

MEASURING ACCESS TO CARE

*Challenges for counties and
treatment providers in managed
systems of care*

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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

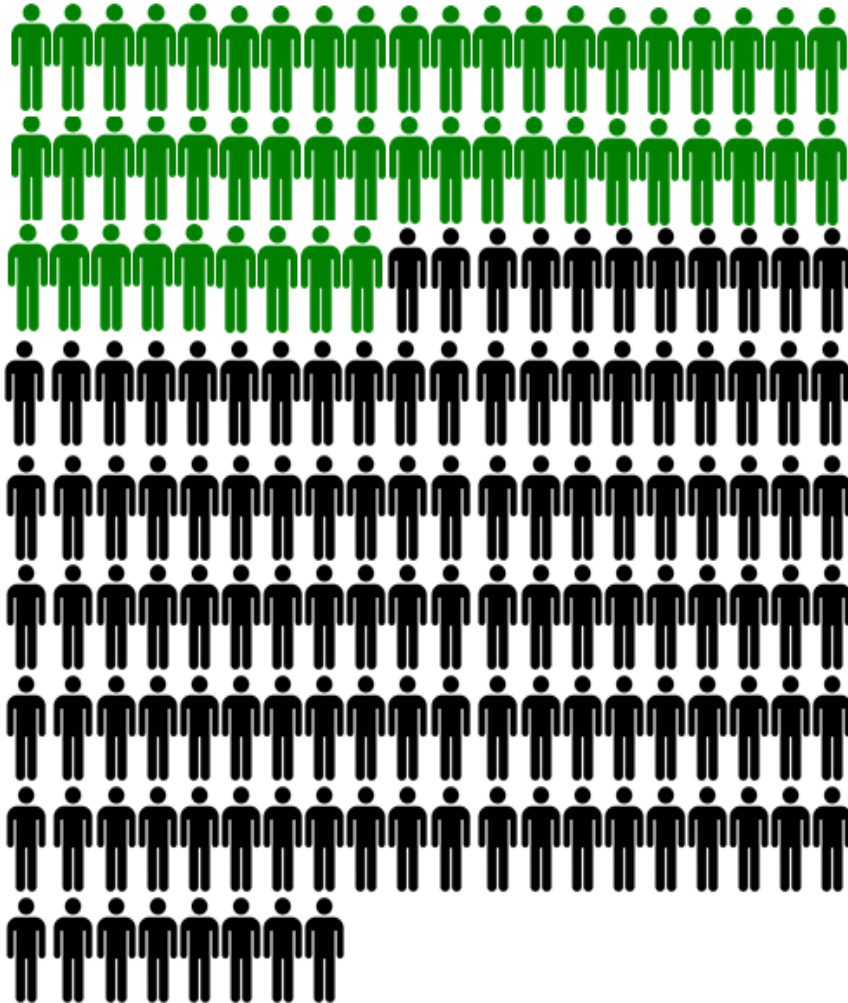


Problems identified in 2016:

- 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)



Of 168 clients screened:



49 clients were engaged in services

119 clients were not

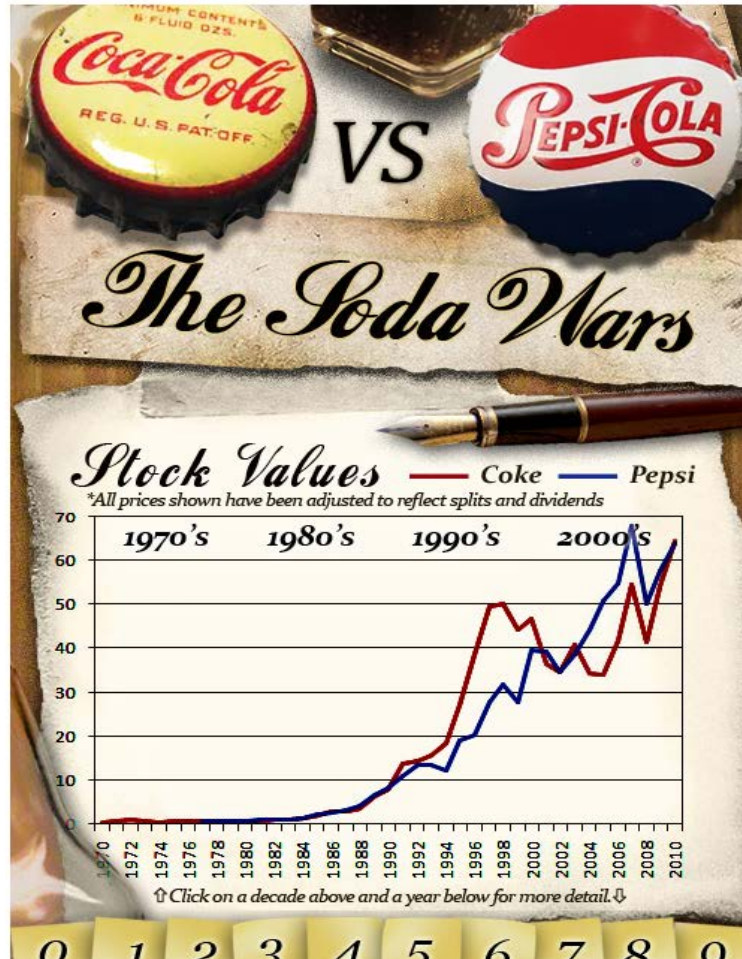
Screening to first service appointment:

