



# SONOMA COUNTY DEPARTMENT OF HEALTH SERVICES BEHAVIORAL HEALTH DIVISION

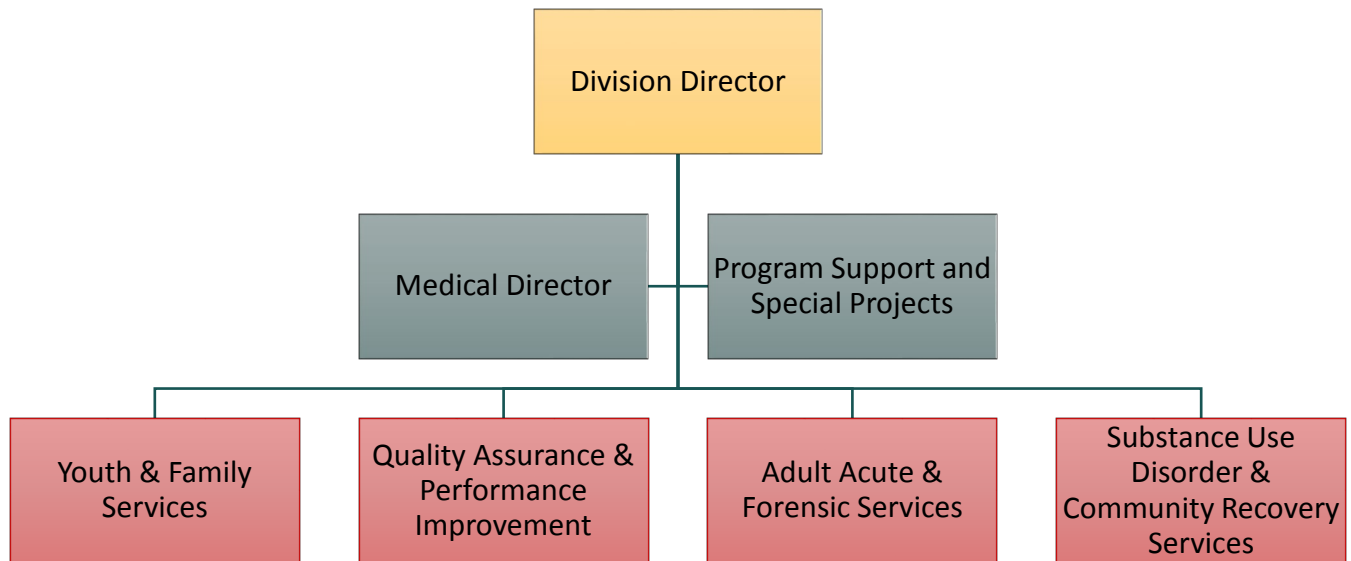
Bill Carter, LCSW  
Behavioral Health Director

## ANNUAL QUALITY IMPROVEMENT WORK PLAN EVALUATION FISCAL YEAR 2018—2019

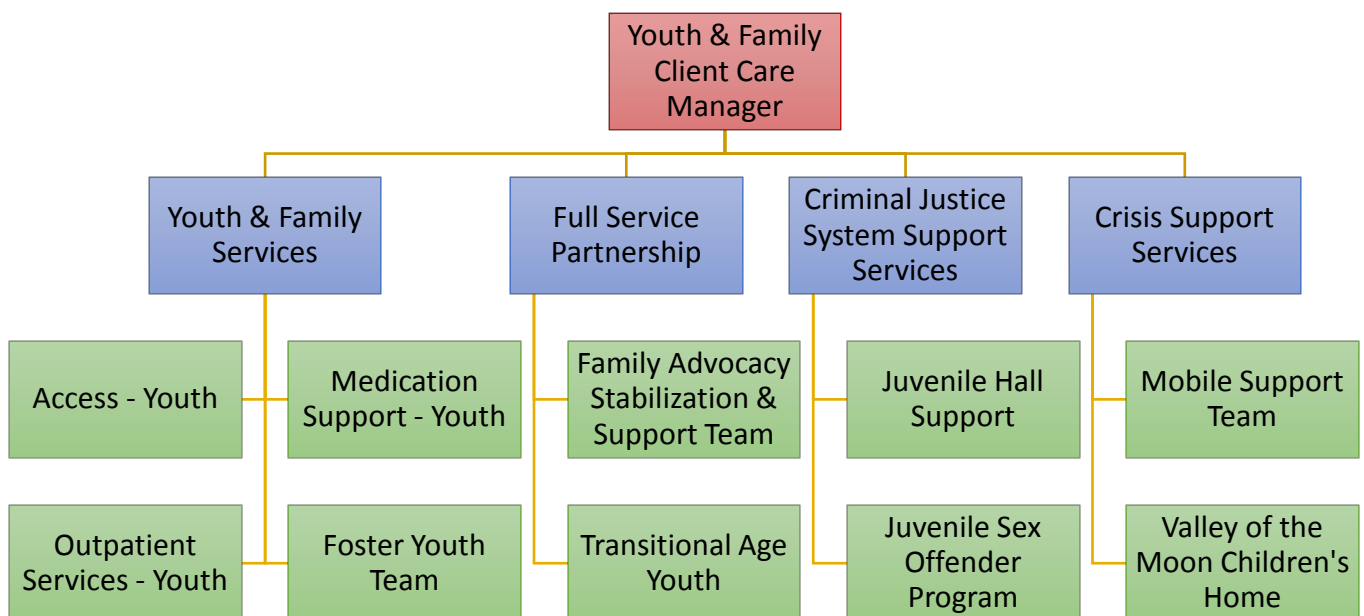
The Quality Improvement Plan is a required element of the Quality Management Program, as specified by DHCS contract, Exhibit A Attachment I (relevant sections: 22-25), and by CCR Title 9, Chapter 11, § 1810.440.

