge by 5%, compared to FY 2020-21.

METHODS

Data is collected in the monthly Optum CO-20B report. This report records the days between discharge and 1st service rendered, which were then analyzed to show if they were within 7 and 30 days.

DATA

Connection to services within 7 days (AOA & CYF)

Fiscal Year (7 Days)	Discharges	Connected within 7 Days	% of Discharges
FY 2020-21	9,021	2,859	31.7%
FY 2021-22	7,875	2,532	32.2%
% Difference	-12.7%	-11.4%	**0.5%**

Connection to services within 30 days (AOA & CYF)

Fiscal Year (30 Days)	Discharges	Connected within 30 Days	% of Discharges
FY 2020-21	9,021	4,196	46.5%
FY 2021-22	7,875	3,646	46.3%
% Difference	-12.7%	-13.1%	**-0.2%**

RESULTS

- **The overall goal of increasing the number of clients discharged from a psychiatric hospital that connect to treatment services within 7 days by 5% was not met for FY 2021-22.**
- The number of clients discharged from a psychiatric hospital that connect to treatment services within 7 days increased by 0.5% from FY 2020-21 to FY 2021-22.
    - AOA clients increased by 1%
    - CYF clients decreased by 5.4%.
- **The overall goal of increasing the number of clients discharged from a psychiatric hospital that connect to treatment services within 30 days by 5% was not met for FY 2021-22.**
- The number of clients discharged from a psychiatric hospital that connect to treatment services within 30 days decreased by 0.2% from FY 2020-21 to FY 2021-22.
    - AOA clients increased by 0.4%
    - CYF clients decreased by 6.9%
- SDCBHS will continue to monitor the number of clients discharged from a psychiatric hospital that connect to treatment services within 7 and within 30 days after discharge in FY 2022-23, with the intention of meeting these goals.

GOAL 6

SDCBHS will have two active Performance Improvement Projects (PIPs) that contribute to meaningful improvement in clinical care as monitored by the External Quality Review Organization (EQRO).

METHODS

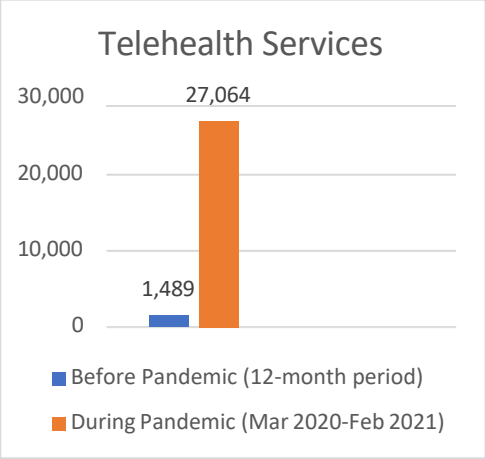
SDCBHS had a series of consultations with the State's EQRO on possible PIP topics as per DHCS requirements, using system data and community stakeholder feedback. SDCBHS developed the PIP design and interventions through close consultation with EQRO.

DATA & RESULTS

SDCBHS currently has 2 active PIPs, one non- clinical and one clinical. **This goal has been met for FY 2021-22.**

1. Non-Clinical PIP: Mental Health-Older Adult (OA) Telehealth

The PIP targets improving client linkages to services. Due to the pandemic, the way in which clients accessed mental health services changed, most commonly involving the utilization of teletherapy (telephone and telehealth).



The first stakeholder PIP workgroup meeting was held on April 2021. At the end of August, telehealth utilization feedback from over 80 OA clients has been collected from two programs, with one of those programs serving mainly non-English speaking OA clients. In September 2021, Health Services Research Center (HSRC) collected the client feedback from the third program, along with analyzing the client feedback results. Current interventions are being implemented.

