

Accessibility June 2016

Access to care is a concept that can be measured in many ways. Some frequently seen means of looking at access to care include:

- The number of days it takes to get into care when one makes the request;
- The distance one needs to travel to receive care;
- The hours crisis care is available and how long one needs to wait to receive crisis care; and
- The numbers of persons receiving care from populations that are typically underserved.

Some information on these dimensions is summarized below.

Results for DCH performance indicators related to Access to care for FY14

99.4% of persons requesting a pre-admission screening for psychiatric hospitalization had the decision made within 3 hours.

DCH performance standard 95%

100% of persons requesting non-emergency service received a face to face assessment with a professional within 14 calendar days.

DCH performance standard 95%

100% of persons requesting service after receiving an assessment received a face to face service within 14 calendar days.

DCH performance standard 95%

100% of persons discharged from psychiatric inpatient unit have been provided a face to face service within 7 calendar days.

DCH performance standard 95%

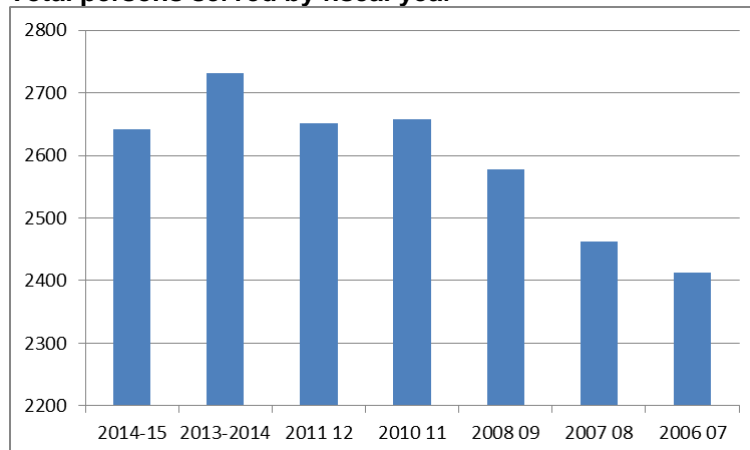
Other factors contributing to accessibility of services

- **Services available at 7 sites located throughout the county. Most services are provided on an outreach basis.**
- **Initial assessments are offered on a walk in basis so persons do not need to wait for an appointment.**
- **Crisis services offered at VBCMh locations throughout the county as well as at both hospital emergency rooms and jail.**
- **Crisis services available 24 hours a day 365 days per year accessible through toll free phone line.**

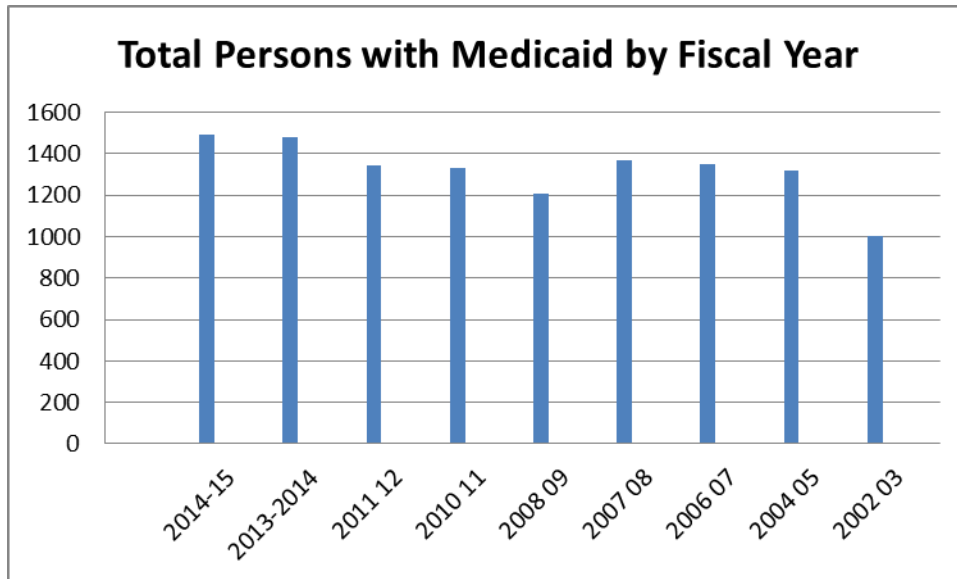
Persons served by fiscal year: Multi year comparison

Persons with Medicaid, children, and persons of ethnic minority are often considered to be underserved in the mental health system nationally. VBCMh continued to serve a higher number of customers in each of these groups than in the baseline year of 2007-2008 (and years earlier than that). However, the overall number of persons served decreased last fiscal year due to the financial constraints on the non Medicaid revenue.

