QUALITY IMPROVEMENT

Mental Health Services Work Plan Evaluation
Fiscal Year 2022-2023

County of San Diego Health and Human Services Agency

Behavioral Health Services

INTRODUCTION

As required by the California Department of Health Care Services (DHCS), the County of San Diego Behavioral Health Services (SDCBHS) produces an annual Quality Improvement Work Plan (QIWP) that establishes the quality improvement goals for the current fiscal year. The plan describes quality improvement activities including plans for sustaining improvement, monitoring of previously identified issues, and tracking of target areas over time. Areas that are identified as needing critical attention are continued into the following fiscal year(s) for additional progress monitoring. This process helps ensure the system is safe, effective, accessible, equitable, and focuses on the inclusion of the individuals and family members served. The system is also reflective of business principles in which services are delivered in a cost-effective, outcome-driven, and trauma informed fashion.

At the end of each fiscal year, the goals stated in the QIWP are evaluated to determine the overall effectiveness of the behavioral health system and the quality improvement program. This evaluation informs SDCBHS of potential areas for improvement, as well as areas to develop or enhance based on collaborative goals; and ultimately ensure that services provided are inclusive and delivered appropriately to the individuals being served.

Quality Improvement Work Plan (QIWP) Evaluation
Developed by the County of San Diego Health and Human Services Agency,
Behavioral Health Services, Population Health Quality Improvement

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Summary data and a brief synopsis are provided for each QIWP goal. If more information is desired, please email your request to bhspophealth.hhsa@sdcounty.ca.gov.

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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 four domains: Access, Timeliness, Quality/Effectiveness of Care, and Consumer Reported Outcomes. The target areas are in line with the priorities outlined by the DHCS and the External Quality Review Organization (EQRO). Some of the goals are process goals while others are measurable objectives. The prime objective incorporated in the QIWP goals is to continuously improve both clinical and administrative service delivery through a systematic process of monitoring critical performance indicators and implementing specific strategies to improve the process, access, safety, and outcomes of all services provided. All goals are in line with the HHSA and Behavioral Health Services' vision, mission, and strategy/guiding principles.

County of San Diego, Health and Human Services Agency

Vision: Healthy, Safe, and Thriving San Diego Communities.

Mission: To make people's lives healthier, safer, and self-sufficient by delivering essential services.

Strategy:

1. **Building a Better System** focuses on how the County delivers services and how it can further strengthen partnerships to support health. An example is putting physical and mental health together so that they are easier to access.
2. **Supporting Healthy Choices** provides information and educates residents, so they are aware of how the 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 (BHS)

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.