2. Clinical PIP: Increasing Therapeutic Support for Youth who identify as Sexual and/or Gender Minorities (LGBTQ+)

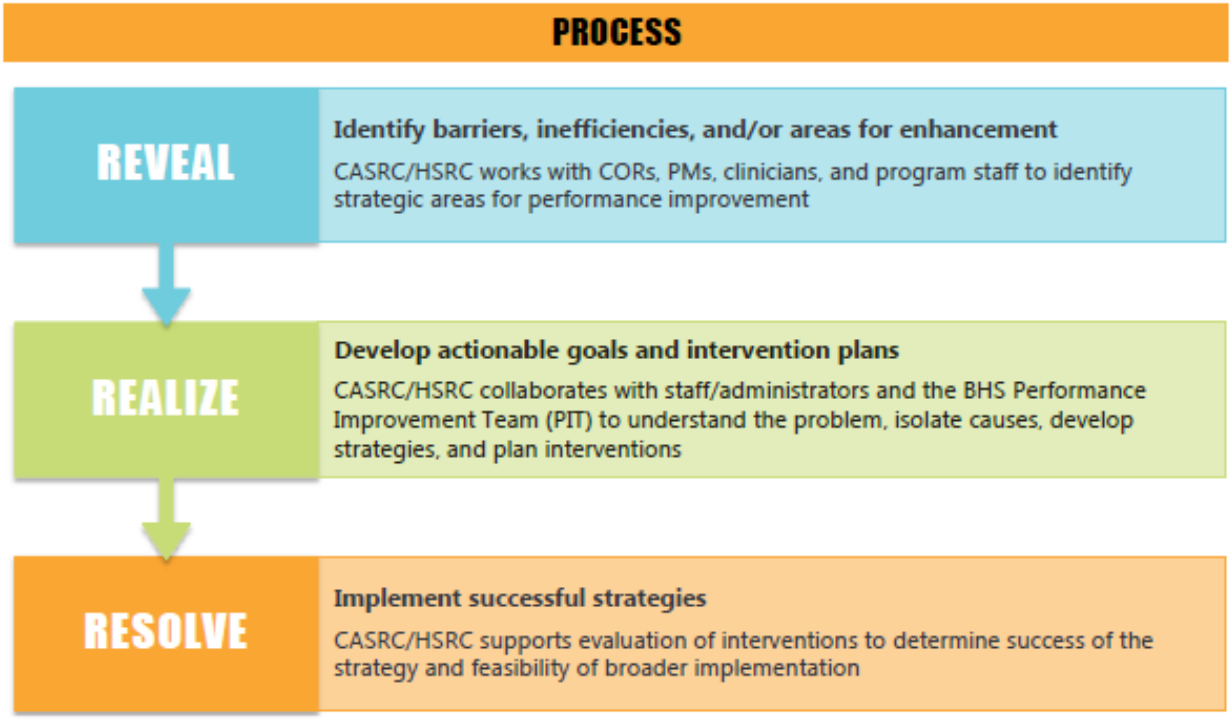
The PIP aims to enhance Therapeutic Support for Youth who identify as sexual and gender minorities through group therapy (possibly school-based) or family therapy. Approximately 8% of youth receiving CYF services identify as LGBTQ *(special populations report).* Both national and local data suggest that these youth have worse mental health outcomes than youth who identify as heterosexual/cisgender. For example, they are more likely to attempt suicide and have higher rates of crisis service and inpatient hospitalization use. Current interventions are being developed and implemented.

GOAL 7

Develop a continuous quality improvement toolkit, to include models such as Plan-Do-Study-Act (PDSA) and Strategic, Measurable, Ambitious, Realistic, Time-bound, Inclusive, and Equitable (SMARTIE) to be made available to Contracting Officer's Representatives (CORs) and providers in FY 2021-22.

METHODS

As part of the SDCBHS' mission to support providers, improve quality, and enhance services, University California San Diego (UCSD) Child & Adolescent Services Research Center (CASRC) and HSRC has engaged programs in a Program Performance Improvement (PPI) review process personalized to that program's specific needs and challenges.



DATA & RESULTS

- **This goal has been met for FY 2021-22.** UCSD presented toolkit to CORs in September 2021.
- UCSD presented to mental health providers and substance use disorder providers in summer of 2022 results of new PPI initiative and findings.
- The PPI protocol leverages the analytic and applied expertise of the research centers to streamline the process for CORS and providers. CORS and providers have access to a PPI Toolkit, comprised of worksheets and resources to facilitate problem-solving and goal-setting. CASRC and HSRC has trained key staff to use the PPI Toolkit, fill in resource gaps, and support implementation and evaluation of action plans. PPIs have been conducted with programs to address a variety of issues from workforce recruitment to satisfaction survey effectiveness.