Total persons served by fiscal year



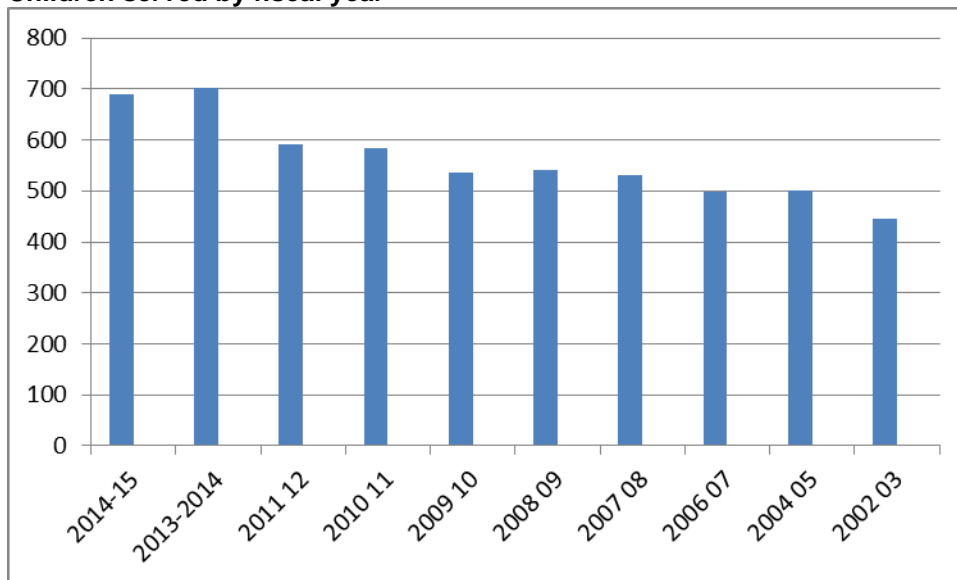
Although no waiting lists for services were started, persons without enrollment in a Medicaid specialty plan who did not meet criteria of serious mental illness were referred to other providers.



Although the overall number of persons served last year decreased, the number of persons served enrolled in Medicaid increased.

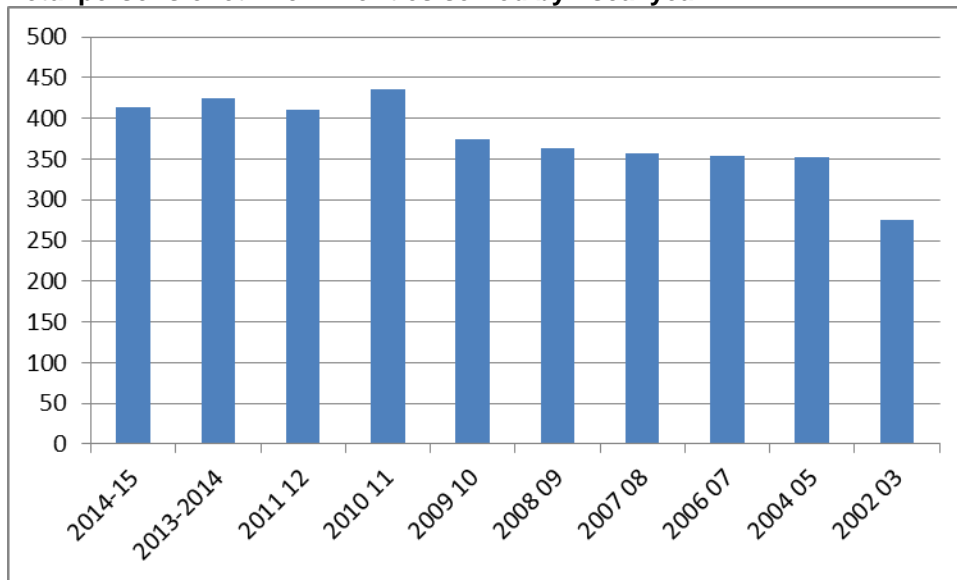
Total number of children served remained higher than years prior to 2012-13. The mostly steady increase in children served is especially significant since the estimated child population of Van Buren has decreased by more than 10% in the past decade.

Children served by fiscal year



Total customers of ethnic minorities served while decreasing slightly from last year also shows significant gains over the baseline year of 2007-08 and earlier.

Total persons of ethnic minorities served by fiscal year



Additional efforts to provide outreach to traditionally underserved populations continue.