**Behavioral Health Access, April 2015**

Behavioral Health Department

Contra Costa Behavioral Health Services provides most of the Behavioral Health care for CCHP members. The Department is expected to go live on ccLink in November 2015. This will allow them to track traditional measures of timely access to care.

Currently when someone calls the Access Line, they are given referral to three practitioners. It is up to the patient to call the providers to set an appointment. Behavioral Health staff follow up about a week later to make sure the patient was able to get an appointment.

From June 1, 2014 through Dec. 31, 2014, 2070 patients called the Access Line for referral for mild to moderate severity. The disposition of the patients was as follows:

986 had bad contact information or did not return the call

600 had made an appointment

297 had not yet called for an appointment

110 needed new referrals

46 had changed their mind and no longer wanted an appointment

30 other

A rough analysis was done on those who attended an appointment. The average time from referral to appointment was about 59 days, median 31. This suggests some are waiting a long time to call for an appointment. The standard for wait time is 10 business days. Contracts specify that providers must return calls within one business day and offer an appointment within ten days. If patients report difficulty getting an appointment, BH staff follow up with the provider. Access Line wait times are quite long and there is an abandonment rate of 33%. NCQA Accreditation standards specify that we must measure against their standard of 5% abandonment.

Conclusion: There does not appear to be a problem with patients who want an appointment getting one, once they reach someone on the phone. It is uncertain how long patients are having to wait to get the appointment. It may be above the 10 business days standard, but we cannot tell from current data because some patients delay calling for an appointment.

Follow up: Behavioral Health Department is preparing to go live with the electronic health record. Part of their planning is to be able to give more concrete data on wait times for appointments. We will present the data in next year’s timely access report to Quality Council. In the interim, the CCHP CEO will continue to receive updates on access at biweekly meetings on integration of behavioral health care with medical care. Quality Director and Counsel to determine whether providers in this network need to be surveyed as part of DMHC’s the Provider Appointment Availability Survey methodology.

Community Provider Network and CCRMC

Members assigned to FQs in the community can receive their Behavioral Health services there. For Commercial members, CCHP also contracts with Behavioral Health provider groups in the community. These were included in the Provider Appointment Availability Survey conducted in late 2014. Each of the provider groups scored 100% on *Non-urgent non-physician mental health provider visits w/in 10 days.* Our two largest FQHCs scored 0%, but we do not think this represents true access. FQs provide mental health services through warm handoffs, so the telephone survey methodology is not applicable. Behavioral Health providers at CCRMC were not included in the methodology, and CCRMC does not measure access to that service.

Conclusion: We have not been able to measure BH access at FQs, and have not measured at CCRMC. Access for commercial members through contracted CPN groups was 100% compliant with standards.

Follow Up: CCHP leadership and Quality Director to determine how to comply with DMHC requirements to measure BH timely access to care and to get reliable data at CCRMC and Community FQs.