Mental Health Provider Input Report

February 2025

Mental Health Providers' Perspective on Communication

Background

One of the recommendations from the External Quality Review Organization (EQRO) to San Diego County Behavioral Health Services (BHS) in 2024 was to increase collaboration with contract providers, increase BHS' knowledge of contract provider challenges in service delivery, workforce, and contracts, and to improve the use of input from contract providers to address current challenges.

To address this recommendation, BHS and researchers from the Health Services Research Center (HSRC) and the Child and Adolescent Services Research Center (CASRC) collaborated to develop a listening session and survey, via Qualtrics, to gather input from mental health professionals working in BHS contract provider agencies. Specifically, the goal was to learn of ways to improve BHS' relationship with contracted mental health providers to support more transparent communication between BHS and staff working in contracted provider agencies.

On December 6th, 2024, the UC San Diego Health Partnership, with researchers from HSRC and CASRC, held a listening session with mental health professionals working in BHS contract provider agencies. The listening session aimed to hear from staff at community mental health programs across San Diego and learn strategies to improve communication between BHS and BHS-contracted mental health programs that support more transparent communication with direct practice staff working in mental health provider agencies. There were 18 participants from over ten different community mental health programs in San Diego who joined the listening session.

In this listening session, providers were asked about strengths and challenges in communication and information access between their programs and BHS, along with the opportunity to share strategies to improve communication and information sharing.

In addition to the listening session, in November and December 2024, the UC San Diego Health Partnership distributed a survey to mental health professionals working in BHS contract provider agencies concerning their communication experiences with BHS. The survey asked providers to rate various aspects of BHS communication with their program and provided opportunities to share their views concerning the most effective communication pathways between contracted agencies and BHS. The survey also collected information about peer support specialists. The survey was conducted via Qualtrics. Individual survey links were sent out through email invitations to 567 individuals on the San Diego mHOMS email list. Fifty-nine individuals completed the survey (10.4%). In addition to individualized survey links, an anonymous survey link was sent out to community mental health programs for distribution to additional staff members. Thirty-two individuals completed the anonymous survey. The final survey sample included 91 completed surveys from 29 administrators (administrative analysts, quality assurance specialists, program analysts, etc.), 26 clinicians (therapists, clinical supervisors, psychologists, etc.), and 36 leaders (program directors, executive leadership, etc.) from BHS-contracted community mental health programs across San Diego.

How are Mental Health Providers Receiving Information from BHS?

In the listening session and survey, providers were asked about how they typically receive information from BHS. Email communications were the primary method for receiving information, with most providers citing this as their main source. Many providers also mentioned monthly meetings, including Quality Improvement (QI) meetings, as an additional way to gather information. Other sources of information included communication from program directors, managers, supervisors, peers at other agencies, and online platforms, such as the mHOMS and Optum websites. County meetings and newsletters are also used by some for accessing information.

How can BHS Improve Communication?

Improved Email Communication

In the listening session and the survey responses, providers expressed that they preferred receiving information via email. However, providers stressed that they would like improvements in the timing of information and the organization of documents in email communications. They requested shorter emails that are direct and informative, with highlights in emails for important notes, a clear subject line for task-related emails, and links for more detailed information. Providers also requested more timely summaries of County meetings and trainings provided through follow-up emails, which allowed them to refer back to the information detailed in meetings and share that information with other staff in their programs.

Centralized Source for Timely Information

During the listening session, mental health providers shared several examples of inconsistencies related to communication, contract changes, and implementations faced by multiple programs when working with BHS. Many providers noted having experienced uncertainty due to receiving conflicting guidance from different BHS staff. Providers in the listening session emphasized the need for more clarity around topics such as contract limits and payments, and more centralized and timely BHS communications concerning programmatic requests and documentation systems, particularly surrounding the implementation of SmartCare. Providers noted that inconsistencies in communication and contract guidance can hinder program efficiency and clarity. They suggested that improving these issues would enhance the operational experience for all BHS contractors and programs. Specific suggestions included the creation of an easily accessible and frequently updated online source that provided clear directions, technical operationalizations, and rationale for specific directives. This would ensure that programs had one standardized location to seek answers to questions, step-by-step instructions, and a more complete understanding of the basis for the directions they received from BHS.

In the survey, providers were also asked how BHS can improve communication with their programs. The survey responses suggested that BHS should have more direct contact with program managers and hold more joint meetings for unified communication. The survey responses also noted significant concerns regarding informational inconsistencies from different contacts at BHS. The request for a centralized system for contractors to access one source of updated information was reiterated in the survey responses, which emphasized the need for up-to-date information that provided both an adequate amount of time to implement change and detailed guidance.