GOAL 8

Expand the Mobile Crisis Response Team (MCRT) pilot program Countywide.

METHODS

Confirmation of Mobile Crisis Response Team (MCRT) services by Program Coordinator.

DATA & RESULTS

With the support of the County of San Diego Board of Supervisors, **MCRT is providing services 24/7, and has expanded to all areas in the County**.

- **The overall goal of Expand the MCRT pilot program Countywide was met for FY 2021-22.**
- On June 1, 2021, Telecare was awarded the MCRT contract to provide services in the North Central, Central, North Inland, East, and South regions.
- The North Coastal region is served by Exodus Recovery, Inc.
- Exodus and Telecare accept referrals from the Access and Crisis Line and Law Enforcement.
- Exodus and Telecare continue to collaborate as needed with their community partners to provide non-law enforcement services to those who are experiencing a behavioral health crisis.

GOAL 9

Reduce the Outpatient CYF no show rate by 2%, compared to FY 2020-21.

METHODS

Track the outpatient CYF no show rate for FY 2021-22 and compared to FY 2020-21 data.

DATA

Outpatient CYF No Show Rate			
Fiscal Year	**Services**	**No Show**	**No Show Rate**
FY 2020-21	199,384	14,847	7.4%
FY 2021-22	160,410	8,559	5.3%

Contact Type	FY20-21	FY21-22	Difference (FY21-22 minus FY20-21)
Correspondence	64	11	-53
Face to Face	52,089	103,270	51,181
No Contact	242	201	-41
Telehealth	103,645	35,054	-68,591
Telephone	43,236	21,798	-21,438
TTY/Videophone/Video Relay	108	76	-32
All CYF	**199,384**	**160,410**	**-38,974**

RESULTS

- **The goal of reducing the Outpatient CYF no show rate by 2%, compared to the FY 2020-21, was met for FY 2021-22. The reduction was 2.1%.**
- Overall, the number of Outpatient CYF services for FY 2021-22 was 160,410 compared to 199,384 services in FY 2020-21.
- The outpatient CYF no show rate for FY 2021-22 is 5.3%, thus the no show rate decreased 2.1% compared to FY 2020-21.
- There was a smaller drop in number of scheduled and no-show services between FY 20-21 and FY 21-22 (199,384 vs 160,410). This mainly was due to a large decrease in telehealth and telephone services as COVID situation has improved. Number of face to face services (scheduled and no-show combined) nearly doubled.

GOAL 10

Establish a committee of community partners representing the diversity of stakeholders to support the Community Engagement Project (CEP).

METHODS

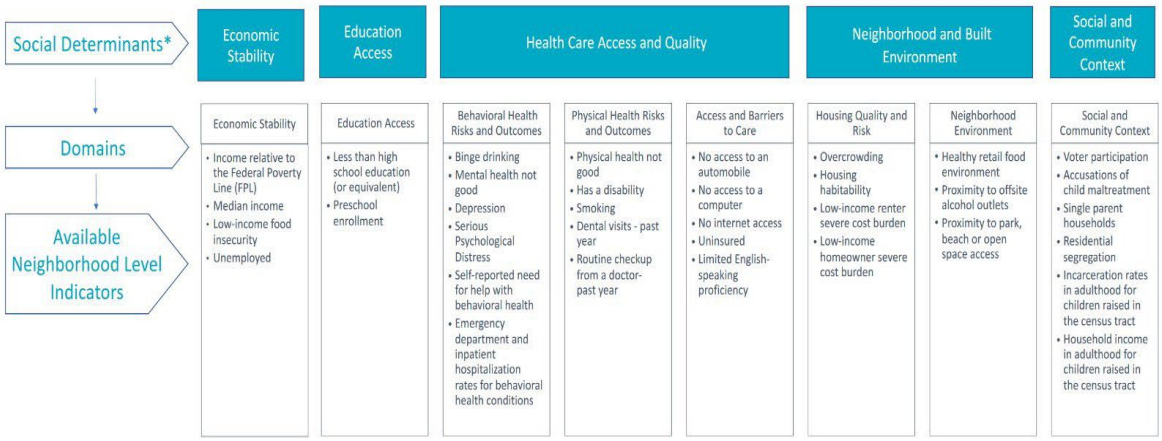
The CEP is a joint initiative between SDCBHS and UCSD's Research Centers, CASRC and HSRC. The vision of the CEP is the integration of data and community engagement to promote behavioral health equity in the County. The mission of the CEP is to promote a continuous feedback process by which issues can be identified, further informed by community engagement, and mediated by actionable plans.

