San Bernardino County: Data Notebook 2014

for California

Mental Health Boards and Commissions

Prepared by California Mental Health Planning Council, in collaboration with:
California Association of Mental Health Boards/Commissions, and APS Healthcare/EQRO

California Mental Health Planning Council

Date: April 20, 2014

To: Chairpersons and/or Directors

Local Mental Health Boards and Commissions

From: California Mental Health Planning Council

Subject: **Instructions for Data Notebook 2014**

We ask that this report be prepared by the MH Board or Commission members. You are the most important resources for identifying program strengths and needs in your community.

On the first page, please fill in the requested information for your county websites:

- Department of Behavioral Health/ Mental Health
- Public reports about your county's MH services.

Please send a copy of the filled-in first page to the Planning Council along with your final report which contains your answers to the questions in the Data Notebook. Please submit your report within 60 days by email to:

DataNotebook@cmhpc.ca.gov.

Or, you may mail a printed copy of your report to:

- Data Notebook Project
- California Mental Health Planning Council
- 1501 Capitol Avenue, MS 2706
- P.O. Box 997413 Sacramento, CA 95899-7413

Please examine the enclosed information, which will help you discuss the questions in the Data Notebook. We provide examples of recent mental health data for your county. In some figures, the term "MHP" is used to refer to your county's Mental Health Plan.

Some data comes from APS Healthcare/EQRO, which gave permission to use their figures and tables, prepared for review of each county's Medi-Cal Specialty Mental Health services. Data in this packet came from the following review cycle:

__X__ Fiscal Year 2013 -- 2014: http://caeqro.com/webx/.ee85675/

_____ Fiscal Year 2012 -- 2013: http://caeqro.com/webx/.ee851c3/

For some questions, you will need to consult your local county Quality Improvement Coordinator, and/or Mental Health Director. If you are not able to address all of the questions, just answer the ones you can.

Thank you for your participation in the Data Notebook Project.

San Bernardino County: Data Notebook 2014 for California

Mental Health Boards and Commissions

County Name: **San Bernardino** Population (2013): 2,076,399

Website for County Department of Mental Health (MH) or Behavioral Health:

_____

Website for Local County MH Data and Reports:

_____

Website for local MH Board/Commission Meeting Announcements and Reports:

_____

Specialty MH Data from review Year 2013-2014: http://caeqro.com/webx/.ee85675

Total number of persons receiving Medi-Cal in your county (2012): 631,447

Average number Medi-Cal eligible persons per month: 503,190

Percent of Medi-Cal eligible persons who were:

Children, ages 0-17: 52.0 %

Adults, ages 18-59: 37.5 %

Adults, Ages 60 and Over: 10.5 %

Total persons with SMI[1] or SED[2] who received Specialty MH services (2012): 27,011

Percent of Specialty MH service recipients who were:

Children 0-17: 43.5 %

Adults 18-59: 51.1 %

Adults 60 and Over: 5.4 %

[1] Serious Mental Disorder, term used for adults 18 and older.
[2] Severe Emotional Disorder, term used for children 17 and under.

INTRODUCTION: Purpose, Goals, and Data Resources

This Data Notebook has been developed for the use by the local mental health (MH) boards and commissions by a yearlong workgroup comprised of members from:

- California Mental Health Planning Council (CMHPC)
- California Association of Local Mental Health Boards and Commissions (CALMHB/C)
- APS Healthcare/ EQRO (External Quality Review Organization)

Our plan is for the Data Notebook to meet these goals:

- assist local boards to meet their mandates to review the local county mental health systems, identify unmet needs, and recommend improvements.
- provide a professional format for submitting reports to their local Board of Supervisors, and/or their county Director of Mental Health Services.
- function as an educational tool for local boards, whose members have varying levels of skills, frequent turnover, and need 'refresher' training about using data.
- help the CMHPC fulfill its mandates to review and report on the public mental health system in California, which also helps provide evidence for advocacy.

Data reporting drives policy, and policy drives funding for programs. But the data must be both recent and available to the public, or else it is not useful. So, the CMHPC will provide examples of local data from current public reports. We focus on two broad areas: (1) evaluation of program performance, and (2) indicators of client outcomes.