# Overview of Sonoma County Behavioral Health Division Organizational Chart – October 2018

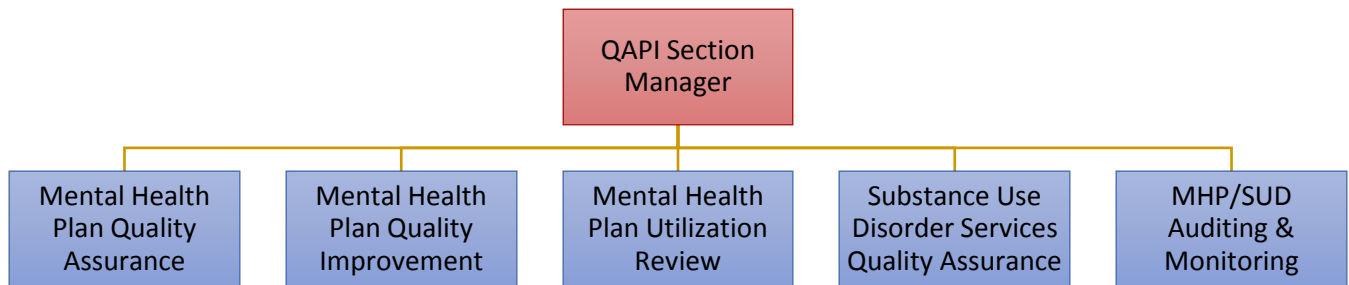
## Behavioral Health Division



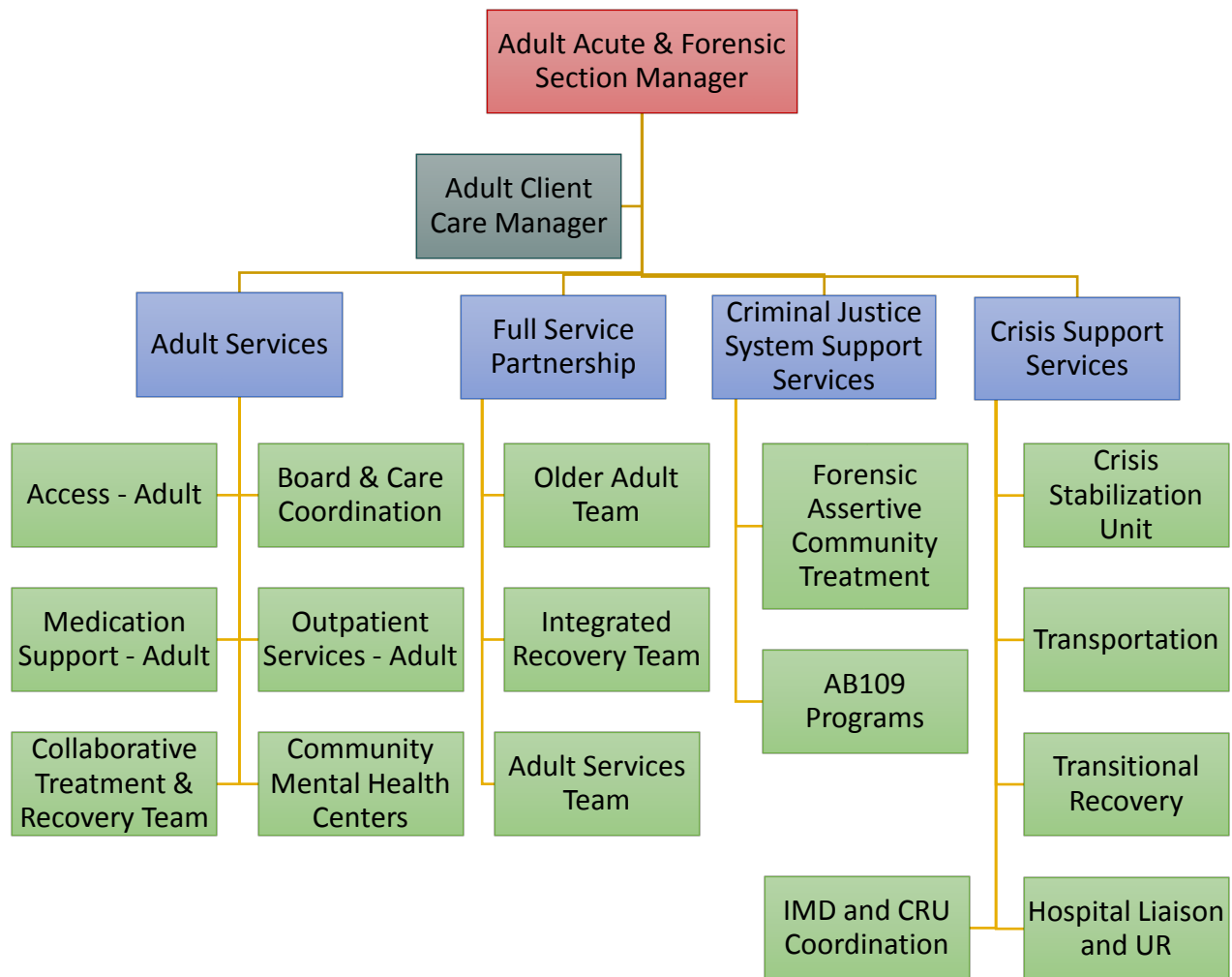
## Youth & Family Services



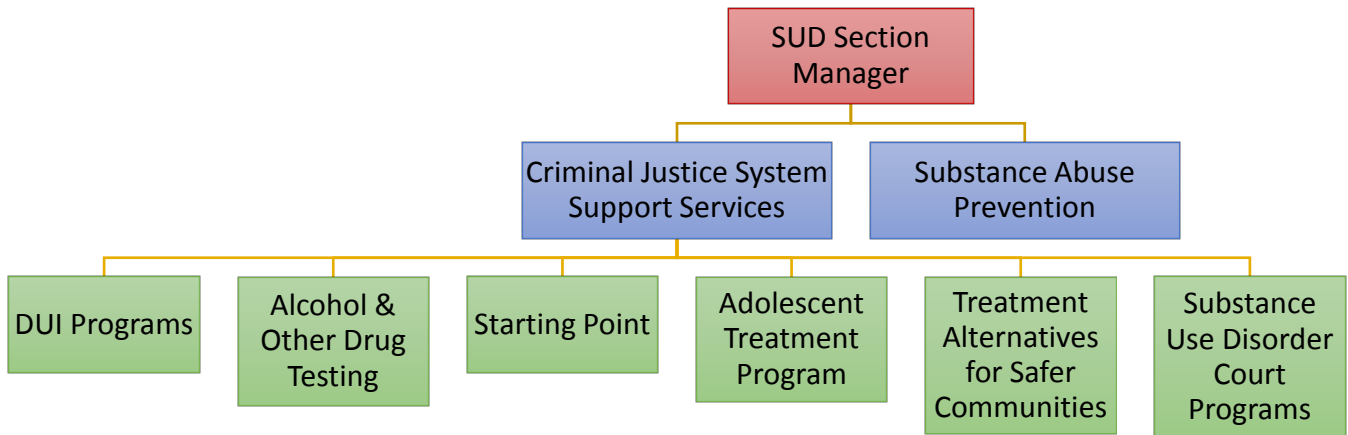
## Quality Assurance & Performance Improvement (QAPI)



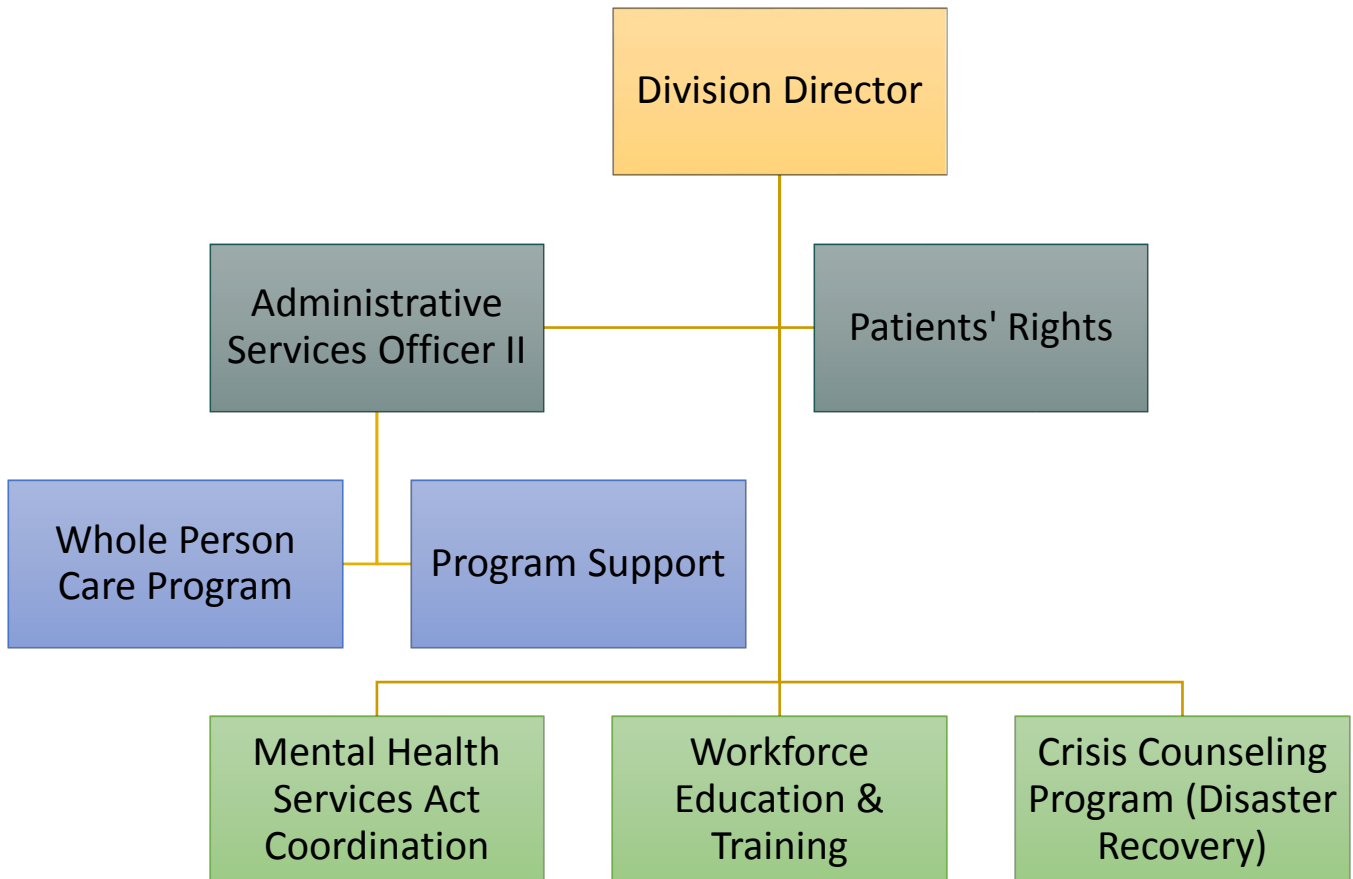
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Goal	Goal Descriptions	Page
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## SUMMARY OF QUALITY IMPROVEMENT PLAN GOALS

Goal Status	Goal Count	Percentage
<b>Goals Met</b>	13/32 Goals	40.63%
<b>Goals Partially Met</b> (Goals scored "Partially Met" if results were > 75% of target)	8/32 Goals	25.00%
<b>Goals Not Met</b>	6/32 Goals	18.75%
<b>Goals Not Evaluated</b>	5/32 Goals	15.63%

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## SECTION 1: SERVICE DELIVERY CAPACITY

**GOAL 1.1:** The MHP will continue to track the number, service type, and geographic distribution of mental health services provided by Sonoma County Behavioral Health and contractors.

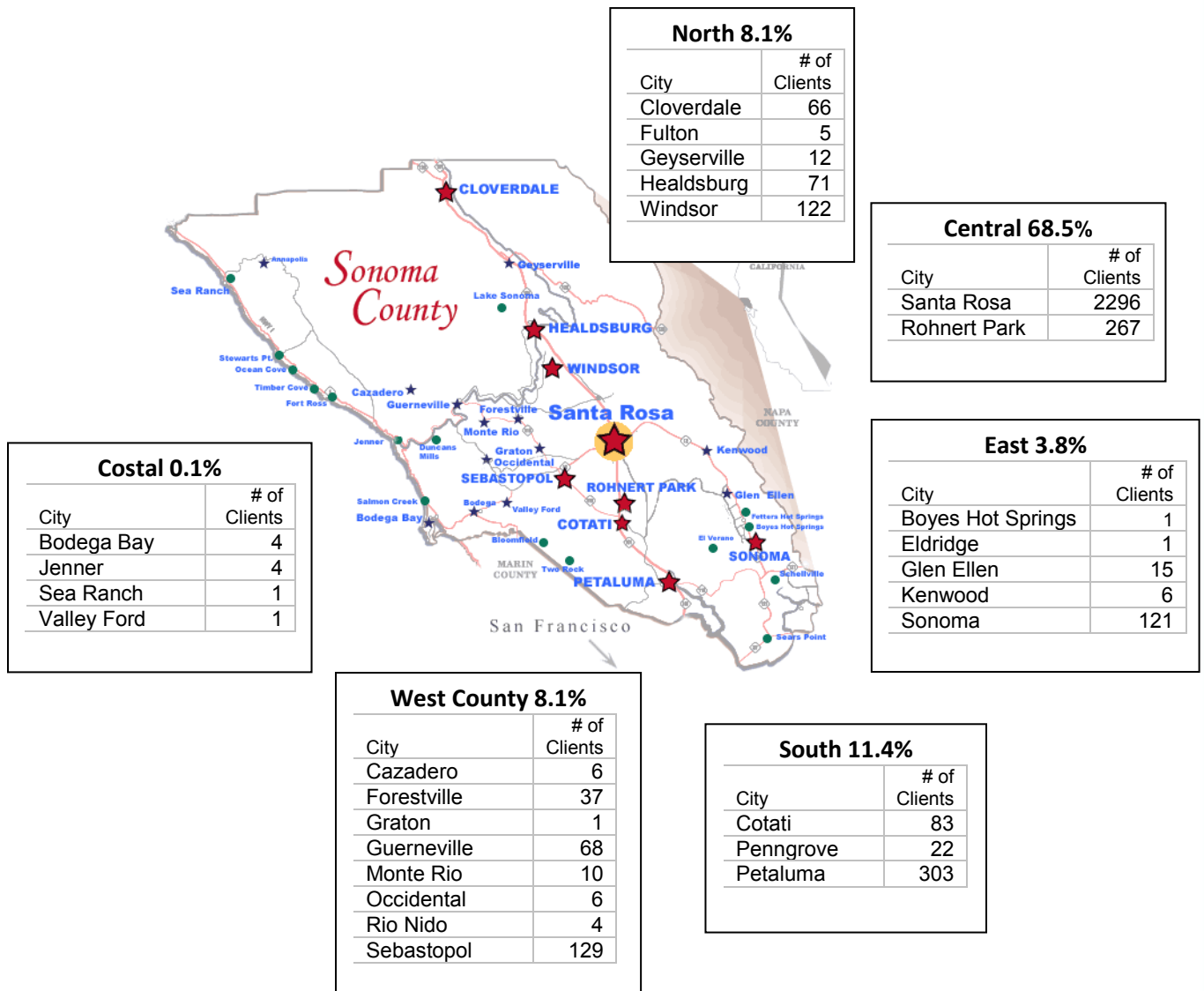
### PROCESS USED TO EVALUATE

Sonoma MHP Network Adequacy Database – data system tracking all network providers, sites, and organizations.  
 Sonoma County Provider Directory – [Provider Directory English](#); [Provider Directory Spanish](#)  
 AVATAR Demographic Data Reports

**RESPONSIBLE STAFF** – QI Manager

### RESULTS

Sonoma County continued to track the MH services and contract providers.



