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

Quality Improvement

Work Plan Evaluation

Fiscal Year 2017-2018

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

Fiscal Year 2017-2018

Quality Improvement Work Plan (QIWP) Evaluation

Developed by the County of San Diego Health and Human Services, Behavioral Health Division, Quality Improvement Unit

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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@sdcounty.ca.gov.

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Introduction

As required by the California Department of Health Care Services (DHCS), County of San Diego Behavioral Health Services (SDCBHS) produces an annual Quality Improvement Work Plan (QIWP). In accordance with the requirements, the QIWP establishes the quality improvement goals for the current fiscal year and 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.

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 helps ensure the system is community-based 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.

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

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 number of Quality of Care related grievances by 5%.

METHODS

1. Updated the grievances and appeals tracking log to align with the Department of Health Care Services (DHCS) requirements.
2. Tracked the number of grievances related to customer service, staff interactions and access to services.
3. Held trainings and outreach events to increase awareness of the grievance and appeals process.

DATA

Total Reported Grievances	Counts by Fiscal Year		Percent Change
	FY 16-17	FY 17-18	
Access	8	21	↑
Quality of Care	124	157	↑ (26.6%)
Change of Provider	1	0	↓
Confidentiality	3	7	↑
Other*	27	25	↓
Total	**163**	**210**	**+22.4%**

**Examples include: financial, lost property, patients' rights, and physical environment.*

QUALITY OF CARE	FY 16-17	FY 17-18
STAFF BEHAVIOR CONCERNS	41	61
TREATMENT ISSUES OR CONCERNS	31	37
MEDICATION	41	45
CULTURAL APPROPRIATENESS	0	3
OTHER QUALITY OF CARE ISSUES	11	11
TOTAL	124	157

SERVICES ARE CLIENT CENTERED

RESULTS

Grievances and Appeals Report

- Compared to the previous fiscal year, there was a 26.6% increase in overall grievances associated with the Quality of Care in FY 2017-18 (from 124 to 157).
- While grievances associated with Access have increased from the previous fiscal year, the majority of grievances were associated with Other Access Issues, not with timeliness, availability or accessibility of services.
- Staff Behavior Concerns made up a largest proportion of all Quality of Care grievances (38.9% or 61) followed by Medication (28.7% or 45) and Treatment Issues and Concerns (23.6% or 37).
- The largest proportion of all grievances associated with Other were regarding Patients' Rights (40% or 10), such as the clients' inability to have visitors or make phone calls in an inpatient setting.

JFS and CCHEA Outreach Efforts

- Jewish Family Service (JFS) and the Consumer Center for Health Education & Advocacy (CCHEA) are community based programs that provide education, information, and advocacy services, including investigation of patients' rights grievances from consumers who are receiving outpatient and inpatient services, consumers in residential facilities, and incarcerated consumers.
- CCHEA and JFS advocates held a number of trainings and outreach events focused on the grievance and appeal process and self-advocacy. The participants also provided feedback and suggestions for ways to enhance the Problem Resolution process.
- JFS conducted 22 (Lanterman, Petris, and Short) LPS Act designated hospital in-service trainings, 6 staff trainings to staff at San Diego Institutes of Mental Disease (IMD) serving County mental health clients, 22 community trainings, 5 trainings to Board and Care owners, trainings to staff and residents at 48 Board and Care facilities, 13 Skilled Nursing Facilities and 11 Crisis House/Safe Haven facilities.
- CCHEA conducted 382 outreach events that reached approximately 14,000 consumers and family members. They also conducted 58 outreaches to community based organizations and engaged 1,162 professionals.

NEXT STEPS

- Track grievances examining the trends between multiple categories within Quality of Care.
- Discuss quarterly findings at Quality Review Council meetings in effort to review and identify trends in services and provider interactions.
- Collaborate with JFS and CCHEA to ensure consumers are aware of the grievance and appeals process and have access to services.

SERVICES ARE CLIENT CENTERED

GOAL 2

Evaluate changes from FY 2014-15 baseline in satisfaction, engagement, and career opportunities among Support Specialists in the BHS system.

METHODS

1. Administered a survey to evaluate satisfaction among groups including Peer Support Specialist/Partner (PSSs) and Family Support Specialist/Partner (FSPs).
2. Evaluated potential opportunities to increase satisfaction, engagement, and career opportunities.

DATA

Peer Support Specialists' agreement with the following statements	Baseline FY 14-15 N=53	FY 17-18 N=74	
Career Opportunities			
I receive high quality supervision.	90%	89%	-1%
I receive the individual support I need.	92%	84%	-8%
I get paid an adequate amount for the services I provide.	33%	30%	-3%
Engagement			
I experience benefits from interacting with clients.	96%	91%	-5%
I am recognized as a valuable member of the team by the non-PSS staff.	87%	84%	-3%
I feel like a colleague with the other staff.	8%	12%	4%
I have good communication with other staff.	88%	93%	5%
The culture where I work is peer/family partner friendly.	94%	93%	-1%
Satisfaction			
I have a clear job description.	88%	89%	1%
Disagreement with the following statements indicates a more favorable experience.			
I experience burnout.	46%	53%	7%
I experience feelings of isolation in my role as a PSS	33%	25%	-8%

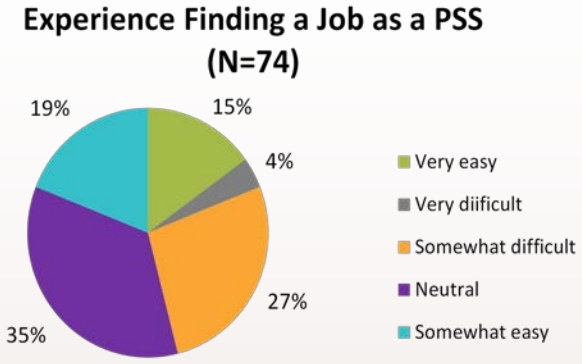
Family Support Partners' agreeement with the following statements	Baseline FY14-15 N=21	FY 17-18 N=38	
Career Opportunities			
I receive high quality supervision.	85%	93%	8%
I receive the individual support I need.	85%	98%	13%
I get paid an adequate amount for the services I provide.	20%	38%	18%
Engagement			
I experience benefits from interacting with families/caregivers.	90%	88%	-2%
I am recognized as a valuable member of the team by the non-FSS staff.	85%	93%	8%
I have good communication with other staff.	100%	97%	-3%
The culture where I work is FSS friendly.	85%	100%	15%
I feel like a colleague with other staff.	90%	95%	5%
Satisfaction			
I have a clear job description.	86%	93%	7%
Disagreement with the following statements indicates a more favorable experience.			
I experience burnout.	55%	55%	0%
I experience feelings of isolation in my role as FSP.	35%	20%	-15%

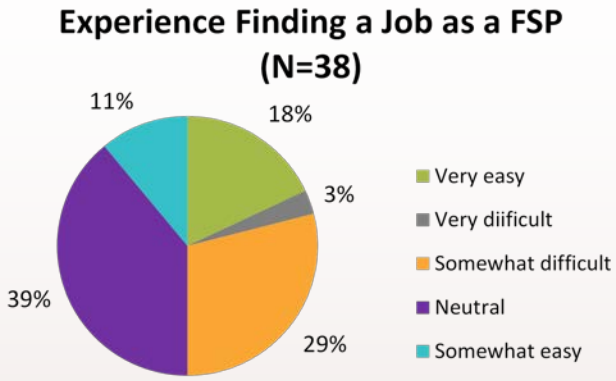
*indicates an area for improvement *indicates an area for opportunity *indicates no change

