

Quality Improvement Work Plan Evaluation

Fiscal Year
2015-2016

Fiscal Year 2015 – 2016

Quality Improvement Work Plan Evaluation (QIWP)

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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 (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. 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, 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 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

Decrease the number of grievances within the identified target areas by 5%.

METHODS

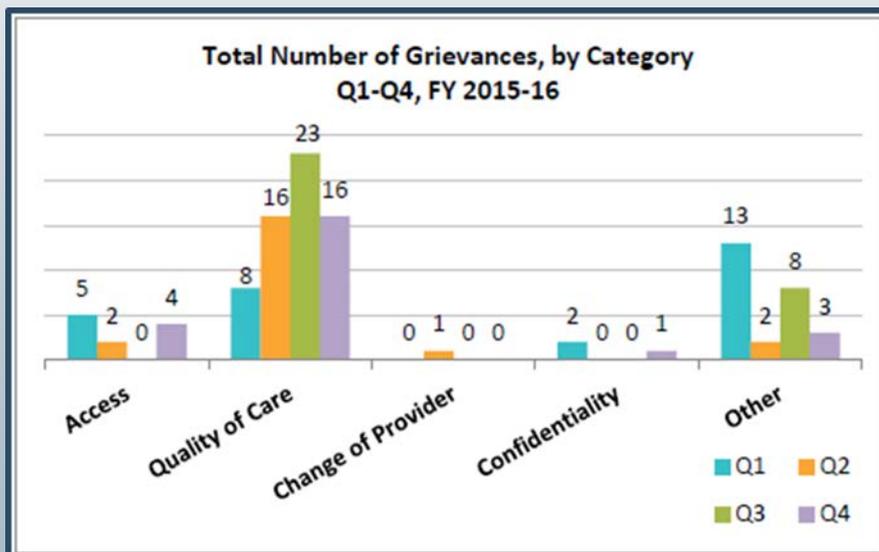
1. Updated the categories in the grievances and appeals tracking log to align with the Department of Health Care Services (DHCS) requirements.
2. Tracked the number of grievances related to customer service, staff interactions and access to services.
3. Held focus groups related to the aspects of the grievances and appeals process.
4. Surveyed clients on the level of understanding of the grievances and appeals process.

DATA

Total Reported Grievances	Counts by Fiscal Year		Percent Change
	FY 14-15	FY 15-16	
Access	8	11	↑
Quality of Care	89	63	↓
Change of Provider	0	1	↑
Confidentiality	2	3	↑
Other*	0	26	↑
Total	99	104	+5.1%

Note: The categories and the report structure changed from last fiscal year to align with the State requirement.

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



During FY 2015-16, JFS conducted:

- 15 LPS-designated hospital in-service trainings
- 6 staff trainings to the staff at San Diego Institutes of Mental Disease (IMD) serving County mental health clients
- 13 community trainings
- 4 trainings to Board and Care owners
- Trainings to staff and residents at the following facilities:
 - Board and Care – 30
 - Skilled Nursing – 12
 - Crisis House/Safe Haven – 7

During FY 2015-16, CCHEA conducted:

- 267 outreach events reaching 7,100 consumers and more than 578 providers.

SERVICES ARE CLIENT CENTERED

RESULTS

Grievances and Appeals Report

- Compared to the previous fiscal year, there was a 29.2% decrease in the overall grievances associated with the Quality of Care in FY 2015-16 (from 89 to 63). However, it's important to note that the report categories changed in the beginning of FY 2015-16 due to the State requirements which may have impacted comparable data.
- While grievances associated with Access have increased slightly from the previous fiscal year, the majority of grievances were associated with Other Access Issues not associated with timeliness, availability or accessibility of services.
- Medication Concerns made up a large proportion of all Quality of Care grievances (36.5% or 23), followed by Staff Behavior Concerns (27.0% or 17).
- The largest proportion of all grievances associated with Other were regarding Patients' Rights (46.2% or 12), such as the clients' inability to have visitors or make phone calls in an inpatient setting.

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.
- CCHEA and JFS advocates, along with Recovery Innovations (RI) International and Disability Rights California, held hour-long, in-depth focus groups to get input from clients in all regions of the county. The meetings included presentations from CCHEA and JFS, as well as group discussion on the topics of self-advocacy, education and the grievance/appeal process. The participants provided feedback and suggestions for ways to enhance the Problem Resolution process.

Supplemental Survey Results

- In spring 2016, a supplemental questionnaire was administered to adult and older adult clients as part of the semi-annual Mental Health Statistics Information Program (MHSIP) Consumer Satisfaction Survey. The questionnaire evaluated the clients' level of understanding of the grievances and appeals process.
- More than half of all clients reported that they would not feel comfortable filing a grievance or appeal, even if they felt the need (58.6% out of 1,568 clients). The majority of those clients were between the ages of 18 and 25.
- A quarter of all clients (25.2% out of 1,568 clients) disagreed or strongly disagreed with a statement "I understand how to file a grievance."



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 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.
- Continue the efforts to increase understanding of the process and the level of comfort with filing a grievance or an appeal.

SERVICES ARE CLIENT CENTERED

GOAL 2

Develop a baseline on the percentage of clients seen by Peer and Family Support Specialists.

METHODS

1. Surveyed CYF and A/OA clients on their interaction with a P/FSS during the course of their services (*the results are summarized on the following page*).
2. Developed a report using the feedback collected through the semi-annual client satisfaction surveys.