DATA & PROGRESS

This goal has been met for FY 2021-22. A Community Experience Committee (CEC) was established in January 2022. This diverse group met to guide BHS on the domains for the Behavioral Health Equity Index (BHEI) and to guide in the development of a community survey.

Working in collaboration with SDCBHS's CEC Workgroup and contracted community facilitators, UCSD developed a **BHEI model** for the County. BHEI indicators were selected and sorted into domains, aligned with social determinants established by the U.S. Department of Health and Human Services.

Community experts were engaged during a four-part workgroup series conducted between January and April 2022. The CEC Workgroup provided input on selection of indicators and categorization of those indicators within 8 domains.



*Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved [May 20, 2022], from https://health.gov/healthypeople/objectives-and-data/social-determinants-health

GOAL 11

Develop a Community Experience Dashboard (CED) to identify disparities and gaps of services in the community.

METHODS

- The CEP developed the Community Experience Dashboard (CED).
- The CED is an interactive Power BI dashboard comprised of custom behavioral health datasets, including mapping overlays for spatial indicators. Data sources include surveys, vital records, hospitalization and emergency department data, and service and outcome data for individuals served by the SDCBHS system of care.
- Users can explore indicators of equity over time, across neighborhoods, and for numerous subpopulations, including by race/ethnicity, gender, sexual orientation, age, justice involvement and more. The CED is equipped with dynamic tools to facilitate interpretation and summarize key data points.

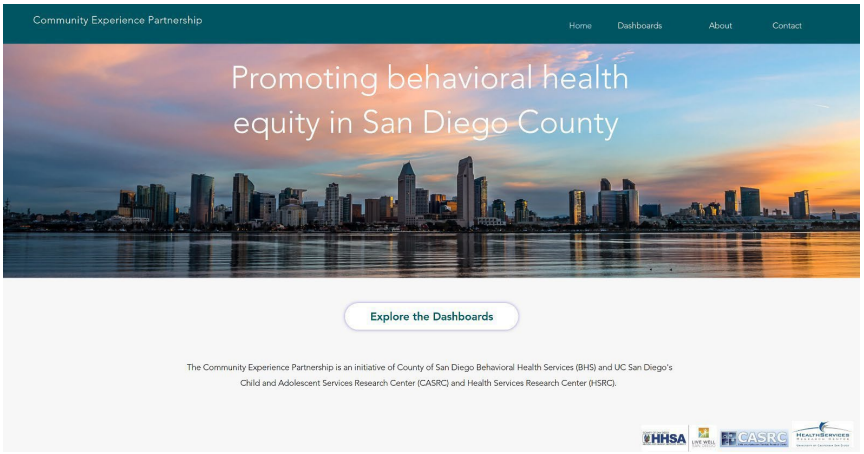
DATA & PROGRESS

This goal has been met for FY 2021-22. CEP has developed a CED that was launched to the public in Spring 2022.

The CED has been presented at numerous venues for feedback and awareness:

- Executive Quality Improvement Team (EQIT)
- Quality Review Council (QRC)
- Behavioral Health Advisory Board (BHAB) Stakeholder Engagement Workgroup
- CEC Workgroup
- HHSA Executive Lead Meeting

Response to the CED was overwhelmingly positive and it is a tool that has been utilized for program planning and services utilization.