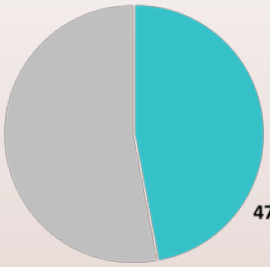
SERVICES ARE CLIENT CENTERED

RESULTS

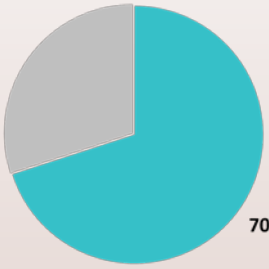
Note: The following pie charts represent FY 16-17 data







*PSSs That Feel There are Barriers to Career Advancement



*FSP Interest in Career Advancement within BHS

- Support Specialists (SSs) help bridge the gap between an individual's needs and the County of San Diego Behavioral Health Services' (SDCBHS) ability to meet those needs.
- In 2014, twenty-one FSSs and fifty-three PSSs opted to respond to a survey to help better understand what it is like to work in their role. In 2017, thirty-eight FSSs and seventy-four PSSs opted to respond to a survey with the same objective.
- Overall FSSs have improved in 8/11 survey questions that measure career opportunities, engagement, and satisfaction. PSSs have improved in 4 of the same 11 survey questions.
- A majority of FSPs (71%) indicated an interest in advancing their career to another type of job within BHS, but almost half of respondents (47%) also reported feeling as though there were barriers to their career advancement.

NEXT STEPS

- BHS will continue to work with contractors NAMI and RI International to train FSPs and PSSs to work in BHS programs.
- BHS will implement new outcomes for supported employment programs in the form of individualized placement and support (ISP) evidence-based model.

SERVICES ARE CLIENT CENTERED

GOAL 3

Implement new Outcome Tools in the CYF System of Care—Child and Adolescent Needs and Strengths (CANS) and Pediatric Symptom Checklist (PSC-35)—and determine baseline data.

METHODS

1. Contracted with BHETA for training needs.
2. Contracted with UCSD to build new data tracking.
3. Maintained monthly meetings with CASRC and CYF to ensure continuous progress.

DATA

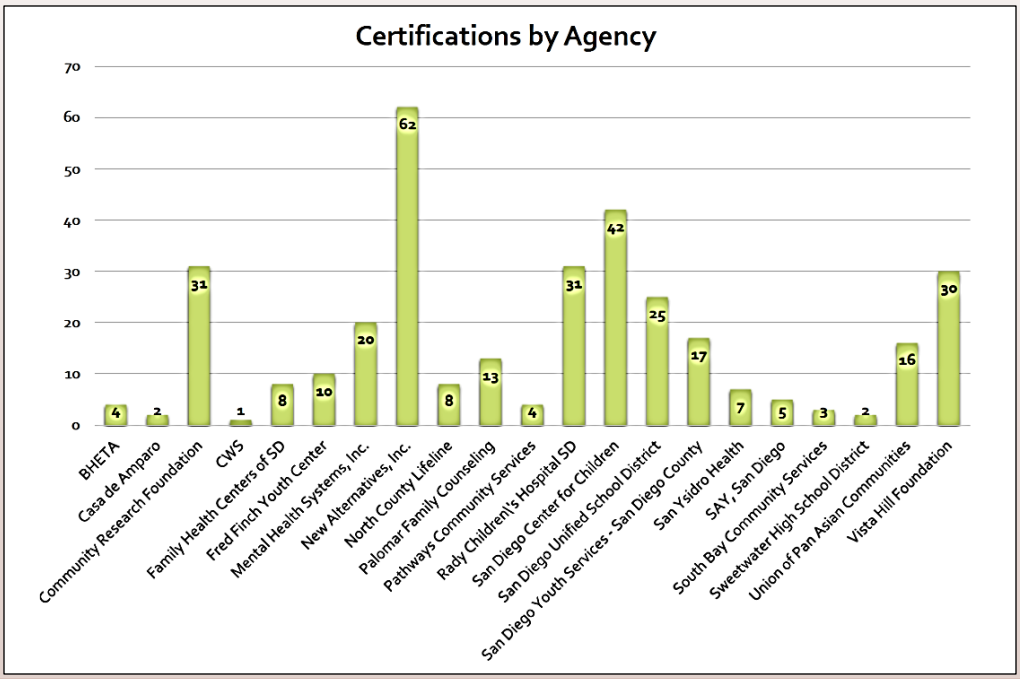
CANS Certification By The Numbers
As of 07/02/2018

Coupons dispensed: 376

Users enrolled on Praed site: 498

Exams taken: 1132
Exams passed: 452
Percent passed: 40%

Certification after first exam: 65%
Average # of attempts to pass: 2.5
Greatest # of attempts by single user: 28



SERVICES ARE CLIENT CENTERED

RESULTS

A draft Information Notice was disseminated by the Department of Health Care Services (DHCS) notifying Counties that the **Pediatric Symptom Checklist (PSC-35)** and the **Child and Adolescent Needs and Strengths (CANS)** have been selected as the new outcome tools for County Mental Health Plans (MHPs). These tools will measure child and youth functioning, as intended by Welfare and Institutions Code, Section 14707.5. The **PSC-35** is a psychosocial screening tool completed by the parent/caregivers to facilitate the recognition of cognitive, emotional and behavioral problems so that appropriate interventions can be initiated. The **CANS** is a structured assessment for identifying strengths and needs of the youth and family, developed by the Praed Foundation. The tool provides a framework for developing and communicating a shared vision and uses youth and family information to inform planning, support decisions and monitor outcomes. The CANS is to be completed by the provider with the youth and caregiver. Both measures will be administered to children and youth up to age 21 in mental health treatment programs that utilize CCBH to claim to Medi-Cal.

The County of San Diego, Behavioral Health Services (BHS) initially notified providers via a memo issued on September 6, 2017 of the new regulations and change of outcome measures. Since the notification, BHS has been working with DHCS to establish deadlines, reporting requirements, and frequency of administration. In addition, BHS meets monthly with UCSD CASRC (Children and Adolescent Research Center) and BHETA to discuss the training needs; the building and implementation of a new local database (mHOMS); development of reports; and the standards for the new outcome measures. BHS in collaboration with UCSD and BHETA has successfully trained the CYF staff and started the implementation of these new tools on July 1, 2018. This will allow San Diego to identify any areas of concern before the DHCS required start date of October 1, 2018.

As the data is just starting to be entered into the mHOMS database, BHS will be working in collaboration with UCSD to establish baseline data and reporting.

NEXT STEPS

- Continue to train new CYF staff on the new outcome measures.
- Establish baseline data.
- Build report templates to meet program and monitoring needs.

SERVICES ARE SAFE

GOAL 4

Decrease the number of completed suicides in the Behavioral Health System of Care by 5% from the previous Fiscal Year.