We recognize that each county has a unique population, resources, strengths, and needs. Thus, there is no single perfect data source to answer all the important questions one might ask about mental health services. However, the following data resources will help board members answer questions in this Data Notebook:

- experience and opinions of the local mental health board members
- recent reports about county MH programs from APS Healthcare/EQRO
- data you request from your county QI Coordinator and/or Mental Health Director (because CMHPC does <u>not</u> have that data, and it's <u>not</u> in other public reports)
- client outcomes data provided by California Institute of Mental Health (CiMH) in their analysis of the most recent Consumer Perception Survey.

Some of our data comes from APS Healthcare/EQRO, which kindly gave permission to use their figures and tables, prepared for review of each county's Medi-Cal Specialty Mental Health services. Those reviews are at: www.CAEQRO.com. You may find the full-length EQRO reports helpful because they summarize key programs and quality improvement efforts for each county. They also describe strengths, opportunities for improvement, and changes in mental health programs since the last year.

Understanding changes in local programs can help consumers because of the massive re-organization of mental health services statewide. Some changes have been confusing to clients. The old state Department of Mental Health was eliminated in 2012 and many functions were moved to the Department of Health Care Services. Other changes due to federal health care reform and the Affordable Care Act affect how mental health services are provided, funded, and linked to primary health care or substance use treatment. Also, local counties have adjusted to major challenges.

Remember, this report is about your community, and what you and your stakeholders choose to discuss. Examining the data can indeed "Tell a Human Story." But quantitative data (numbers) provides only part of the picture, for example:

- measures of whether the quality of program services improve over time
- whether more people from different groups are receiving services
- how many clients got physical healthcare or needed substance use treatment.

The other part of the story gives human context to the numbers. Such qualitative data (narrative, descriptions, or stories) tells more of the story, because we can:

- describe special programs targeted for outreach to specific groups
- examine how the programs are actually implementing their goals
- list concrete steps that are taken to improve services, and
- tell what is being done to increase client engagement with continued treatment.

We hope this project contributes to ongoing quality improvement (QI) in mental health services. We seek constant improvement in our approach to quality because:

- needs change over time,
- all human endeavors are by nature imperfect,
- creativity gives rise to new ideas, and
- we can share examples of successful programs to help other communities.

One question is whether local boards are permitted to provide additional information, besides that requested in this Notebook. We always welcome supplemental reports about successful projects, or which the county administration uses to inform the public. Any additional reports may be attached in an "Appendix," with the website address (if available). However, we emphasize such extra reports are not required.

Thank you for participating in this project. We hope this Data Notebook serves as a springboard for your discussion about all areas of the mental health system, not just those topics highlighted by our questions.

TREATING THE WHOLE PERSON:

Integrating Behavioral and Physical Health Care

Studies have shown that individuals with serious mental illness die, on average, 25 years earlier than the general population. This information makes improving the physical health of clients of great importance and should be a goal of county mental health departments along with providing effective and appropriate mental health services. Coordination of care for mental health, substance abuse and physical health is one way of accomplishing the goal.

The California Mental Health Planning Council does not have any data to provide to show how your county's programs connect clients of mental health services with necessary physical health care. We ask that the local mental health board request information from your county mental health department for any data on numbers (or percent) of total mental health clients who are referred to, or connected with, physical health providers to assess, treat and monitor physical health issues.

If your county has data on numbers or percentages of clients who are also receiving physical health care, please include it in your Data Notebook you submit to the Council.

___ Check here if your county does not have such data or information.

1) Please describe any efforts in your county to improve the physical health of clients.

2) How does your county address wellness programs to engage and motivate clients to take charge of improving their physical health?

Examples:

- Exercise
- Nutrition
- Healthy cooking
- Stress management
- Quitting smoking
- Managing chronic disease
- Maintaining social connectedness

NEW CLIENTS: One Measure of Access

One way to evaluate the quality of mental health services outreach is to measure how many clients receive services who have never been part of the service system before ("brand new" clients). Another measure is how many clients return for services after a period of time with no services ("new" clients).

The California Mental Health Planning Council is exploring how each county mental health department defines "new" clients, and how a client is labelled when they return for additional services. This information is important in determining whether your county has a "revolving door," that is, clients who are in and out of mental health services repeatedly. This data is one indicator of the success of your county's programs in closing cases appropriately and providing adequate discharge planning to clients.

This data is not currently reported by the counties to the state. The Council does not have data to provide to you. This information should be requested from your county mental health department.

____ Check here if your county does not have this information.

3. How does your county define 'new' client for those individuals who have previously received services, but who have not received services for a while? (e.g., 6 months, 12 months, 2 years?)

