

Quality Improvement Work Plan Evaluation

Fiscal Year
2014-2015

Fiscal Year 2014 – 2015

Quality Improvement Work Plan Evaluation (QIWP)

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

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Summary data and a brief synopsis are provided for each QIWP goal.
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Introduction

As required by the California Department of Health Care Services, County of San Diego Behavioral Health Services (SDCBHS) produces an annual Quality Improvement Work Plan (QIWP). In accordance with 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. The system is community-based and focused 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 and outcome-driven 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 California Department of Health Care Services. Some of the goals are process goals while others are measurable objectives. The prime objective incorporated in these 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, safety, and outcomes of all services provided. All goals are in line with the HHS 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

Assess Support Specialists in the BHS system by increasing positive perceptions of Support Specialists among clients by 5% in the following three areas: The Peer Support Specialist/Counselor 1) helped me believe I could recover; 2) provided helpful thoughts and insights; and 3) made a difference in my recovery.

METHODS

1. Surveyed the service recipients as part of the semiannual State survey.
2. Implemented a Performance Improvement Project (PIP) on impact of Peer and Family Support Specialists in Client Recovery.
3. Surveyed Peer Support Specialists (PSSs), Family Support Specialists (FSSs), and program managers about their experiences with Peer and Family Support Services within the SDCBHS systems of care.
4. Continued to collaborate with the Workforce Education and Training (WET) collaborative, Recovery Innovations, and Family and Youth Roundtable programs.
5. Continued to enhance programs that are client and family staffed, such as Bridges to Recovery and Hope Connections.

DATA

Client Feedback on Peer Support Services in SDCBHS System, 2012 and 2014

YSS/MHSIP* Survey Questions	2012		2014	
	A/OA Clients	CYF Clients	CYF Client Caregivers	A/OA Clients
	% of Clients who Agreed/Strongly Agreed			
<i>Helped me believe I could recover.</i>	85%	82%	85%	80%
<i>Provided helpful thoughts and insights.</i>	85%	83%	86%	82%
<i>Made a difference in my recovery.</i>	78%	72%	76%	76%

*Youth Services Survey (YSS) and Mental Health Statistics Improvement Program (MHSIP)

Note: The CYF and A/OA clients were asked to rate their experience with Peer Support Partners/Specialists; CYF client caregivers were asked to rate their experience with Family Support Specialists.

The CYF clients and CYF client caregivers were not surveyed in 2012.

Types of Services Provided to Clients by PSSs/FSSs Most Frequently, Quarters 1-3, FY 2014-15

Types of Services	Quarter 1	Quarter 2	Quarter 3	% Change from Q1 to Q3
Case Management (includes non-billable services)	1,641	2,871	2,673	+62.9%
Rehab-Individual**	1,317	1,940	2,281	+73.2%
Rehab-Family**	911	1,221	1,649	+81.0%
Non-Billable Mental Health Services**	784	1,207	1,276	+62.8%
Katie A. Intensive Care Coordination and Katie A. Intensive Home-Based Services	534	734	903	+69.1%

Note: Quarter 4, FY 2014-15 data are not available at this time.

**These services are Mental Health Services, but were separated into individual service categories for the purposes of highlighting different types of services provided by PSSs and FSSs.

SERVICES ARE CLIENT CENTERED

RESULTS

State Survey Results – Supplemental Questionnaire

- In November 2014, as part of the semiannual State survey, youth clients, youth client caregivers, and adult/older adult (A/OA) clients receiving behavioral health services were asked about their experience(s) with Peer Support services.
- Out of 868 youth and 1,344 A/OA clients who responded to the supplemental questions, 27% of youth (233) and 35% of A/OA clients (473) reported that they had met with a Peer Support Specialist or a Peer Support Partner during the course of their involvement with BHS.

Exploring Peer and Family Support Services Report

- An additional survey was administered in November 2014 to PSSs, FSSs, and program managers to assess the role and effectiveness of peer and family support services throughout the SDCBHS systems of care. The surveys were made available to the Children, Youth, and Families (CYF) System of Care and the Adult and Older Adult (A/OA) System of Care.
- Emotional support, education about mental health program and recovery/management strategies, and education to improve mental health literacy were the most common types of help provided often or always by 53 PSSs and 21 FSSs who completed the survey.
- Out of 59 program managers who completed the survey, 61% (36) reported utilizing Support Specialists as part of their program services.

Performance Improvement Project (PIP)

- In FY 2014-15, the SDCBHS began a PIP on the impact of the Support Specialists (SS) on the client recovery and access to services. The overarching goal was to improve the overall health status of the San Diego County population while enhancing the PSS and FSS positions in the behavioral health system.
- A monthly dashboard was developed to highlight the variety and number of services provided to clients by the SSs. In FY 2014-15 (Q1-Q3), the SSs provided case management, rehab-individual, and rehab-family services more frequently than any other services.
- The Quality Improvement Unit joined a well-established team of stakeholders for the purposes of developing and implementing the PIP, including subject matter experts from County-contracted programs that employ the Support Specialists, SDCBHS staff members, consumers, and the Research Centers.
- The plan is to continue the PIP through FY 2015-16.

NEXT STEPS

- Continue the PIP on the impact of Peer and Family Support Specialist Support in Client Recovery in FY 2015-16.
- Collaborate on a Peer Support Specialist pilot project with the Department of Health Care Services (DHCS).