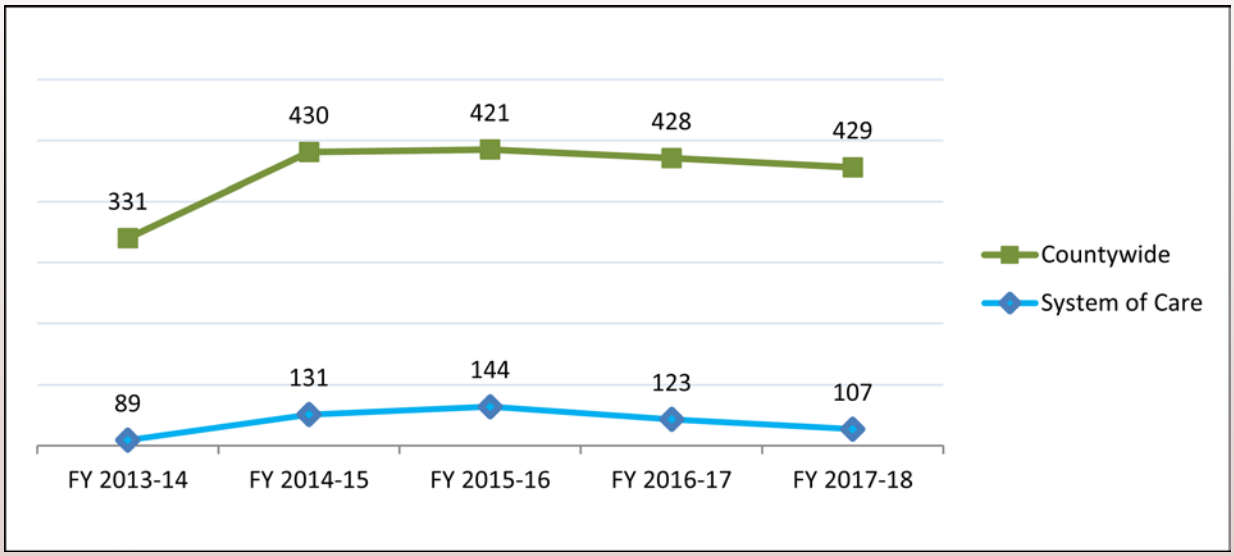
METHODS

1. Held monthly clinical case review committee meetings to conduct a root cause analysis with staff involved.
2. Finalized a Prospective Risk Analysis (PRA), an annual comprehensive risk assessment for suicide and started piloting it with four select mental health clinics.
3. Developed training events and webinars for training on utilization of the PRA.

DATA

Completed Suicides in BHS vs. Countywide:

	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	Percent Change
System of Care	89	131	144	123	107	↓ 13.0%
Countywide	331	430	421	428	429	↑ 0.2%



SERVICES ARE SAFE

RESULTS

FY 2017-18 Suicides

- System of Care suicides have decreased by 13.0% from FY 2016-17.
- System of Care suicides made up a quarter (24.9%) of countywide suicides in FY 2017-18, a slight decrease from 28.7% in the previous fiscal year.

Prospective Risk Analysis (PRA)

- The Prospective Risk Analysis (PRA) is being finalized and will be an annual comprehensive risk assessment for suicide that was partially developed based on the Columbia Suicide Severity Rating Scale. This will replace the use of the HRA (High Risk Assessment) in the BHAs.
- The PRA is currently being piloted in 4 select mental health clinics (3 adult and 1 youth clinic), which are located in different regions of the County.
- A 2-day training event, *Suicide Prevention in a New Light: Matrix Treatment Planning & the Quest for Happiness*, led by internationally acclaimed educational innovator in the field of suicide prevention, Dr. Shawn Christopher Shea, took place in September 2018. In addition, there will be webinars developed with BHETA for further training on utilization of the PRA and development of a client safety plan.
- The implementation of the PRA in all the mental health programs is currently scheduled for the Fall/Winter of 2018. The PRA will be embedded into the Electronic Health Record (EHR).

Clinical Case Review Meetings

- The meetings are held once a month under the guidance of the Clinical Director and with licensed clinical staff in attendance to review all the completed suicide cases within the BHS System of Care and identify possible areas for improvement and lessons learned. The findings are periodically reviewed at the Clinical Standards Committee meetings in an effort to identify ways to enhance the standard of care.

Suicide Prevention Council

- The Suicide Prevention Council (SPC), created by Community Health Improvement Partners (CHIP) conducted 22 focus groups with SPC subcommittees and members, professionals working with at-risk populations and representatives of at-risk populations.
- SPC developed seventy-five active partnerships with local organizations. Monthly meeting attendance averages around 45 persons. Currently there are five standing subcommittees and two ad hoc committees.
- More than 10,000 San Diegans have received Question, Persuade, and Refer (QPR) Gatekeeper Training. QPR is an evidence-based training program designed to give members of the general public the basic skills necessary to recognize a crisis and the warning signs that someone may be contemplating suicide.
- Since its inception, CHIP and the SPC have become the “go to” experts and spokespersons in suicide prevention. SPC staff and members of the media subcommittee have worked tirelessly to support responsible reporting practices and safe messaging, and have provided direct assistance to schools.

NEXT STEPS

- Implement the PRA in the BHS System of Care system wide.
- Complete development of webinars and trainings on the utilization of the PRA and development of a safety plan.
- Continue Clinical Case Review meetings.
- Continue to look at ways to reduce suicides and increase suicide awareness through BHS Contractor Community Health Improvement Partners (CHIP) and Suicide Prevention Council.

SERVICES ARE SAFE

GOAL 5

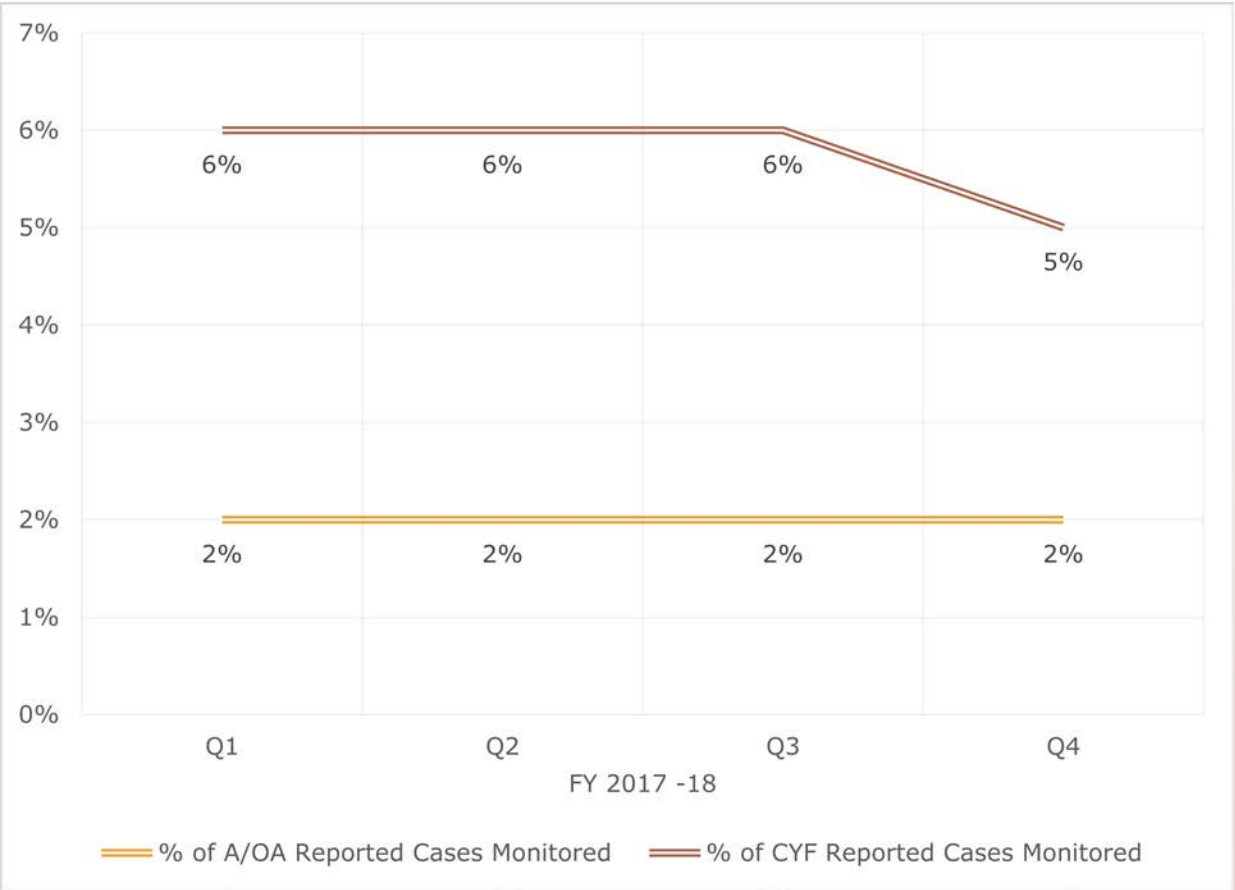
100% of programs meet the medication monitoring review requirement
(1% of clients receiving medication per each quarter).