4. Please provide any data your county has on the number of 'new' clients last year. And if you have it, how many of those new clients were brand new clients? You may need to ask your county mental health department for this data.

new children/youth (0-17 yrs) _____

of these, how many (or %) are 'brand new' clients _____

new adults (18-59 yrs) _____

of these, how many (or %) are 'brand new' clients _____

new older adults (60+ yrs)_____

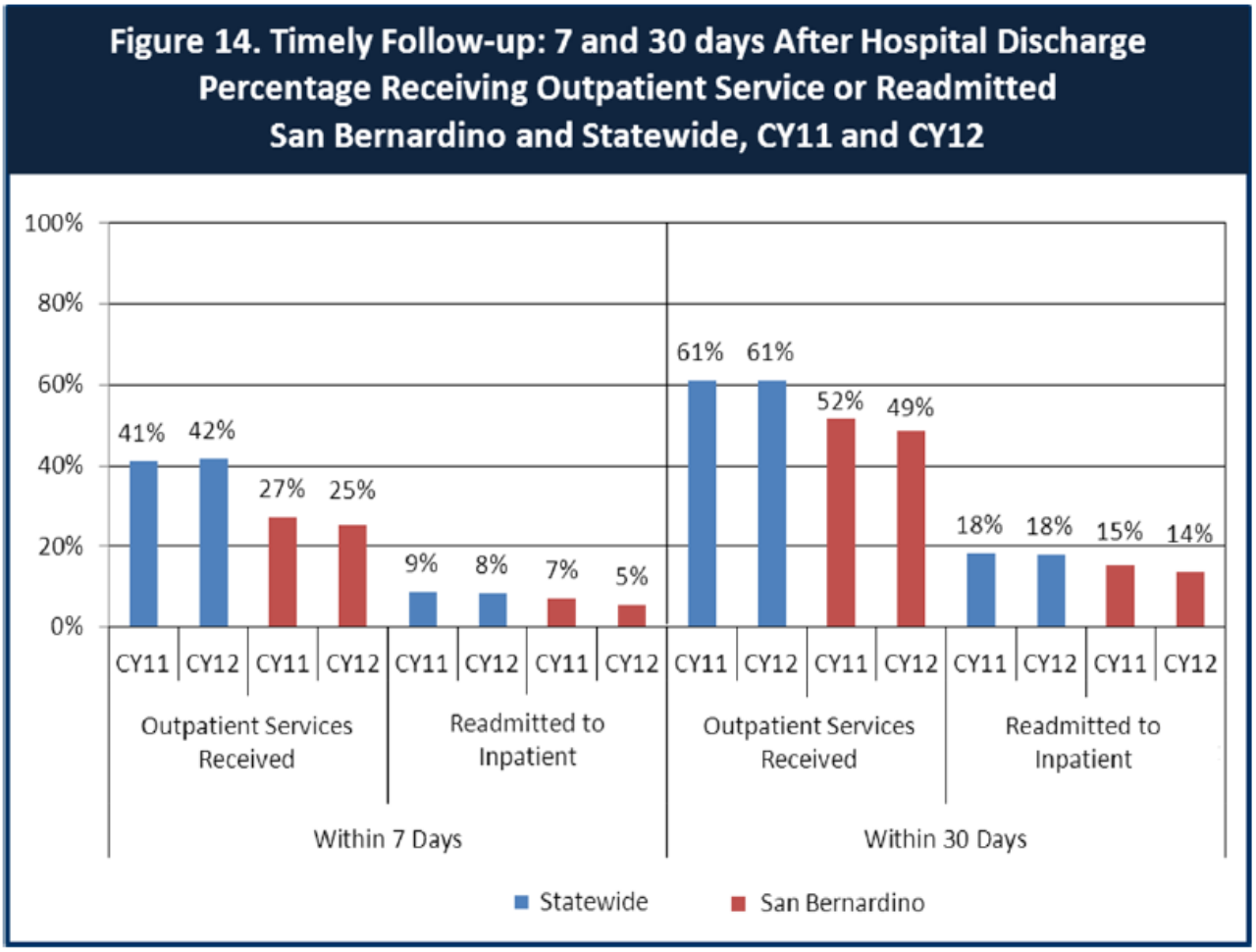
of these, how many (or %) are 'brand new' clients _____

REDUCING RE-HOSPITALIZATION: Access to Follow-up Care

Sometimes, an individual experiences acute symptoms of mental illness or substance abuse which can result in a brief stay in an acute care hospital. Receiving follow-up services after discharge from a short-term (3-14 day) hospitalization can be critical to preventing a return to the hospital.