**GOAL MET**



**GOAL 1.2: Increase the number of Hispanic/Latino clients receiving mental health treatment by SCBH by 5% from 899 in FY17-18 to 944 in FY18-19.**

**PROCESS USED TO EVALUATE**

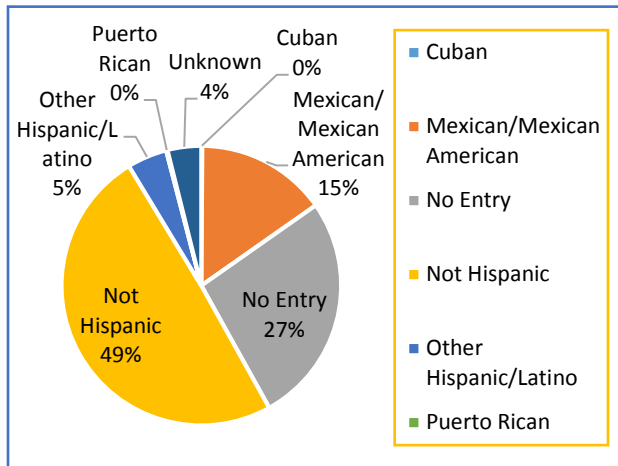
Avatar – Demographic Report

**RESPONSIBLE STAFF** – QI Manager

**RESULTS**

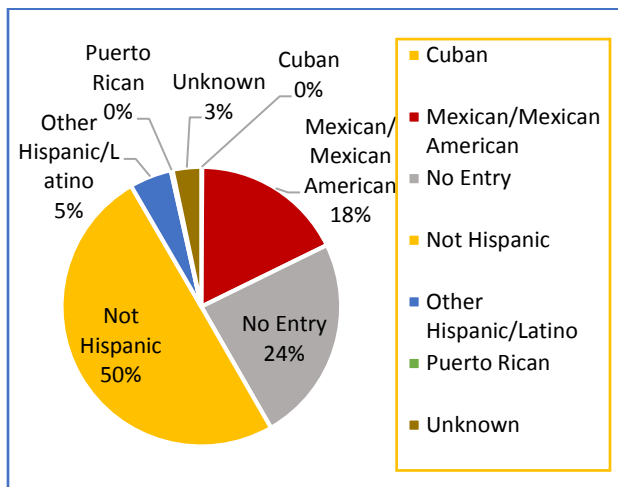
Based on CSI data, during Fiscal Year 2017-18, Sonoma County Behavioral Health served a total of 899 unique Hispanic/Latino clients, 20.0% of 4489 unique clients served.

**Fiscal Year 2017-2018**



Ethnicity	# of Clients	%age of Total
Cuban	5	0.12%
Mexican/Mexican American	680	15.64%
No Entry	1197	27.46%
Not Hispanic	2218	47.91%
Other Hispanic/Latino	207	4.79%
Puerto Rican	7	0.16%
Unknown	175	3.92%
<b>Grand Total</b>	<b>4489</b>	<b>100.00%</b>

**Fiscal Year 2018-2019**



Ethnicity	# of Clients	%age of Total
Cuban	4	0.10%
Mexican/Mexican American	688	17.64%
No Entry	934	23.95%
Not Hispanic	1947	49.92%
Other Hispanic/Latino	190	4.87%
Puerto Rican	8	0.21%
Unknown	129	3.31%
<b>Grand Total</b>	<b>3900</b>	<b>100.00%</b>

Based on CSI data, during Fiscal Year 2018-19, Sonoma County Behavioral Health served a total of 1019 unique Hispanic/Latino clients, 26.1% of 3900 unique clients served. This is an increase in the percentage served compared to total clients, and an 11.8 % increase in the total number of Hispanic/Latino clients served overall.

**GOAL MET**

**GOAL 1.3:** SCBH will provide at least one mandatory staff training in FY18-19, and the topic of the training will be one of the three highest needs identified in the FY16-17 Cultural Responsiveness Staff Survey. At least 50% of staff will report an increase in knowledge in the topic.

**PROCESS USED TO EVALUATE**

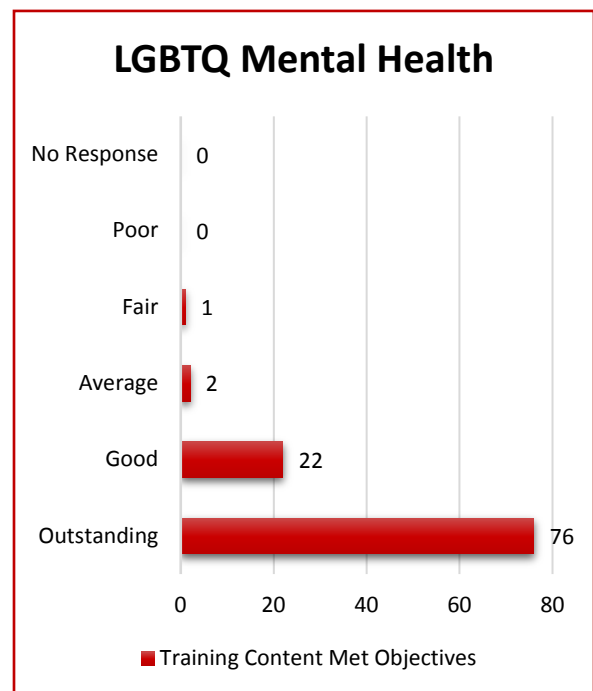
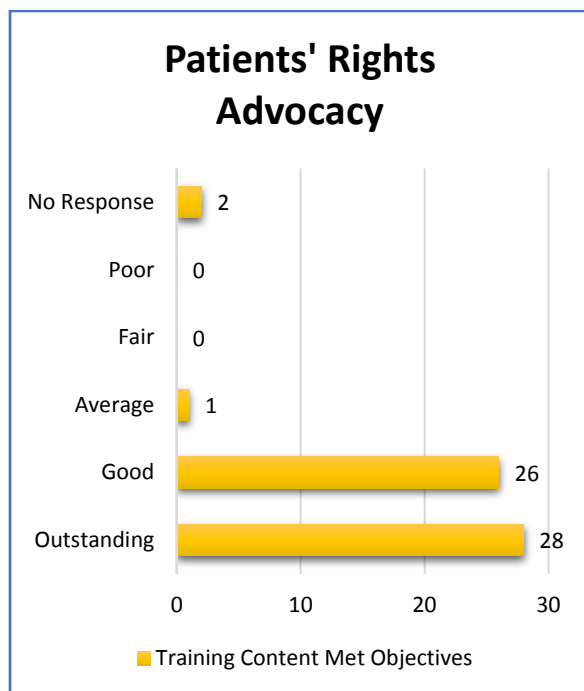
Staff Development Training CEU Program Evaluation Forms

**RESPONSIBLE STAFF** – QI Manager and CIP Manager.

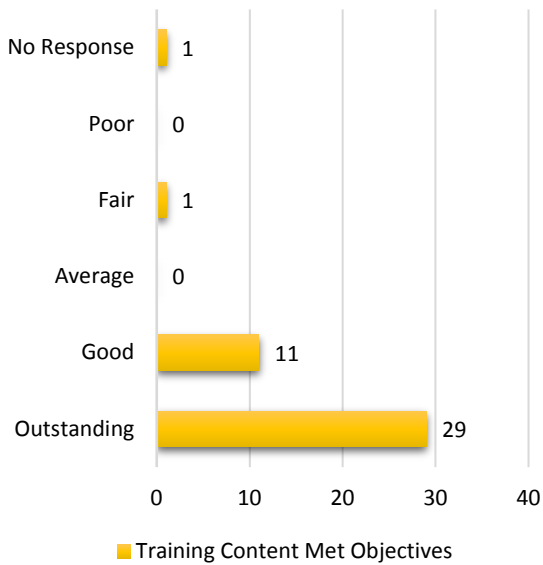
**RESULTS**

SCBH held or sponsored five staff development training opportunities in FY18-19 to further cultivate cultural competency among staff.

	Date	Training	Facilitated by
1	10/3/2018	Patients' Rights Advocacy: History, Process and Resources	Bill SmithWaters, Frank SmithWaters
2	1/11/2019	Mi Futuro Event	All Day Conference Event
3	5/1/2019	LGBTQ Mental Health Training	Jessie Hankins, Jessica Carrol
4	5/17/2019	Older Adult Depression: An Integrated Approach to Improving Outcomes through Collaborative Care	Ladson Hinton, Patrick Arbore, Todd Finnemore
5	6/5/2019	Recovery in Action: A Peer Perspective	Sean Bolan, Sean Kelson, Kate Roberge, Susan Standen



### Older Adult Depression



### Peer Perspective



Staff/Attendees were asked to rate their knowledge of strategies to assist clients of culturally diverse communities. Staff reported overall high marks for all trainings listed above meeting their training objectives.

**GOAL MET**

**GOAL 1.4: Support bilingual and bicultural staff working towards licensure to increase the number of bilingual and bicultural Behavioral Health Interns that become licensed clinicians by offering five licensure support trainings in FY 18-19.**

#### PROCESS USED TO EVALUATE

Licensure Test Prep Support Program Calendar

**RESPONSIBLE STAFF** – QI Manager

#### RESULTS

The Workforce Education and Training Coordinator position was eliminated and folded into the MHSA coordinator's position. The Licensure Support Program was therefore shifted into a new, weekly Clinical Supervision group facilitated by the QI Manager and QI staff. The group began on 3/7/2019 and has continued weekly. This group includes bilingual and bicultural staff working towards licensure. Licensure support trainings are included monthly in this Supervision Group. Four trainings were held in FY 18-19.