SERVICES ARE CLIENT CENTERED

GOAL 2

Decrease the number of grievances by 5%.

METHODS

1. Tracked the number of complaints, grievances and appeals related to customer service, staff interactions and access to services.

DATA

The Mental Health Services (MHS) System is comprised of approximately 200 County and County-contracted programs and more than 800 Fee-For-Service (FFS) providers, serving over 62,000 unduplicated clients (source: Cerner Community Behavioral Health or CCBH). A review of grievances over the past five fiscal years allowed for an analysis of grievances and complaints within the target areas.

Total Reported Grievances / Complaints		Counts by Fiscal Year				
		FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 14-15
Target Areas	Rudeness	18	30	13	15	9
	Provider Not Listening	3	0	1	1	8
	Poor Quality of Care	4	10	35	26	55
	Inappropriate Behavior of Staff	7	9	22	28	11
	Total of Target Areas	32 (25%)	49 (46%)	71 (55%)	70 (50%)	85 (55%)
Access, Confidentiality, Policy, and Medication Concerns		97 (75%)	57 (54%)	58 (45%)	71 (50%)	69 (45%)
Grand Total		129	106	129	141	152

Note: Alcohol and Drug (AOD) programs report directly to the Department of Health Care Services – Substance Use Disorder Services and the data are not tracked within the County.

SERVICES ARE CLIENT CENTERED

RESULTS

Grievance/Complaint Reporting for Mental Health

- The overall number of grievances and complaints in FY 2014-15 has increased by 7.8% from FY 2013-14. The number of grievances has increased by 9.4% (from 96 in FY 2013-14 to 105 in FY 2014-15). The increase in grievances may be due to the increasing trend in the number of clients served.
- In FY 2014-15, more than half of all grievances and complaints (55%) were in the identified target areas.
- The complaints and grievances related to access, confidentiality, policy or medication concerns have decreased slightly from FY 2013-14 by 2.8%.

JFS and CCHEA Trainings and 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 consumers in incarceration.
- During FY 2014-15, JFS conducted:
 - 34 LPS-designated hospital in-service trainings;
 - 4 staff trainings to the staff at San Diego Institutes of Mental Disease serving County mental health clients;
 - 14 community trainings;
 - 3 trainings to Board and Care owners; and
 - Trainings to staff and residents at the following facilities:
 - Board and Care – 62
 - Skilled Nursing – 6
 - Crisis House/Safe Haven – 6
- During FY 2014-15, CCHEA conducted 107 outreach events, reaching 5,300 consumers and 850 providers.

NEXT STEPS

- Continue to track grievances. The report on grievances will be shared quarterly at the Quality Review Council meeting in effort to review and identify trends in client satisfaction with services and provider interactions.
- JFS and CCHEA will continue their outreach work and education on mental health parity to ensure that consumers have access to needed services.
- SDCBHS will continue to collect grievance/complaint reports from JFS and CCHEA in FY 2015-16. The Quality Management Unit will also work with individual programs to educate the program managers on the resolution process, and encourage them to investigate and resolve client grievances and complaints on a program level.



SERVICES ARE SAFE

GOAL 3

Reduce the number of serious incidents by 5% from last Fiscal Year.

METHODS

1. Implemented a PIP to address suicide prevention in FY 2014-15.
2. Continue monthly monitoring of serious incidents and San Diego County suicide rates.
3. Begin tracking the use of the High Risk Assessment (HRA) within the Behavioral Health Assessment (BHA) to determine its correlation to client outcomes.

DATA

Percent Change in Serious Incidents within BHS:

	MH Adults	MH Children	ADS	Systemwide	% Change Systemwide
FY 11-12	57	88	25	170	N/A
FY 12-13	101	153	34	288	+69.4%
FY 13-14	199	184	33	416	+44.4%
FY 14-15	241	163	34	438	+5.3%

Serious Incidents within BHS, FY 2014-15:

	Death Related Incidents (including Suicide)	Suicidal Attempts and Homicide Related Incidents	Injury Related Incidents	Medication Related Incidents	Alcohol or Drug Related Incidents	Physical Restraints	Other*	Total
MENTAL HEALTH – ADULTS								
Totals	35	49	18	2	14	2	121	241
MENTAL HEALTH – CHILDREN								
Totals	1	13	3	1	3	109	33	163
ALCOHOL AND DRUG SERVICES – ADULTS								
Totals	7	5	1	0	5	1	14	33
ALCOHOL AND DRUG SERVICES – CHILDREN								
Totals	0	0	0	0	1	0	0	1
TOTAL BHS	43	67	22	3	23	112	168	438

*Other may include incidents in media, Tarasoff, allegations of inappropriate behavioral of staff, and privacy incidents

SERVICES ARE SAFE

RESULTS

Serious Incidents

- Compared to FY 2013-14, there was a 5.3% increase in serious incidents systemwide in FY 2014-15. The QI Unit has made an effort to continually educate and inform providers on how and when to report serious incidents.
- In FY 2014-15, the majority of all serious incidents were reported by A/OA mental health programs (55.0%), followed by the CYF mental health programs (37.2%).
- With the exception of serious incidents categorized as “other”, physical restraints made up a quarter (25.6%) of all reported serious incidents in FY 2014-15, followed by suicidal attempts and homicide related incidents (15.3%).

