COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

QUALITY IMPROVEMENT

Mental Health Services Work Plan Evaluation
Fiscal Year 2020-2021

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, Quality Improvement Unit
Unit Administrator: Tabatha Lang

Liz Miles
Ezra Ramirez
Samantha Marquez

Mental Health Services (MHS)
Derek Kemble
Dave Post
Delia Felix-Oliveros
Charles Beckler

Substance Use Disorder Services (SUD)
Krystle Murguia
Phuong Tran
Angela Solom
Isaiah Wright

Summary data and a brief synopsis are provided for each QIWP goal. If more information is desired, please email your request to BHSQIPIT.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 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 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.

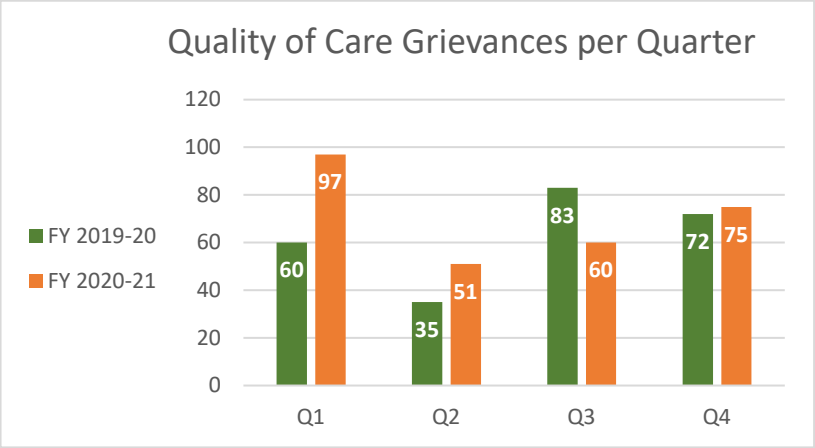
GOAL 1

Decrease the proportion of *Quality of Care* grievances by 5% compared to FY 2019-20.

METHODS

- Track the number of grievances received related to *Quality of Care*.
- *Quality of Care* grievances are broken down into subcategories:
  - *Staff Behavior Concerns*,
  - *Treatment Issues/Concerns*,
  - *Medication*,
  - *Cultural Appropriateness*, and
  - *Other Quality of Care Issues*.
- Compare the fiscal year (FY) number of *Quality of Care* grievances between FY 2019-20 and FY 2020-21 using the quarterly Grievances and Appeals Report.

DATA



RESULTS

- Out of the total 392 grievances received through FY 2020-21, 283 of those were related to *Quality of Care*. This is a **2.8% increase** compared to *Quality of Care* grievances received in FY 2019-20, which was 250 out of 360 grievances.
- *Quality of Care* includes the following subcategories and totals for FYTD 2020-21:
  - *Staff Behavior Concerns* – 104 (36.7%)
  - *Treatment Issues/Concerns* – 76 (26.9%)
  - *Medication* – 60 (21.2%)
  - *Cultural Appropriateness* – 1 (0.4%)
  - *Other Quality of Care Issues* – 42 (14.8%)
- **The overall goal of decreasing the proportion of *Quality of Care* grievances by 5% was not met.**
- SDCBHS will continue to monitor the number of *Quality of Care* grievances in FY 2021-22, with the intention of meeting this goal.

GOAL 2

Increase the number of clients who report having been involved in setting outcome goals for their treatment by 5%, compared to that in FY 2019-20.

METHODS

Data is collected in an annual Consumer Perception Survey (CPS) for Adult & Older Adult clients. The Youth Services Survey (YSS) is used for the Children's Youth & Families clients. A specific question concerning client participation in setting treatment goals is presented in both the Adult/Older Adult and Children, Youth and Families surveys.

DATA

Youth	2019	2020	% Change
Participated in treatment goals	86.0%	91.0%	⬆ 5.8%
Adult	**2019**	**2020**	**% Change**
Decided treatment goals	81.2%	83.1%	⬆ 2.3%

RESULTS

- The Children, Youth and Families system of care **exceeded the goal by 0.8%.** Data from this year's survey shows an overall increase of 5.8% from the 2019 survey results regarding children/youth clients and their family's participation in setting treatment goals.

- The Adult and Older Adult system of care **fell short of the goal of 5%** but showed an increase of 2.3% from the 2019 survey results. While the 5% goal was not met, the increase in satisfaction shows a positive trend.

GOAL 3

Decrease the number of suicides and suicidality compared to FY 2019-20 by 5%, as reported in the System of Care Serious Incident Reports.

METHODS

- Analysis of data collected from the FY 2019-20 and FY 2020-21 Serious Incident Reports.