35.8 days

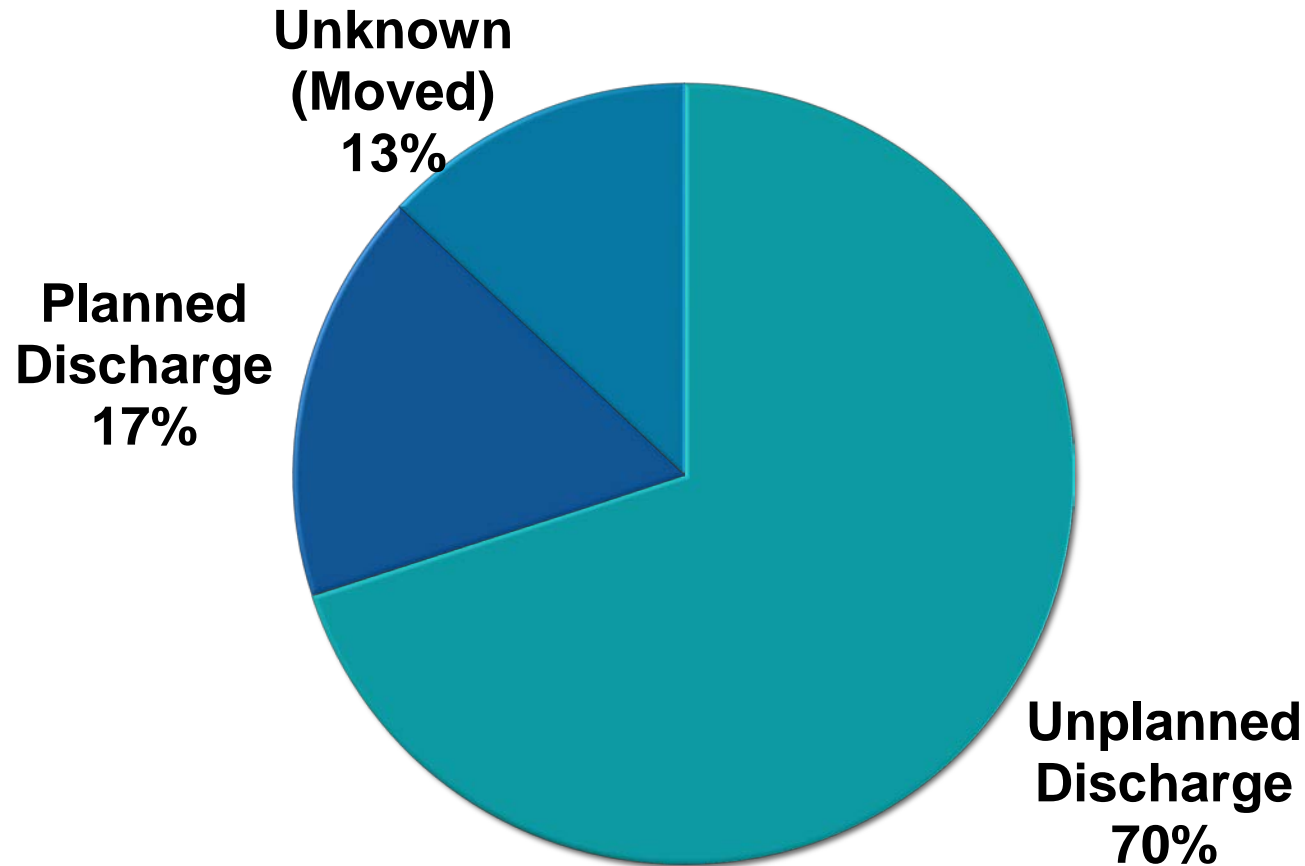
(range of 3-87 days)

Pepsi versus Coke challenge...