High Risk Assessment & Index Forms

- Behavioral Health Assessments (BHA) CYF and A/OA clients were updated in FY 2013-14. The BHAs incorporate the High Risk Assessment (HRA), which also includes more defined questions to assess risk and incorporates new trauma-informed language.
- The QI Unit is continuing to work on establishing baseline data to begin tracking trends in the following fiscal year.

NEXT STEPS

- Continue monthly monitoring of serious incidents and San Diego County suicide rates.
- Continue the PIP started in FY 2014-15 that focuses on strategies to prevent or at least reduce post-discharge suicides by expanding efforts to provide effective follow-up care after discharge of at-risk clients and adopting policies and procedures that best match at-risk clients to post-discharge follow-up services.
- Begin tracking trends on the use of the HRA within the BHA to determine its correlation to client outcomes.



SERVICES ARE SAFE

GOAL 4

Increase trauma-informed care competency of BHS workforce by 10% from baseline in the following 3 areas: 1) Do you know what trauma-informed care is? 2) Do you know how to integrate trauma-informed care principles? and 3) Do you know how to ask about trauma and would know how to respond?

METHODS

1. Worked with trauma-informed systems consultant to re-assess the BHS staff on trauma-informed concepts.
2. Continued to integrate trauma-informed systems into BHS.
3. Updated the Cultural Competence Plan to reflect the efforts in the integration of trauma-informed systems.

DATA

The systemwide scan will be conducted at the beginning of FY 2015-16, and the results of the survey will be available then.

Survey respondents indicated that staff training included the following components:	% Responding Yes to Question		
	Staff Trauma-Informed Self-Assessment as part of the PIP		Staff Trauma-Informed Self-Assessment as part of the Trauma-Informed Systems Integration (TISI)
	August 2013 (PRE)	April 2014 (POST)	2015
What Trauma-Informed Care is.	85.7%	76.9%	<i>Not available*</i>
How to apply and integrate Trauma-Informed Care.	35.7%	23.1%	<i>Not available*</i>
How to ask about trauma and know how to respond if disclosure is made.	28.6%	15.4%	<i>Not available*</i>

**The results from the self-assessment are not available at this time.*

RESULTS

Trauma-Informed Systems Integration

- In FY 2014-15, the HHSa formed a Trauma Informed Systems Integration (TISI) Team that includes representatives from community stakeholder and subject matter experts from each region and division within the Agency as well as SDCBHS staff.
- Each region and division of HHSa has completed an initial scan of their current trauma-informed competencies and identified focus areas for action plans that are currently being implemented through December 2015. A deeper scan is planned for fall 2015 and will be used to develop action plans for January 2016 through June 2017.

Staff Trauma-Informed Self-Assessment

- Due to the delay on completing the systemwide scan, the trauma-informed self-assessment as part of the Trauma-Informed Systems Integration (TISI) is scheduled to be distributed to all behavioral health providers in fall 2015. The information in the QI Work Plan Evaluation will be updated once the results are received and evaluated.

Cultural Competence Plan

- The QI Unit collaborated with the Cultural Competence Resource Team (CCRT) throughout the FY 2014-15 to update the Cultural Competence Plan and to integrate major program and system changes into each of the Plan criteria.
- The 518-page Plan (including the appendices) was updated to also include trauma-informed and faith-based language as well as the implementation and adherence to the Culturally and Linguistically Appropriate Services (CLAS) Standards throughout the document.

NEXT STEPS

- Implement the Behavioral Health Services scan.
- Analyze the results of the self-assessment and compare to the baseline survey.
- Work with the consultant to further develop TISI in BHS.
- Leverage the results of the self-assessment and the scan in collaboration with the CYF System of Care Outcomes Committee.



Trauma-Informed Care
101

SERVICES ARE EFFECTIVE

GOAL 5

Increase the number of clients discharged from a psychiatric hospital who connect to outpatient services within 7 and within 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. Continued utilizing data produced in the Services after Discharge Report, and use data to make informed decisions regarding linkages after hospital discharge.
3. Examined the types of services used after discharge for patterns of care.

DATA

Connection to Outpatient Services within 7 Days Following Discharge

	# Clients Connected to Outpatient Services	% Clients Connected to Outpatient Services	Total Discharges
FY 2013-14	4,310	43.94%	9,809
FY 2014-15	4,235	42.15%	10,044
Percent Change	- 1.74%		

Connection to Outpatient Services within 30 Days Following Discharge

	# Clients Connected to Outpatient Services	% Clients Connected to Outpatient Services	Total Discharges
FY 2013-14	6,119	62.38%	9,809
FY 2014-15	5,840	58.16%	10,044
Percent Change	- 4.56%		

SERVICES ARE EFFECTIVE

RESULTS

Connection to Outpatient Services Post-Discharge from a Psychiatric Hospital

- Compared to FY 2013-14, the number of clients who connected to outpatient services within 7 days has decreased by 1.7%, and the number of clients who connected to outpatient services within 30 days has decreased by 4.6%.

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 (28.6% and 38.0%, respectively), followed by Mental Health services (20.0% and 28.9%, respectively) and Combined services (10.2% and 15.8%, respectively).