**GOAL PARTIALLY MET**

**GOAL 1.5: Increase the FTE for county-funded peer positions by 5%: From 33.61 FTE on 6/30/18 to 35.29 FTE as of 6/30/19.**

**PROCESS USED TO EVALUATE**

Consumer and Family Employment Fiscal Summary FY18-19

**RESPONSIBLE STAFF** – QI Manager

**RESULTS**

	<b>FY17-18</b>	<b>FY18-19</b>	<b>FY17-18</b>	<b>FY18-19</b>
<b>County Contractors</b>	<b># of Employees</b>	<b># of Employees</b>	<b>FTE</b>	<b>FTE</b>
<b>Goodwill Programs:</b>				
Wellness and Advocacy Center	9	11	5.9	11.73
Consumer Relations Program	7	3	3.95	1.74
Interlink Self-Help center	10	10	6.33	6.18
Petaluma Peer Recovery Program	5	5	1.46	1.34
Consumer- Operated Warmline Program	4	N/A	0.95	N/A
Peer Support for Mobile Support Team	3	3	0.95	0.11
Whole Person Care Peer Outreach	N/A	3	N/A	1.21
<b>Buckelew Programs:</b>				
Family Service Coordinator	4	3	2.07	0.90
<b>West County Community Services Programs:</b>				
Russian River Empowerment Center	6	6	3.01	2.93
<b>NAMI:</b>				
CSS (Warmline, MST, Family-to-Family, Family Support Group)	7	N/A	4.56	N/A
PEI (CAPE and TAY)	5	N/A	0.78	N/A
Family Education Advocacy and Support Program	N/A	4	N/A	3.09
<b>Total of County Contractors</b>	<b>60</b>	<b>48</b>	<b>29.96</b>	<b>29.23</b>
<b>SCBHD Staff</b>	<b># of Employees</b>	<b># of Employees</b>	<b>Working extra-help hours equivalent to FTE</b>	<b>Working extra-help hours equivalent to FTE</b>
Peer Providers				
Peer positions combined EH hours to calculate equivalent FTE	8	6	3.65	1.95
<b>Total FTE for all County-funded peer positions</b>	<b>68</b>	<b>54</b>	<b>33.61</b>	<b>31.18</b>

**Total number of consumer and family member staff at MHSA and other funded programs: 54 employees at 31.18 FTE**

In FY18-19 the FTE for county-funded peer positions was 31.18 FTE, a decrease of 7.23% from FY17-18.

**GOAL NOT MET**

**GOAL 1.6: Documentation in 95% of charts audited for county-run programs and for contractors' programs will show that all consents were completed in the client's primary (threshold) language.**

**PROCESS USED TO EVALUATE**

Chart review checking five required forms Preferred Language Chart Audit Tool; Review of charts

**RESPONSIBLE STAFF – QA Audit Manager**

**RESULTS**

The Quality Management Audit Team review four programs in FY 18-19. Three SCBH programs were reviewed delivering Crisis Stabilization Services, Long Term Care Coordination, and Foster Youth Services. 1 CBO was reviewed delivering Youth Outpatient Services.

Program Audited	Consents in Primary Language	No Consent on File in Primary Language	Compliance Percentage
Program A	7	1	87.5%
Program B	10	0	100.0%
Program C	7	1	87.5%
Program D	7	3	70.0%
Totals	31	5	86.1%

The Audit Team issued Plans of Correction for Programs not meeting the standard.

**GOAL PARTIALLY MET**

**GOAL 1.7: Documentation in 95% of charts audited of monolingual clients in county-run programs and in contractors' programs will show that all services were conducted in the client's primary language.**

**PROCESS USED TO EVALUATE**

Preferred Language Chart Audit Tool; Review of charts

**RESPONSIBLE STAFF – QA Audit Manager**

**RESULTS**

The Quality Management Audit Team reviewed three programs in FY 18-19 applicable to this metric. These programs include Long Term Care Coordination, Foster Youth Services, and CBO Youth Outpatient Services.

Program Audited	Services in Primary Language	No Documentation of Service Language	Compliance Percentage
Program A	6	0	100.0%
Program B	1	1	50.0%
Program C	3	0	100.0%
Totals	10	1	90.9%

**GOAL PARTIALLY MET**

## SECTION 2: SERVICE ACCESSIBILITY

**GOAL 2.1:** 95% of calls to the 24-hour toll free telephone number will be answered by a live person to provide information to beneficiaries about how to access specialty mental health services.

**Goal Calculation:**  $\frac{\text{Calls Answered and Logged by Optum}}{\text{Total Calls Logged by Optum}} * 100\%$

### PROCESS USED TO EVALUATE

- Access to MH Services Database
- OPTUM Reports

**RESPONSIBLE STAFF** – QI Manager and Access Manager.

### RESULTS

Year - Month	Access Team calls Answered	Access Team calls Abandoned	OPTUM Calls Answered	OPTUM Calls Abandoned	Total Calls Answered	Total Calls Abandoned	Response Percentage
2018 - 07 July	606	49	162	22	768	71	91.5%
2018 - 08 August	585	77	154	8	739	85	89.7%
2018 - 09 September	557	57	137	9	694	66	91.3%
2018 - 10 October	672	59	129	14	801	73	91.6%
2018 - 11 November	531	94	152	7	683	101	87.1%
2018 - 12 December	538	102	128	11	666	113	85.5%
2019 - 01 January	586	114	187	9	773	123	86.3%
2019 - 02 February	429	99	138	6	567	105	84.4%
2019 - 03 March	485	123	160	4	645	127	83.5%
2019 - 04 April	486	150	165	15	651	165	79.8%
2019 - 05 May	580	29	144	9	724	38	95.0%
2019 - 06 June	424	94	143	8	567	102	84.8%
<b>FY Total =</b>	<b>6479</b>	<b>1047</b>	<b>1799</b>	<b>122</b>	<b>8278</b>	<b>1169</b>	<b>87.6%</b>
<b>FY Monthly Average =</b>	540	87	150	10	690	97	87.7%

87.6% of calls to the 24-hour toll free number at the Access team and/or OPTUM with requests for specialty mental health services were answered by a live person.

**GOAL PARTIALLY MET**



**GOAL 2.2: 100% of non-urgent after-hours callers requesting Specialty Mental Health Services will receive a call back the next business day.**

**Goal Calculation:**  $\frac{\text{Total Screenings Completed}}{\text{After-Hours Calls Referred to Access for Callback}} * 100\%$

**PROCESS USED TO EVALUATE**

- OPTUM Logs
- Access to Mental Health Services Database.

**RESPONSIBLE STAFF** – QI Manager and Access Manager.

**RESULTS**

Call Year – Month	After-Hours Calls Referred to Access for Callback	Adult Clinical Screenings Completed	Youth Clinical Screenings Completed	Total Screenings Completed	% of Non-urgent after hours requests clinically screened
2018 - 07 July	40	37	3	40	100.0%
2018 - 08 August	41	38	3	41	100.0%
2018 - 09 September	33	31	2	33	100.0%
2018 - 10 October	37	30	7	37	100.0%
2018 - 11 November	43	37	6	43	100.0%
2018 - 12 December	28	26	2	28	100.0%
2019 - 01 January	46	38	8	46	100.0%
2019 - 02 February	29	24	5	29	100.0%
2019 - 03 March	22	21	1	22	100.0%
2019 - 04 April	35	31	4	35	100.0%
2019 - 05 May	29	26	3	29	100.0%
2019 - 06 June	37	34	3	37	100.0%
<b>Totals =</b>	<b>420</b>	<b>373</b>	<b>47</b>	<b>420</b>	<b>100.0%</b>

420/420 or 100% of calls logged by OPTUM as needing specialty mental health services and referred to Access called back the next business day.

**GOAL MET**



**GOAL 2.3: 95% of the adult beneficiaries who are screened as needing an urgent mental health assessment will receive services within 2 business days.**

**Goal calculation:**  $\frac{\text{Assessments Under 2 B.Days}}{\text{Total Urgent Requests}} * 100\%$

**PROCESS USED TO EVALUATE**

Access to MH Services Database  
Avatar & SWITS

**RESPONSIBLE STAFF** – QI Manager and Access Manager

**RESULTS**

**Adults**

Year - Month	Urgent Requests To Access	Attended under 2 B days	MST/CAPE Requests	MST Contacts Under 2 B Days	CSU Walk-Ins	CSU Admits Under 2 B days	Total Urgent Request	Assessment Under 2 B days	% Met Standard
2018 - 07 July	20	4	27	26	25	25	72	55	76.4%
2018 - 08 August	13	4	24	23	34	34	71	61	85.9%
2018 - 09 September	10	7	26	25	24	24	60	56	93.3%
2018 - 10 October	4	0	36	35	15	15	55	50	90.9%
2018 - 11 November	15	8	26	25	27	27	68	60	88.2%
2018 - 12 December	6	5	21	21	15	15	42	41	97.6%
2019 - 01 January	9	2	29	26	25	25	63	53	84.1%
2019 - 02 February	5	0	24	22	25	25	54	47	87.0%
2019 - 03 March	1	1	23	23	32	32	56	56	100.0%
2019 - 04 April	3	0	33	29	27	27	63	56	88.9%
2019 - 05 May	4	2	25	24	39	39	68	65	95.6%
2019 - 06 June	3	0	23	22	36	36	62	58	93.5%
<b>Grand Totals</b>	<b>93</b>	<b>33</b>	<b>317</b>	<b>301</b>	<b>324</b>	<b>324</b>	<b>734</b>	<b>658</b>	<b>89.6%</b>

89.6% of adults who were screened as needing an urgent mental health assessment received services within 2 business days.

**Youth**

Year - Month	Urgent Requests To Access	Attended under 2 B days	MST/CAPE Requests	MST Contacts Under 2 B Days	CSU Walk-Ins	CSU Admits Under 2 B days	Total Urgent Request	Assessment Under 2 B days	% Met Standard
2018 - 07 July	3	0	5	5	0	0	8	5	62.5%
2018 - 08 August	0	0	7	7	0	0	7	7	100.0%
2018 - 09 September	3	0	8	8	0	0	11	8	72.7%
2018 - 10 October	0	0	13	12	0	0	13	12	92.3%
2018 - 11 November	0	0	15	15	0	0	15	15	100.0%
2018 - 12 December	1	0	7	7	0	0	8	7	87.5%
2019 - 01 January	1	0	4	4	0	0	5	4	80.0%
2019 - 02 February	1	0	8	7	2	2	11	9	81.8%
2019 - 03 March	0	0	12	10	0	0	12	10	83.3%
2019 - 04 April	2	0	12	12	0	0	14	12	85.7%
2019 - 05 May	1	0	6	6	1	1	8	7	87.5%
2019 - 06 June	0	0	3	3	0	0	3	3	100.0%
<b>Grand Totals</b>	<b>12</b>	<b>0</b>	<b>100</b>	<b>96</b>	<b>3</b>	<b>3</b>	<b>115</b>	<b>99</b>	<b>86.1%</b>

86.1% of Youth who were screened as needing an urgent mental health assessment received services within 2 business days.