METHODS

1. Review AOA and CYF Quarterly Medication Monitoring Reports for completion and submission of medication monitoring activities.
2. Analyze reports for at least 1% of active medication caseload monitored each year.

DATA

Active Medication Caseload Monitored by Program for FY 2017-18



SERVICES ARE SAFE

RESULTS

A/OA and CYF programs have met the 1% monitoring requirement.

- On average, CYF programs have a higher percentage of cases monitored (6% for FY 2017-2018) when compared to A/OA programs (2% for FY 2017-2018).
- For CYF programs, 290 of the 4,950 reported cases were monitored.
- For A/OA programs, 514 of the 32,823 reported cases were monitored.

Medication Monitoring report submissions in FY 2017-2018.

- Adult/Older Adult (A/OA)
  - 100% of the 44 A/OA programs submitted Medication Monitoring reports.
- Children, Youth, and Families (CYF)
  - 100% of the 66 CYF programs submitted Medication Monitoring reports.

NEXT STEPS

- Follow up with providers to ensure programs meet medication monitoring review requirement.
- Ensure completion and submission of medication monitoring activities.
- QI to follow up with programs not in compliance to ensure strategies are developed.

SERVICES ARE SAFE

GOAL 6

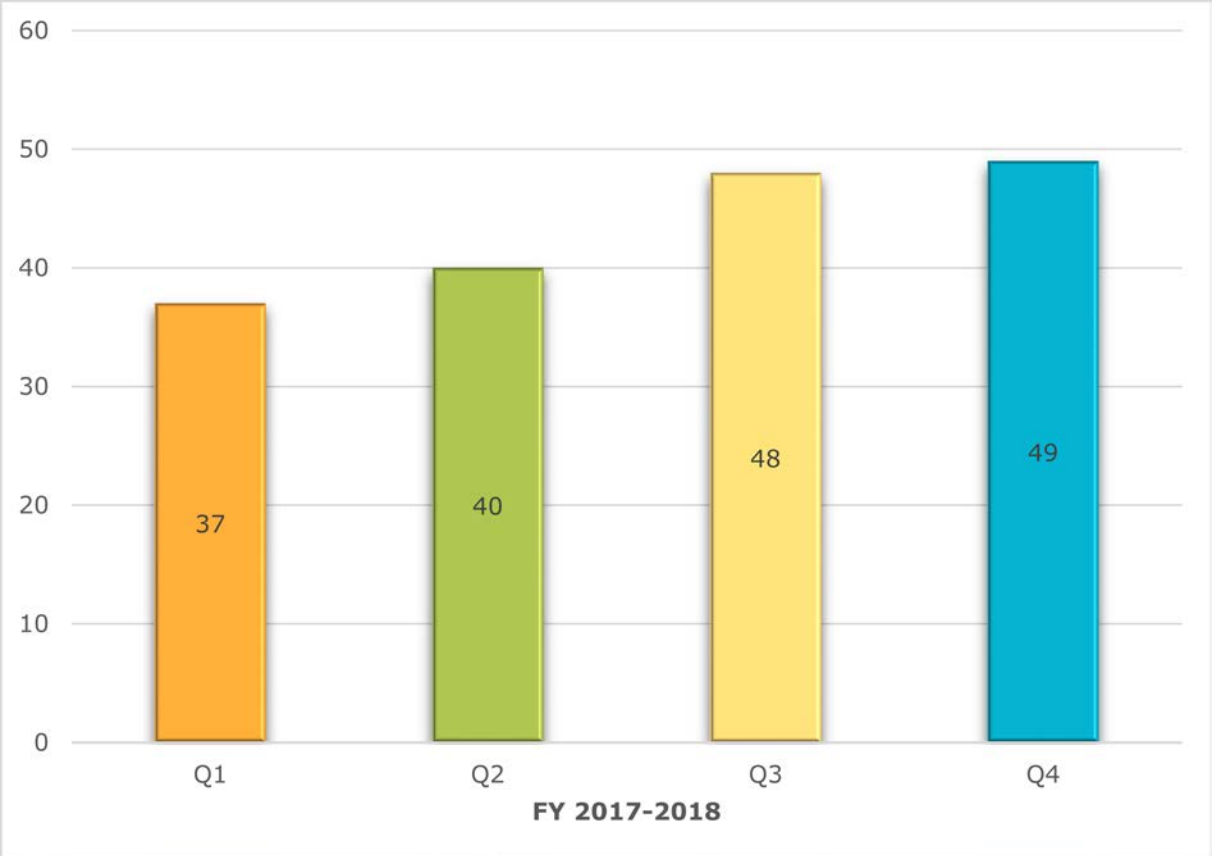
Increase Psychiatric Emergency Response Team (PERT) clinicians from 40 to 50.

METHODS

1. Paired specially trained law enforcement officers with licensed mental health clinicians.
2. Analyzed number of PERT clinicians in San Diego County.

DATA

Number of Current PERT Clinicans in San Diego County by Quarter



SERVICES ARE SAFE

RESULTS

The County of San Diego funds 50 Psychiatric Emergency Response Team (PERT) Clinicians.

- The PERT operating within San Diego County consists of specially trained law enforcement officers who are paired with licensed mental health clinicians.
- Together, they respond on-scene to situations involving persons experiencing a behavioral health crisis who have come to the attention of public safety.
- The goal of PERT is to provide crisis resolution by connecting people to the appropriate level of behavioral health services to minimize hospitalization and decrease the possibility of decompensation leading to unlawful behavior with resultant incarceration.

PERT's Primary Purposes

- Provide clinical support to law enforcement, emergency medical services, and the community for calls involving persons having a behavioral health crisis.
- Provide education and training to public safety personnel on issues related to behavioral health crises intervention.
- Provide collaboration for public safety, the behavioral health system of care, and community.

The number of PERT Clinicians increased from 37 to 49 in FY 2017-2018.

- 37 PERT Clinicians in Q1
- 40 PERT Clinicians in Q2
- 48 PERT Clinicians in Q4
- 49 PERT Clinicians in Q4 (note goal is 50)

NEXT STEPS

- Access use of PERT and track trends of usage.