Enhancing Collaborations with Health Plans

- Behavioral Health Services (BHS) has worked closely with the Medi-Cal Managed Care Plans to collaboratively develop multiple documents for providers, clients and stakeholders during the implementation of Patient Protection and Affordable Care Act (PPACA) and Cal MediConnect. Efforts focused on increasing education about the impacts of these initiatives as well as to ensure increased coordination of care for the individuals we serve.
- Specific documents developed include a one page Screening Tool to assist with initial referrals and promote appropriate access, as well as Severity Analysis tools for the CYF and A/OA Systems of Care to assist with clinical determination of mild to moderate vs. severe functioning to determine appropriate treatment options. This work also advanced the behavioral health and health care integration efforts.

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 EFFECTIVE

GOAL 6

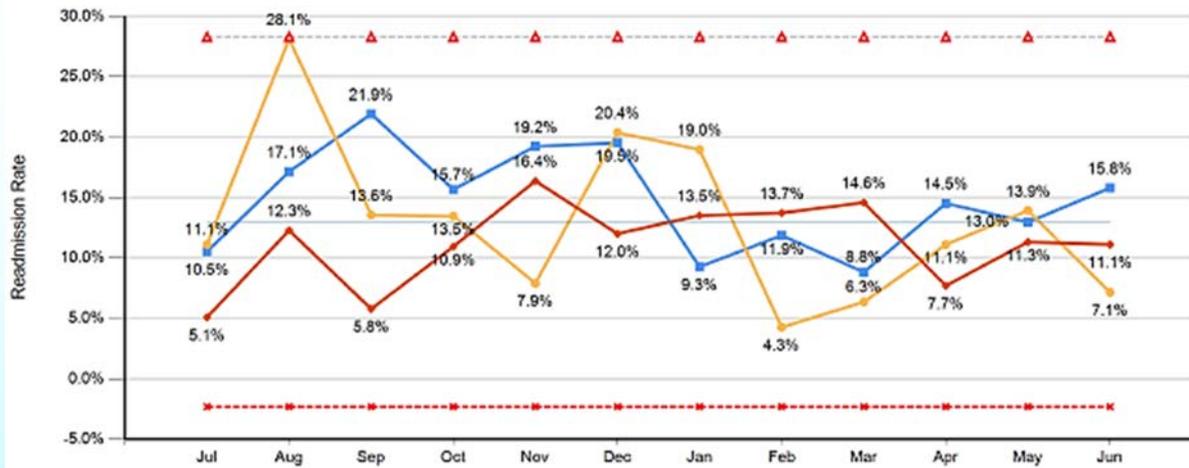
Reduce the number of hospital readmissions among CYF and A/OA within 30 days by 5% from last fiscal year.

METHODS

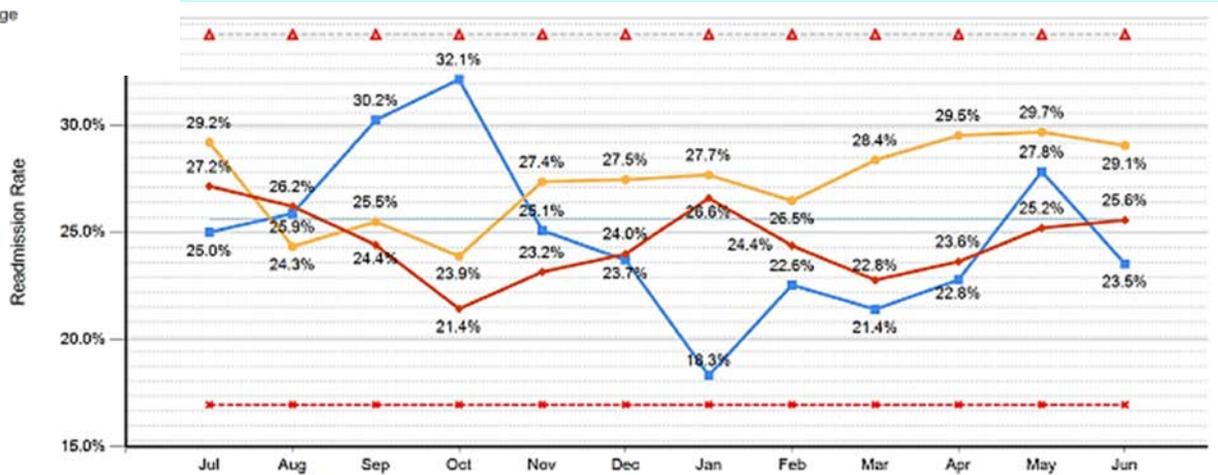
1. Continued to monitor and report on readmission rates within the system of care.
2. Collaborated with Hospital Partners and outpatient programs to identify methods to reduce readmissions.

DATA

30-Day Readmission Rate among Medi-Cal Fee-for-Service (FFS) CYF Clients



30-Day Readmission Rate among Medi-Cal FFS A/OA Clients



SERVICES ARE EFFECTIVE

RESULTS

30-Day Readmissions among Medi-Cal Clients

- Compared to FY 2013-14, the 30-day readmission rate to FFS hospitals has decreased by 4.7% among CYF Medi-Cal clients (from 15.8% to 11.1%) and increased by 2.1% among A/OA Medi-Cal clients (from 23.5% to 25.6%).
- In FY 2014-15, CYF clients at FFS hospitals had 70 readmissions, which were 39.7% lower than the 116 readmissions in FY 2013-14. Conversely, A/OA clients at FFS hospitals had 1,704 readmissions, which were 33.5% higher than 1,276 readmissions in FY 2013-14.
- The number of readmissions among A/OA clients at FFS hospitals has been consistently higher month after month in FY 2014-15 than in FY 2013-14.