### Foster Youth

Year - Month	Urgent Requests To Access	Attended under 2 B days	MST/CAPE Requests	MST Contacts Under 2 B Days	CSU Walk-Ins	CSU Admits Under 2 B days	Total Urgent Request	Assessment Under 2 B days	% Met Standard
2018 - 07 July	0	0	0	0	0	0	0	0	100.0%
2018 - 08 August	0	0	0	0	0	0	0	0	100.0%
2018 - 09 September	0	0	0	0	0	0	0	0	100.0%
2018 - 10 October	0	0	0	0	0	0	0	0	100.0%
2018 - 11 November	0	0	1	1	0	0	1	1	100.0%
2018 - 12 December	0	0	0	0	0	0	0	0	100.0%
2019 - 01 January	0	0	0	0	0	0	0	0	100.0%
2019 - 02 February	0	0	2	2	0	0	2	2	100.0%
2019 - 03 March	0	0	1	1	0	0	1	1	100.0%
2019 - 04 April	0	0	2	2	0	0	2	2	100.0%
2019 - 05 May	0	0	1	1	0	0	1	1	100.0%
2019 - 06 June	0	0	0	0	0	0	0	0	100.0%
<b>Grand Totals</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>7</b>	<b>100.0%</b>

100.0% of Foster Youth who were screened as needing an urgent mental health assessment received services within 2 business days.

### Total Beneficiaries

Year - Month	Urgent Requests To Access	Attended under 2 B days	MST/CAPE Requests	MST Contacts Under 2 B Days	CSU Walk-Ins	CSU Admits Under 2 B days	Total Urgent Request	Assessment Under 2 B days	% Met Standard
2018 - 07 July	23	4	32	31	25	25	80	60	75.0%
2018 - 08 August	13	4	31	30	34	34	78	68	87.2%
2018 - 09 September	13	7	34	33	24	24	71	64	90.1%
2018 - 10 October	4	0	49	47	15	15	68	62	91.2%
2018 - 11 November	15	8	41	40	27	27	83	75	90.4%
2018 - 12 December	7	5	28	28	15	15	50	48	96.0%
2019 - 01 January	10	2	33	30	25	25	68	57	83.8%
2019 - 02 February	6	0	32	29	27	27	65	56	86.2%
2019 - 03 March	1	1	35	33	32	32	68	66	97.1%
2019 - 04 April	5	0	45	41	27	27	77	68	88.3%
2019 - 05 May	5	2	31	30	40	40	76	72	94.7%
2019 - 06 June	3	0	26	25	36	36	65	61	93.8%
<b>Grand Totals</b>	<b>105</b>	<b>33</b>	<b>417</b>	<b>397</b>	<b>327</b>	<b>327</b>	<b>849</b>	<b>757</b>	<b>89.2%</b>

89.2% of **all clients** who were screened as needing an urgent mental health assessment received services within 2 business days.

**GOAL PARTIALLY MET**



**GOAL 2.4:** Achieve a 10% increase in the number of assessments attended within 10 business days from date of the initial request for service. From 37.5% in FY17-18 to 41.25% in FY18-19.

Goal calculation:  $\frac{\text{Initial Assessments Attended Under 10 B.Days}}{\text{\# of Initial Assessments Attended}} * 100\%$

**PROCESS USED TO EVALUATE**

Access to MH Services Database and Avatar

**RESPONSIBLE STAFF** – QI Manager and Access Manager

**RESULTS**

	All Services	Adult Services	Children’s Services	Foster Care
Average length of time from first request for service to first clinical assessment	18.1 days (mean)	18.9 days (mean)	17.0 days (mean)	12.6 days (mean)
	12 days (median)	22 days (median)	13 days (median)	9 days (median)
	19.2 Std. Dev.	21.4 Std. Dev.	15.5 Std. Dev.	11.3 Std. Dev.
MHP standard or goal	10 days	10 days	10 days	10 days
Percent of appointments that meet this standard	41.7%	44.7%	37.4%	55.86%
Range	0-140 days	0-140 days	0-136 days	0-66 days

FY17-18 = 37.5% met 10 day standard. FY18-19 = 41.7% met 10 day standard.

**GOAL MET**



**GOAL 2.5:** A 10% increase from the previous FY17-18 in the number of clients that attended an initial psychiatric assessment appointment (if indicated) within 15 business days from date of the initial outpatient mental health assessment. From 65.0% in FY17-18 to 71.5 % in FY18-19.

**Goal calculation:**  $\frac{\text{Initial Psychiatric Appts Attended within 10 Business Days}}{\text{Access Team Avatar Admissions Needing Initial Psychiatric Appt}} * 100\%$

**PROCESS USED TO EVALUATE**

Avatar

**RESPONSIBLE STAFF** – QI Manager and Access Manager

**RESULTS**

	All Services	Adult Services	Children’s Services	Foster Care
<b>Average length of time from first request for service to first psychiatry appointment</b>	12.8 days (mean)	11.0 days (mean)	17.3 days (mean)	12.2 days (mean)
	10 days (median)	9 days (median)	14 days (median)	8 days (median)
	11.3 Std. Dev.	8.9 Std. Dev.	15.3 Std. Dev.	14.0 Std. Dev.
<b>MHP standard or goal</b>	15 days	15 days	15 days	15 days
<b>Percent of appointments that meet this standard</b>	68.8%	75.1%	52.7%	70.9%
<b>Range</b>	<b>1-87 days</b>	<b>1-51 days</b>	<b>1-87 days</b>	<b>1-87 days</b>

68.8% of clients attended an initial psychiatric assessment appointment within 15 business days from the date of the initial outpatient mental health assessment or initial request for psychiatry.

75.1% of adult initial psychiatric appointment attendance met standard.

52.7% of youth initial psychiatric appointment attendance met standard.

70.9% of foster youth initial psychiatric appointment attendance met standard.

**GOAL PARTIALLY MET**



### SECTION 3: BENEFICIARY SATISFACTION

**GOAL 3.1:** Submit completed DHCS Adult, Older Adult, TAY, Youth and Family/Parents of Youth Consumer Perception Satisfaction Survey data during the review period to CIBHS, analyze the results and disseminate the results and analysis to SCBH staff and providers.

**PROCESS USED TO EVALUATE**

DHCS Information Notice 13-14  
Consumer Perception Satisfaction Surveys

**RESPONSIBLE STAFF** – QI Manager

**RESULTS**

County-wide surveys have been distributed and submitted to CIBHS on time per MHSUDS Information Notice No.: 14-007

Surveys completed in Nov 2018 and May 2019

Overall the 861 Consumer Perception Surveys were collected in calendar year 2018 for Sonoma County Behavioral Health. There are a total of 133 scores that are under Satisfaction Threshold. The consumer populations that ranked satisfaction lower than the Satisfaction Threshold and the categories with the under Satisfaction Threshold scores are detailed below.

Consumer Population	Consumer Population Subset	Number of Surveys	Number of Scores Under Satisfaction Threshold	Category of Survey Question
Older Adult	Overall	24	14	<b>Perception of Access:</b> Staff returned my calls within 24 hours The location of services was convenient
				<b>Perception of Participation in Treatment Planning:</b> I, not staff, decided my treatment goals
				<b>Perception of Quality and Appropriateness</b> I was encouraged to use consumer-run programs Staff helped me obtain the information I needed to take charge of managing my illness
				<b>Perception of Outcomes of Services</b> I am getting along better with my family I do better in school and/or work I do better in social situations My housing situation has improved
				<b>Perception of Social Connectedness</b> I am happy with the friendships I have I feel I belong in my community I have people with whom I can do enjoyable things
				<b>Perception of Functioning</b> I am better able to do things that I want to do I do things that are more meaningful to me
	Gender: Male	12	17	<b>Perception of Participation in Treatment Planning</b> I, not staff, decided my treatment goals
			<b>Perception of Quality and Appropriateness</b> I was encouraged to use consumer-run programs Staff helped me obtain the information I needed to take charge of managing my illness Staff told me what side effects to watch out for	