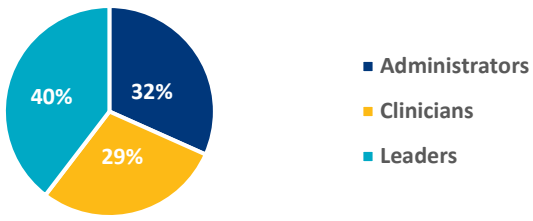
Incorporating Provider Feedback

Providers in both the listening session and survey also noted the need for more feedback opportunities for providers. Incorporating feedback and providing detailed training and updates for new initiatives and new systems, such as SmartCare, was viewed as vital for program operations. Providers shared that they oftentimes felt as though BHS staff was disconnected from the day-to-day operational experiences of program staff and their knowledge and experiences should be more substantially incorporated when creating and implementing programmatic changes. Providers stressed the benefits of improving bidirectional communication and supportive partnerships with BHS.

Survey Responses – Communication & Awareness

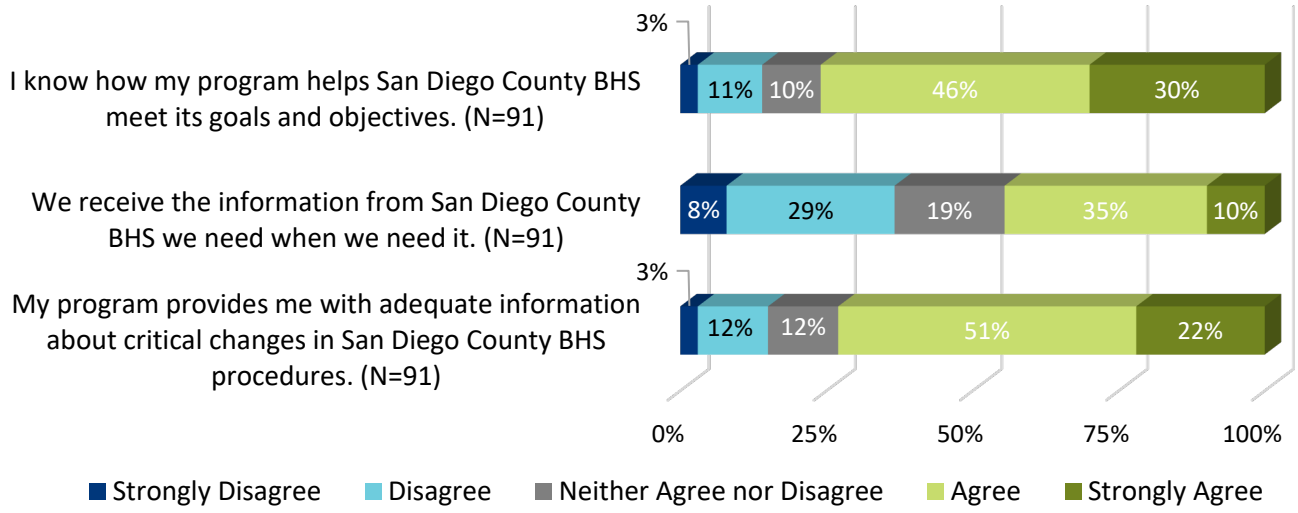
A Qualtrics survey was circulated in which mental health providers were asked to rate their level of agreement with several statements concerning their communication with BHS. The responses were compared in aggregate totals and by three different categorized types of positions reported in the survey responses. As noted previously, the survey sample included 91 completed surveys from 29 administrators, 26 clinicians, and 36 leaders from BHS-contracted community mental health programs across San Diego (Figure 1).

Figure 1. Respondents by Staff Position Type (N=91)



Respondents were asked to rate their level of agreement with the three statements listed below surrounding their communication with BHS (Figure 2.1). Over three-fourths (76%) of respondents either "strongly agreed" or "agreed" that they know how their program helps BHS meet its goals and objectives. Also, 73% of respondents either "strongly agreed" or "agreed" that their program provides them with adequate information about critical changes in BHS procedures. However, less than half (45%) of respondents "strongly agreed" or "agreed" they receive the information from BHS they need when they need it, with 37% percent of respondents "strongly disagreed" or "disagreed" with the statement.