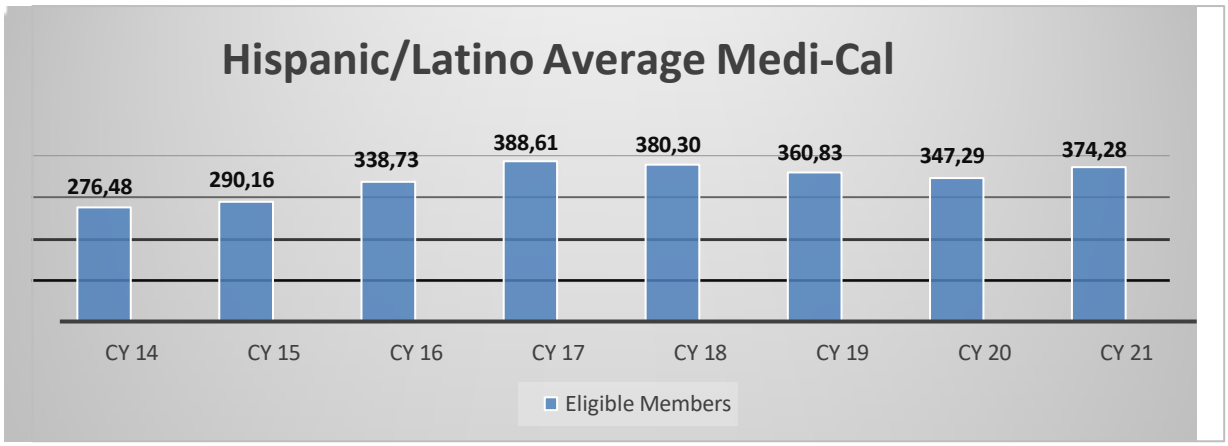
GOAL 1

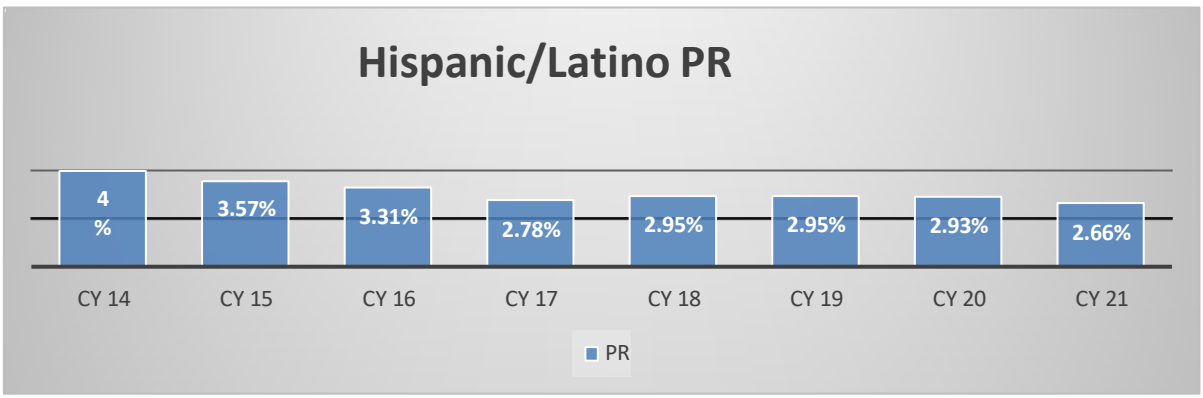
Increase the penetration rate for the Latino/Hispanic population to align with other large counties in California.

METHODS

Data for Hispanic/Latino penetration rates (PR) was collected through the Annual MHP External Quality Report for the following reporting periods: FY 2015-16, FY 2016-17, FY 2017-18, FY 2018-19, FY 2019-20, FY 2020-21, FY 2021-22, and FY 2022-23. The penetration rate is calculated by dividing the number of unduplicated beneficiaries served by the monthly average Medi-Cal enrollee count. Data in the graphs below are illustrated in calendar year (CY).

DATA





RESULTS

The goal to increase Hispanic/Latino penetration rate (PR) to align with larger counties of California was not met for FY 2022-23. The direction of the Hispanic/Latino penetration rate has generally trended down since calendar year (CY) 2014. However, the Hispanic/Latino eligible enrollees have widely trended upwards. Additional efforts have been implemented to increase service to a larger eligible Hispanic/Latino population.

GOAL 2

BHS will establish baselines for the CalAIM BHQIP "Follow-Up After Emergency Department Visit for Mental Illness (FUM)".

METHODS

To obtain baseline data from the pilot emergency department at UC San Diego Health Hillcrest, UC San Diego Health Services Research Center used the Measurement Year 2022 HEDIS for the Quality Rating System Value Set Directory (version 2022-03-31) to generate queries that identify claims that indicate:

- Beneficiaries, age 18 or older, who had an emergency department visit with a principal diagnosis of mental illness or intentional self-harm on or between January 1st and December 1st of the measurement year (HEDIS Follow-up definition for FUM).
- Claims for follow-up visits within 7 and 30 days that meet the FUM follow-up definition.

DATA

The performance measure/outcomes are:

- The proportion of beneficiaries, age 18 or older, who visited the emergency department with a principal diagnosis of mental illness and had a follow-up within 7 days.
- The proportion of beneficiaries, age 18 or older, who visited the emergency department with a principal diagnosis of mental illness and had a follow-up within 30 days.