SERVICES ARE EFFECTIVE

GOAL 7

Ensure that 60% of Full Service Partnership (FSP) Project One for All (POFA) clients are in permanent housing at the latest assessment.

METHODS

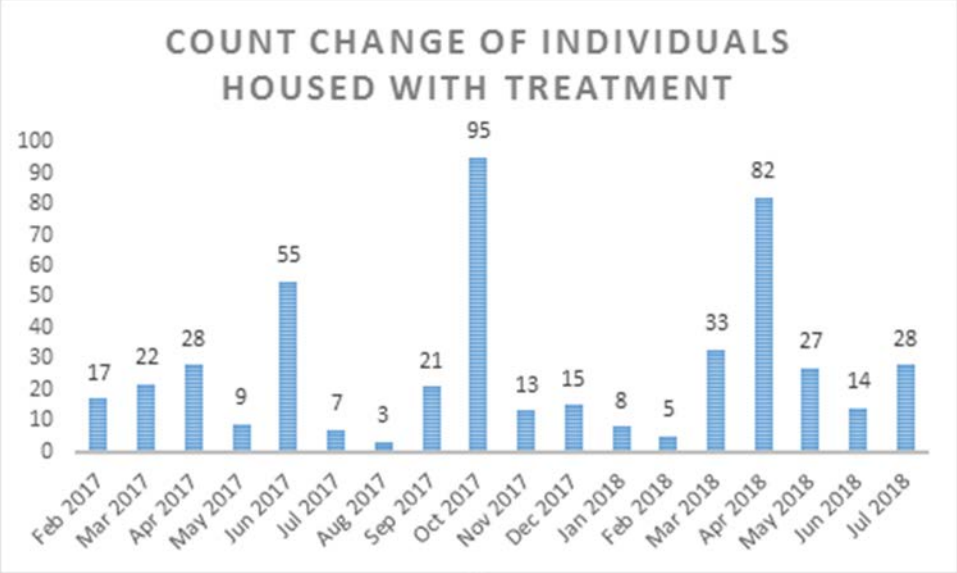
1. Tracked FSP POFA clients monthly for new admissions, discharges, and housing status changes.
2. Collaborated with Housing and Community Development Service (HCDS) and Full Service Partnerships (FSP) to ensure the accuracy of housing statuses.

DATA

Year	# of Clients Permanently Housed	% of Clients Permanently Housed	Total Clients
FY 2017-18	1,535	64.4%	2,382

Source: FSP Report

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



SERVICES ARE EFFECTIVE

RESULTS

Clients Connected to Permanent Housing in FY 2017-18

- In FY 2017-18, 64.4% of FSP POFA clients were permanently housed at latest assessment compared to intake, exceeding the annual goal by 4.4%. Further, the proportion of FSP POFA clients who were permanently housed in FY 2017-18 increased by 2.4% compared to FY 2016-17.

Clients receiving services at an FSP

- BHS also looked at other key indicators and noted that:
  - Psychiatric Emergency Response Team (PERT) services among POFA clients who were assigned to an FSP reduced by 8.9%.
  - POFA clients who were assigned to an FSP utilized 47.7% fewer psychiatric inpatient days than prior to their assignment to the FSP.

Outreach and Engagement

- County employees and regional partners are equipped with knowledge and resources so that they may assist homeless individuals with serious mental illness who are in need of services and housing.
- BHS made contact with an average of 197 homeless individuals per month in FY 2017-18.

New Initiatives for Supportive Housing

- Service Integration Teams (SIT) – SITs work as part of the Whole Person Wellness Pilot Project. They use housing navigators to assist clients with locating housing.
- Home Finder - Home Finder utilizes housing resources available through the Coordinated Entry System, roommate matching, and other housing resources available in the community.

- Continue to track admissions, discharges, and housing status changes for POFA clients.
- BHS to continue to work with Housing and Community Development (HCD) and other entities to focus on housing options for BHS.
- Track POFA outreach efforts.
- Partner with the San Diego Housing Commission (SDHC) to combat homelessness.
- Collaborate with SDHC to support their proposed plan for a three-year $80 million project to move 3,000 people off the streets.

SERVICES ARE EFFECTIVE

GOAL 8

Increase the number of clients who connect to services within 7 and within 30 days after discharge from a psychiatric hospital 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. Examined types of services after discharge for patterns of care.
3. Continued the non-clinical Performance Improvement Project (PIP) on connection to services after discharge from the San Diego County Psychiatric Hospital (SDCPH).

DATA

Systemwide

Connection to Outpatient Services within 7 and 30 Days Following Discharge

Time Frame	FY 2015-16	FY 2016-17	FY 2017-18	% Change (FY 16/17-17/18)
Clients Connected within 7 Days	36.0% (3,851)	37.7% (3,630)	36.6% (3,445)	-1.1%
Clients Connected within 30 Days	49.3% (5,285)	50.5% (4,864)	48.6% (4,567)	-2.0%

Findings from the non-clinical PIP:

7-, 30-, and 90-Day Engagement Rates		
Baseline Measurement (SDCPH- FY 2015-16) (numerator/denominator)	Results (October 2017) (numerator/denominator)	% Improvement Achieved (change in percentage)
7 days: 334/2,312 = 14%	7 days: 34/91 = 37%	23%
30 days: 605/2,312 = 26%	30 days: 39/91 = 43%	17%
90 days: 784/2,312 = 34%	90 days: 40/91 = 44%	10%

Note: In the tables above 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.

SERVICES ARE EFFECTIVE

RESULTS

Connection to Outpatient Services Post-Discharge from a Psychiatric Hospital

- In FY 2017-18, the percentage of clients who connected to outpatient services within 7 and 30 days after discharge has decreased compared to the previous fiscal year (1.1% and 2.0% respectively). Although the proportion of clients who connected to outpatient services within 7 days and 30 days decreased, the proportions are similar to FY 2015-16, which was prior to the non-clinical PIP (each with less than 1% difference).

- The 7- and 30-day connection rates in San Diego County (36.6% and 48.6%, respectively) are lower than the 2016 national 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 adult 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 (37.0% and 46.9%, respectively), followed by Mental Health Services (19.7% and 28.8%, respectively).

Non-Clinical Performance Improvement Project (PIP)

- The non-clinical PIP, which began in FY 2015-16 and concluded in FY 2017-18, focused on engaging new clients with services after a psychiatric hospital discharge from SDCPH specifically. A committee continued to meet in FY 2017-18 and included the BHS Clinical Director and representatives from: SDCPH, three County-operated clinics, Next Steps, Health Services Research Center (HSRC), and several BHS staff. A number of interventions were implemented at SDCPH, the clinics, and Next Steps to connect clients to services.

- Since the beginning of the PIP, 91 new clients were discharged and had a post-discharge appointment scheduled at one of three participating clinics. As of fall 2017, 43% of those clients engaged in post-discharge services with a provider they were referred to within 30 days of discharge. This compares with 26% of new clients at the beginning of the PIP in FY 2015-16.

- The results supported evidence that providing a specific referral and appointment time to a new client at discharge is effective in increasing engagement rates.

NEXT STEPS

- Examine types of services used after discharge for patterns of care.

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

SERVICES ARE EFFICIENT AND ACCESSIBLE

GOAL 9

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

METHODS

1. Identified San Diego County population and the total number served in specialty mental health services to look at percentage served.
2. Continue to monitor and provide outreach to participants through Prevention and Early Intervention (PEI) programs.