Collaboration with Outpatient Programs and Hospital Partners

- The SDCBHS updated and disseminated a list with a hospital contact and an outpatient clinic contact to the Hospital Partners and outpatient program managers in effort to improve communication between the providers and to enhance care coordination.

NEXT STEPS

- Continue collaboration with the Hospital Partners and outpatient programs to identify methods to reduce readmissions.
- Continue to monitor and report on readmissions within the CYF and A/OA Systems of Care.



SERVICES ARE EFFICIENT AND ACCESSIBLE

GOAL 7

Provide specialty mental health services to 2% (63,004 clients) of county population.

METHODS

1. Tracked the penetration rates of Specialty Mental Health clients in comparison to the San Diego County population.
2. Continued monitoring and reporting on AB 109 clients in the BHS system. AB 109 clients are those released from state prisons and/or county jails who are evaluated for subsequent mental health and/or alcohol and drug treatment in the community.

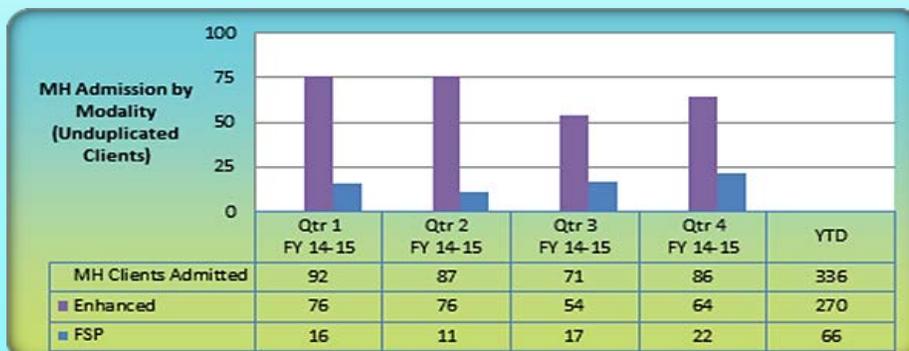
DATA

Total County Population Estimate vs. Clients Served by SDCBHS:

	FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 14-15
Clients Served	59,322	59,245	59,462	63,014	61,021
Total County Population*	3,224,432	3,143,429	3,150,178	3,211,252	3,194,362
Percent Served	1.84%	1.88%	1.89%	1.96%	1.91%

*Based on the U.S. Census Bureau population estimates

Total AB 109 Client Admissions to SDCBHS for FY 2014-15



The number of MH clients is different in this graph because clients may have been admitted multiple times to multiple programs.

SERVICES ARE EFFICIENT AND ACCESSIBLE

RESULTS

BHS Population Served

- Based on the preliminary data for FY 2014-15, SDCBHS served 1.91% of the San Diego population, a slight decrease from the previous fiscal year; however, final data for FY 2014-15 are not available at this time. There was a significant increase in the number of clients served in FY 2013-14 when compared to FY 2012-13.

AB 109 Population

- Most AB 109 individuals have a history of spending time in and out of correctional facilities and typically do not access appropriate types of treatment to help break the cycle. A large proportion of these individuals are categorized as high risk. The AB 109 individuals are a specialty population because they often have mental health and substance use disorders and a criminal background; however, the BHS programs and County Probation focus on collaboration to reduce recidivism and link clients to appropriate treatment settings that meet their needs.
- SDCBHS continued to monitor and track outcomes for the AB 109 population, working closely with the Probation Department, Sheriffs, the District Attorney's Office, SANDAG, and others.
- BHS holds monthly AB 109 Provider meetings with the Behavioral Health Screening Team & Probation.
- BHS completes quarterly dashboards to track process outcomes for this population.
- BHS provides annual reports to individual AB 109 programs to track admissions and outcomes such as discharge status, client goals met, and length of stay.
- In FY 2014-15, there were a total of 2,065 unduplicated AB 109 clients admitted, 16.3% of whom were mental health clients (compared to 25.1% in FY 2013-14). More than three quarters (80.4%) of mental health clients were admitted to Enhanced services. Enhanced services are outpatient programs that include recovery and rehabilitation behavioral health services, as well as medication evaluation and management and case management services. Clients who were admitted to Full Service Partnership programs (19.6%), an increase from the previous fiscal year (13.5%), received services designed to increase self-sufficiency and stability for AB 109 clients as part of the intensive Assertive Community Treatment model.

NEXT STEPS

- Continue working closely with other County departments such as Child Welfare Services and Probation to adequately track special populations in the System of Care.
- Continue to review penetration data annually to determine if underserved populations are being met.



SERVICES ARE EFFICIENT AND ACCESSIBLE

GOAL 8

Ensure that 95% of client and provider appeals of managed care decisions are addressed within timelines (60 days for Level I decisions and 21 days for Level II documentation requests for the State).