Current Baseline Data for FUM

Criteria	Number of Clients Served
FY 2022-23	562,737
Age>=18	546,727
Emergency Department Visit	24,471
Mental Health Diagnosis	2,692
UC San Diego Health Hillcrest	226

RESULTS

The overall goal of establishing baselines for the CalAIM BHQIP FUM is met. The baseline data chart illustrates that the County served a total of 562,737 patients in FY 2022-23. Out of this total, 546,727 adults were served, and 24,471 of adult clients visited the emergency department. From the proportion of adult patients who visited the emergency department, 2,692 had a mental health diagnosis, and only 226 adults with a mental health diagnosis visited the emergency department at UC San Diego Health Hillcrest. The county aims to identify baselines for follow-up visits within 7 and 30 days that meet the FUM follow-up definition.

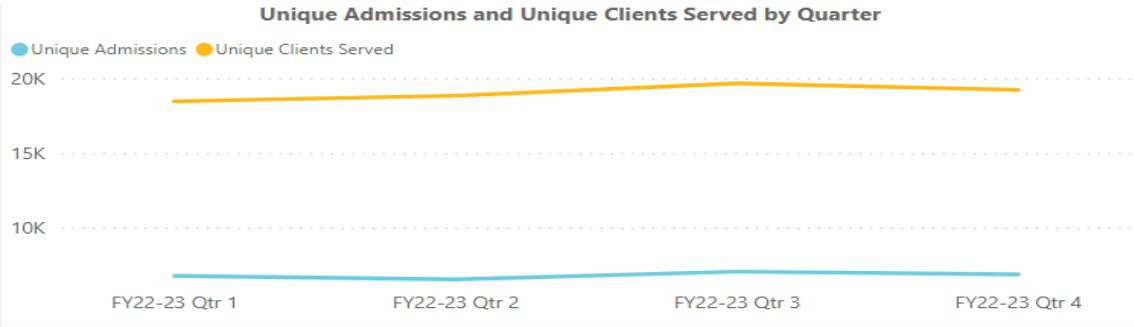
GOAL 3

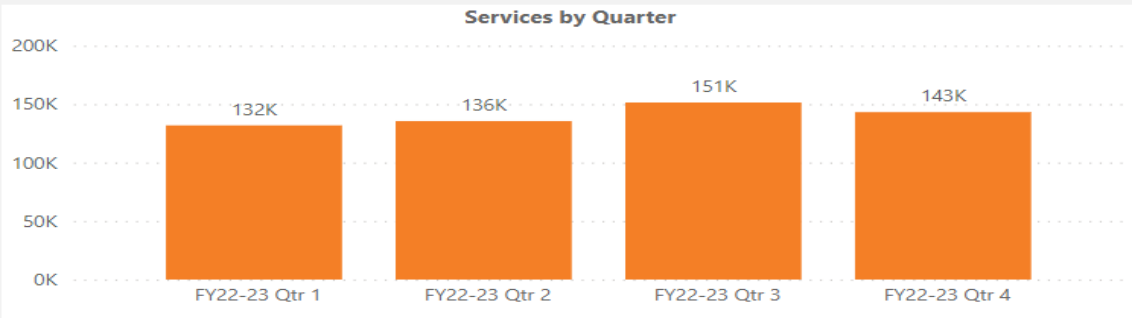
Increase the outpatient utilization of services by 5% this fiscal year compared to last fiscal year to meet the needs of communities historically under resourced by utilizing a population health approach to ensure equity and accessibility across behavioral health service.

METHODS

Power BI Dashboard Utilization Unit and Demographics was used to compare last fiscal year data to FY 2022-23.

DATA





RESULTS

The goal was to increase the outpatient utilization of services by 5% this fiscal year was not met. A Service Planning Tool is being used as a population health approach to identify communities that may have been historically underrepresented and are at risk for behavioral health inequity. The goal is to help ensure service provision is informed by data, based in cultural and regional considerations, and focused on community that may be at a greater risk for unmet behavioral health need. This is in efforts to increase the outpatient utilization of services by 5%.