DATA

The total number of Medi-Cal eligible clients in the San Diego County for FY 16/17 was 932,830. Of those eligible, 50,957 or 5.46% were served within the district. Below is an analysis that provides age demographics for the population served.

Population	Medi-Cal Eligible Clients in the County of San Diego	Medi-Cal Eligible Clients Served (Distinct)	Percentage
Adult & Older Adult	594,735	37,063	6.23
Children & Youth	338,095	13,894	4.11
Total	932,830	50,957	5.46

Previous methodology depicts how many clients were served in the mental health direct service programs over the total county population.

	FY 11-12	FY 12-13	FY 13-14	FY 14-15	FY 15-16	FY 16-17	FY 17-18
Clients served in mental health direct service programs*	59,245	59,462	63,014	61,021	59,296	58,606	58,768
Total county population**	3,143,489	3,150,178	3,211,252	3,194,362	3,227,496	3,317,749	3,337,685
Percent served	1.88%	1.89%	1.96%	1.91%	1.84%	1.77%	1.76%

*Clients served is based on the preliminary information because data is still being analyzed.
**County population is based on the U.S. Census Bureau population estimates.

SERVICES ARE EFFICIENT AND ACCESSIBLE

RESULTS

BHS Population Served

•Based on the preliminary data for FY 2017-18, SDCBHS served 5.46% of the San Diego population. The change in methodology allows for a new interpretation of how services are delivered to the underserved population. Based on this analysis one can conclude that the target population, including those eligible for Medi-Cal, are receiving services that will positively impact their health outcomes.

•While the goal focuses on the specialty mental health services penetration rates, the SDCBHS has expanded its Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) and Innovation programs in an effort to help prevent the onset of mental illness and decrease severity. Additionally, BHS has been working with the Medi-Cal Managed Care Health Plans on warm hand-offs and the overall coordination of care to ensure appropriate services and levels of care for clients transitioning out of the specialty mental health services, or requiring services within their Health Plan.

Systemwide PEI Report

The Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funding gives counties a unique opportunity to implement programs to help prevent the onset of mental illness or to provide early intervention to decrease severity. The County of San Diego has funded contractors to PEI programs for adults and older adults, and contractors for youth and transition age youth (TAY) and their families. The focus of these programs varies widely, from reducing the stigma associated with mental illness to preventing youth suicide. Active participants include people who are enrolled in a PEI program and/or are receiving services at a PEI program. 91% of active participants that elected to participate in a satisfaction survey indicated that they know where to get help when needed. Overall 88% of the participants who responded were satisfied with the services they receive.

NEXT STEPS

- Continue to review penetration data annually to determine if underserved populations are being met.
- Consider clients served by programs that reach underserved populations such as Prevention and Early Intervention (PEI) and Innovation programs.

SERVICES ARE EFFICIENT AND ACCESSIBLE

GOAL 10

Relocate youth crisis stabilization beds to Central region and expand from 4 to 12 beds.

METHOD

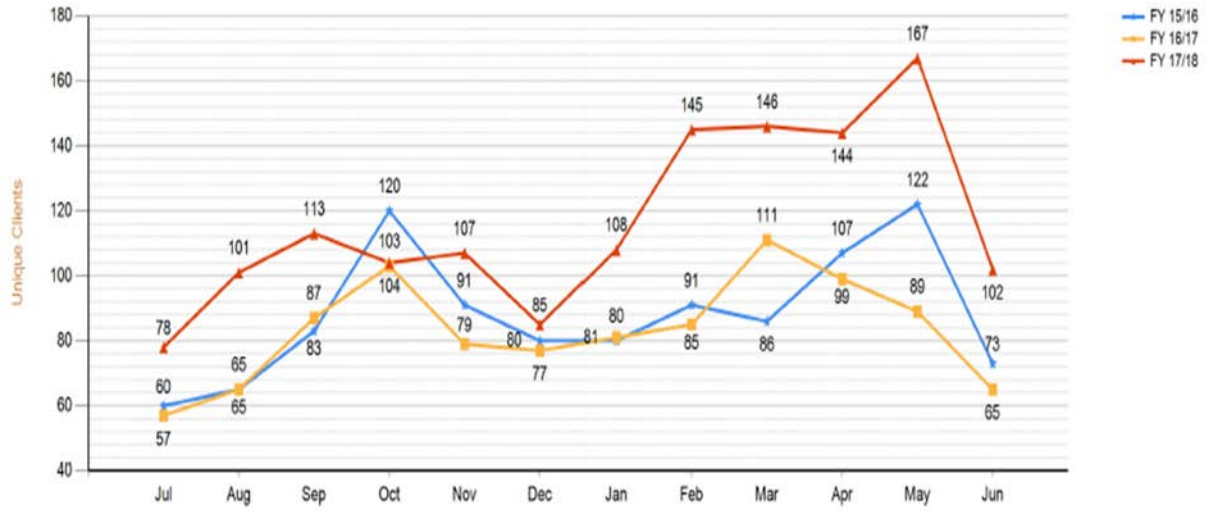
Continue efforts to relocate youth crisis stabilization beds to Central region and expand from 4 to 12 beds.

DATA

The goal to relocate youth crisis stabilization beds to Central region and expand from 4 to 12 beds was met in FY 2017-18. A ribbon cutting ceremony was held on Tuesday, December 12th, 2017 and was followed by an open house the next day. The new ESU was operational effective Thursday, December 28th, 2017.

With the increase of available beds there was a 33.3% increase of unique clients served in FY 2017-18 compared to FY 2016-17.

Figure 4: ESU - Unique Clients Per Month



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
FY 15/16	60	65	83	120	91	80	80	91	86	107	122	73	850
FY 16/17	57	65	87	103	79	77	81	85	111	99	89	65	813
FY 17/18	78	101	113	104	107	85	108	145	146	144	167	102	1,084

SERVICES ARE EFFICIENT AND ACCESSIBLE

RESULTS

Relocation and Expansion

- In May 2016, the California Health Facilities Financing Authority approved a grant to develop a facility in the Central region through the Investment in Mental Health Wellness Grant Program. An additional amount was financed through the Mental Health Services Act (MHSA).

- The facility includes: five assessment rooms, kitchen, laundry, staff meeting rooms, a central nursing station with a line of sight on the clients' rooms, two separate entrances (one for law enforcement and one for general public), and an outdoor area.

- Since the expansion concluded at the end of December 2017, the Emergency Screening Unit has provided onsite stabilization services to an average of an additional 42 youth per month, which is approximately a 32% increase in crisis stabilization utilization. The expansion resulted in a 150% increase of available bed day services with a 34% increase to operational expenses related to the on-going provision of these services.

Emergency Screening Unit (ESU)

- The Emergency Screening Unit (ESU) provides emergency assessment services to youth experiencing an acute psychiatric crisis, and is an overall gatekeeper for inpatient psychiatric hospitalization of Medi-Cal and indigent youth.

- ESU's team offers comprehensive screening services, crisis stabilization, and facilitation of inpatient hospitalization when clinically necessary. ESU also monitors youth inpatient capacity and County bed availability at Rady Children's Hospital Child and Adolescent Psychiatry Services (CAPS).

- ESU also provides emergency medication support to those youth in the community who require emergency refills. This prevents interruption of medication regimen, with a goal to provide stability and healthy balance to the youth.