METHODS

1. Continued to monitor Levels I and II Appeals to ensure that they are addressed within timelines.

DATA

Level I Appeal Turn Around Time

Appeal Turn Around Time	FY 2013-2014	FY 2014-2015
<i>0-10 Days</i>	13	6
<i>11-20 Days</i>	10	0
<i>21-30 Days</i>	11	6
<i>31-60 Days</i>	75	36
<i>Over 60 Days</i>	0	1
TOTAL Level I Appeals	109	49
% Addressed within Timelines	100%	98.0%

Level II Appeal Turn Around Time

Appeal Turn Around Time	FY 2013-2014	FY 2014-2015
<i>0-5 Days</i>	4	2
<i>6-10 Days</i>	0	2
<i>11-15 Days</i>	0	0
<i>16-21 Days</i>	0	0
<i>Over 21 Days</i>	0	0
TOTAL Level II Appeals	4	4
% Addressed within Timelines	100%	100%

SERVICES ARE EFFICIENT AND ACCESSIBLE

RESULTS

Level I and Level II Appeals

- In FY 2014-15, a total of 45,715 days were requested at San Diego County and out of county fee-for-service (FFS) hospitals. 6.7% of the total days were denied, a decrease from the proportion of days denied in FY 2013-14 (11.6%).
- Compared to FY 2013-14, there was a 55.0% decrease in the number of Level I appeals in FY 2014-15.
- In FY 2014-15, there were a total of 49 Level I inpatient FFS authorization appeals submitted by inpatient FFS hospitals, out of which 98.0% of the appeals were addressed within timelines. Consistent with FY 2013-14, there were 4 Level II appeals in FY 2014-15, all of which were addressed within timelines.



NEXT STEPS

- Continue to monitor Levels I and II Appeals to ensure that they are addressed within timelines.

SERVICES ARE EQUITABLE

GOAL 9

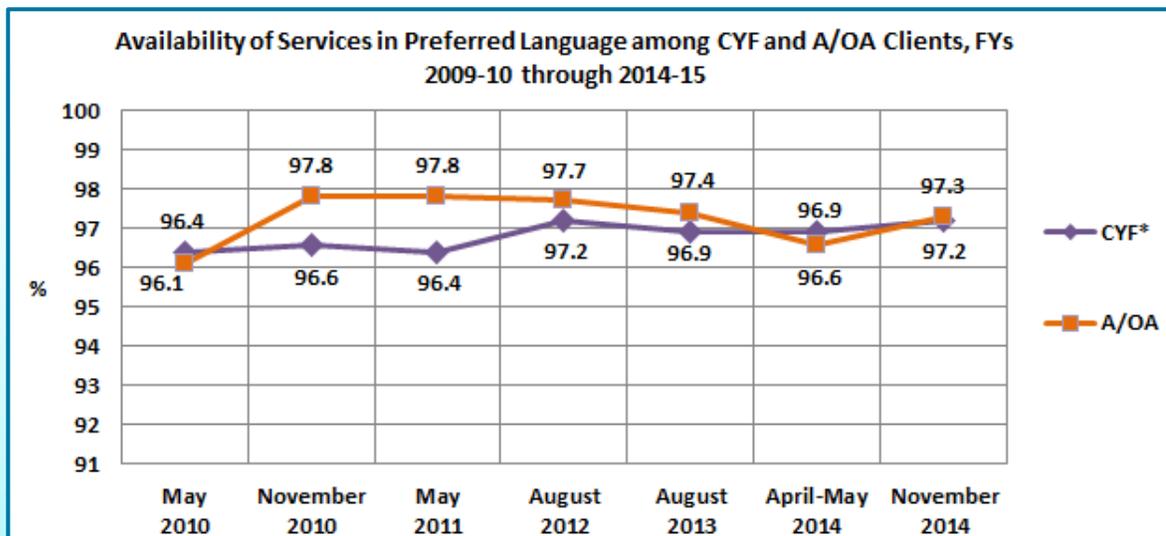
75% of clients and families indicating that they had access to written info in their primary language and/or received services in the language they prefer.

METHODS

1. Continued to provide all beneficiary packet materials in each threshold language.
2. Regularly evaluated and updated translated documents.
3. Updated the access times tracking log to include questions on language.
4. Administered Adult 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.

DATA

CYF and A/OA Satisfaction Survey Results:



*Includes youth clients and parents/caregivers

SERVICES ARE EQUITABLE

RESULTS

November 2014 CYF Satisfaction Surveys

- The satisfaction with the availability of services in preferred language has increased slightly by 0.3% from the previous survey period.
- 96.2% of CYF clients and parents/caregivers indicated that written information was available in the preferred language, a 0.7% increase from the previous survey period (95.5%).

November 2014 A/OA Satisfaction Surveys

- The satisfaction with the availability of services in preferred language has increased by 0.7% from the previous survey period. The highest satisfaction was observed in FY 2010-11.

Beneficiary Materials

- In FY 2014-15, more than 28,600 printed beneficiary materials were provided to various programs across San Diego County. The materials were provided in all five threshold languages (English, Spanish, Vietnamese, Tagalog, and Arabic). The beneficiary materials in Spanish comprised 25.8% of the total number of requests.

Access Times Tracking by Language and Race/Ethnicity

- In FY 2014-15, the QI Unit enhanced the access times logs and began tracking race/ethnicity and language. *The data are not available at this time.*

NEXT STEPS

- Continue to provide the beneficiary materials in all threshold languages.
- Regularly evaluate and update translated documents.
- Begin the analysis on the impact of race/ethnicity and language in access times logs.
- Administer the Adult Mental Health Statistics Improvement Program (MHSIP) Survey and the Youth Services Survey (YSS); evaluate the satisfaction with the availability of services and written information in the preferred language.



SERVICES ARE EQUITABLE

GOAL 10

Increase cumulative penetration rates in the BHS system of care by 5% from last fiscal year among the following 3 target populations: African Americans, foster youth, and females under 18.