DATA

AOA MH	Suicide Attempts	Suicide Deaths	Total % Change
FY 2019-20	84	20	104
FY 2020-21	87	17	104
% Difference	3.6%	-15.0%	0.0%

CYF MH	Suicide Attempts	Suicide Deaths	Total % Change
FY 2019-20	17	6	23
FY 2020-21	25	2	27
% Difference	47.1%	-66.7%	17.4%

Fiscal Year	Suicide Attempts	Suicide Deaths	Total % Change
FY 2019-20	101	26	127
FY 2020-21	112	19	131
% Difference	10.9%	-26.9%	3.1%

RESULTS

- Overall, Mental Health Services (MHS) System of Care deaths by suicide were reduced by 26.9% from FY 2019-20.
- MHS System of Care reported suicide attempts saw an increase by 10.9% from FY 2019-20.
- **The overall goal of decreasing the number of suicides and attempts of suicide in the MHS System of Care by 5% was not met.**
- SDCBHS will continue to monitor the number of suicides and suicide attempts reported in the System of Care Serious Incident Reports in FY 2021-22, with the intention of meeting this goal

GOAL 4

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 2019-20.

METHODS

Data is collected in the monthly Optum CO-20B report. This report records the days between discharge and 1st service rendered, which were then analyzed to show if they were within 7 and 30 days.

DATA

Connection to services within 7 days (AOA & CYF)

Fiscal Year (7 Days)	Discharges	Connected within 7 Days	% of Discharges
FY 2019-20	9,697	3,507	36.2%
FY 2020-21	8,890	2,790	31.4%
% Difference	-8.3%	-20.4%	**-4.8%**

Connection to services within 30 days (AOA & CYF)

Fiscal Year (30 Days)	Discharges	Connected within 30 Days	% of Discharges
FY 2019-20	9,697	4,836	49.9%
FY 2020-21	8,890	4,083	45.9%
% Difference	-8.3%	-15.6%	**-3.9%**

RESULTS

- The number of clients discharged from a psychiatric hospital that connect to treatment services within 7 days decreased by 4.8% from FY 2019-20 to FY 2020-21.
    - AOA clients decreased by 5.1%
    - CYF clients decreased by 2.5%.
- **The overall goal of increasing the number of clients discharged from a psychiatric hospital that connect to treatment services within 7 days by 5% was not met.**

- The number of clients discharged from a psychiatric hospital that connect to treatment services within 30 days decreased by 3.9% from FY 2019-20 to FY 2020-21.
    - AOA clients decreased by 4.4%
    - CYF clients decreased by 0.4%.
- **The overall goal of increasing the number of clients discharged from a psychiatric hospital that connect to treatment services within 30 days by 5% was not met.**

- SDCBHS will continue to monitor the number of clients discharged from a psychiatric hospital that connect to treatment services within 7 and within 30 days after discharge in FY 2021-22, with the intention of meeting these goals.

GOAL 5

BHS will have two active PIPs that contribute to meaningful improvement in clinical care as monitored by the EQRO.

METHODS

- BHS had a series of consultations with the State's External Quality Review Organization (EQRO from FY 2018-19 on possible PIP topics as per DHCS requirements, using system data and community stakeholder feedback.
- When the PIP topics were approved by EQRO in FY 2019-20, BHS developed the PIP design and interventions through close consultation with EQRO.

DATA & PROGRESS

SDCBHS currently has 2 active Performance Improvement Projects (PIPs), one non-clinical and one clinical.

1. Non-Clinical PIP: Improving client linkages to services following a PERT contact.

The PIP targets improving client linkages to services following a contact with PERT services. The improvement strategy will focus on having the PERT clinician connect eligible clients through a warm handoff to an identified peer or family support specialist who will engage the client or family member of the client, and guide them to the appropriate level of services within the MHSOC or the SUD SOC.

In April 2020, the first intervention was implemented to help identify and track eligible clients who will be connected to the identified Peer/Family Support Specialist. After the screening form identifies the client for a connection with the Peer/ Family Support Specialist, the client will be tracked with regard to contact attempts, referrals, and connection. Initial warm handoff procedures were piloted in December, and data collected from the intervention was used in the PIP writeup submitted to the State's reviewers.

This PIP intervention is expected to be completed at the end of December 2021.

2. Clinical PIP: Preventing crisis service use among youth with depression.

The Clinical PIP is focused on addressing the steady increase of depression among adolescents in the CYF System of Care (SOC). The main goal of this PIP is to reduce crisis service and inpatient use among adolescents with depression, through improvements in outpatient care. The improvement strategy will focus on introducing an intervention designed to improve sleep habits that can be implemented in outpatient care.

