

Accessibility June 2022

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 DHHS performance indicators related to Access to care for FY19

100% of persons (410 of 410) requesting a pre-admission screening for psychiatric hospitalization had the decision made within 3 hours. **DHHS performance standard 95%**

99.8% of persons (440/441 requesting non-emergency service received a face to face assessment with a professional within 14 calendar days. **performance standard 95%**

99.1% of persons (223/225) requesting service after receiving an assessment received a face to face service within 14 calendar days. **performance standard 95%**

100% of persons (114/114) discharged from psychiatric inpatient unit have been provided a face to face service within 7 calendar days. **DHHS performance standard 95%**

Other factors contributing to accessibility of services

- **Services available at 8 sites located throughout the county. Most services are provided on an outreach basis. Since early in the pandemic, services made available by phone and video which has been appreciated by many.**
- **Crisis services available 24 hours a day 365 days per year accessible through toll free phone line.**
- **Crisis services offered at VBCMh locations throughout the county as well as at both hospital emergency rooms and jail.**

Addressing disparities in Access rates based on demographic categories

Persons with Medicaid, children, older adults and persons of ethnic minority are often considered to be underserved in the mental health system nationally. Addressing the disparities that exist nationwide in accessing needed services continues to get increased attention. VBCMh continues to monitor the number of customers in each of these groups served. The positive trends that we have seen in the past of serving more persons in these categories than our baseline years continued.

In partnership with the state and SWMBH, VBCMh is working to get more sophisticated in our data analysis in this area. For example, statewide, communities of color have a lower rate of follow up care after discharge from an inpatient psychiatric hospitalization. The state breaks this data down by quarter and by adults vs youth and the numbers in Van Buren tend to be 0 to 1 served in a quarter. Most quarters 100% meet the standards even when no exceptions for no showing or cancelling appointments are allowed. The small numbers served in any given quarter make analysis difficult as the variation between 0 and 100% is not statistically significantly different. As indicators with larger numbers are reviewed we may find issues that we can work to address.

As we continue to study our data and consider ways to improve access to our services, VBCMh is also a partner with the Van Buren Cass District Health Department through the Community Health Committee on a grant to address health care disparities for older adults in the county. This grant involves multiple collaborative partners seeking to learn more about root causes of the poorer health outcomes experienced by minority older adults and to develop a plan for action to address those root causes.