DATA

	Total number of Respondents	Clients Seen at Least Once by Peer and Family Support Specialists (P/FSS)
Adults and Older Adults (A/OA)	1,621	794 (49%)
Children and Youth	868	234 (27%)
Parents/Caregivers	1,344	470 (35%)

Demographic Information of Survey Respondents

ADULT/OLDER ADULT			YOUTH		
	Contact with Peer			Contact with Peer	
Race/Ethnicity	%YES	%NO	Race/Ethnicity	%YES	%NO
African American	15	11.6	African-American	10.3	4.6
Asian/Pac Islander	4.9	6.1	Asian/Pac Islander	0.4	2.2
Hispanic	26.7	25.7	Hispanic	55.4	59
Native American	0.8	0.8	Native American	0.4	1.1
White	49	52	White	16.3	18
Other/Mixed	2.6	2	Other/Mixed	9.4	6.1
Unknown/Not Reported	1	1.8	Unknown/Not Reported	7.7	8.9
	Contact with Peer			Contact with Peer	
Age category	%YES	%NO	Age category	%YES	%NO
18-25	14	11.3	12-15	44	53.5
26-59	76	78.8	16-17	40.4	41
60+	10	9.9	18+	15.6	5.4
	Contact with Peer			Contact with Peer	
Gender	%YES	%NO	Gender	%YES	%NO
Male	55.5	48.9	Male	48.9	43.1
Female	44.4	51.1	Female	45.9	50.6
Other/Unknown			Other/Unknown	5.2	6.4

RESULTS

Survey Summary

As part of the semi-annual Mental Health Statistics Improvement Program (MHSIP) Consumer Satisfaction Survey and the Youth Services Survey (YSS), the clients were asked to indicate whether they have had any interaction with a P/FSS during the course of their services.

- Nearly one-half of A/OA clients (49% or 1,621) reported meeting with a P/FSS at least once while receiving services.
 - Nearly half of all A/OA clients were White (49.0%), followed by Hispanic (26.7%).
 - The majority of A/OA clients were between the ages of 26 and 59 (76.0%).
- More than a quarter of all youth clients (27% or 868) and 35% of caregivers (1,344) reported meeting with a P/FSS at least once while receiving services.
 - The majority of youth clients were Hispanic (55.4%), followed by White (16.3%).
 - The largest proportion of youth clients were between the ages of 12 and 15 (44.0%).

Non-Clinical Performance Improvement Project (PIP)

- The Non-Clinical PIP on the Impact of Peer and Family Support Specialists on Client Recovery and Engagement was finalized in January 2016. The PIP demonstrated that both adult and youth clients who had interactions with a P/FSS had more favorable recovery-based outcomes in two CFARS domains (Relationships and Safety) and one IMR domain (Management), and greater satisfaction/engagement with services.

NEXT STEPS

- Evaluate the baseline percentage of clients seen by P/FSS.
- Determine if a related goal needs to be established in the FY 2016-17 QI Work Plan.
- Present the Non-Clinical PIP summary at the Council meetings and Cultural Competence Resource Team (CCRT) meeting.



SERVICES ARE SAFE

GOAL 3

Reduce the number of the following serious incidents by 5% from last Fiscal Year:
1) Death related incidents; and 2) Suicidal attempts and homicide related incidents.

METHODS

1. Continued monthly monitoring of serious incidents and San Diego County suicide rates.
2. Tracked the use of the High Risk Assessment (HRA) within the Behavioral Health Assessment (BHA) to determine its correlation to client outcomes.
3. Finalized the clinical PIP on the Reduction of Suicides Occurring 0-90 Days after Last Service.

DATA

Percent Change in the Overall 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%
FY 15-16	285	320	45	650*	+48.4%

*The majority of serious incidents were not related to the goal (see next page for details).

Death-Related Serious Incidents (Including Suicide)

	MH Adults	MH Children	ADS Adults	ADS Children	Systemwide	% Change Systemwide
FY 14-15	35	1	7	0	43	N/A
FY 15-16	41	4	10	0	55	+27.9%

Suicide Attempts and Homicide-Related Serious Incidents

	MH Adults	MH Children	ADS Adults	ADS Children	Systemwide	% Change Systemwide
FY 14-15	49	13	5	0	67	N/A
FY 15-16	59	20	3	1	83	+23.9%

SERVICES ARE SAFE

RESULTS

Serious Incidents

- Compared to FY 2014-15, there was a 48.2% increase in serious incidents systemwide in FY 2015-16. The QI Unit has made an effort to continually educate and inform providers on how and when to report serious incidents. Providers report privacy incidents and submit a Tarasoff notification in alignment with the State requirements. A large number of serious incidents were associated with Tarasoff (12.6%) reporting and privacy incidents (10.6%).
- In FY 2015-16, the majority of all serious incidents were reported by CYF mental health programs (49%), followed by the A/OA mental health programs (44%), while only 7% were from ADS programs.
- In FY 2015-16, 13% of the serious incidents were suicide attempts and homicide-related incidents; and 8% were death-related serious incidents.

High Risk Assessment & Index Forms

- Behavioral Health Assessments (BHA) for CYF and A/OA clients were updated in FY 2013-14. The BHAs incorporate the High Risk Assessment (HRA), which consists of 12 items evaluating the presence of immediate risk factors for suicide or other violent behavior in an effort to identify clients at high risk for suicide. It also incorporates new trauma-informed language.

Clinical PIP

- The Clinical PIP was completed January 2016. The goal of the Clinical PIP was to prevent or reduce suicides occurring within 90 days after the last date of service by enhancing efforts to identify high-risk clients.
- In late 2015, the clinical standards committee met to develop recommendations on future work on suicide reduction.
- While the total number of death-related serious incidents has increased from the previous fiscal year, the proportion of clients with a completed high-risk assessment increased from 46% to 92% across fiscal years, demonstrating an improvement in processes. Additionally, there was an 8% reduction in clients completing suicide within 90 days of their last service.
- Follow-up activities included but were not limited to: Establishment of Missed Appointment/No Show and Discharge procedures across Levels of Care, continued partnership with the Medical Examiner's office, reviewing monthly suicide data and evaluating annual suicide trends, and continuing to offer Question, Persuade, Refer (QPR) Gatekeeper Trainings for Suicide Prevention in San Diego County with the goal of monitoring and sustaining the reduction in suicide rates. The SDCBHS Clinical Director has been convening a monthly Case Review meeting to comprehensively examine the cases.