NEXT STEP

- Track utilization at the new location and note trends in bed utilization.

SERVICES ARE EQUITABLE

GOAL 11

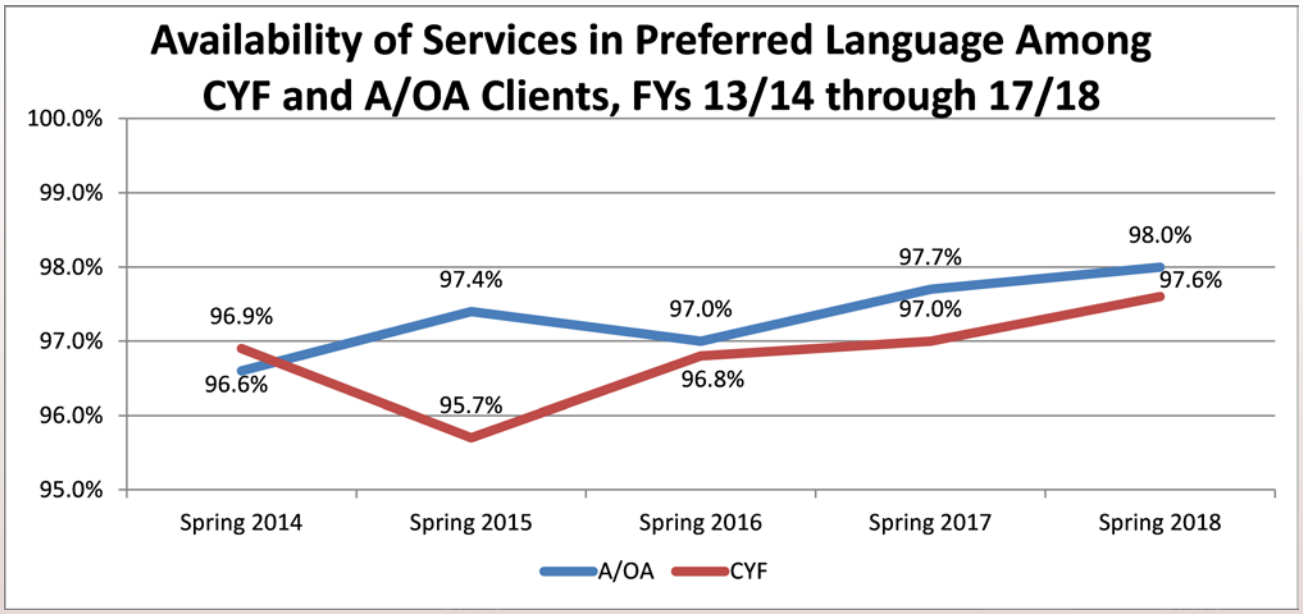
100% of clients and families indicating in the State-required Consumer Perception Surveys that they had access to written info in their primary language and/or received services in the language they prefer (question specifically asks “Were the services you received provided in the language you prefer?”).

METHODS

1. Administered the Mental Health Statistics Improvement Program (MHSIP) Survey and the Youth Services Survey (YSS); evaluated the satisfaction with the availability of services and written information in the preferred language.
2. Continued to provide all beneficiary packet materials in each threshold language.
3. Regularly evaluated and updated translated documents.

DATA

CYF and A/OA Satisfaction Survey Results



SERVICES ARE EQUITABLE

RESULTS

Spring 2018 CYF Satisfaction Surveys

- 97.6% of CYF clients and parents/caregivers indicated that services received were provided in their preferred language.

Spring 2018 A/OA Satisfaction Surveys

- 98% of A/OA clients received services in the language they preferred.

NEXT STEPS

- Continue to evaluate satisfaction with the availability of services in the preferred language.
- Ensure beneficiary materials are available in all threshold languages.

SERVICES ARE EQUITABLE

GOAL 12

100% of requests from all races/ethnicities meet the systemwide access time standard of 5 days for CYF clients and 8 days for A/OA clients.

METHOD

Evaluated access times among clients of different races/ethnicities compared to the overall average penetration rates.

DATA

Average Access Times for Specialty Mental Health Services by Race/Ethnicity

Children by Race	Average Access Time
Unknown/Not Reported	25.5
Iraqi	15.1
Iranian	8.9
White Caucasian	7.9
Other Asian	7.2
Native American	5.9
CYF Systemwide Average	5.4
Other Non-White	5.4
Chinese	5.0
Guamanian	5.0
Chaldean	4.9
Samoan	4.8
Black/African American	4.6
Hmong	4.0
Vietnamese	4.0
Somali	3.1
Filipino	3.1
Other Pacific Islander	2.7
Korean	2.5
Laotian	2.4
Hawaiian Native	2.2
Japanese	2.1
Cambodian	1.6
Asian Indian	1.4
Eskimo/Alaskan Native	1.0

Adults by Race	Average Access Times
Hmong	15.0
Chaldean	9.2
Vietnamese	7.9
Japanese	6.7
Laotian	6.3
Cambodian	5.0
Iranian	4.4
Chinese	4.3
Hawaiian Native	4.3
A/OA Systemwide Average	4.1
Iraqi	4.0
Native American	3.2
Black/African American	3.1
White Caucasian	2.8
Other Asian	2.7
Other Non-White	2.6
Unknown/Not Reported	2.5
Somali	2.5
Samoan	2.5
Guamanian	2.3
Filipino	2.3
Korean	2.2
Other Pacific Islander	2.1
Asian Indian	0.9
Ethiopian	0.3

SERVICES ARE EQUITABLE

RESULTS

FY 2017-18 Access Times to Mental Health Assessments in the CYF System of Care Related to Race/Ethnicity

- The average systemwide access time to mental health assessments among CYF clients was 5.4 days.
- The CYF clients who waited longer than the systemwide average for a mental health assessment were of an unknown/not reported race, Iraqi, White Caucasian, Other Asian, or Native American.

FY 2017-18 Access Times to Mental Health Assessments in the A/OA System of Care Related to Race/Ethnicity

- The average systemwide access time to mental health assessments among A/OA clients was 4.1 days.
- The A/OA clients who waited longer than the systemwide average for a mental health assessment were Hmong, Chaldean, Vietnamese, Japanese, Laotian, Cambodian, Iranian, Chinese, or Hawaiian Native.

NEXT STEPS

- Continue to monitor access times for CYF and A/OA mental health assessments by race/ethnicity.
- Continue to work on recruiting a diverse workforce.
- Track Access Times in Cerner to enhance accuracy and timeliness of reporting.

SERVICES ARE EQUITABLE

GOAL 13

100% of requests in all preferred languages meet the systemwide access time standard of within 10 business days for both CYF and A/OA clients.

METHODS

1. Evaluated access times among clients speaking different languages compared to the overall average penetration rates.
2. Analyzed the inquiries by preferred language in access time logs.