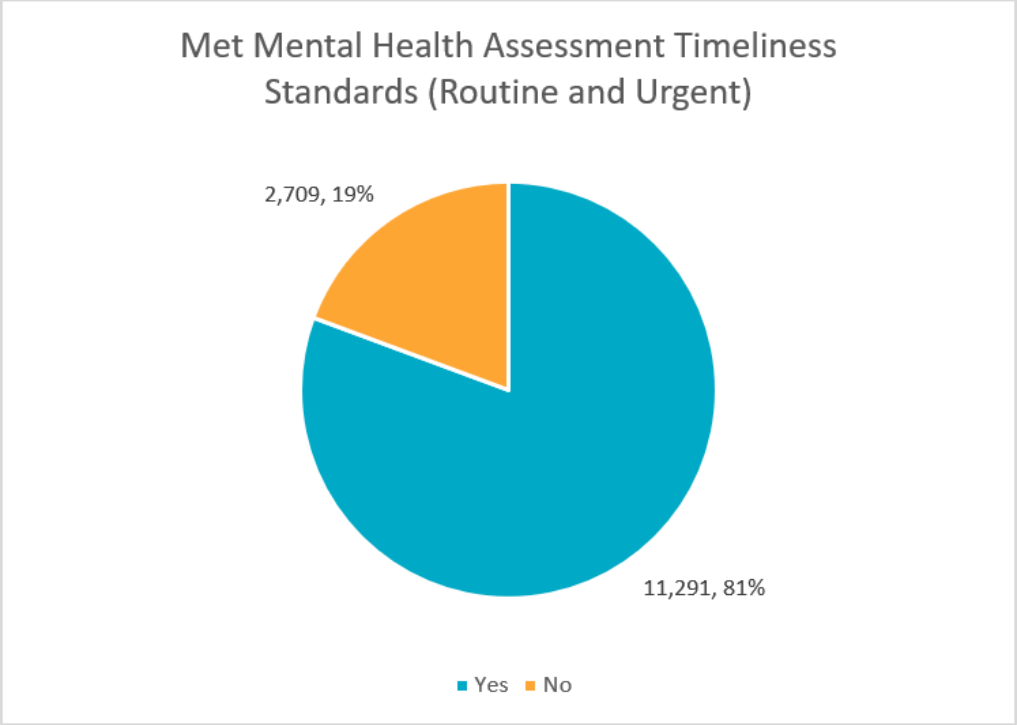
GOAL 12

100% of AOA programs meet the mental health assessment timeliness standards for routine and urgent appointments.

METHODS

Data is measured monthly by the Access to Services Journal (ASJ). The ASJ measures the initial contact by a program to the first available appointment. Routine appointments must occur within 10 business days and urgent appointments within 48 hours to be considered as meeting the timeliness standards.

DATA



RESULTS

- **This goal of 100% of AOA programs meeting the timeliness standard was not met for FY 2021-22.**
- In FY 2021-22, 81% of initial client contacts with programs met the timeliness standard for routine and urgent appointments.
- SDCBHS will continue to assess whether programs are meeting the routine and urgent appointment timeliness standards in FY 2022-23 to ensure clients are receiving necessary mental health services in a timely manner. CORs are working with providers to enhance access times and to discuss barriers.

GOAL 13

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

METHODS

Optum, the Mental Health Plan's (MHP) Administrative Services Organization (ASO), generates a monthly status report with the Access and Crisis Line Performance Standards and percentages listed.

DATA

OPTUM®

COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES MONTHLY STATUS REPORT

HHSA HEALTH AND HUMAN SERVICES AGENCY | LIVE WELL SAN DIEGO

PERFORMANCE STANDARDS

1) Crisis Line - 95% calls answered within 45 seconds;	97.93%
< 5% calls abandoned after 45 seconds	0.95%
2) Access Line - average speed to answer < 60 seconds;	25 Seconds
< 5% abandoned after 75 seconds	1.48%

RESULTS

Both goals a. 95% of crisis calls answered within 45 seconds and b. Average speed for non-crisis calls answered is within 60 seconds were met for FY 2021-22.
For FY 2021-22, 97.93% of ACL crisis queue calls were answered within 45 seconds.
For FY 2021-22, the average speed in which all other calls (non-crisis) were answered was 25 seconds.