UNIQUE CLIENT'S SERVED

	AFRICAN AMERICAN	ASIAN	HISPANIC	MENA	NATIVE AMERICAN	OTHER	UNKNOWN	WHITE	BLANK	NONE
FY 2021-22 TOTAL: 31,580	3,077	1,765	13,776	918	173	498	1,683	9,463	227	0
FY 2022-23 TOTAL: 31,935	3,125	1,744	14,425	942	160	504	1,688	9,173	2	174

SERVICES ARE ACCESSIBLE

GOAL 4

Increase the availability of crisis stabilization recliners in the east region by 5% in FY 2022-23.

METHODS

The Crisis Stabilization Unit in the east region will be centrally located and close to public transit freeway and other East County-based behavioral health service for accessibility to everyone in the greater East County. The existing Home Savings and Loan Building is expected to be demolished with the intention of salvaging as much of the brick as possible and using it in the design of the Crisis Stabilization Unit building.

DATA

The Crisis Stabilization Unit facility will be in El Cajon at 200 South Magnolia Avenue and West Douglas Avenue. The facility will be close to public transportation and freeways, the East County Mental Health Clinic, the Heartland Center, the Acadia Opioid Treatment Program, the Edgemoor Distinct Part Skilled Nursing Facility, the Sharp Grossmont Hospital, the Alvarado Medical Center, and the EL Cajon Police Department. Construction of East Region Crisis Stabilization Unit is estimated to begin spring 2024 and it is anticipated to take a year. The East Region Crisis Stabilization Unit is estimated to open mid-2025. Demolition of the Home Savings and Loan Building is estimated to start in September 2023. The goal is to have 12-16 recliners like the North Coastal recliners shown below.

Image of North Coastal Crisis Stabilization Recliners

RESULTS

The goal of increasing the availability of crisis stabilization recliners in the east region by 5% in FY 2022-23 was not met currently due to construction delays. For more information visit East Region Crisis Stabilization Unit.

GOAL 5

Increase the number of clients discharged from a psychiatric hospital that connect to treatment services within 7 and within 30 days after discharge by 5%, compared to FY 2021-22.

METHODS

Utilize Optum's CO-20B report which details the days between client discharge and the 1st service rendered. The data is then analyzed to determine if the clients connected to treatment services within 7- and 30-days post discharge.

DATA

Connection to Services within 7 Days

Fiscal Year	Discharges	Connection w/in 7 days	% Discharges Connected in 7 days
FY 21-22	7,956	2,609	32.8%
FY 22-23	7,895	2,836	35.9%

Connection to Services within 30 Days

Fiscal Year	Discharges	Connection w/in 30 days	% Discharges Connected in 30 days
FY 21-22	7,956	3,774	47.4%
FY 22-23	7,895	3,845	48.7%

RESULTS

The goal of connection to treatment services within 7- and 30-days post discharge was not met. There was an increase in connection rates from 32.8% in FY 2021-22 to 35.9% in FY 2022- 23, but the increase was only 3.1%. Connection to treatment services within 30 days post discharge also increased from 47.4% in FY 2021-22 to 48.7% in FY 2022-23. Client connections to services increased in both the 7- and 30-day metric although did not meet the 5% increase over FY 2021-22.