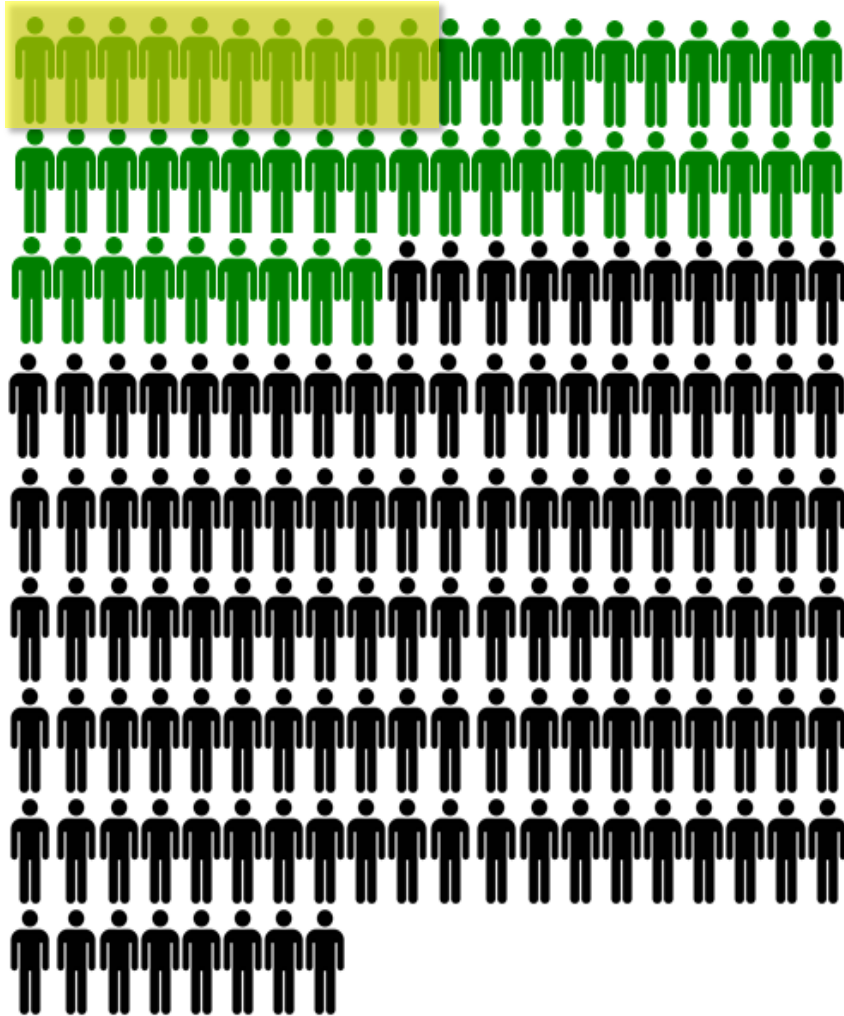
the sip test



Looking even deeper....



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.

Assessment of Problem:

- 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!