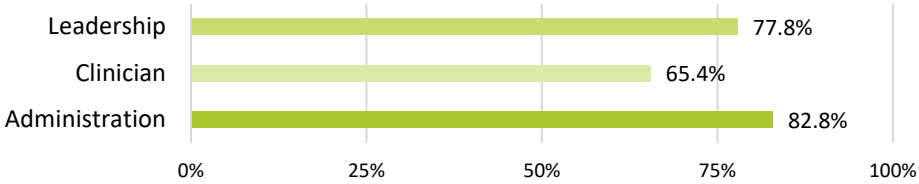
Figure 2.1



When asked about the understanding of how their programs helped BHS accomplish its goals, administrators, and leaders more frequently reported that they knew how their programs helped BHS meet its goals than clinicians (Figure 2.2).

Figure 2.2

I know how my program helps San Diego County BHS meet its goals and objectives.

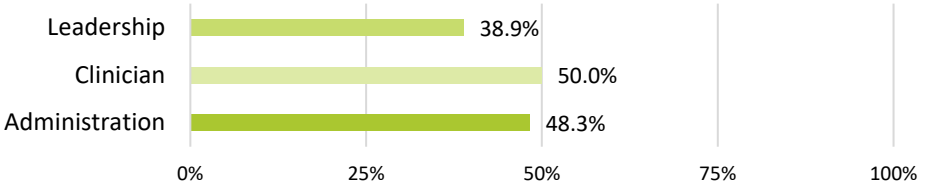


Note: Reported is the percentage of survey respondents who indicated that they "agreed" or "strongly agreed" with each statement. (*Leadership*, n=36 | *Clinician*, n=26 | *Administration*, n=29)

When reviewed by staff type, fewer than half of the program leaders and administrators agreed with the statement, "We receive the information from San Diego County BHS we need when we need it" (Figure 2.3).

Figure 2.3

We receive the information from San Diego County BHS we need when we need it.

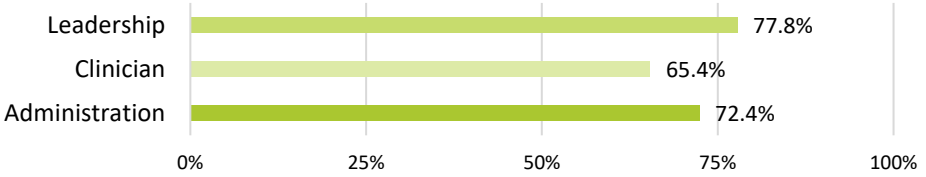


Note: Reported is the percentage of survey respondents who indicated that they "agreed" or "strongly agreed" with each statement. (*Leadership*, n=36 | *Clinician*, n=26 | *Administration*, n=29)

The majority of program staff agreed that their programs provided them with adequate information about changes in BHS procedures, with clinicians reporting less frequently (65%) than administrators (72%) and program leaders (78%) (Figure 2.4).

Figure 2.4

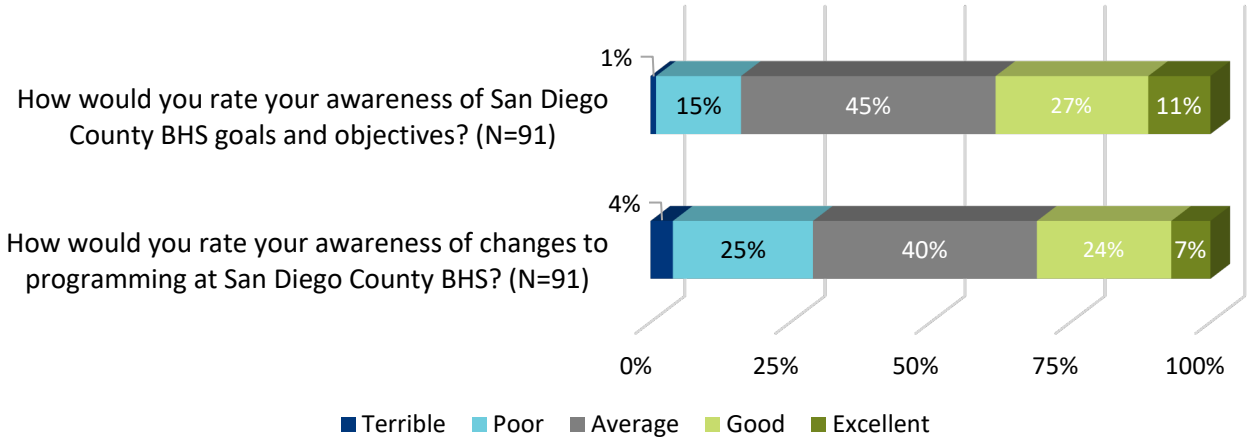
My program provides me with adequate information about critical changes in San Diego County BHS procedures.