BHAB Workgroup

- In FY 2015-16, the Behavioral Health Advisory Board (BHAB) convened a special workgroup to focus on suicides within San Diego County. The workgroup made 10 recommendations for the BHAB to consider.

NEXT STEPS

- QI will collaborate with BHS Administration to review the BHAB recommendations.
- The BHS Executives will review the workgroup recommendations regarding suicide reduction.



SERVICES ARE SAFE

GOAL 4

Evaluate changes via a Trauma Informed Assessment from 2012 in the following three areas among the BHS system workforce:

- 1) What is Trauma Informed Systems?
- 2) How to apply and integrate Trauma Informed Systems? and
- 3) How to ask about trauma and know how to respond if disclosure is made?

METHODS

1. Implemented the Behavioral Health Services scan.
2. Analyzed the results of the self-assessment and compared to the baseline survey.
3. Worked with a consultant to further develop the Trauma Informed Systems Integration (TISI) in BHS.

DATA

Survey Responses to Trauma-Informed Care Questions

Areas of Trauma-Informed Care Knowledge	% Responding Yes to Question			
	Baseline Staff Trauma-Informed Self-Assessment	Staff Trauma-Informed Self-Assessment (as part of the PIP)		Follow-up Staff Trauma-Informed Self-Assessment (as part of TISI)
	2012	August 2013 (PRE)	August 2014 (POST)	2015
What Trauma-Informed Care is.	44%	86%	77%	56%
How to apply and integrate Trauma-Informed Care.	34%	36%	23%	55%
How to ask about trauma and know how to respond if disclosure is made.	50%	29%	15%	66%

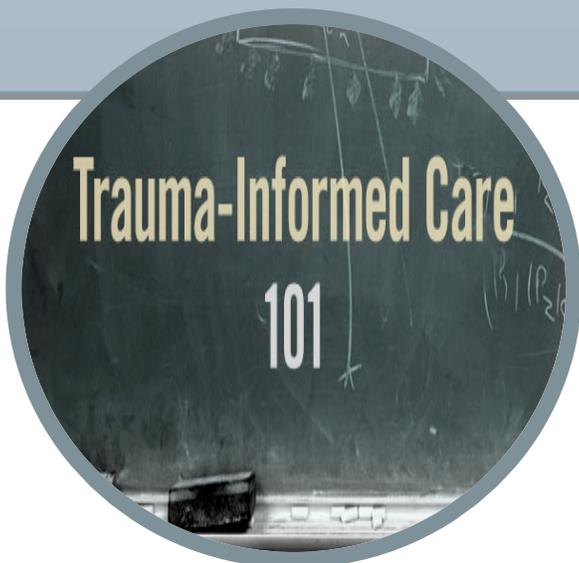
RESULTS

Staff Trauma-Informed Self-Assessment Results

- The baseline assessment was conducted in January 2012 to determine the current level of trauma-informed competency within the County of San Diego's current Behavioral Health system. The follow-up Staff Trauma-Informed Self-Assessment was administered in 2015 as part of TISI.
- The proportion of the survey respondents whose scores indicated their trauma-informed care knowledge in the three areas has increased by 16.3% from baseline (from 42.7% to 59%).
- The most significant increase (21%) in the trauma-informed care knowledge was in being able to apply and integrate Trauma-Informed Care (from 34% to 55%).

NEXT STEPS

- Develop basic and in-depth trainings on trauma informed principles that are appropriate for staff at all levels.
- Increase knowledge and awareness of Trauma Informed Systems among Agency staff by increasing the number of staff who are training and certified in Mental Health First Aid.
- Increase knowledge and awareness of the impacts of trauma among BHS provider staff by providing training through the BHS training services provider on the "Neurobiology of Trauma and Toxic Stress".



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. Examined types of services used after discharge for patterns of care.
3. Began a non-clinical Performance Improvement Project (PIP) on Client Engagement with Services after Discharge from San Diego County Psychiatric Hospital (SDCPH).

DATA

Connection to Outpatient Services within 7 Days Following Discharge

Year	# Clients Connected to Outpatient Services	% Clients Connected to Outpatient Services	Total Discharges
FY 2014-15	4,235	42.2%	10,044
FY 2015-16	3,851	36.0%	10,712
Percentage Change/Difference	-9.1%	-6.2%	

Connection to Outpatient Services within 30 Days Following Discharge

Year	# Clients Connected to Outpatient Services	% Clients Connected to Outpatient Services	Total Discharges
FY 2014-15	5,840	58.2%	10,044
FY 2015-16	5,285	49.3%	10,712
Percentage Change/Difference	-9.5%	-8.9%	

Note: the number of clients who connected within 7 days of discharge is the subset of the number of clients who connected within 30 days of discharge.

SERVICES ARE EFFECTIVE

RESULTS

Connection to Outpatient Services Post-Discharge from a Psychiatric Hospital

- Compared to FY 2014-15, the number of clients who connected to outpatient services within 7 days has decreased by 9.1%. Similarly, the number of clients who connected to outpatient services within 30 days has decreased by 9.5%.
- In FY 2015-16, the proportion of clients who connected to outpatient services within 7 days has also decreased by 9.2%, compared to the previous fiscal year. Similarly, the proportion of clients who connected to outpatient services within 30 days has decreased by 8.9%.

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 (35.8% and 50.1%, respectively), followed by Mental Health Services (20.2% and 29.1%, respectively).

Non-Clinical PIP

- An analysis of the client data found that upon discharge from the San Diego County Psychiatric Hospital (SDCPH) only 25% of clients who are new to the system or who have previously been in the system but now have closed cases, connect with services. This compares to approximately 66% of clients who are currently active in the SDCBHS system.
- In preparation for the Non-Clinical PIP, qualitative interviews were conducted with clients, program staff, clinicians, and hospital staff to identify reasons for lack of engagement with services post discharge. Additionally, focus groups were conducted with key staff at Next Steps and Telecare who work with recently discharged clients to get a better understanding of the walk-in model.
- The PIP began during the fourth quarter of FY 2015-16 and involves the SDCPH and three County-operated clinics. The goal is to connect clients to an outpatient clinic within three days of discharge, ensuring that the discharged clients have a scheduled appointment and the clinic has specific contact information for the discharged client.