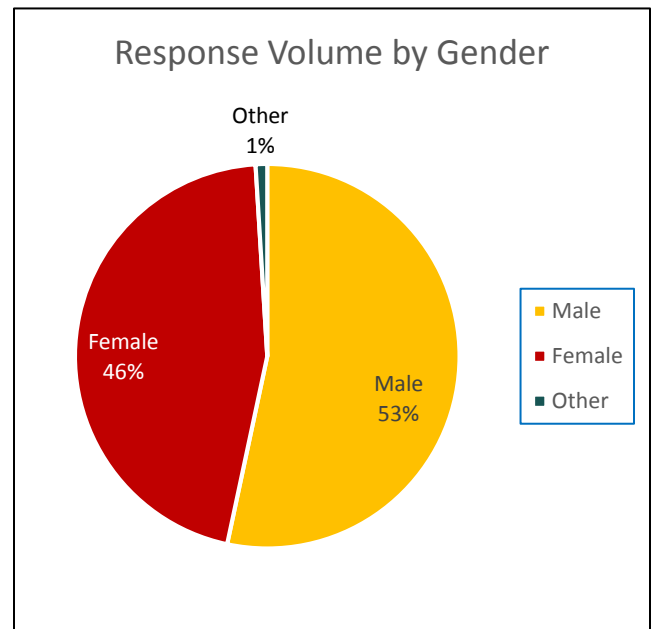
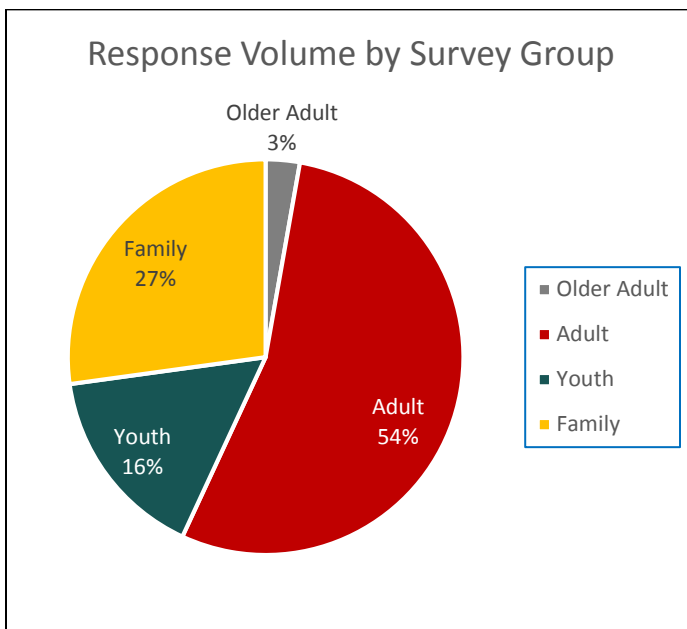
Consumer Population	Consumer Population Subset	Number of Surveys	Number of Scores Under Satisfaction Threshold	Category of Survey Question
				<p><b>Perception of Outcomes of Services</b>            I am better able to control my life            I am getting along better with my family            I do better in school and/or work            I do better in social situations            My housing situation has improved            My symptoms are not bothering me as much</p> <p><b>Perception of Social Connectedness</b>            I am happy with the friendships I have            I feel I belong in my community            I have people with whom I can do enjoyable things            In a crisis, I would have support I need from family or friends</p> <p><b>Perception of Functioning</b>            I am better able to do things that I want to do            I am better able to take care of my needs            I do things that are more meaningful to me            My symptoms are not bothering me as much</p>
	Gender: Female	9	6	<p><b>Perception of Access</b>            Staff returned my calls within 24 hours</p> <p><b>Perception of Participation in Treatment Planning</b>            I, not staff, decided my treatment goals</p> <p><b>Perception of Outcomes of Services</b>            I do better in school and/or work            My housing situation has improved</p> <p><b>Perception of Social Connectedness</b>            I am happy with the friendships I have            I feel I belong in my community</p>
	Gender: Other	1	12	<p><b>General Satisfaction</b>            If I had other choices, I would still get services from this agency</p> <p><b>Perception of Access</b>            I was able to get all the services I thought I needed            Staff returned my calls within 24 hours</p> <p><b>Perception of Participation in Treatment Planning</b>            I, not staff, decided my treatment goals</p> <p><b>Perception of Quality and Appropriateness</b>            Staff encouraged me to take responsibility for how I live my life            Staff told me what side effects to watch out for</p> <p><b>Perception of Outcome of Services</b>            I am better able to control my life            My symptoms are not bothering me as much</p> <p><b>Perception of Social Connectedness</b>            I feel I belong in my community            I have people with whom I can do enjoyable things</p> <p><b>Perception of Functioning</b>            I am better able to do things that I want to do            I do things that are more meaningful to me            My symptoms are not bothering me as much</p>
	Ethnicity: White	18	9	<p><b>Perception of Access</b>            Staff returned my calls within 24 hours</p> <p><b>Perception of Participation in Treatment Planning</b>            I, not staff, decided my treatment goals</p> <p><b>Perception of Outcomes of Services</b>            I am getting along better with my family            I do better in school and/or work            My housing situation has improved</p>

Consumer Population	Consumer Population Subset	Number of Surveys	Number of Scores Under Satisfaction Threshold	Category of Survey Question
				<p><b>Perception of Social Connectedness</b> I am happy with the friendships I have I feel I belong in my community I have people with whom I can do enjoyable things</p> <p><b>Perception of Functioning</b> I do things that are more meaningful to me</p>
	Ethnicity: AIAN	1	3	<p><b>Perception of Access</b> Staff returned my calls within 24 hours Staff were willing to see me as often as I felt was necessary</p> <p><b>Perception of Participation in Treatment Planning</b> I, not staff, decided my treatment goals</p>
	Ethnicity: Asian	1	2	<p><b>General Satisfaction</b> I like the services I received here</p> <p><b>Perception of Access</b> I was able to see the psychiatrist when I wanted to</p>
	Ethnicity: Black	2	1	<p><b>Perception of Access</b> I was able to see the psychiatrist when I wanted to</p>
	Ethnicity: Other	4	16	<p><b>Perception of Participation in Treatment Planning</b> I felt comfortable asking questions about my treatment and medication I, not staff, decided my treatment goals</p> <p><b>Perception of Quality and Appropriateness</b> I felt free to complain I was encouraged to use consumer-run programs I was given information about my rights Staff encouraged me to take responsibility for how I live my life Staff helped me obtain the information I needed to take charge of managing my illness Staff told me what side effects to watch out for Staff were sensitive to my cultural background</p> <p><b>Perception of Outcomes of Services</b> I am better able to control my life I am better able to deal with crisis I am getting along better with my family I do better in school and/or work</p> <p><b>Perception of Social Connectedness</b> I feel I belong in my community I have people with whom I can do enjoyable things In a crisis, I would have support I need from family or friends</p>
<b>Adult</b>	Sex: Other	3	18	<p><b>Perception of Quality and Appropriateness</b> I was encouraged to use consumer-run programs Staff were sensitive to my cultural background</p> <p><b>Perception of Outcomes of Services</b> I am better able to control my life I am better able to deal with crisis I am getting along better with my family I deal more effectively with daily problems I do better in school and/or work I do better in social situations My housing situation has improved My symptoms are not bothering me as much</p> <p><b>Perception of Social Connectedness</b> I am happy with the friendships I have I feel I belong in my community I have people with whom I can do enjoyable things In a crisis, I would have support I need from family or friends</p>

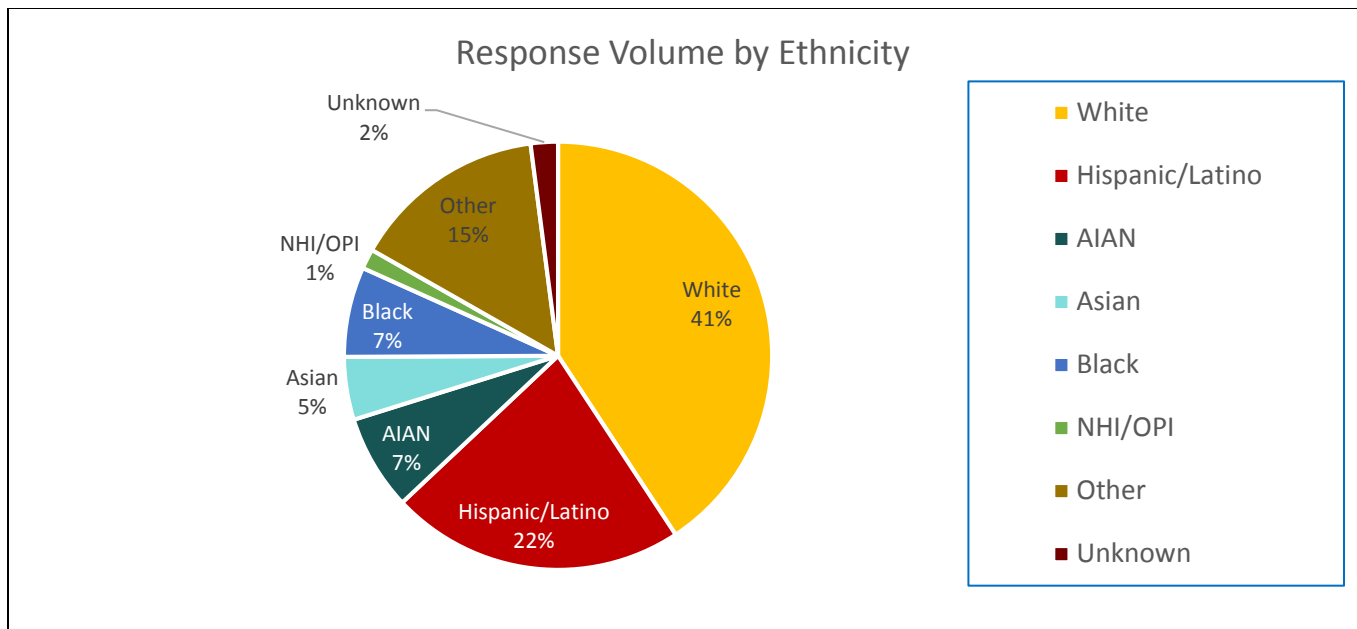
Consumer Population	Consumer Population Subset	Number of Surveys	Number of Scores Under Satisfaction Threshold	Category of Survey Question
				<b>Perception of Functioning</b> I am better able to do things that I want to I am better able to handle things when they go wrong I am better able to take care of my needs I do things that are more meaningful to me My symptoms are not bothering me as much
	Ethnicity: Black	33	2	<b>Perception of Outcomes of Services</b> I do better in school and/or work My housing situation has improved
	Ethnicity: Unknown	13	4	<b>Perception of Quality and Appropriateness</b> Staff helped me obtain the information I needed to take charge of managing my illness Staff told me what side effects to watch out for <b>Perception of Social Connectedness</b> I do better in social situations My housing situation has improved
Youth	Sex: Other	4	1	<b>Perception of Outcomes of Services</b> I get along better with family members <b>Perception of Functioning</b> I get along better with family members
	Ethnicity: White	68	1	<b>Perception of Participation in Treatment Planning</b> I helped to choose my treatment goals
	Ethnicity: Asian	17	1	<b>Perception of Outcomes of Services</b> I am better able to cope when things go wrong
	Ethnicity: NHI/OPI	3	3	<b>Perception of Participation in Treatment Planning</b> I helped to choose my services
				<b>Perception of Outcomes of Services</b> I am satisfied with my family life right now I get along better with friends and other people
				<b>Perception of Functioning</b> I get along better with friends and other people
	Ethnicity: Other	36	1	<b>Perception of Outcomes of Services</b> I am doing better in school and/or work <b>Perception of Functioning</b> I am doing better in school and/or work
Family of Youth	Ethnicity: White	111	2	<b>Perception of Outcomes of Services</b> I am satisfied with my family life right now My child is better able to cope when things go wrong
				<b>Perception of Functioning</b> My child is better able to cope when things go wrong
	Ethnicity: Black	28	1	<b>Perception of Outcomes of Services</b> I am satisfied with my family life right now
	Ethnicity: NHI/OPI	4	6	<b>Perception of Participation in Treatment Planning</b> I helped to choose my child's services I helped to choose my child's treatment goals
				<b>Perception of Outcomes of Services</b> My child gets along better with family members My child is better able to cope when things go wrong My child is better at handling daily life My child is doing better in school and/or work
				<b>Perception of Functioning</b> My child gets along better with family members My child is better able to cope when things go wrong

Consumer Population	Consumer Population Subset	Number of Surveys	Number of Scores Under Satisfaction Threshold	Category of Survey Question
	Ethnicity: Unknown	9	13	<p><b>General Satisfaction</b> My family got as much help as we needed for my child The services my child and/or family received were right for us</p> <p><b>Perception of Access</b> The location of services was convenient for us</p> <p><b>Perception of Participation in Treatment Planning</b> I helped to choose my child's services I helped to choose my child's treatment goals</p> <p><b>Perception of Outcomes of Services</b> I am satisfied with my family life right now My child gets along better with family members My child gets along better with friends and other people My child is better able to cope when things go wrong My child is better at handling daily life My child is doing better in school and/or work</p> <p><b>Perception of Social Connectedness</b> In a crisis, I would have support I need from family or friends</p> <p><b>Perception of Functioning</b> My child gets along better with family members My child gets along better with friends and other people My child is better able to cope when things go wrong My child is better able to do things he or she wants to do</p>

Overall, the number of Surveys collected in 2018 decreased from 2017; however, this decrease is comparable to the decrease in overall clients served, thus the response rate remains equivalent. The response rate from clients/family of Hispanic/Latino ethnicity improved significantly. However, the Older Adult response rate was very low over all at n=24.