SERVICES ARE TIMELY

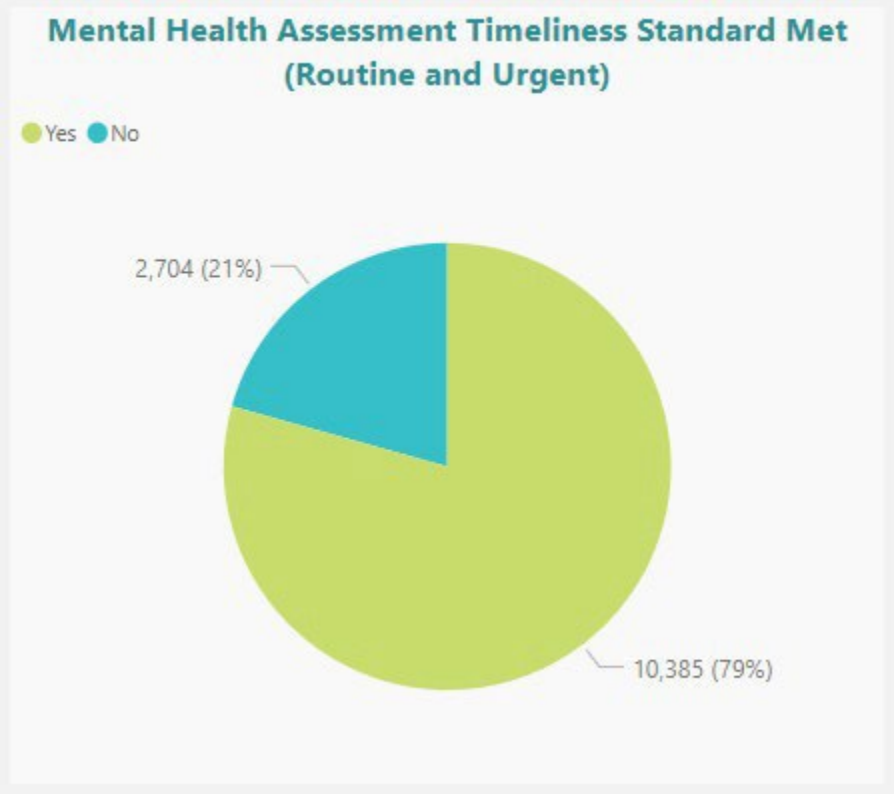
GOAL 6

100% of mental health programs will ensure accurate data entry for timeliness and access to services.

METHODS

Utilized Access to Service Journal (ASJ) data to determine access time from initial contact by a program to the first available appointment. Routine appointments must be within 10 business days and urgent appointments within 48 hours to meet timeliness standards. Data includes adult and children providers.

DATA



RESULTS

The goal of 100% of mental health programs meeting accurate data entry for timeliness and access to services was not met. In FY 2022-23, 79% of programs met the timeliness standard for routine and urgent appointments. 21% of programs did not meet the timeliness standard for mental health assessments.

SERVICES ARE TIMELY

GOAL 7

Answer 95% of calls to the Access and Crisis Line (ACL) within 60 seconds to provide timely access for individuals seeking behavioral health services.

METHODS

Optum generates the monthly status report. This report was changed and now only shows month percentages but not individual numbers. The cumulative average for percentage of calls was calculated for the whole fiscal year.

DATA

As discussed in the May 2023 BHA Meeting, Optum will begin reporting the ACL Operational Standard -Percentage of ACL Calls Answered Within 60 Seconds on the MSR instead of the QI-1 Report. Below is the complete data set for FY 22-23 YTD.

Percentage of ACL Calls Answered Within 60 Seconds

Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
95.13%	92.78%	94.75%	94.61%	95.36%	90.18%	90.39%	90.16%	90.44%	90.22%	93.24%	92.71%

RESULTS

The goal of answering 95% of Access and Crisis Line (ACL) calls within 60 seconds was not met. There was a cumulative average of 92.50% in FY 2022-23. Although the goal was not met the average Mental Health Crisis Line Average response time is less than 21 seconds. With three consecutive months averaging a low of 11 seconds for July, August, and September. When comparing FY 2021-22 with FY 2022-23 there was an increase of 6,194 answered calls.

Figure 1a. Access & Crisis Line Call Volume - Answered Calls

Fiscal Year	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
FY 21/22	6,361	6,723	6,621	6,675	6,908	6,716	6,330	6,213	7,128	6,403	7,214	6,788	80,080
FY 22/23	7,244	7,528	7,222	7,244	6,359	6,747	6,994	6,615	7,245	7,425	8,033	7,618	86,274
FY 23/24	7,768	8,185											15,953

GOAL 8

Reduce the SDCPH psychiatric inpatient 30 day readmission rate for adult clients by 5% in comparison to FY 2021-22.

METHODS

Utilized the Optum CO-3B Report to calculate the readmission rate. Readmission rate was calculated by dividing the number of readmissions (Figure 8) by the total number of discharges (Figure 4).