A sleep intervention training was rolled out to pilot programs in November 2020 and was followed by a feedback meeting in March 2021. Data collected from the intervention was used in the PIP writeup submitted to the EQRO. EQRO made specific suggestions/recommendations to enhance the PIP including narrowing down the participating population, and changes to the intervention and evaluation designs. These suggestions were added to the PIP implementation in early 2021, and changes were reported to the reviewers in May. This PIP intervention is expected to be completed at the end of December 2021.

GOAL 6

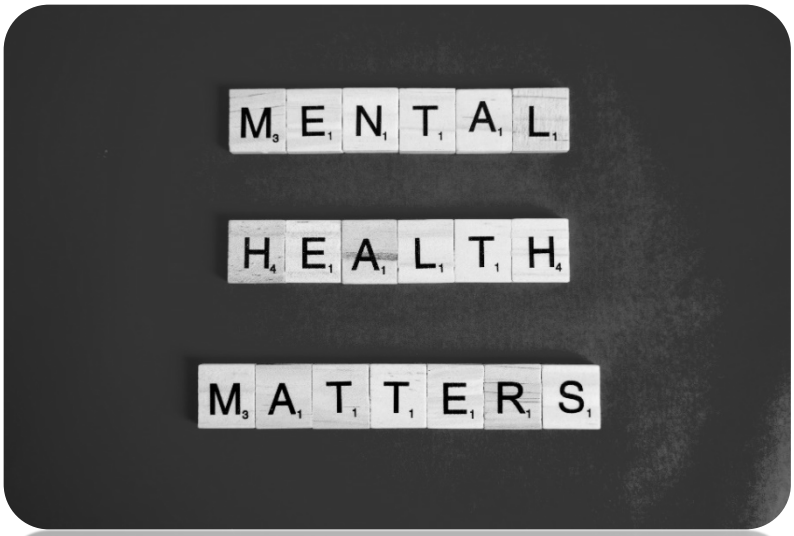
Establish a crisis stabilization unit in the South region.

METHODS

- Confirmation of executed contract by Contracting Officer Representative (COR).
- A Client Roster Report was utilized to retrieve the FY 2020-21 number of admissions and unique clients.

DATA & RESULTS

- The contract for Prime Bayview CSU, a new crisis stabilization unit in the South region of San Diego County was established on 12/9/2020.
- Prime Bayview CSU opened on 1/1/2021.
- The first client was seen at Prime Bayview CSU on 4/1/2021.
- Prime Bayview CSU serves Adult and Older Adult clients and has 12 recliners available.
- In FY 2020-21, there were 154 admissions and Prime Bayview CSU saw 146 unique clients.
- **The overall goal of establishing a crisis stabilization unit in the South region was met.**



GOAL 7

Decrease the number of re-hospitalizations within 30 days by 10%, compared to that in FY 2019-20.

METHODS

Data is collected in the monthly Optum CO-20B report. Cases that had a re-hospitalization were identified by whether they had Next Admission Date filled in. Days between the original and subsequent admissions were calculated by subtracting the original discharge date from the next admission date. These days were then analyzed based on if they occurred within 30 days of initial discharge.

DATA

AOA	Admissions	Re-hospitalizations within 30 days	% of Admissions
FY2019-20	8819	2106	23.9%
FY2020-21	8050	1787	22.2%
% Difference	-8.7%	-15.1%	**-1.7%**

CYF	Discharges	Re-hospitalizations within 30 days	% of Discharges
FY2019-20	878	134	15.3%
FY2020-21	840	99	11.8%
% Difference	-4.3%	-26.1%	**-3.5%**

Fiscal Year	Discharges	Re-hospitalizations within 30 days	% of Discharges
FY2019-20	9697	2240	23.1%
FY2020-21	8890	1886	21.2%
% Difference	-8.3%	-15.8%	**-1.9%**

RESULTS

- Overall, the number of clients re-hospitalized within 30 days of initial discharge decreased by 1.9% from FY 2019-20 to FY 2020-21 in the BHS SOC.
- AOA clients decreased by 1.7% and CYF clients decreased by 3.5%.
- **The goal of decreasing the number of re-hospitalizations within 30 days by 10% was not met.**
- SDCBHS will continue to monitor the number of re-hospitalizations within 30 days in the coming FYs to ensure progress is made in connecting clients to services post-discharge.

SERVICES ARE EQUITABLE

GOAL 8

100% of clients and families indicating in the Consumer Perception Survey report that they had access to written information in their primary language and/or received services in the language they prefer.

METHODS

Language availability data for written information and services received in the Adult and Adult System of Care (AOA) and Children, Youth and Families System of Care (CYF) was collected in June 2020 through the annual Consumer Perception Surveys.