Among adult clients completing the survey, the overall 2018 mean scores were above the satisfaction threshold standard of 3.5. Means scores improved from 2017 for Adult Male clients. Adult clients identifying as Other Gender scored below the satisfaction threshold on the total domains of Perception of outcomes of Services, Perception of Social Connectedness, and Perception of Functioning. Black and Unknown Ethnicity clients also showed scores below the satisfaction threshold on Outcome and Social Connectedness domains.

Overall, mean scores among Older Adults showed significant decline in 2018, with scores falling below the satisfaction threshold in all domains except General Satisfaction. Across gender and ethnicity, the following specific items consistently fell below the satisfaction threshold:

- Staff returned my calls within 24 hours
- I, not staff, decided my treatment goals
- I am getting along better with my family
- I do better in school and/or work
- My housing situation has improved
- I feel I belong in my community
- I have people with whom I can do enjoyable things

Older Adult males and persons of Other Ethnicity showed the lowest satisfaction rates overall. Of particular concern are the number of items for Older Adult males indicating social isolation and lack of responsive support.

For Youth, all domains showed mean scores higher than the satisfaction threshold of 3.5. This represents a significant improvement in Youth Satisfaction scores overall in 2018 compared to 2017, particularly Youth identified as Other Gender. For Youth of Native Hawaiian and Other Pacific Islander ethnicity, mean scores fell below the satisfaction threshold on the domain Perception of Outcomes of Services, specifically on items relating to family and friends, however, this might be due to the low sample size (n=3).

Overall Family Satisfaction also scored above the threshold standard of 3.5, with an excellent response rate compared to total clients served. No differences noted by gender. Across Ethnicity, White, Black, Native Hawaiian/Pacific Islander, and Unknown Ethnicity had item scores falling below the satisfaction threshold. The total domains of Perception of Participation in Treatment Planning, Perception of Outcomes of Services, and Perception of Functioning showed scores below satisfaction threshold for Native Hawaiians/Pacific Islanders and Unknown Ethnicity, which may be due to low sample size (n=4 and n=9 respectively). The following specific items were low across multiple ethnicities:

- I am satisfied with my family life right now
- My child is better able to cope when things go wrong

The Consumer Perception Survey results and analysis were reviewed by QIC in 2019 for QI goal recommendations and strategies to better serve consumers and address the main areas for improvement:

**GOAL MET**

**GOAL 3.2: 100% of client grievances will be decided upon and communicated back to the client within 90 days of receiving the grievance.**

**Goal Calculation:**  $\frac{\text{Grievances Resolved under 90 days}}{\text{Number of Grievances}} * 100\%$

**PROCESS USED TO EVALUATE**

- Grievance Coordinator will track grievances and appeals and timelines.
- Results will be discussed at QIP and systems issues identified. This information is also shared at QIC and QIS committees.

**RESPONSIBLE STAFF** – QA Manager.

**RESULTS**

Number of grievances = 52, Resolved over 90 days = 0, Resolved under 90 days = 52.

52/52 or 100% of grievances were decided and communicated back to the client within 90 days of receiving the grievance.

**GOAL MET**

**GOAL 3.3: 100% of client/family outpatient appeals will be decided upon and communicated back to the client within 60 days of receiving the appeal.**

**Goal Calculation:**  $\frac{\text{Appeals Resolved under 60 days}}{\text{Number of Appeals}} * 100\%$

**PROCESS USED TO EVALUATE**

Appeals Coordinator will track outpatient appeal results and timelines.

**RESPONSIBLE STAFF** – QA Manager.

**RESULTS**

There were no appeals of grievances in FY18-19. Goal cannot be assessed.

**GOAL NOT EVALUATED**

**GOAL 3.4: 100% of client fair hearing results will be evaluated and if issues are identified, they will be addressed within 60 days of the fair hearing results.**

**PROCESS USED TO EVALUATE**

- Grievance Coordinator will track fair hearing results and timelines.
- Reported and discussed in QIP and QIS.

**RESPONSIBLE STAFF** – QA Manager.

**RESULTS**

3 Fair Hearings were conducted in FY18-19. All issues identified were addressed within 60 days of the fair hearing results.

**GOAL MET**

**GOAL 3.5: 100% of client requests to change persons providing services will be evaluated and addressed within 30 days of the request.**

**Goal Calculation:**  $\frac{\text{Change of provider requests address within 30 days}}{\text{Number of Change of provider requests}} * 100\%$

**PROCESS USED TO EVALUATE**

- Request for Change of Provider Spreadsheet
- Reported and discussed in QIP and QIS.

**RESPONSIBLE STAFF** – QA Manager.

**RESULTS**

There were 50 Requests for Change of Provider received in FY18-19.

48/50 or 96.00% of requests to change persons providing services were evaluated and addressed within 30 days of the request. This is comparable to the previous fiscal year.

**GOAL PARTIALLY MET**

## SECTION 4: CLINICAL ISSUES

**GOAL 4.1:** 90% adherence to practice guidelines. Each member of the psychiatric-medical staff will have five charts subject to peer review. Peer reviews will utilize Sonoma County Behavioral Health Medication Monitoring Checklist (MHS-114). Results of the peer review will be conveyed to each provider.

Goal Calculation:  $\frac{\text{\# of Practice Guidelines Adhered to}}{\text{Number of Guidelines being reviewed (15)}} * 100\%$

### PROCESS USED TO EVALUATE

Medication Monitoring results are reported bi-annually to the Quality Improvement Policy (QIP) and Quality Improvement Steering (QIS) committees to show progress made on tasks of the Annual QI Plan.

**RESPONSIBLE STAFF** – Medical Director and QI Manager.

### RESULTS

Prescribing Physician	# of Charts Reviewed	# of Practices Guidelines Adhered to on Average	% of Practice Guidelines Adhered to on Average
1	5	13.8	92.00%
2	5	12.8	85.33%
3	5	13.2	88.00%
4	5	15.0	100.00%
5	5	13.0	86.67%
6	5	13.2	88.00%
7	5	14.6	97.33%
8	5	12.2	81.33%
9	6	12.8	85.56%
10	5	15.0	100.00%
11	5	13.4	89.33%
12	5	13.8	92.00%
13	5	13.0	86.67%
14	5	13.8	92.00%
15	5	13.4	89.33%
16	5	14.6	97.33%
17	5	14.4	96.00%
18	5	15.0	100.00%
<b>Average =</b>		<b>13.71</b>	<b>91.43%</b>

100% of psychiatric staff received peer reviews on five charts in FY18-19. Results of the peer reviews indicated 91.43% adherence to practice guidelines. This is an improvement from FY17-18.

**GOAL MET**

**GOAL 4.2:** 100% of all sentinel events will be reviewed including all sentinel events where potentially poor outcomes are identified. Identified issues from the sentinel events committee will be placed on the agenda for Quality Management Policy and Quality Improvement Steering Committees.

**Goal Calculation:**  $\frac{\text{Sentinel Events Reviewed by Medical Director}}{\text{Total number of Sentinel Events}} * 100\%$

**PROCESS USED TO EVALUATE**

QIP Sentinel Event Report Sub-Committee to review monthly.

**RESPONSIBLE STAFF** – Medical Director and QI Manager.

**RESULTS**

168/168 or 100% of sentinel events were reviewed and signed by the Medical Director and/or QI Manager including all sentinel events where potentially poor outcomes were identified. 166/168 events were reviewed by the Sentinel Events Committee (99%) and identified issues and trends were discussed at the Quality Management Policy Committee and the Quality Improvement Steering Committee.

**GOAL MET**

**GOAL 4.3:** 100% of sentinel event reports where risk issues are identified from the sentinel event reviews will be addressed.

**Goal Calculation:**  $\frac{\text{Sentinel Events where issues were identified}}{\text{Total Number of Sentinel Events}} * 100\%$

**PROCESS USED TO EVALUATE**

Sentinel Event tracking form. Identifies issues will be brought forward to QIP for discussion.

**RESPONSIBLE STAFF** – Medical Director and QI Manager.

**RESULTS**

168 Incidents reported in FY18-19. Of that total, 128 Incidents were identified as requiring corrective action. 97 incidents with corrective actions were completed and 31 incidents with corrective actions had tasks remaining. 97/128 or 75.78% of identified issues had actions taken to address issues. This is a decrease from last fiscal year. The Sentinel Event Policy is in revision to clarify the review process and address delays.