METHODS

1. Analyzed cumulative BHS system of care penetration rates among African American, foster youth, and females under 18.
2. Tracked Pathways to Well-Being clients.
3. Updated and disseminated the Cultural Competence Handbook.
4. Administered the Culturally Competent Program Annual Self-Evaluation (CC-PAS) in 2015 and evaluated the results.

DATA

Unduplicated BHS Clients by Fiscal Year

	FY 2013-14	FY 2014-15	Percent Change
African Americans	7,449	7,951	6.7%
Foster Youth	1,435	2,090	45.6%
Females under 18	13,010	17,567	35.0%

Source: CCBH

Culturally Competent Program Annual Self-Evaluation (CC-PAS) 2014 and 2015 Results on Select Questions

	2014		2015		Change from 2014 to 2015							
	Clinical (n=154)	Non-Clinical (n=88)	Clinical (n=133)	Non-Clinical (n=112)	Clinical				Non-Clinical			
					CYF		A/OA		CYF		A/OA	
					MHS	ADS	MHS	ADS	MHS	ADS	MHS	ADS
Standard 15: Services provided are designated to meet the needs of the community.	90.9%	95.5%	98.5%	98.2%	-0.3%	--	--	--	--	5.9%	3.3%	1.9%
Standard 18: The program conducts outreach efforts appropriate for the populations in the community.	96.1%	94.3%	96.2%	96.4%	0.8%	--	1.5%	--	--	1.6%	11.0%	-6.1%

Note: The percentages indicate proportion of clients who Met or Partial Met the Standards.

SERVICES ARE EQUITABLE

RESULTS

Unduplicated Clients by Fiscal Year

- The number of African Americans served has increased slightly by 6.7% from FY 2013-14 to FY 2014-15 (7,449 vs. 7,951).
- Compared to FY 2013-14, there was a 45.6% increase of foster youth served by the BHS system of care in FY 2014-15 (1,435 vs. 2,090).
- In FY 2014-15, the number of female clients under the age of 18 has increased by 35.0% from FY 2013-14 (13,010 vs. 17,567).

Pathways to Well-Being

- The SDCBHS, Child Welfare Services, Probation, and Family and youth partners work collaboratively to ensure that the mental health needs of the youth involved in Child Welfare Services are met with the goals of safety, permanency, and well-being. The model is the result of the Katie A. settlement to improve the provision of mental health and supportive services for children and youth in, or at imminent risk of placement in, foster care in California.
- In FY 2014-15, there were a total of 795 unduplicated “Enhanced” youth members in the Pathways to Well-Being program, in increase from FY 2013-14 (767 youth). More than three quarters of those members (79.7% or 634) received Intensive Care Coordination (ICC) services and/or Intensive Home-Based Services (IHBS); 157 Enhanced youth received services through Wraparound, Full Service Partnership and other Intensive Specialty Mental Health Services; and 4 Enhanced youth had received services through the Fee-for-Service provider network.

CC-PAS Evaluation

- Every year, the CC-PAS survey is sent to all contracted MHS and ADS program managers to complete. The recipients are asked to review 20 cultural competence standards, determine if their program has Met, Partially Met or Not Met each standard, and indicate which standard they need technical assistance with. The FY 2014-15 survey was sent in April.
- There was an increase in Met and Partially Met responses among both clinical and non-clinical program managers for Standards 15 and 18 (see data on page 25) in 2015, compared to 2014. There was a slight decrease among clinical CYF MHS program managers in Met and Partially Met responses to “Services provided are designated to meet the needs of the community.” There was a decrease among non-clinical A/OA ADS program managers in Met and Partially Met responses to “The program conducts outreach efforts appropriate for the populations in the community.”



NEXT STEPS

- Hold the year-long CCA-administered African American Culture Series and Native American Culture Series that will include eLearning, 4-7 in-class modules, and a practicum with capstone. The series will be divided into the management, administrative support staff, and direct service tracks.
- Administer the biennial California Brief Multicultural Competence Scale (CBMCS) in October 2015 and evaluate the results.
- Leverage the triennial Behavioral Health Outcomes report to identify penetration rates and outcomes among the BHS clients.

SERVICES ARE TIMELY

GOAL 11

- 95% of calls answered by the Access and Crisis Line (ACL) crisis queue are within 45 seconds.
- Average speed to answer all other (non-crisis) calls is within 60 seconds.
- Access times for mental health assessments are under 5 days for CYF and 8 days for A/OA.