DATA

Adult Consumers Survey Results

Were the services you received provided in the language you prefer?	%	N
Yes	98%	880
No	2%	14

Parent/Caregiver Survey Results

Services received were provided in the preferred language:	Count	Percent
Yes	794	98.4
No	13	1.6
Total	807	100.0
Written information was available in the preferred language:		
Yes	785	97.5
No	20	2.5
Total	805	100.0

Youth Consumer Survey Results

Services received were provided in the preferred language:	Count	Percent
Yes	418	97.0
No	13	3.0
Total	431	100.0
Written information was available in the preferred language:		
Yes	413	96.0
No	17	4.0
Total	430	100.0

RESULTS

- 98% (880) of AOA consumers, 98.4% (794) of CYF families, and 97% (418) of CYF consumers reported that services were provided in the language they prefer.
- 97.5% (785) of CYF families and 96% (413) of CYF consumers reported that written information was available in their preferred language.
- **This goal was not met for FY2020-21.**
- SDCBHS will continue to monitor the consumer (clients and families) response to the annual surveys to gauge availability of written information and access to care in their primary language or language of preference.

GOAL 9

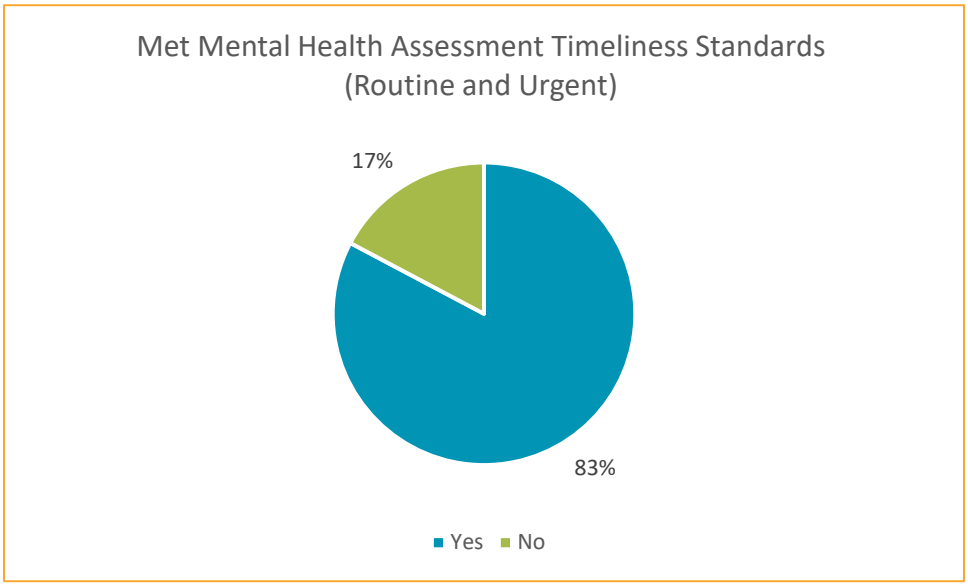
100% of adult/older adult programs meet the mental health assessment timeliness standards for routine and urgent appointments.

SERVICES ARE TIMELY

METHODS

Data is measured monthly by the Access to Services Journal (ASJ). The ASJ measures the initial contact by a program to the first available appointment. Routine appointments must occur within 10 business days and urgent appointments within 48 hours to be considered as meeting the timeliness standards.

DATA



RESULTS

- In FY 2020-21, 83% of initial client contacts with programs met the timeliness standard for routine and urgent appointments.
- In the same FY, 17% did not meet the mental health assessment timeliness standard for routine and urgent appointments.
- **This goal of 100% of AOA programs meeting the timeliness standard was not met for FY 2020-21.**
- SDCBHS will continue to assess whether programs are meeting the routine and urgent appointment timeliness standards in FY 2021-22 to ensure clients are receiving necessary mental health services in a timely manner.

GOAL 10

a) 95% of calls answered by the Access and Crisis Line (ACL) crisis queue are within 45 seconds.
b) Average speed to answer all other (non-crisis) calls is within 60 seconds.

METHODS

Optum, the Mental Health Plan's (MHP) Administrative Services Organization (ASO), generates a monthly status report with the Access and Crisis Line Performance Standards and percentages listed.

DATA

OPTUM®

COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES MONTHLY STATUS REPORT

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

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PERFORMANCE STANDARDS

1) Crisis Line—95% calls answered within 45 seconds;	97.77%
< 5% calls abandoned after 45 seconds	1.81%
2) Access Line—average speed to answer < 60 seconds;	31 Seconds
< 5% abandoned after 75 seconds	2.36%

RESULTS

a) For FY 2020-21, 97.77% of ACL crisis queue calls were answered within 45 seconds.

b) For FY 2020-21, the average speed in which all other calls (non-crisis) were answered was 31 seconds.

Both goals 10a and 10b were met for FY 2020-21.