NEXT STEPS

- Continue the non-clinical PIP on Client Engagement with Services after Discharge from SDCPH.
- 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

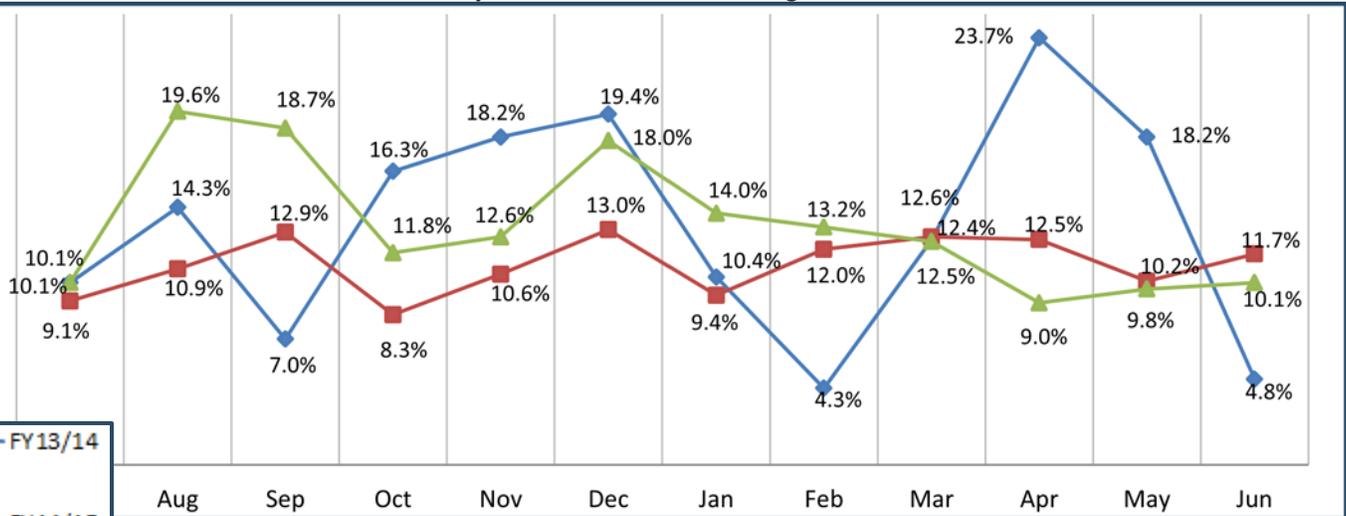
Reduce the number of hospital readmissions among CYF and A/OA within 30 days by 5% from last Fiscal Year.

METHODS

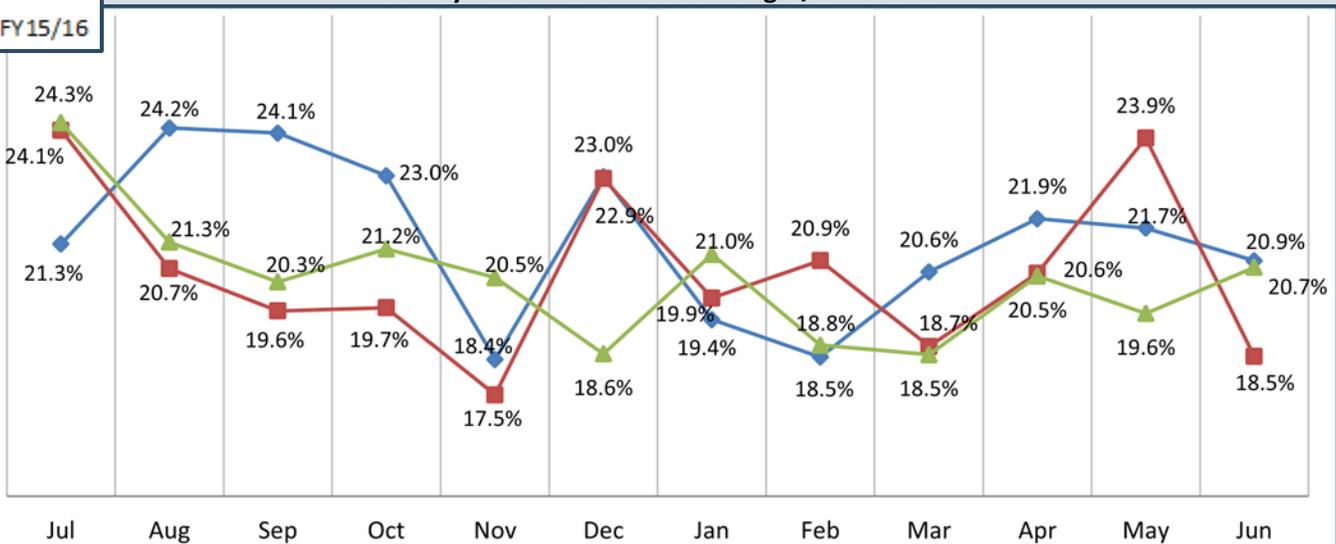
1. Continued to monitor and report on readmission rates within the System of Care.
2. Collaborated with Hospital Partners and outpatient programs to identify methods to reduce readmissions.

DATA

30-Day Readmission Rate among CYF Clients



30-Day Readmission Rate among A/OA Clients



SERVICES ARE EFFECTIVE

RESULTS

30-Day Readmissions among CYF and A/OA Clients

- Compared to FY 2014-15, the 30-day readmission rate among the CYF clients has increased by 2.2% (from 11.1% to 13.3%) and decreased slightly by 0.2% among the A/OA clients (20.6% to 20.4%).
- In FY 2015-16, CYF clients had 15.9% more readmissions than in the previous fiscal year (146 vs. 126). Conversely, A/OA clients had 4.4% more readmissions than in the previous fiscal year (2,008 vs. 1,923).