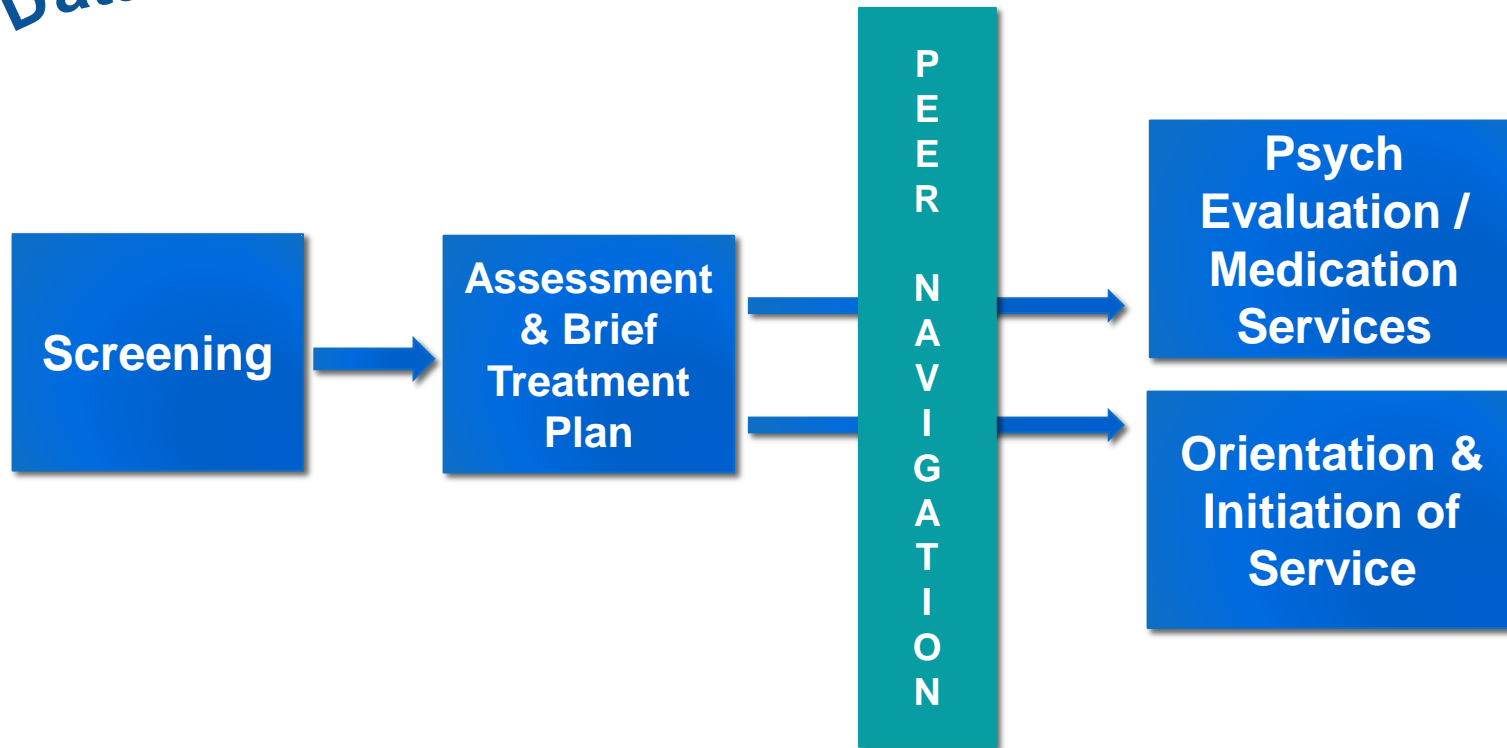
Previous structure for access to services:



Initial Changes:

PEER NAVIGATORS

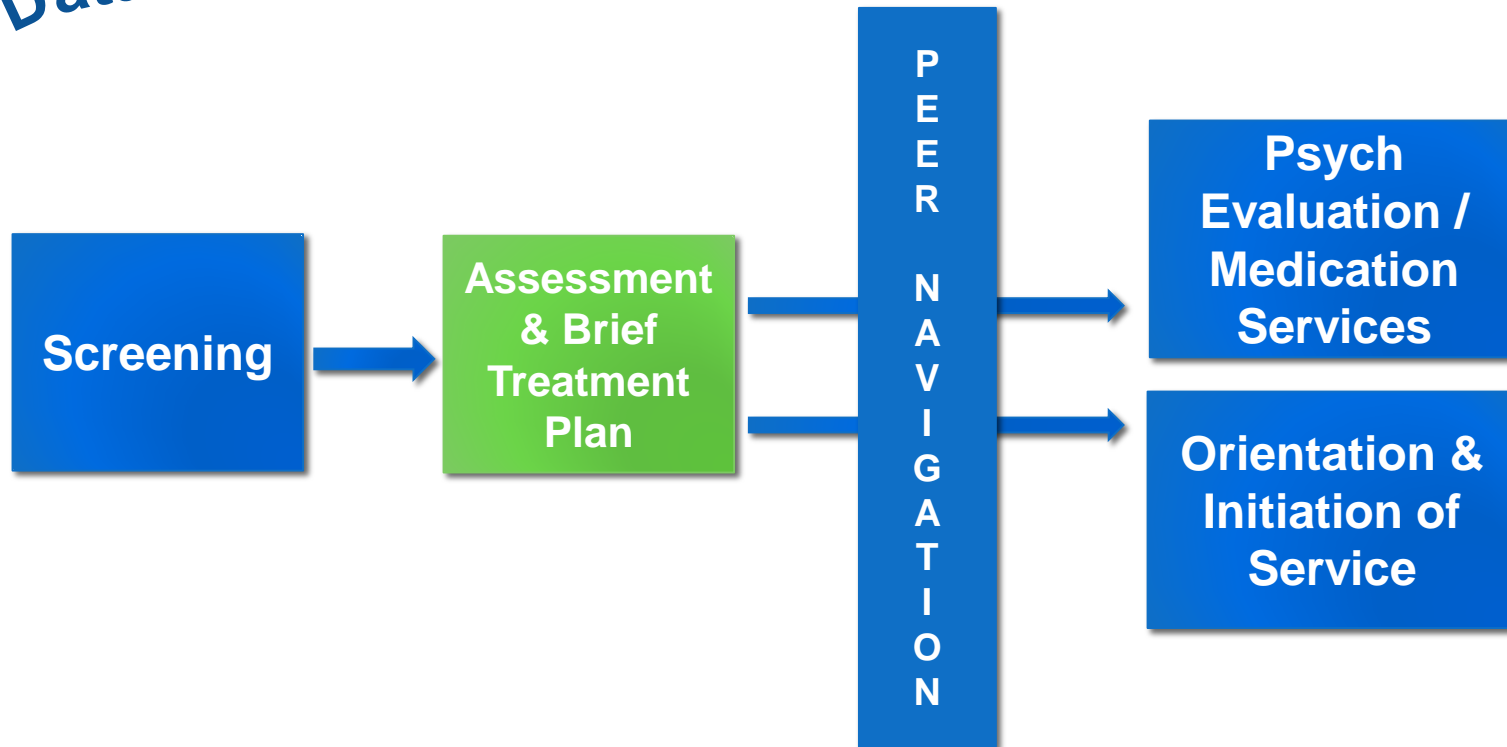
Data monitoring, tracking, changing for improvement



Initial Changes:

TREATMENT PLAN AT ASSESSMENT

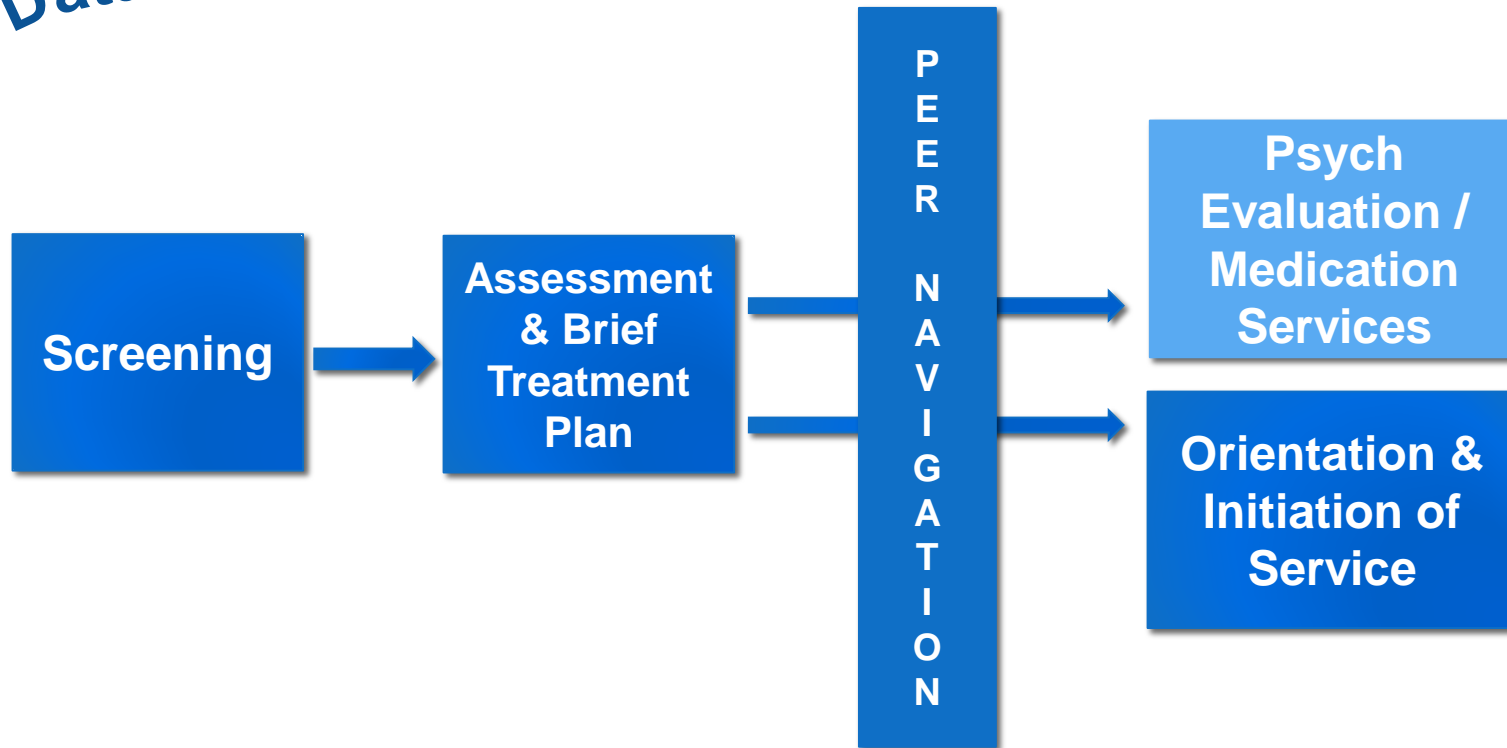
Data monitoring, tracking, changing for improvement