DATA

Average Access Times for Specialty Mental Health Services by Language

Children by Language	Average Access Time	Adults by Language	Average Access Times
Arabic	10.0	Vietnamese	8.5
English	8.8	Cambodian	7.2
Spanish	8.8	Arabic	6.3
Cantonese	8.5	Laotian	4.8
Farsi	7.7	Russian	4.3
Tagalog	6.5	American Sign Language	3.8
CYF Systemwide Average	4.9	A/OA Systemwide Average	3.7
Unknown/Not Reported	4.2	Farsi	3.5
American Sign Language	4.0	Mandarin	3.3
Vietnamese	3.4	Cantonese	3.0
Mandarin	3.0	French	3.0
Other Non-English	2.1	Portuguese	3.0
Thai	2.0	Other Sign Language	3.0
French	2.0	English	2.8
Cambodian	1.8	Other Non English	2.6
Russian	1.0	Unknown/Not Reported	2.3
		Spanish	2.1
		Korean	1.5
		Tagalog	1.0

SERVICES ARE EQUITABLE

RESULTS

FY 2017-18 Access Times to Mental Health Assessments in the CYF System of Care Related to Language

- The average systemwide access time to mental health assessments among CYF clients was 5.4 days.
- The longest average CYF access time was for the Arabic language.
- For the majority of CYF inquiries, English was the Preferred Service Language (73%), followed by Spanish (25%), and Arabic (1%). The rest of the languages each had less than 1% of the total inquiries.

FY 2017-18 Access Times to Mental Health Assessments in the A/OA System of Care Related to Language

- The average systemwide access time to mental health assessments among A/OA clients was 3.7 days.
- The longest average A/OA access time was for the Vietnamese language.
- For the majority of the 4,778 A/OA inquiries, English was the Preferred Service Language (90%), followed by Spanish (4%), Arabic (2%), American Sign Language (1%), and Vietnamese (1%). The rest of the languages each had less than 1% of the inquiries.

NEXT STEPS

- Continue to monitor access times for CYF and A/OA mental health assessments by each specific language.
- Continue to work on recruiting a bilingual workforce.
- Analyze the use of interpreter services in comparison to access time by language.

SERVICES ARE TIMELY

GOAL 14

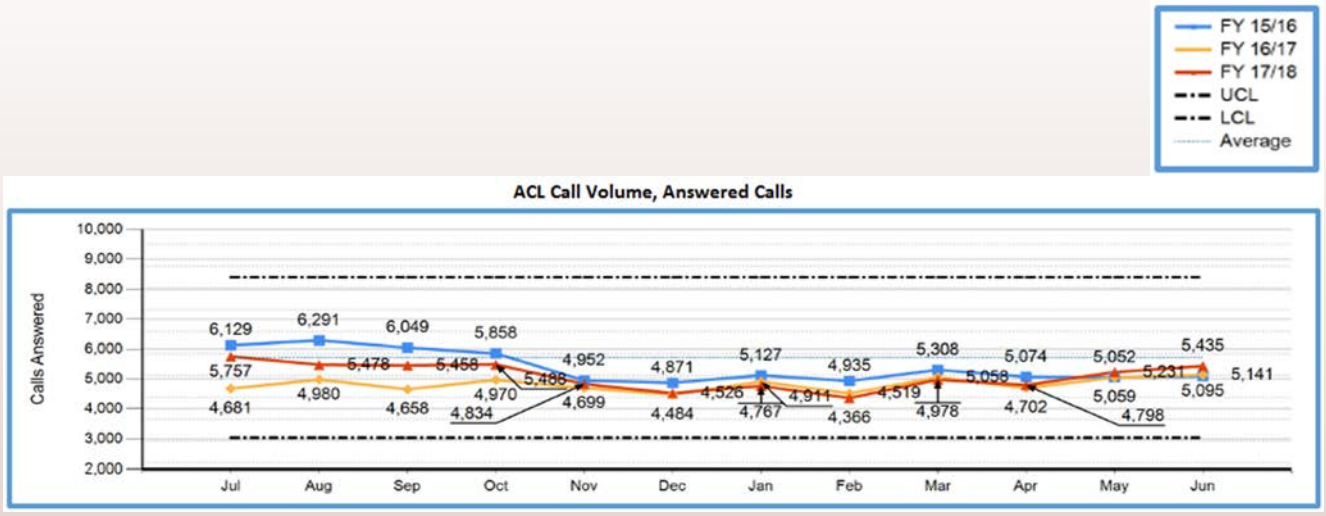
- 95% of calls to the Access and Crisis Line (ACL) crisis queue are answered within 45 seconds.
- Average speed to answer all other (non-crisis) calls is within 60 seconds.

METHOD

Evaluated ACL's timeliness and response time for all and non-crisis calls for FY 2017-18.

DATA

ACL Response Time					
Crisis Queue Response Time			**All Other (Non-Crisis) Calls Response Time**		
(% of calls answered within 45 seconds)			***(average speed to answer in seconds)***		
FY 2015-16	**FY 2016-17**	**FY 2017-18**	**FY 2015-16**	**FY 2016-17**	**FY 2017-18**
98.9%	98.5%	98.9%	20 seconds	18 seconds	19 seconds



SERVICES ARE TIMELY

RESULTS

Access and Crisis Line (ACL)

- The ACL is a 24-hour phone line that residents in San Diego County can utilize to obtain behavioral health referrals and/or assistance when facing a behavioral health crisis.

- In FY 2017-18, there were a total of 61,116 crisis and non-crisis calls answered by the ACL. The crisis calls made up 31% (18,946) of all calls.

ACL's Timeliness and Response Time in FY 2017-18

- Most calls (98.9%) received by the ACL crisis queue were answered within 45 seconds, similar to the previous fiscal year (98.5%), which exceeded the target of 95%.

- The average speed to answer an incoming call for the ACL access queue was 19 seconds, a slight increase of 1 second from the previous fiscal year.

- It is important to note that the average speed to answer non-crisis calls has remained significantly below the benchmark of 60 seconds for a number of years.

NEXT STEP

- Continue to monitor ACL performance to ensure established response times are achieved.

SERVICES ARE TIMELY

GOAL 15

- 100% of CYF outpatient programs meet the mental health assessment timeliness standard (5 days).
- 100% of A/OA outpatient programs meet the mental health assessment timeliness standard (8 days).
- 100% of CYF and A/OA programs meet the timeliness standard for mental health assessment requests deemed as urgent (72 hours).

METHOD

Monitored access times for CYF and A/OA routine and urgent mental health assessments in outpatient programs.

DATA

Average Access Times for Routine Visits that Met Timeliness Standard in FY 2017-18:

% of 71 CYF OP Programs	% of 39 A/OA OP Programs
73%	100%

Average Access Times for Requests Deemed as Urgent in FY 2017-18:

CYF Programs	A/OA Programs
48 Hours	48 Hours

SERVICES ARE TIMELY

RESULTS

Mental Health Assessment Timeliness in FY 2017-18:

- 73% of CYF programs met the mental health assessment timeliness standard of 5 days in FY 2017-18.
- 100% of A/OA programs met the mental health assessment timeliness standard of 8 days in FY 2017-18.

Urgent Mental Health Assessment Timeliness in FY 2017-18:

- The average access time for requests deemed as urgent for CYF programs was 48 hours in FY 2017-18.
- The average access time for requests deemed as urgent for A/OA programs was 48 hours in FY 2017-18.

For CYF programs, the longest average access time was in December 2017 at 10.3 days. (Note: there are specific programs within the CYF system that typically have longer wait times as parents/caregivers are willing to wait longer instead of accepting a referral to a sooner appointment with a different provider.)

For A/OA programs, the longest average access time was in September 2017 at 3.9 days.

NEXT STEPS

- Assess access data via Cerner as this is a new function that enables documentation of access times from assessment to initial treatment service.
- Continue to educate and train providers on the use of the electronic Services Journal to ensure accuracy of data received.
- Expand the collection of data beyond outpatient programs, potentially including FFS and ACT providers.