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.
- Establish a new PIP with goal of enhancing connection to outpatient services after discharge from the SDCPH.



SERVICES ARE EFFICIENT AND ACCESSIBLE

GOAL 7

Provide specialty mental health services to 2% (65,269 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

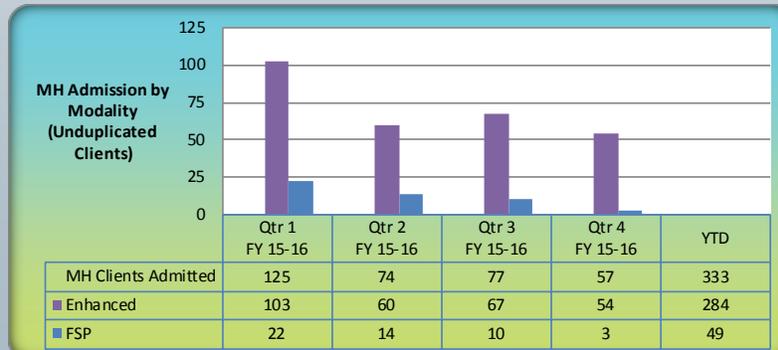
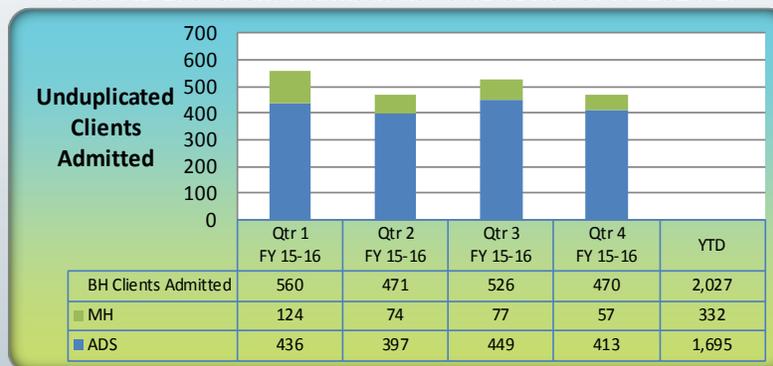
Total County Population Estimate vs. Clients Served by SDCBHS Specialty Mental Health Services

	FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 14-15	FY 15-16
Clients Served[†]	59,322	59,245	59,462	63,014	61,021	59,296
Total County Population*	3,224,432	3,143,429	3,150,178	3,211,252	3,194,362	3,227,496
Percent Served	1.84%	1.88%	1.89%	1.96%	1.91%	1.84%

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

[†] This number is based on the preliminary data and may increase when the annual BHS Databook is published on 1/1/17.

Total AB 109 Client Admissions to SDCBHS for FY 2015-16



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 2015-16, SDCBHS served 1.84% of the San Diego population, a decrease from the previous fiscal year; however, final data for FY 2015-16 are not available at this time. There was also a slight decrease in the number of clients served in FY 2014-15 when compared to FY 2013-14.
- 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 effort to help prevent the onset of mental illness and decrease severity. In FY 2015-16, the PEI programs served 44,007 clients. Additionally, the SDCBHS has been working with the 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.

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. Additionally, BHS:
 - Continued to hold monthly AB 109 Provider meetings with the Behavioral Health Screening Team & Probation.
 - Completed quarterly dashboards to track process outcomes for this population.
 - Provided 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 2015-16, there were a total of 2,027 unduplicated AB 109 clients admitted, 16.4% of whom were mental health clients (similar to 16.3% in FY 2014-15). More than three quarters (85.3%) of mental health clients were admitted to Enhanced services (an increase from 80.4% in FY 2014-15). 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 (FSP) programs (14.7%), a decrease from the previous fiscal year (19.6%), received services designed to increase self-sufficiency and stability for AB 109 clients as part of the intensive Assertive Community Treatment (ACT) model.

NEXT STEPS

- Continue working closely with other County departments such as Probation and Child Welfare Services 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 from the State).

METHODS

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

DATA

Level I Appeal Turn Around Time

Appeal Turn Around Time	FY 2014-15	FY 2015-16
<i>0-10 Days</i>	6	0
<i>11-20 Days</i>	0	0
<i>21-30 Days</i>	6	1
<i>31-60 Days</i>	36	12
<i>Over 60 Days</i>	1	1
TOTAL Level I Appeals	49	14
% Addressed within Timelines	98.0%	92.9%

Level II Appeal Turn Around Time

Appeal Turn Around Time	FY 2014-15	FY 2015-16
<i>0-5 Days</i>	2	1
<i>6-10 Days</i>	2	0
<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	1
% Addressed within Timelines	100%	100%

SERVICES ARE EFFICIENT AND ACCESSIBLE

RESULTS

Level I and Level II Appeals

- In FY 2015-16, a total of 48,407 days were requested at San Diego County and out of county fee-for-service (FFS) hospitals. 4.5% of the total days were denied—a 2.2% decrease from the proportion of days denied in FY 2014-15.
- While there were only 14 Level I Appeals submitted in FY 2015-16, 92.9% of the appeals were addressed within timelines – a decrease of 5.1% from the previous fiscal year.
 - Similar to the previous fiscal year, the majority of the appeals were addressed within 31-60 days (85.7%).
- There was 1 Level II Appeal in FY 2015-16, a decrease from 4 appeals in the previous fiscal year, which was addressed within timelines. The single appeal was submitted by an out-of-county hospital.

NEXT STEPS

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



SERVICES ARE EFFICIENT AND ACCESSIBLE

GOAL 9

Establish a crisis residential facility in the North Inland region of San Diego county.