The chart below shows the percentage of people discharged in your county who received at least one service within 7 days of discharge. Also shown is the percentage of those same people who were readmitted to the hospital. The chart also shows the same information for receiving services and being readmitted to the hospital within 30 days. Red indicates the numbers for your county and the blue indicates the percentage for the state of California.

San Bernardino County:



6. Looking at the chart, is your county doing better or worse than the state? Discuss why (e.g., your county has programming available that specifically ensures a warm handoff for follow-up services).

7. Do you have any suggestions on how your county can improve follow-up and reduce re-hospitalizations?

8. What are the <u>three</u> most significant barriers to service access? Examples:

- **Transportation**
- **Child care**
- **Language barriers or lack of interpreters**
- **Specific cultural issues**
- **Too few child or adult therapists**
- **Lack of psychiatrists or tele-psychiatry services**
- **Delays in service**
- **Restrictive time window to schedule an appointment**

ACCESS BY UNSERVED AND UNDER-SERVED COMMUNITIES

One goal of the Mental Health Services Act (MHSA) is to reach unserved and underserved communities, especially communities of color. The MHSA promotes outreach into these communities to engage these communities in services. If individuals and families in these communities are not accessing services, then we may need to explore new ways of reaching them. Or, we may need to change our programs to meet their mental health needs in ways that better complement their culture.

From data the counties report to the state, we can see how many individuals living in your county are eligible for Medi-Cal, and of those individuals, how many received mental health services. Are you serving the Medi-Cal clients who need your services?

San Bernardino County Data:

Figure 6a. San Bernardino Medi-Cal Average Monthly Unduplicated Eligibles, by Race/Ethnicity CY12

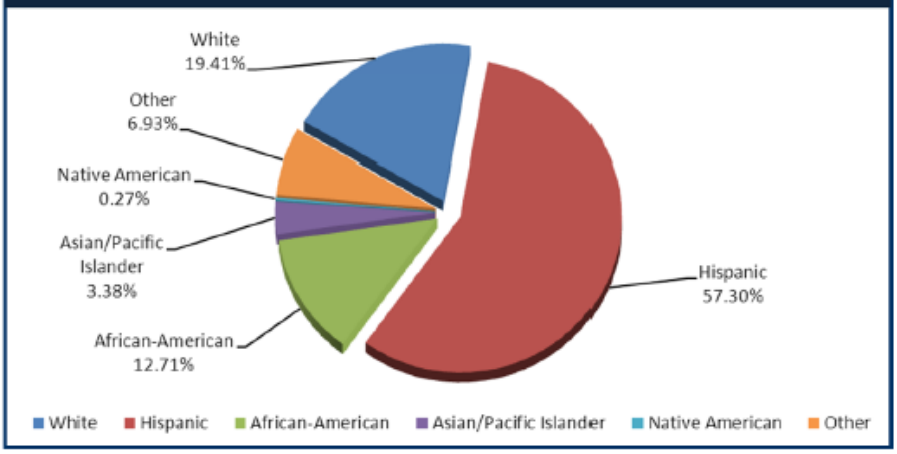
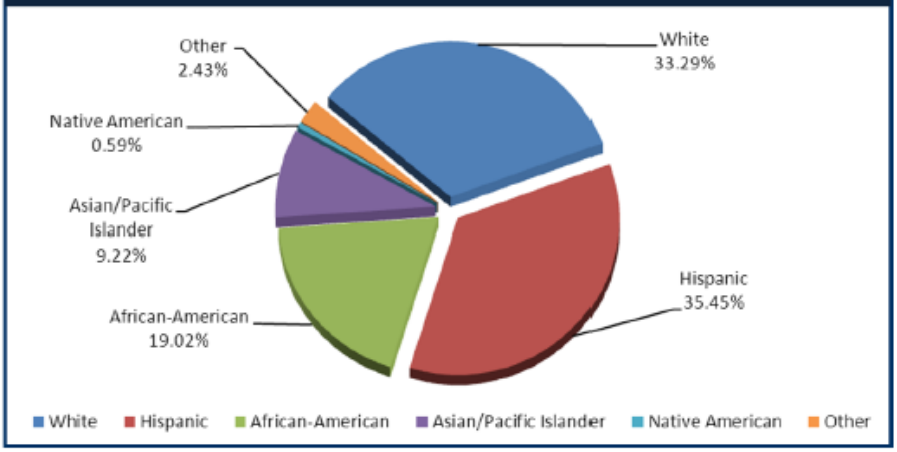