METHODS

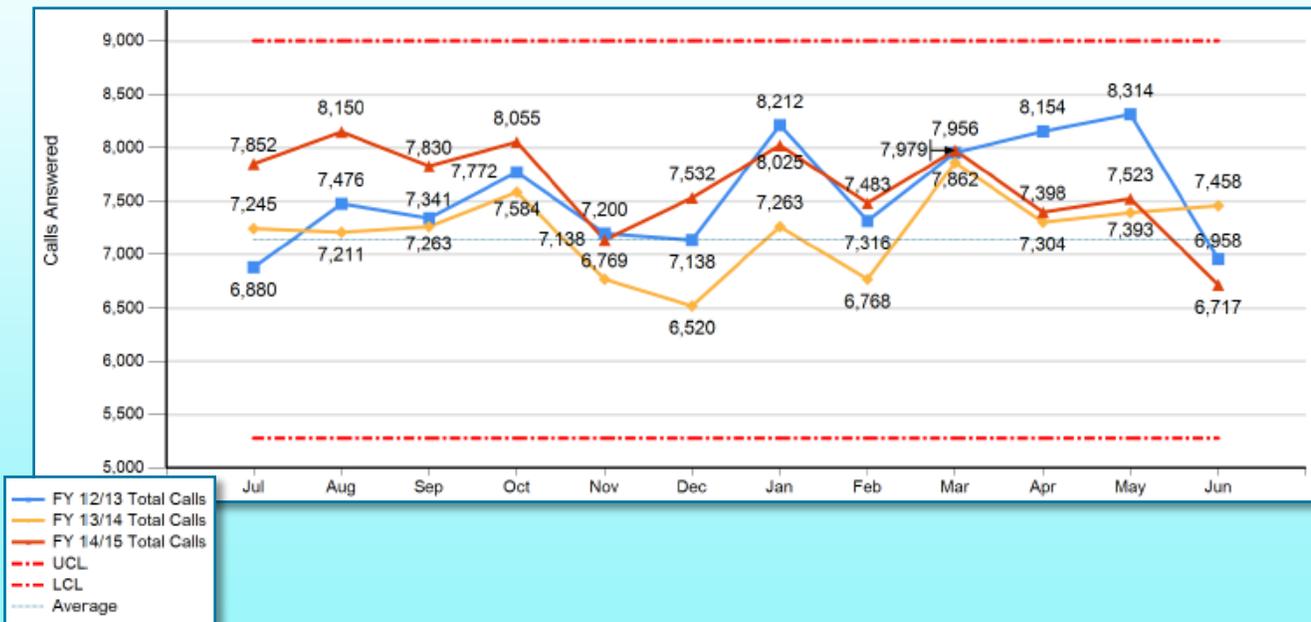
1. Evaluated access time reports on routine mental health services submitted by programs.
2. Evaluated ACL Contract Standard reports.
3. Investigated developing a report that analyzes access times from assessment to initial treatment service.
4. Began tracking race/ethnicity and language in access times logs.

DATA

ACL Response Time

ACL Crisis Queue Response Time (% of calls answered within 45 seconds)		ACL All Other (non-crisis) Calls Response Time (average speed to answer in seconds)	
FY 2013-14	FY 2014-15	FY 2013-14	FY 2014-15
98.17%	98.21%	19.3 seconds	18.5 seconds

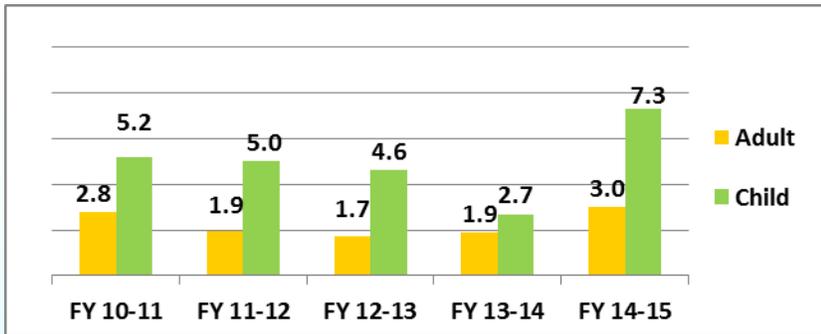
ACL Call Volume, Answered Calls, FY 2014-15



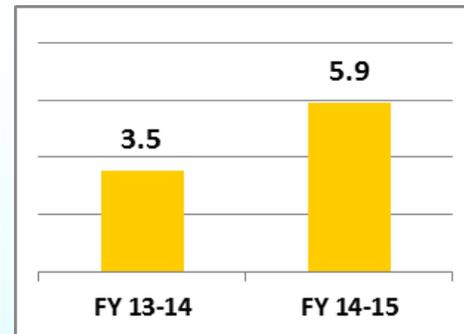
SERVICES ARE TIMELY

RESULTS

Average Access Times for Mental Health Assessments



A/OA Psychiatric Assessments



BHS Access Times

- In FY 2014-15, there was an increase in the average Mental Health Assessment access time for children's services when compared to the previous year (by 4.6 days). There was a slight increase in the average access time for adult services (by 1.1 days).
- Psychiatric Assessment access times for A/OA services also increased in FY 2014-15 (by 2.4 days).
- A new, standardized system of tracking access times was implemented starting in October 2014, which accounts for some of the increase in access times. The new system also tracks access times by race, preferred service language and response code (routine, urgent or emergency).

ACL

- The ACL is a 24-hour phone line that residents in San Diego County can utilize to obtain referrals and assistance when facing a behavioral health crisis.
- Overall in FY 2014-15, there was an increase in the volume of calls answered by the ACL staff.
- Compared to FY 2013-14, the average ACL call response time of non-crisis calls has increased by an average of 1 second in FY 2014-15 (from 20.3 seconds to 19.3 seconds). Additionally, 98.21% of crisis calls were answered within 45 seconds in FY 2014-15, a slight increase by 0.04% from FY 2013-14.



NEXT STEPS

- Continue to monitor access times for CYF and A/OA mental health assessments and A/OA psychiatric assessments.
- Begin the analysis on race/ethnicity and preferred service language in the monthly Access Times Reports to assist with monitoring access by population.
- Continue to monitor ACL performance.
- Continue collaboration with Cerner to develop a call logging feature that enables tracking between the assessment and the first treatment service.