Initial Changes:

PSYCH EVALUATION CLINIC

Data monitoring, tracking, changing for improvement



Updated 4/13/17 JK

Trends Jul-16 Aug-16 Sep-16 Oct-16 Nov-16 Dec-16 Jan-17 Feb-17 Mar-17 Year to Date

OUTCOMES of First Team Service Referrals

	Trends	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Year to Date
Total # Referrals on Peer Navigator Caseload		57	95	109	149	129	134	142	143	154	1112
Total # Referrals from Access/Assessment on Peer Navigator Caseload		57	95	108	145	112	114	123	130	137	1021
Total # Referrals from CWiC on Peer Navigator Caseload		NA	NA	1	4	17	20	19	13	17	91
Total cases closed (Attended First Team Service)		49	81	89	119	95	90	108	107	70	808
Total Cases pending attendance at First Team Service		0	0	1	3	3	14	7	9	68	105
Total Cases who did not attend First Team Service		1	5	10	23	26	26	23	27	16	157
Total Cases who declined services		7	9	9	4	5	4	4	0	0	42
Average # of days from Assessment to First Team Service for all outpatient adult clinics		13	18	21	26	25	24	19	16	16	20
NRAWC referrals by month		8	6	14	21	10	23	15	20	28	145
NRAWC referrals by month from Access/Assessment							20	15	16	22	
NRAWC referrals by month from CWiC							3	0	4	6	
Average # of days from Assessment to First Team Service		11	12	10	25	24	28	18	14	n/a	
Range of # days from Assessment to First Team Service		4 to 34	7 to 21	2 to 21	8 to 51	5 to 51	7 to 47	0 to 43	1 to 24	n/a	
% Clients who attended First Team Service		100%	100%	86%	67%	70%	63%	80%	80%	n/a	
% Clients whose appts are pending		0%	0%	0%	14%	10%	17%	7%	n/a	n/a	
% Clients who did not attend First Team Service		0%	0%	14%	19%	20%	8%	13%	20%	n/a	
% Clients who declined services		0%	0%	7%	0%	0%	13%	0%	n/a	n/a	
SEBA referrals by month		7	16	27	45	27	28	38	40	41	269
SEBA referrals by month from Access/Assessment							26	34	36	37	
SEBA referrals by month from CWiC							2	4	4	4	
Average # of days from Assessment to First Team Service		32	27	28	37	33	28	31	23	n/a	
Range of # days from Assessment to First Team Service		12 to 47	13 to 71	1 to 71	1 to 75	20 to 47	3 to 61	4 to 49	0 to 49	n/a	
% Clients who attended First Team Service		71%	63%	52%	60%	67%	56%	66%	39%	n/a	
% Clients whose appts are pending		14%	0%	26%	22%	7%	19%	21%	44%	n/a	
% Clients who did not attend First Team Service		14%	19%	19%	18%	22%	26%	13%	17%	n/a	
% Clients who declined services		0%	19%	4%	0%	4%	0%	0%	n/a	n/a	
WRRAWC referrals by month		6	9	20	25	25	26	27	30	31	199
WRRAWC referrals by month from Access/Assessment							21	21	26	28	
WRRAWC referrals by month from CWiC							5	6	4	2	

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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