Figure 6b. San Bernardino Medi-Cal Beneficiaries Served, by Race/Ethnicity CY12



9. Is there a big difference between the race/ethnicity breakdown on the two charts? Do you feel that the group(s) that need services in your county are receiving services?

10. What outreach efforts are being made to reach minority groups in your community?

11. Do you have suggestions for improving outreach to and/or programs for underserved groups?

CLIENT ENGAGEMENT IN SERVICES

One MHSA goal is to connect individuals to services they need to be successful. Clients who stop services too soon may not achieve much improvement, nor is it likely to last. So it is important to measure not only who comes in for treatment, but also how long they stay in services. Here we are considering individuals with high service needs, not someone who just needs a 'tune-up.' Although not every individual needs the same amount of services, research shows that when someone with severe mental illness continues to receive services over time, their chances of recovery increase.

Engagement in services, also called 'retention rate', is important to review. If individuals come in, receive only one or two services and never come back, it may mean the services were not appropriate, or that the individual did not feel welcome, or some other reason that should be explored. Again, we recognize that some individuals only need minimal services, but here we are looking at those with severe mental illness. Ultimately, the goal is to ensure they are getting needed services and are on the road to recovery. But we would not know that unless we look at how many services individuals received over time.

The chart below shows the number of Medi-Cal beneficiaries in your county who received 1, or 2, or 3, or 4, or 5, or more than15 mental health services during the year. For individuals experiencing severe mental illness, the more engaged they are in services, the greater the chance for lasting improvements in mental health.

SAN BERNARDINO County MHP Medi-Cal Services Retention Rates CY12

	SAN BERNARDINO			STATEWIDE			
Number of Services Approved per Beneficiary Served	# of beneficiaries	%	Cumulative %	%	Cumulative %	Minimum %	Maximum %
1 service	2,707	10.02	10.02	9.38	9.38	4.90	18.87
2 services	2,511	9.30	19.32	6.29	15.67	0.00	12.84
3 services	1,826	6.76	26.08	5.38	21.06	2.94	11.11
4 services	1,795	6.65	32.72	4.93	25.98	1.93	9.40
5 - 15 services	10,444	38.67	71.39	32.38	58.36	21.24	40.93
> 15 services	7,728	28.61	100.00	41.64	100.00	23.68	60.46

Prepared by APS Healthcare / CAEQRO

Source: Short-Doyle/Medi-Cal approved claims as of 11/22/2013; Inpatient Consolidation approved claims as of 12/26/2013

Note: Number of services is counted by days for any 24 hours and day services, and by visits or encounters for any outpatient services

12. Do you think your county is doing a good job at keeping clients engaged in services? If yes, how? If not, why?

13. For those clients receiving less than 5 services, what is your county doing to follow-up and re-engage those individuals for further mental health services?

14. Looking at the previous chart of who is being served by race/ethnicity in your county, do you have any thoughts or ideas to share regarding your county's engagement of underserved communities?

CLIENT OUTCOMES: Consumer Perception Survey (August 2013)

Ultimately, the reason we provide mental health services is to help individuals manage their mental illness and to lead productive lives. We have selected two questions from the Consumer Perception Survey which capture this intention. One question is geared toward adults of any age, and the other is for children and youth under 18.

Below are the data for responses by clients in your county to these two questions.

For general comparison, statewide reference data for various sized counties are shown in the tables on page 19.

The total numbers of surveys completed for Adults or Children/Youth in your county are shown separately in the tables below, under the heading "**Total**."

Q1. Adults. As a direct result of the services I received, I deal more effectively with daily problems.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	**Total**
Number of Responses	5	21	113	243	195	577
Percent of Responses	0.9 %	3.6 %	19.6 %	42.1 %	33.8 %	100.0 %

Q2. Children/Youth. As a result of services my child and/or family received, my child is better at handling daily life.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	**Total**
Number of Responses	11	35	122	322	214	704
Percent of Responses	1.6 %	5.0 %	17.3 %	45.7 %	30.4 %	100.0 %

15. Are the data consistent with your perception of the effectiveness of mental health services in your county?

16. Do you have any recommendations for improving effectiveness of services?

17. Many counties experience very low numbers of surveys completed. Do you have suggestions to increase the response rate?