DATA

Readmissions
(Figure 8)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
FY 20/21	15	14	16	9	12	21	11	14	15	13	13	12	165
FY 21/22	17	19	17	10	9	14	10	11	14	8	6	6	141
FY 22/23	16	28	17	9	9	9	7	13	9	18	12	9	156

Discharges
(Figure 4)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
FY 20/21	166	174	152	147	169	182	145	172	189	202	169	182	2,049
FY 21/22	184	195	187	144	155	147	146	105	138	135	142	140	1,818
FY 22/23	161	176	157	136	125	109	116	101	120	102	114	102	1,519

RESULTS

The goal to reduce the SDCPH psychiatric inpatient 30 day readmission rate for adult clients by 5% in comparison to FY 2021-22 was not met. San Diego County Psychiatric Hospital had a readmission rate of 7.8% in FY2021-22. The readmission rate for FY2022-23 is 10.3%. That is an increase in the readmission rate by 2.5%.

GOAL 9

Increase by 5% the continuity from hospital emergency departments and behavioral health diversionary services with crisis residential services in this fiscal year compared to the previous fiscal year.

METHODS

San Diego County Behavioral Health Services worked with California Department of Health Care Services to establish a secure, regular transfer of a "Plan Data Feed" to receive claim, encounter, and prior authorization utilization data for beneficiaries identified by Behavioral Health Division. The data feed was used to calculate the connection rate of emergency department (ED) visits to crisis residential (CR) services:

- All emergency department visits billed during each FY (FY 2021-22: July 1st, 2021, to June 30th, 2022; FY 2022-23: July 1st, 2022, to May 15th, 2023) were counted.
- A crisis residential admission within 7 and 30 days after the identified emergency department visit were counted for each fiscal year.

DATA

The monthly Plan Data Feed files, specifically the tables with claims for mental health, were utilized for analysis of the connection rate of emergency department visits to crisis residential services within 7 and 30 days. Specific procedure and revenue codes were utilized to identify a claimed emergency department service and a crisis residential service.

7-Day Connection							
FY 2021-22				FY 2022-23			
Total ED Visits	Total CR Admissions	# of ED Visits Connected to CR	Connection Rate	Total ED Visits	Total CR Admissions	# of ED Visits Connected to CR	Connection Rate
30,999	442	151	0.49%	20,431	108	32	0.16%

30-Day Connection							
FY 2021-22				FY 2022-23			
Total ED Visits	Total CR Admissions	# of ED Visits Connected to CR	Connection Rate	Total ED Visits	Total CR Admissions	# of ED Visits Connected to CR	Connection Rate
30,999	442	281	0.91%	20,431	108	73	0.36%

RESULTS

The goal to increase by 5% the continuity from hospital emergency departments and behavioral health diversionary services with crisis residential services in this fiscal year compared to the previous fiscal year cannot be adequately determined at this time, thus the goal was not met. Due to only having claims data up to May 15th, 2023, the FY 2022-23 data is preliminary as it does not capture the full data needed to analyze the actual rate for FY 2022-23. Upon receipt of the claims data through June 30, 2023, the FY 2022-23 results will be calculated appropriately.

GOAL 10

Implement a clinical design process by June 30, 2022 for 100% of new competitive procurement to review programs to ensure services are data driven, evidence based and effective.

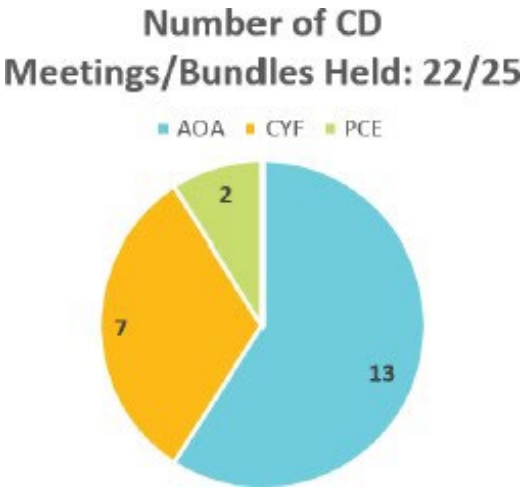
METHODS

The Programs and Services Team, in collaboration with the Contract Support Team, and Data Science worked to implement a clinical design process for 100% of new competitive procurement to ensure services are data-driven, evidence-based, and effective. Key changes in the procurement process include bundling (grouping multiple contracts together in one solicitation based on service line), staggering (varied timeline spacing between contract execution and contract start date), creation of the Procurement Dashboard on PowerBI, and implementation of the Service Planning Tool.