Note: Reported is the percentage of survey respondents who indicated that they "agreed" or "strongly agreed" with each statement. (*Leadership*, n=36 | *Clinician*, n=26 | *Administration*, n=29)

The survey also asked mental health program staff to rate the aspects of their awareness of BHS objectives, and procedures (Figure 3.1). Nearly two-fifths (38%) of respondents rated their awareness of BHS goals and objectives as "excellent" or "good," 45% of respondents rated their awareness as "average", and 16% rated their awareness as "poor" or "terrible." Also, nearly one-third (31%) of respondents rated their awareness of changes to programming at BHS as "excellent" or "good", 40% of respondents rated their awareness as "average", and nearly one-third (29%) rated their awareness as "poor" or "terrible."

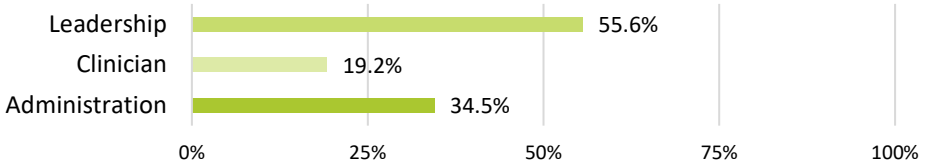
Figure 3.1



When specifically looking into the breakdown by staff type, over half (56%) of program leaders rated their awareness of BHS's goals and objectives as "excellent" or "good," compared to only 35% among program administrators and less than one-fifth (19%) among clinicians (Figure 3.2).

Figure 3.2

How would you rate your awareness of San Diego County BHS goals and objectives?

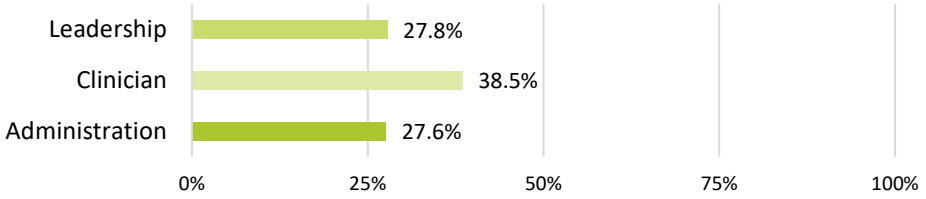


Note: Reported is the percentage of survey respondents who indicated "excellent" or "good" with each statement. (*Leadership*, n=36 | *Clinician*, n=26 | *Administration*, n=29)

However, when reviewing the responses by staff type surrounding their awareness of changes to programming at BHS, clinicians had the highest percentage of respondents (39%) that rated their awareness as "excellent" or "good," while 28% of both program leaders and administrators rated their awareness as "excellent" or "good" (Figure 3.3).

Figure 3.3

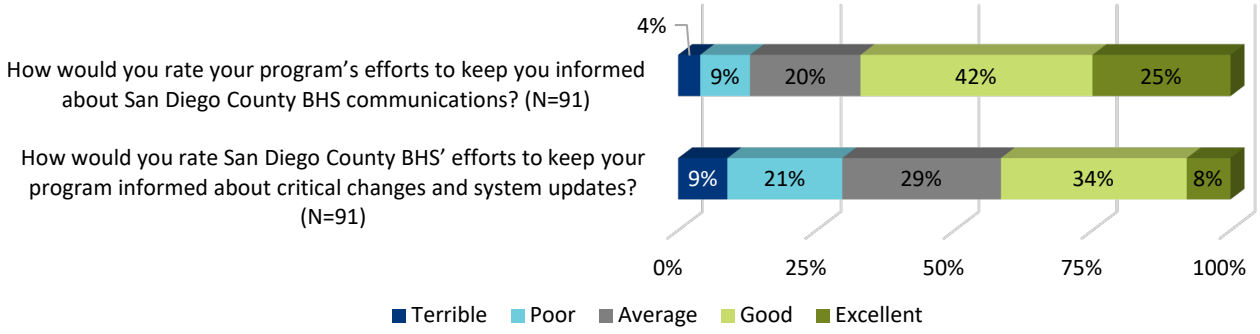
How would you rate your awareness of changes to programming at San Diego County BHS?