18. Lastly, but perhaps most important overall, with respect to delivery of services, do you have suggestions regarding any of the following:

a. **Specific unmet needs or gaps in services**

b. **Improvements to, or better coordination of, existing services**

c. **New programs that need to be implemented to serve individuals in your county**

<END>

REFERENCE DATA: for general comparison with your county MHP results

Adult & Older Adult Results by CountySize: I deal more effectively with daily problems

			I deal more effectively with daily problems					
			Strongly Disagree	Disagree	I am neutral	Agree	Strongly Agree	Total
CountySize	Large	Count	73	246	1168	2579	2529	6595
		% within CountySize	1.1%	3.7%	17.7%	39.1%	38.3%	100.0%
	Los Angeles	Count	48	147	711	1750	1759	4415
		% within CountySize	1.1%	3.3%	16.1%	39.6%	39.8%	100.0%
	Medium	Count	39	113	475	1114	1044	2785
		% within CountySize	1.4%	4.1%	17.1%	40.0%	37.5%	100.0%
	Small	Count	8	53	178	469	425	1133
		% within CountySize	.7%	4.7%	15.7%	41.4%	37.5%	100.0%
	SmallRural	Count	5	11	60	111	108	295
		% within CountySize	1.7%	3.7%	20.3%	37.6%	36.6%	100.0%
Total		Count	173	570	2592	6023	5865	15223
		% within CountySize	1.1%	3.7%	17.0%	39.6%	38.5%	100.0%

Youth & Family Results Combined by CountySize: I/my child am/is better at handling daily life

			I/my child am/is better at handling daily life					
			Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree	Total
CountySize	Large	Count	179	414	2195	5046	2983	10817
		% within CountySize	1.7%	3.8%	20.3%	46.6%	27.6%	100.0%
	Los Angeles	Count	98	183	898	2598	1409	5186
		% within CountySize	1.9%	3.5%	17.3%	50.1%	27.2%	100.0%
	Medium	Count	41	102	516	1330	636	2625
		% within CountySize	1.6%	3.9%	19.7%	50.7%	24.2%	100.0%
	Small	Count	17	33	158	372	188	768
		% within CountySize	2.2%	4.3%	20.6%	48.4%	24.5%	100.0%
	SmallRural	Count	0	5	37	61	39	142
		% within CountySize	.0%	3.5%	26.1%	43.0%	27.5%	100.0%
Total		Count	335	737	3804	9407	5255	19538
		% within CountySize	1.7%	3.8%	19.5%	48.1%	26.9%	100.0%

County Mental Health Plan Size: Categories are based upon DHCS definitions by county population.

- Small-Rural MHPs = Alpine, Amador, Calaveras, Colusa, Del Norte, Glenn, Inyo, Lassen, Mariposa, Modoc, Mono, Plumas, Siskiyou, Trinity

- Small MHPs = El Dorado, Humboldt, Imperial, Kings, Lake, Madera, Mendocino, Napa, Nevada, San Benito, Shasta, Sutter/Yuba, Tehama, Tuolumne

- Medium MHPs = Butte, Marin, Merced, Monterey, Placer/Sierra, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz, Solano, Sonoma, Stanislaus, Tulare, Yolo

- Large MHPs = Alameda, Contra Costa, Fresno, Kern, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, Santa Clara, Ventura

- Los Angeles' statistics are excluded from size comparisons, but are included in statewide data.

Total Values (in Tables above) = include all statewide data received by CiMH for these survey items.

REMINDER:

Thank you for your participation in completing your Data Notebook report.

Please feel free to provide feedback or recommendations you may have to improve this project for the following year. We welcome your input.

Please submit your Data Notebook report by email to:

DataNotebook@CMHPC.CA.GOV

Or, you may submit a printed copy by postal mail to:

- **Data Notebook Project**
- **California Mental Health Planning Council**
- **1501 Capitol Avenue, MS 2706**
- **P.O. Box 997413**
- **Sacramento, CA 95899-7413**

For information, you may contact either email address above, or telephone:

(916) 449-5249, or

(916) 323-4501

California Mental Health Planning Council