METHODS

1. Opened a new North Inland Crisis Residential Facility (NICRF) in Escondido, named Esperanza Crisis Center.

DATA



**Esperanza Crisis Center
Open House**

Community Research Foundation and the staff of Esperanza Crisis Center invite you to an open house to see our new North Inland START program. Opening in July, Esperanza will add 15 beds to the START system and offer bilingual/bicultural services. We look forward to seeing you.

June 20th, 2016, 1 to 3 p.m.

Esperanza Crisis Center
490 North Grape Street
Escondido, CA 92025

SERVICES ARE EFFICIENT AND ACCESSIBLE

RESULTS

North Inland Crisis Residential Facility – Esperanza Crisis Center

- The North Inland Crisis Residential Facility (NICRF) officially opened on May 20, 2016 in Escondido.
 - Supervisor Dave Roberts, Helen Robbins-Meyer, Nick Macchione, Alfredo Aguirre, and other community representatives attended the opening.
- Esperanza Crisis Center provides 24-hour, 7-day a week crisis residential service as an alternative to hospitalization or step down from acute inpatient care within a hospital for adults with acute and serious mental illness, including those who may have a co-occurring substance use conditions, and are residents of San Diego County. It serves voluntary adults who are seriously mentally ill, may have a co-occurring substance abuse disorder, and are experiencing a mental health crisis that cannot be managed in an outpatient setting.
- The center will provide a home-like setting where individuals will receive safe, short-term housing and behavioral health treatment services.
- Esperanza began admitting clients in July of FY 2016-17, and will serve a minimum of 360 admitted clients per year in its 16-bed facility.
- Esperanza Crisis Center is the seventh Short-Term Acute Residential Treatment (START) program within the County of San Diego. Built around a bio-psychosocial approach, the programs offer a multi-disciplinary team whose members address each aspect of every client's unique situation. The programs seek to ensure that each resident is connected to a variety of social service supports within the community, to aid in transition into successful living beyond the START programs. The average length of stay is nine days.



NEXT STEPS

- Begin tracking utilization of crisis residential services in North County.
- Track and trend utilization of inpatient services in North County.
- Add Esperanza Crisis Center to the START Quarterly Statistics Report.
- Expand the START Quarterly Statistics Report to include connection to all Levels of Care after discharge.
- Continue tracking the effectiveness of all START programs, connection to services, and client outcomes.

SERVICES ARE EFFICIENT AND ACCESSIBLE

GOAL 10

Establish adult crisis stabilization services in the North Inland and North Coastal regions of San Diego County.

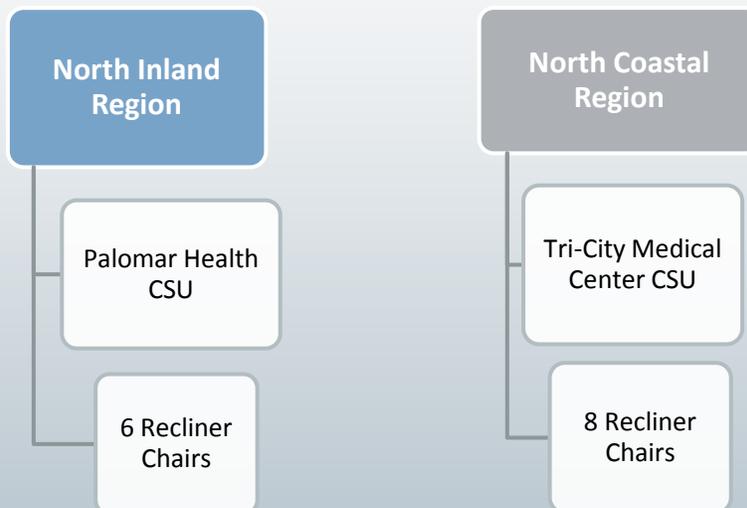
METHODS

1. Conducted Requests for Information (RFI) to determine interested providers.
2. Conducted negotiations and contracting activities.

DATA

The goal to establish adult crisis stabilization services in the North Inland and North Coastal regions of San Diego County was not met in FY 2015-16.

The following two contracts were negotiated in FY 2015-16:



SERVICES ARE EFFICIENT AND ACCESSIBLE

RESULTS

"Crisis Stabilization" means a service lasting less than 24 hours (23.59 hours), to or on behalf of a beneficiary for a condition that required more timely response than a regularly scheduled visit. Service activities include but are not limited to one or more of the following: assessment, collateral, and/or therapy. Crisis Stabilization is distinguished from crisis intervention by being delivered by providers who meet the Crisis Stabilization contract, site, and staffing requirements described in Sections 1840.338 and 1840.348 of CCR, Title 9.

The goal was not met in FY 2015-16 and will be re-evaluated in the following fiscal year.

NEXT STEPS

- Establish the Palomar Health Crisis Stabilization Unit (CSU) in the North Inland Region.
- Establish the Tri-City Medical Center CSU in the North Coastal Region.



SERVICES ARE EQUITABLE

GOAL 11

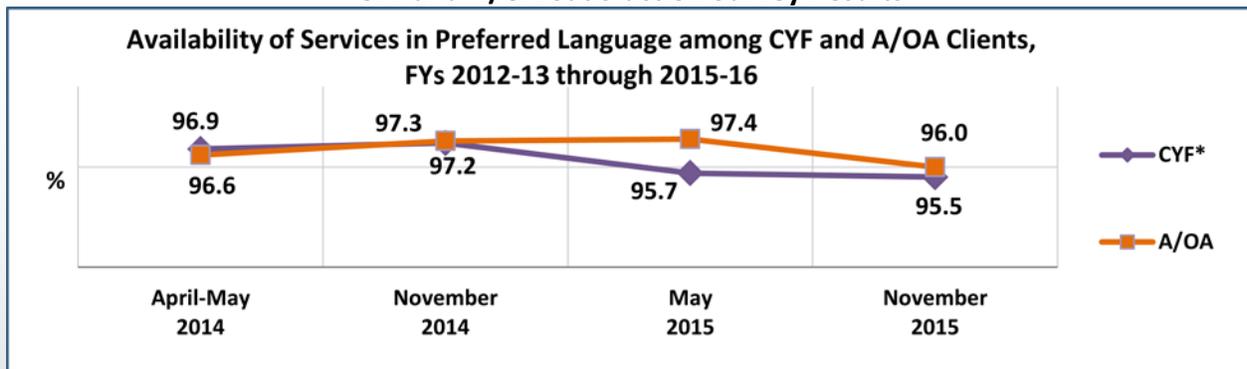
75% of clients and families indicating that they had access to written info in their primary language and/or received services in the language they prefer.

