DASHBOARD INDICATORS, INCLUDING ACCESS TIMES AND HOSPITALIZATIONS

Tabatha Lang, LMFT | Chief, Quality Improvement

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DASHBOARD INDICATORS

LIVE WELL SAN DIEGO

- Behavioral Health Dashboard is provided to BHAB monthly and includes trends on the following indicators:

Substance Use Disorder Indicators

Total admissions in FY 16-17 were consistent with previous fiscal year

Methamphetamine (one-third of clients) is consistently top drug of choice among clients year after year

Access and Crisis Line (ACL)

11% decrease in average calls per month in FY 16-17 than previous fiscal year

Emergency Psychiatric Unit (EPU)

18% decrease in visits in FY 16-17 compared to previous fiscal year

Emergency Screening Unit (ESU)

6% decrease in clients in FY 16-17 compared to previous fiscal year

Fall and spring of FY 16-17 had the most clients, similar to previous fiscal year

Fee-for-Service (FFS) Hospital Admissions/ Readmissions

5% decrease in overall admissions in FY 16-17 compared to FY 15-16

12% decrease in overall 30-day readmissions in FY 16-17 compared to FY 15-16

Access Times

2% decrease in overall mental health assessment access times in FY 16-17 compared to previous fiscal year

MENTAL HEALTH ACCESS TIMES

Response Code	CYF				AOA			
	Mental Health Days		Psychiatric Days		Mental Health Days		Psychiatric Days	
	FY 15-16	FY 16-17	FY 15-16	FY 16-17	FY 15-16	FY 16-17	FY 15-16	FY 16-17
Routine	10	10	24	22	4	4	7	11
Urgent	2	2	10	4	1	2	2	4

- **CYF**

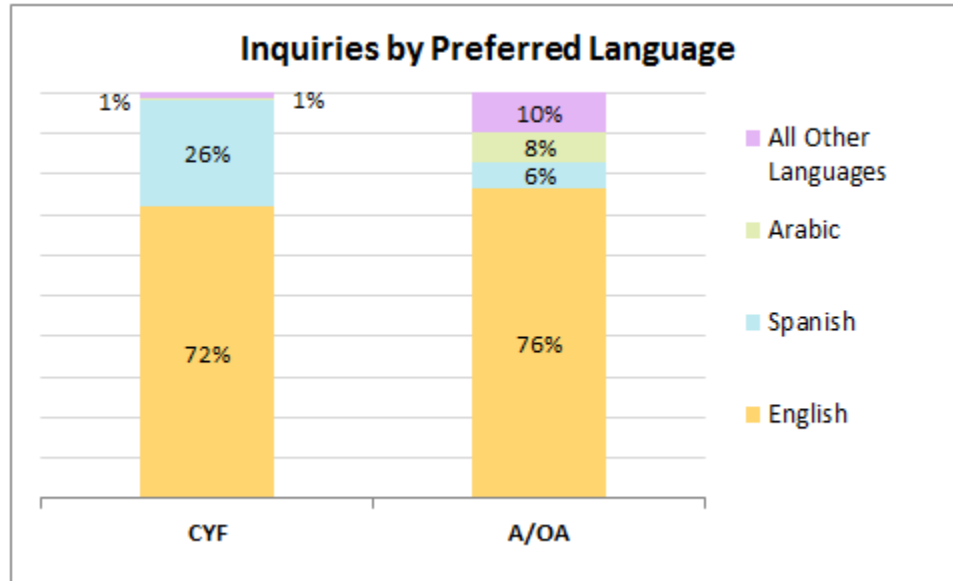 - 8,638 mental health assessment requests and 1,497 psychiatric health assessment requests in FY 2016-17.

- **AOA**

  - 5,028 mental health assessment requests and 4,181 psychiatric health assessment requests in FY 2016-17.

MENTAL HEALTH ACCESS TIMES

Inquiries by Preferred Language

- **CYF**

  - The majority of requests in FY 2016-17 were for services in English. A quarter – for services in Spanish. Other threshold languages had 1% or less of the total inquiries.

- **AOA**

  - The majority of requests in FY 2016-17 were for services in English. Arabic – 8% of inquiries. Spanish – 6% of inquiries. Other threshold languages had 1% or less of the total inquiries.

MENTAL HEALTH ACCESS TIMES

CYF and AOA Programs Above Mental Health Assessment Standard

Access Times among CYF Programs, FY 2016-17 (N=89)	
% of CYF Programs Meeting the Average Access Time Standard of 5 Days	72% (64)
% of CYF Programs Not Meeting the Average Access Time Standard of 5 Days	28% (25)

Access Times among AOA Programs, FY 2016-17 (N=39)	
% of AOA Programs Meeting the Average Access Time Standard of 8 Days	90% (35)
% of AOA Programs Not Meeting the Average Access Time Standard of 8 Days	10% (4)

MONITORING ACCESS TIMES

- CYF and AOA teams review access times reports on a regular basis to ensure timely access to services.

- Discussions with program managers are held to ensure the clients' needs are being served.

- Technical assistance is provided to programs with access times deemed high.

- QI Unit works to ensure consistency in data entry and data integrity among programs.

ACCESS TIMES: UPCOMING CHANGES

Per the Managed Care Final Rule's Network Adequacy implementation requirements, the State Access Times Standards will be:

- **10 business days** for routine mental health assessments

- **15 business days** for routine psychiatric assessments

- **48 hours** for urgent requests

Counties to determine whether to keep local standards that exceed State standards or meet new requirements

In FY 2016-17 (compared to the previous fiscal year):

- Total number of admissions to FFS hospitals decreased by 5%.

- Average length of stay (ALOS) among all Medi-Cal and indigent clients at 5 days.

- 30-day readmission rate decreased from 13.7% to 10.6% among CYF clients and from 25.4% to 24.3% among AOA clients.

Additionally:

- There has been a downward trend of CYF FFS admissions since FY 2013-14.

- FFS hospitals experienced an upward trend of A/OA admissions from 2011-12 through FY 2015-16.

MONITORING HOSPITAL ADMISSIONS/REHOSPITALIZATIONS

Monitoring Activities:

- High Utilizers Report

- Unconnected Client Report

- Program-Level Reports – *in development*