Note: Reported is the percentage of survey respondents who indicated "excellent" or "good" with each statement. (*Leadership*, n=36 | *Clinician*, n=26 | *Administration*, n=29)

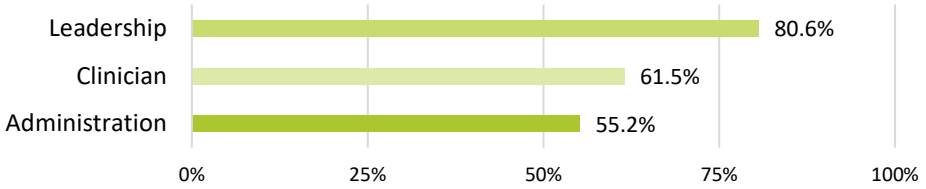
Respondents were also asked to rate the communication efforts of their program and BHS to keep them informed of changes (Figure 4.1). Over two-thirds (67%) of respondents rated their program's efforts to keep them informed about BHS communications as "excellent" or "good" and 13% rated their awareness as "poor" or "terrible." However, less than half (42%) of respondents rated BHS' efforts to keep their program informed about critical changes and system updates as "excellent" or "good", 29% of respondents rated BHS' efforts as "average," and nearly one-third (30%) rated BHS' efforts as "poor" or "terrible."

Figure 4.1



When specifically looking into the breakdown by staff type, the majority of program leaders (81%) rated their program's efforts to keep them informed about BHS communications as "excellent" or "good," compared to only 62% among program administrators and 55% among clinicians (Figure 3.2).

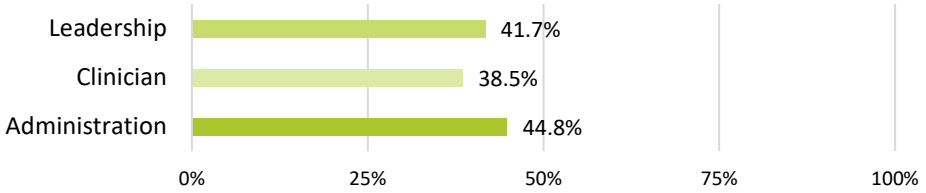
Figure 4.2
How would you rate your program's efforts to keep you informed about San Diego County BHS communications?



Note: Reported is the percentage of survey respondents who indicated "excellent" or "good" with each statement. (*Leadership*, n=36 | *Clinician*, n=26 | *Administration*, n=29)

Fewer than half of all program staff felt positively concerning BHS' efforts to keep their program informed about critical changes and system updates, with similar percentages broken down by staff type (Figure 4.3).

Figure 4.3
How would you rate San Diego County BHS' efforts to keep your program informed about critical changes and system updates?

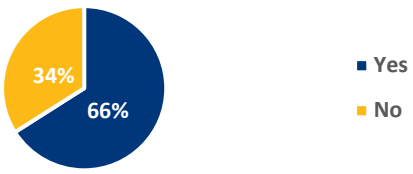


Note: Reported is the percentage of survey respondents who indicated "excellent" or "good" with each statement. (*Leadership*, n=36 | *Clinician*, n=26 | *Administration*, n=29)

Survey Responses – Peer Support Specialists

In addition to learning more about the communication between BHS and BHS-contracted mental health providers, the survey had additional questions surrounding peer support specialists to learn more about the use of peer support specialists at BHS-contracted programs. Overall, 89 respondents provided a yes or no response to the question, "Does your program utilize peer support specialists?" Two-thirds of the respondents (66%) endorsed their program utilizing peer support specialists (Figure 4).