METHODS

1. Continued to provide all beneficiary packet materials in each threshold language.
2. Regularly evaluated and updated translated documents.
3. Began the analysis of the impact of race/ethnicity and language in access times logs to ensure that the primary language needs are met.
4. 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.

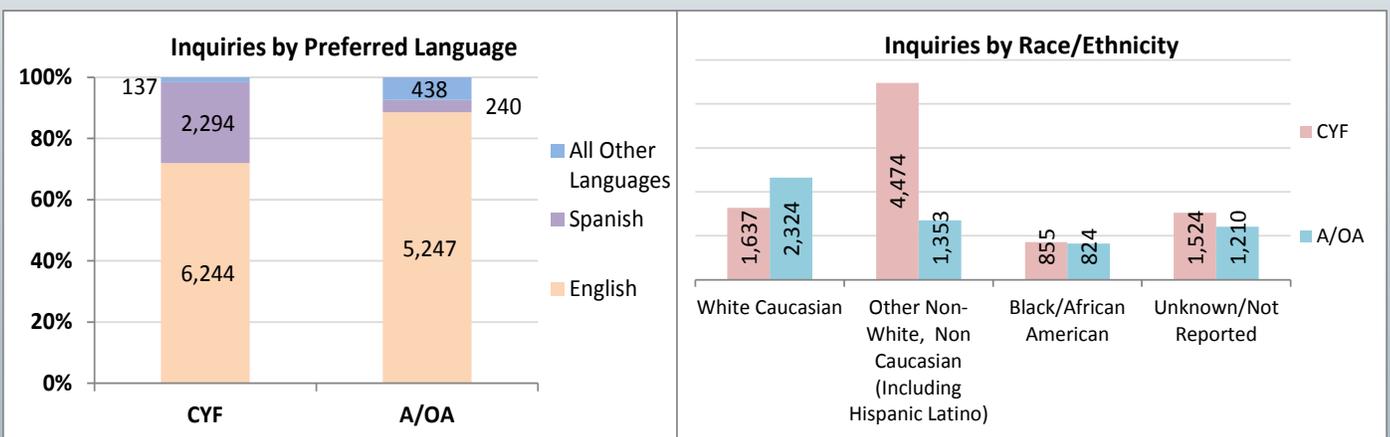
DATA

CYF and A/OA Satisfaction Survey Results



*Includes youth and parents/caregivers

CYF and A/OA Inquiries for Mental Health Assessments



SERVICES ARE EQUITABLE

GOAL 12

Increase connection to after-jail outpatient services within 30 days after release from jail among the juvenile and adult/older adult populations by 5% from last Fiscal Year.

METHODS

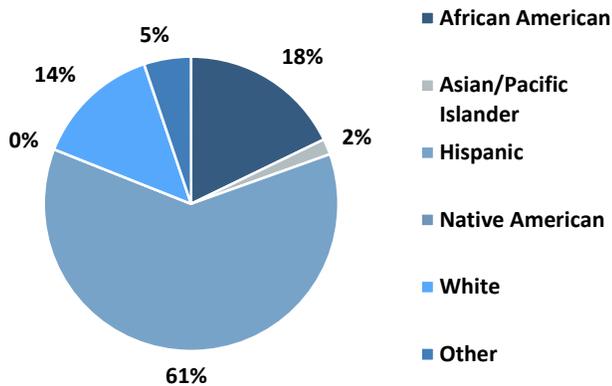
1. Evaluated length of time to services and types of services received within 30 days after release from jail among the juvenile and adult/older adult populations.

DATA

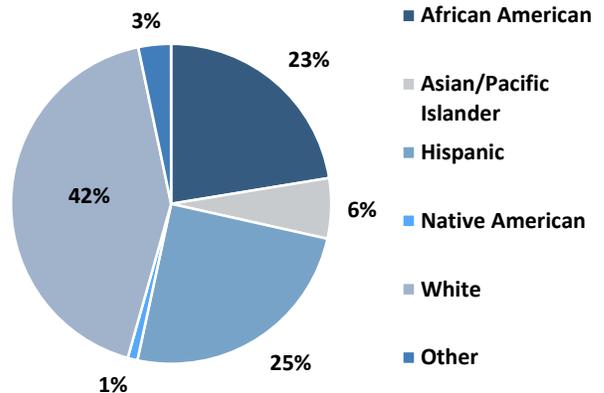
Number of Clients who Received Outpatient Services after Jail/Juvenile Forensic Services (JFS)

Year	JFS	Jail	Total
FY 2014-15	204	652	856
FY 2015-16	174	607	781
Percentage Change	-14.7%	-6.9%	-8.8%

JFS Clients Who Received OP Services Within 30 Days



Jail Clients Who Received Outpatient Services Within 30 Days



SERVICES ARE TIMELY

GOAL 13

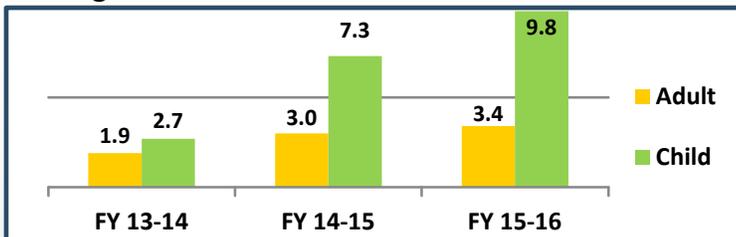
- 95% of calls answered by the Access and Crisis Line (ACL) crisis queue are within 45 seconds.
 - Average speed to answer all other (non-crisis) calls is within 60 seconds.
- A minimum of 83% of CYF programs meet the mental health assessment timeliness standard (5 days).
- A minimum of 90% of A/OA programs meet the mental health assessment timeliness standard (8 days).

