MEASURING ACCESS TO CARE

Challenges for counties and treatment providers in managed systems of care

Presented by:
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Kern Behavioral Health and Recovery Services
Quick Facts: Kern BHRS & Access to Care

Greater Bakersfield has one primary access point:

- **Total Walk-Ins**: 300-400+ people/month
- **Screenings**: Average 150-175 people/month
  
  YTD: 1200+ people (8 month period)
- **Assessments**: 100-175 Assessments/month
  
  82% referred to tx teams
Problems identified in 2016:

• Appointments for **Assessments** were timely. For FY15-16:
  
  • Initial request (Screening/Initial Request) to Assessment =
    13 days (range of 8-19 days)
  
  • Average # days from Screening/Initial Request to First Service =
    30 days (range 27-33 days)
168
Screened

124
Assessed

86
Referred to a team

60
Attended 1st appt.

50
Attended Psych Eval appt.

12% had a crisis contact

Average:
11.2 days
(Range: 0-87)

Average:
30.2 days
(Range: 0-86)

Average:
35.8 days
(Range: 3-87)

44

38

26

10

Average:
11.2 days
(Range: 0-87)

Average:
30.2 days
(Range: 0-86)

Average:
35.8 days
(Range: 3-87)
Of 168 clients screened:

- 49 clients were engaged in services
- 119 clients were not engaged in services

Screening to first service appointment:

- 35.8 days
- (range of 3-87 days)
Pepsi versus Coke challenge…

the sip test
Looking even deeper....

- Unplanned Discharge: 70%
- Planned Discharge: 17%
- Unknown (Moved): 13%
Of 168 clients screened:

If 17% of the discharges were planned, that means of the 49 people who engaged in services, only 8.33 people participated in their Discharge Planning.
• Overall access to care (initial request to assessment) data was meeting targets

• **Problem:** Losing too many people after assessment in process of engaging in services
  - Wait times are too long
  - Too many appointments to attend prior to actually getting to services!
Previous structure for access to services:

- Screening
- Assessment
- Team Orientation
- Psychiatric Evaluation
- Services!
Initial Changes:

**PEER NAVIGATORS**

Data monitoring, tracking, changing for improvement

- Screening
- Assessment & Brief Treatment Plan
- Psych Evaluation / Medication Services
- Orientation & Initiation of Service
Initial Changes:

TREATMENT PLAN AT ASSESSMENT

Data monitoring, tracking, changing for improvement

Screening → Assessment & Brief Treatment Plan → Peer Navigation

- Psych Evaluation / Medication Services
- Orientation & Initiation of Service
Initial Changes:
PSYCH EVALUATION CLINIC

Data monitoring, tracking, changing for improvement

- Screening
- Assessment & Brief Treatment Plan
- Peer Navigation
  - Psych Evaluation / Medication Services
  - Orientation & Initiation of Service
## OUTCOMES of First Team Service Referrals

<table>
<thead>
<tr>
<th>Description</th>
<th>Jul-16</th>
<th>Aug-16</th>
<th>Sep-16</th>
<th>Oct-16</th>
<th>Nov-16</th>
<th>Dec-16</th>
<th>Jan-17</th>
<th>Feb-17</th>
<th>Mar-17</th>
<th>Year to Date</th>
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<tbody>
<tr>
<td>Total # Referrals on Peer Navigator Caseload</td>
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<td>Total # Referrals from Access/Assessment on Peer Navigator Caseload</td>
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<td>Total # Referrals from CWIC on Peer Navigator Caseload</td>
<td>NA</td>
<td>NA</td>
<td>1</td>
<td>4</td>
<td>17</td>
<td>20</td>
<td>19</td>
<td>13</td>
<td>17</td>
<td>91</td>
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<td>Total cases closed (Attended First Team Service)</td>
<td>49</td>
<td>81</td>
<td>89</td>
<td>119</td>
<td>95</td>
<td>90</td>
<td>108</td>
<td>107</td>
<td>70</td>
<td>808</td>
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<td>Total Cases pending attendance at First Team Service</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>14</td>
<td>7</td>
<td>9</td>
<td>68</td>
<td>105</td>
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<td>Total Cases who did not attend First Team Service</td>
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<td>5</td>
<td>10</td>
<td>23</td>
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<td>26</td>
<td>23</td>
<td>27</td>
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<td>Total Cases who declined services</td>
<td>7</td>
<td>9</td>
<td>9</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>4</td>
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<td>Average # of days from Assessment to First Team Service for all outpatient adult clinics</td>
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<td>SEBA referrals by month from CWIC</td>
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Ongoing Improvement Plan:

STARTING WITH THE END

- Significant focus in how services are delivered in the Adult System of Care
- Surveys completed with clients served, staff, supervisors to explore:
  - What are the barriers for services?
  - What are the predominant needs for clients served?
Ongoing Improvement Plan:

STARTING WITH THE END

• Establishment of a structured service delivery program, redesigning service provision and re-defining roles to improve identified challenges including:
  • Menu of Services that will link Assessment, Plan of Care and Service Delivery
  • Transportation System
  • Social needs that have an impact on behavioral health including housing, social connectedness, economic resources
Data Collection Challenges

• In collecting data for this analysis, several challenges became apparent:
  • The current flow-data is primarily collected using manual counts and spreadsheets
  • This data only represents Adult clinics operated by the county
  • Does not include other access points such as Children’s and Contract Provider clinics

• Using different methods of data collection can lead to misleading and inconsistent data
  • Every spreadsheet can be a little different
  • If the flow-data is not collected in real-time, human error and memory lapses are possible
How to Address those Challenges?

• We are beginning to implement a Business Intelligence Dashboard System
  • The first phase of this has been to identify Key Performance Indicators (KPI’s) and where the data for the KPI’s is located
  • Initially identified around 100 KPI’s!
  • Next step – identify the ones that are really “key”
  • The plan is to create a data warehouse and document what data is located where, where it should be located and how it should be collected
  • Then the BI/Dashboard can make this data easily available, in real-time, to all concerned
How to define “First Request for Service”

• Many EHR’s do not collect this piece of data
• It is necessary to define this key data element within the EHR and insure that it is collected consistently
  • For example, we plan to add a form to our system specifically to collect the date of first request and the date of the first offered service
  • This new form will be used by all points of contact including our Hotline and our Contracted Providers
Questions?
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