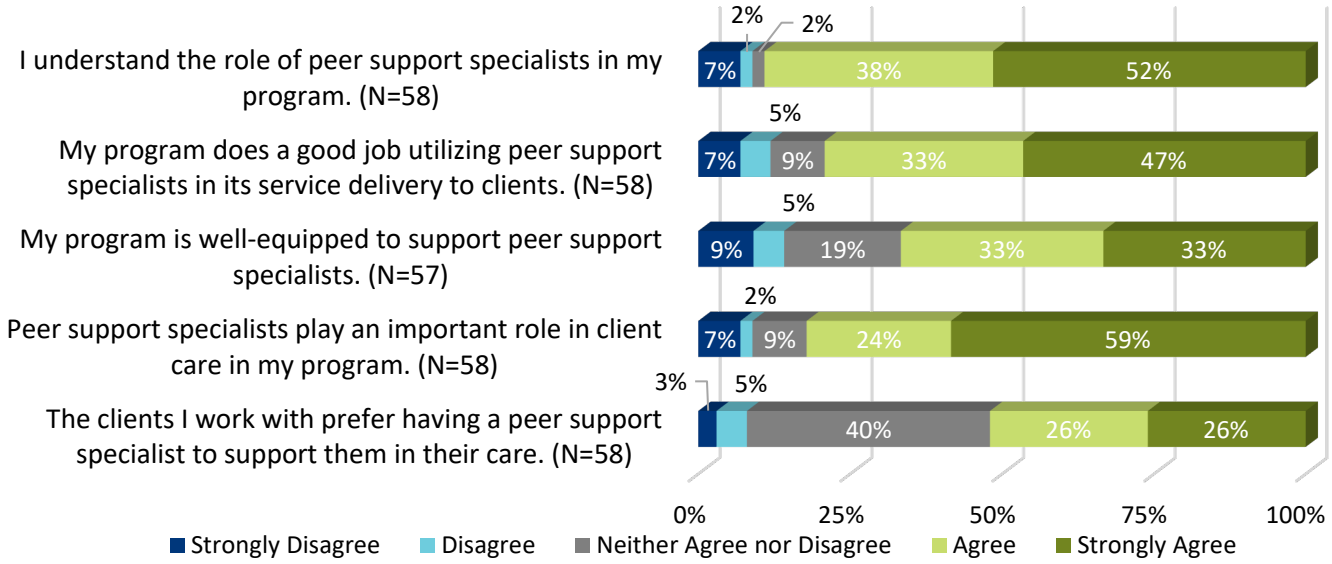
Figure 4. Utilization of Peer Support Specialists (N=89)



Respondents who endorsed their program utilizing peer support specialists were then asked to rate questions surrounding their knowledge of peer support and their program's use of peer support specialists (Figure 5.1). Ninety percent of respondents either "strongly agreed" or "agreed" that they understand the role of peer support specialists in their program. Also, 79% of respondents either "strongly agreed" or "agreed" that their program does a good job utilizing peer support specialists in its service delivery to clients. Two-thirds (66%) of respondents either "strongly agreed" or "agreed" their program is well-equipped to support peer support specialists while 14% of respondents either "disagreed" or "strongly disagreed."

When asked to rate if peer support specialists play an important role in client care in my program, 83% of respondents either strongly agreed or agreed. However, only slightly more than half (52%) of respondents "strongly agreed" or "agreed" the clients they work with prefer having a peer support specialist to support them in their care, with 40% percent of respondents neither agreeing nor disagreeing and 8% "strongly disagreed" or "agreed" to the statement.

Figure 5.1



Key Findings

- In San Diego County, community mental health providers working in BHS-contracted agencies typically receive information from BHS through email communications, monthly meetings, communications from program directors, supervisors, peers at other agencies, and online platforms (e.g., mHOMS website, Optum website), and newsletters.
- Providers prefer receiving information via email, so emails should be short and direct with highlights for important notes and a clear subject line. Include links for more details and timely follow-up emails after meetings or training.
- Providers reported getting conflicting guidance from different BHS teams. There is a need for clarity on contract limits, payments, and system changes (e.g., SmartCare).
- Providers want a centralized online source for updated information, along with increased contact with program managers and more joint meetings for unified communication.
- There should be more opportunities for provider feedback on new initiatives and systems. Providers feel disconnected from BHS staff, which affects the development and implementation of program changes. Bidirectional communication with BHS is important and beneficial.
- Nearly three-fourths (73%) of respondents either “strongly agreed” or “agreed” that their program provides them with adequate information about critical changes in BHS procedures. However, less than half (45%) of respondents “strongly agreed” or “agreed” they receive the information from BHS they need when they need it, with 37% percent of respondents “strongly disagreed” or “disagreed” with the statement.
- When specifically looking into the breakdown by staff type, over half (56%) of program leaders rated their awareness of BHS’s goals and objectives as “excellent” or “good,” compared to only 35% among program administrators and less than one-fifth (19%) among clinicians.
- The majority of program leaders (81%) rated their program’s efforts to keep them informed about BHS communications as “excellent” or “good,” compared to 62% of program administrators and 55% among clinicians.
- Fewer than half of all program staff felt positively concerning BHS’ efforts to keep their program informed about critical changes and system updates, with similar percentages broken down by staff type.