METHODS

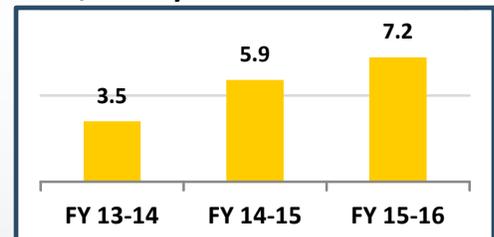
1. Monitored access times for CYF and A/OA mental health assessments and A/OA psychiatric assessments.
2. Analyzed the impact of race/ethnicity and language on access to services.
3. Monitored ACL performance.
4. Ensured that the programs utilized the tracking log to submit accurate data.

DATA

Average Access Times for Mental Health Assessments



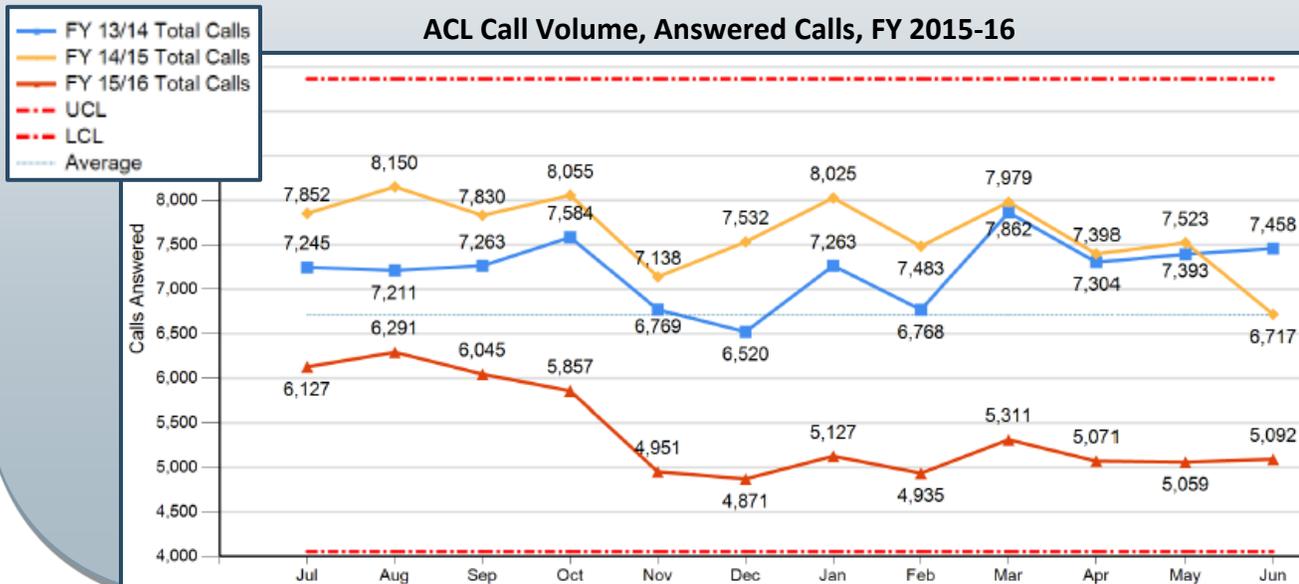
A/OA Psychiatric Assessments



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 2014-15	FY 2015-16	FY 2014-15	FY 2015-16
98.2%	98.9%	18.5 seconds	19.5 seconds

ACL Call Volume, Answered Calls, FY 2015-16



SERVICES ARE TIMELY

RESULTS

BHS Access Times

- In FY 2015-16, 74% of CYF programs met the mental health assessment timeliness standard of 5 days, a decrease of 6% from the previous fiscal year. Additionally, 90% of A/OA programs met the mental health assessment timeliness standard of 8 days, consistent with the previous fiscal year.
- In FY 2015-16, there was an increase in the average Mental Health Assessment access time for children's services when compared to the previous year (2.5 days). There was a slight increase in the average access time for adult services (0.4 days).
- Psychiatric Assessment access times for A/OA services have increased by 1.3 days in FY 2015-16, compared to the previous fiscal year.
- FY 2015-16 is the first full year where the new, standardized system of tracking access times was used, 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 behavioral health referrals and/or assistance when facing a behavioral health crisis.
- Overall in FY 2015-16, there was a significant decrease in the volume of calls answered by the ACL staff, with an average monthly volume of 5,295 calls, compared to an average monthly volume of 7,640 calls in the previous fiscal year.
 - In June 2015, the ACL completed a project to reduce a high volume of prank/and or familiar callers who were requiring a significant amount of call handle time but were not in need of crisis intervention or behavioral health resources. The project led to the implementation of a new clinical best practice standard for managing these identified calls. The call management intervention is a direct correlation to the decrease in call volume beginning in July 2015.
- Compared to FY 2014-15, the average ACL call response time of non-crisis calls has increased by 1 second in FY 2015-16 (from 18.5 seconds to 19.5 seconds). However, 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.
- Additionally, 98.9% of crisis calls were answered within 45 seconds in FY 2015-16, a slight increase by 0.7% from the previous fiscal year.



NEXT STEPS

- Continue to monitor access times for CYF and A/OA mental health assessments and A/OA psychiatric assessments.
- Produce quarterly reports on race/ethnicity and preferred service language based on the monthly Access Times reports to assist with monitoring access by population.
- Continue to monitor ACL performance.
- Work with Cerner to launch an electronic Services Journal that enables tracking between the assessment and the first treatment service.