Clinical Design meetings were scheduled early in the fiscal year to review FY 2023-24 procurements, for a countywide launch in July 2023.

DATA

FY 2022-23 CLINICAL DESIGN STATS



***Note**: Clinical design is identified as CD in the graphs.*

RESULTS

The goal to implement a clinical design process by June 30, 2022, for 100% of new competitive procurements was met for FY 2022-23. SDCBHS began transitioning to the new procurement redesign during the 2023 fiscal year, with a countywide launch beginning on July 1, 2023. Additionally, the Procurement Dashboard is live on PowerBI. The Service Planning Tool, which is an additional enhancement in progress, is in the final stages of review and is expected to launch in 2-3 months.

GOAL 11

Improve client Quality of Care experience, measured by a 5% reduction in the proportion of grievances in Quality-of-Care categories compared to FY 2021-22.

METHODS

Data was examined to assess current trends in grievances, noting specific drops or spikes through Quarterly Grievances and Appeals reports and the annual Medi-Cal Managed Care Program Annual Report (MCPAR).

DATA

FY 2022-23	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Totals
Quality of Care	20	34	28	55	137

FY 2021-22	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Totals
Quality of Care	22	22	27	24	95

RESULTS

The goal of reducing the number of Quality of Care grievances by 5% for FY 2022-23, as compared to FY 2021-22, was not met. In FY 2021-22 Quality of Care total number of grievances was 95. For FY 2022-23 the total number of Qualify of Care grievances was 137.

Note: The data provided pertains only to BHS clients as reported in the annual is only pertaining to BHS clients as reported in the Managed Care Program Annual Report (MCPAR) for Mental Health Plans (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS).

GOAL 12

A minimum of 95% of Adults/Older Adults receiving mental health services will report they felt comfortable asking questions about their treatment and medication per the Consumer Satisfaction Survey (CSS).

METHODS

Data on the Adult/Older Adult (AOA) was collected through the annual Consumer Satisfaction Survey (CSS). Surveys were administered to Adults/Older Adults who received services during the May 2023 reporting period. There were a total of 1,723 completed surveys.

DATA

Questions based on services received in last 6 months	Agree/Strongly Agree (%)
11. I feel comfortable asking questions about my treatment and medication.	91.0

RESULTS

The goal to have a minimum of 95% of Adults/Older Adults (AOA) receiving mental health services report they feel comfortable asking questions about their treatment and medication was not met for FY 2022-23. Findings from the 1,723 completed surveys show that 91% of Adults/Older Adult (AOA) felt comfortable asking questions about their treatment and medication, which is lower than the 95% satisfaction goal.

GOAL 13

A minimum of 95% of adults and Children, Youth, and Families (CYF), parents/caregivers will report that the services were available at times that were convenient per the CPS MHSIP and YSS.

METHODS

Data on CYF was collected through the Youth Satisfaction Survey (YSS) during the service administration period of May 2023. Two YSS measures were independently evaluated: YSS compliance and YSS results.

Approximately 1,054 questions were answered regarding the convenience of mental health services.

DATA

Questions based on services received in last 6 months:	Agree/Strongly Agree (%)
9. Services were available at times that were convenient for me.	94.0

RESULTS

The goal of 95% of adults and Children, Youth, and Families (CYF), report that the services were available at times that were convenient was not met for FY 2022-23. Findings from the 1,054 completed questions show that 94.0% of individuals felt that services were available at times that were convenient, which is lower than the 95% satisfaction goal.