**GOAL NOT MET**

**GOAL 4.4: Clinical PIP: The average number of actionable items in the last ANSA scores in FY17-18 will reduce by 10% from the FY16-17 scores for FACT clients participating in the Clinical PIP: Enhancing Mental Health Outcomes to Reduce Recidivism.**

**From 20.0 in FY16-17 to 18.0 in FY17-18**

**PROCESS USED TO EVALUATE**

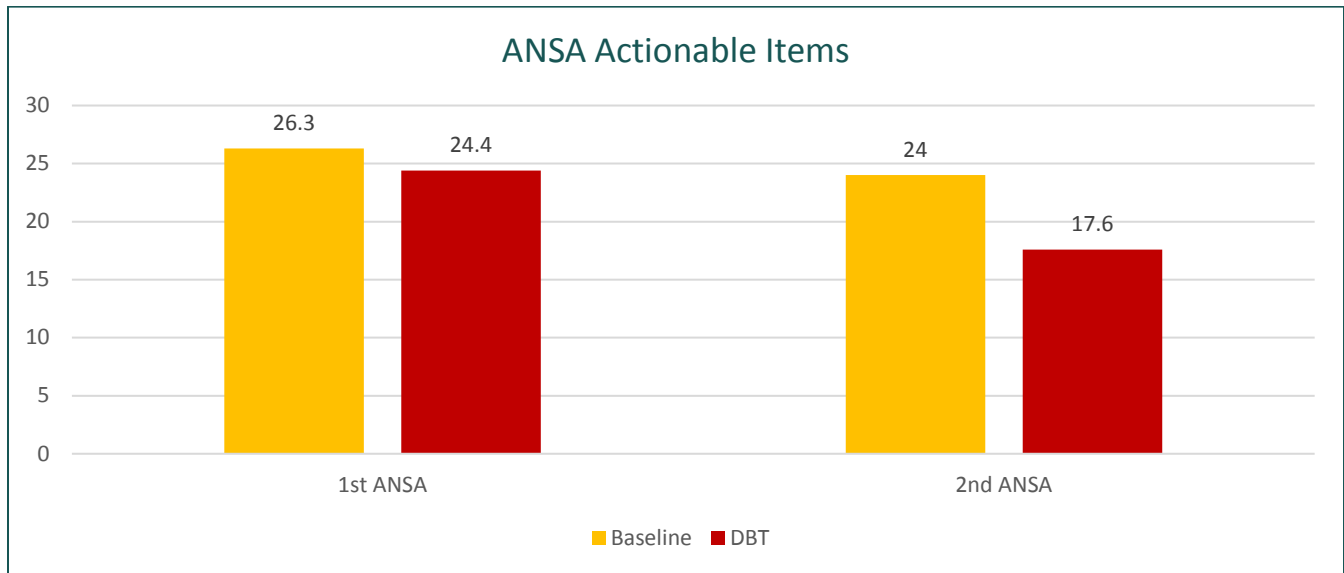
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**RESPONSIBLE STAFF – QI Manager**

**RESULTS**

Clients admitted to the Forensic Assertive Community Treatment Team (FACT) between Dec 1, 2017 and Dec 31, 2018 participated in the DBT program. A pre-treatment ANSA was conducted to set baseline measure. DBT groups met weekly for a total of 24 sessions. Concurrently, clients received 12 bi-weekly individual DBT therapy sessions. A post-treatment ANSA was conducted following completion of program.

ANSA scores improved by 27.87% compared to baseline of 8.75%. Improvement is statistically significant at  $p < .01$ . Average jail days annually reduced from 166.5 days to 19.4 days. Sonoma County Jail inmate costs are \$172.21 / day (source Lt. David House). This cost equates to \$25,326.35 savings per participant in jail costs and a total of \$379,895.25 savings for the 15 participant study group.



**GOAL MET**



**GOAL 4.5:** At least 50% of youth clients who are screened as needing a mental health assessment, will attend an initial outpatient mental health assessment within 10 business days from date of the initial request of service.

**Goal Calculation:**  $\frac{\text{Number of Assessments Attended within 10 Business Days}}{\text{Total number of assessments Attended}} * 100\%$

**PROCESS USED TO EVALUATE**

Youth TTA Database from YFS and youth contractors.

This Administrative PIP has been re-activated by the addition of interventions that are detailed in the Performance Improvement Project Implementation and Submission Tool.

**RESPONSIBLE STAFF** – QI Manager and YFS Section Manager

**RESULTS**

The Non-Clinical PIP was abandoned due to structural redesign of the Youth and Family Services system of care. The proposed interventions of the PIP were removed as a consequence of the re-design.

**GOAL NOT EVALUATED**

**GOAL 4.6:** For FY18-19, SCBH will provide Therapeutic Behavioral Services (TBS) at a minimum of a 4% utilization rate of all unique Medi-Cal beneficiaries under the age of 21.

**Goal Calculation:**  $\frac{\text{TBS Services (Code 345 \& M345)}}{\text{Total Services for clients under 21 year of age on service date}} * 100\%$

**PROCESS USED TO EVALUATE**

Avatar

**RESPONSIBLE STAFF** – QI Manager Youth and Family Section Manager

**RESULTS**

In FY18-19, SCBH provided 2,945 TBS services at a 6.05% utilization rate.

**GOAL MET**

**GOAL 4.7:** Clients in the FACT program will show a 10% reduction in average number of jail days per episode in FY18-19 from 45.63 days in FY17-18 to 43.35 days in FY18-19.

**PROCESS USED TO EVALUATE**

Avatar

**RESPONSIBLE STAFF** – QI Manager and FACT Manager

**RESULTS**

Fiscal Year	# of Jail Episodes	Total # of Jail Days	Min	Max	Average LOS
17 - 18	67	3,057	1	202	45.63
18 - 19	32	998	2	163	31.19
<b>Difference</b>	-35	-2059	+1	-39	-14.44
<b>% Change</b>	-52.24%	-67.35%	+100.00%	-19.31%	-31.65%

Clients in the FACT program showed a 31.65% reduction in average number of jail days per episode in FY18-19 from 45.63 days in FY17-18 to 31.19 days in FY18-19.

**GOAL MET**

**GOAL 4.8:** Clients in the TAY program will show a 10% reduction in the average length of stay (LOS) in acute psychiatric hospitals, from 15.0 days in FY17-18 to 14.5 days in FY18-19.

**PROCESS USED TO EVALUATE**

- Avatar
- Psychiatric Hospitalization Database

**RESPONSIBLE STAFF** – QI Manager and Youth and Family Section Manager

**RESULTS**

Fiscal Year	# of Hospitalization Episodes	Total # of Hospitalization Days	Min	Max	Average LOS
17 - 18	33	494	3	88	14.97
18 - 19	18	388	2	88	21.56
<b>Difference</b>	-15	-106	-1	0	6.59
<b>% Difference</b>	<b>-45.45%</b>	<b>-21.46%</b>	<b>-33.33%</b>	<b>0.00%</b>	<b>44.02%</b>

Overall, the number of hospitalization episodes for TAY clients decreased by 45.45% and the total hospitalization days decreased by 21.46%. However, TAY clients showed a 44.02% increase in LOS, from 14.97 in FY17-18 to 21.56 days hospitalized in a psychiatric facility in FY18-19.

**GOAL NOT MET**



**GOAL 4.9: Clients in the OAT program will show a 10% reduction in the average LOS in acute psychiatric hospitals, from 23.2 days in FY17-18 to 20.9 days in FY18-19.**

**PROCESS USED TO EVALUATE**

Avatar

**RESPONSIBLE STAFF** – QI Manager and Adult Section Manager

**RESULTS**

Fiscal Year	# Hospitalization Episodes	# of Hospitalization Days	Min	Max	Average LOS
17 - 18	15	348	1	49	23.20
18 - 19	14	387	6	85	27.64
Difference	-1	39	5	36	4.44
% Change	-6.67%	11.21%	500.00%	73.47%	19.14%

Clients in the OAT program showed a 19.14% increase in LOS, from 23.30 days in FY17-18 to 27.64 days hospitalized in a psychiatric facility in FY18-19.

**GOAL NOT MET**

**GOAL 4.10: Clients in the IRT program will show a 10% reduction in the average LOS in acute psychiatric hospitals, from 12.5 days in FY17-18 to 11.3 days in FY18-19.**

**PROCESS USED TO EVALUATE**

Avatar

**RESPONSIBLE STAFF** – QI Manager and Adult Section Manager

**RESULTS**

Fiscal Year	# Hospitalization Episodes	# of Hospitalization Days	Min	Max	Average LOS
17 - 18	52	650	1	36	12.50
18 - 19	46	706	1	83	15.34
Difference	-6	56	0	47	2.84
% Change	-11.54%	8.62%	0.0%	130.56%	22.72%

Clients in the IRT program showed a 22.72% increase in LOS, from 12.50 days in FY17-18 to 15.34 days hospitalized in a psychiatric facility in FY18-19; however, total number of hospitalization episodes decreased by 11.54%.

**GOAL NOT MET**

## SECTION 5: PHYSICAL HEALTH CARE & OTHER AGENCIES

**GOAL 5.1:** 80% of adult clients opened to the Access team who do not or no longer require specialty mental health services will be scheduled for an appointment with Beacon Health Strategies for mental health services.

### PROCESS USED TO EVALUATE

Access LLOC Tracking Spreadsheet

**RESPONSIBLE STAFF** – QI Manager and Access Manager

### RESULTS

Referral Management tracking system is migrating into the Electronic Health Record. During the data transition process, we are unable to accurately evaluate this goal.

**GOAL NOT EVALUATED**

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**GOAL 5.2:** 80% of adult clients opened to CMHCs and subsequently referred out to an FQHC or primary care physician for MH services, will be scheduled for an appointment with the FQHC or PCP.

### PROCESS USED TO EVALUATE

CMHC LLOC Tracking Spreadsheet

**RESPONSIBLE STAFF** – QI Manager and CMHC Manager

### RESULTS

Referral Management tracking system is migrating into the Electronic Health Record. During the data transition process, we are unable to accurately evaluate this goal.

**GOAL NOT EVALUATED**

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**GOAL 5.3:** 80% of adult clients opened to the Integrated Health Team and subsequently referred out to an FQHC or primary care physician for MH services, will be scheduled for an appointment with the FQHC or PCP.

### PROCESS USED TO EVALUATE

IHT LLOC Tracking Spreadsheet

**RESPONSIBLE STAFF** – QI Manager and IHT Manager

### RESULTS

Referral Management tracking system is migrating into the Electronic Health Record. During the data transition process, we are unable to accurately evaluate this goal.

**GOAL NOT EVALUATED**

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## SECTION 6: PROVIDER APPEALS AND SATISFACTION

**GOAL 6.1:** 100% of psychiatric hospital appeals will be decided upon and communicated to the hospital/MD within 60 calendar days from receipt of the appeal.

**PROCESS USED TO EVALUATE**

Psychiatric Hospital Appeals Spreadsheet

**RESPONSIBLE STAFF** – QA Manager

**RESULTS**

3/7 or 42.86% of psychiatric hospital appeals were decided upon and communicated to the hospital/MD within 60 calendar days. Delays due to transition in Medical Director role and staffing shortages on the Hospital Utilization Review Team. Hospital authorization process is transitioning to concurrent review, which will negate such delays.

**GOAL NOT MET**

**GOAL 6.2:** 100% of individual, group or organizational provider appeals will be decided upon and communicated back to the provider within 60 days of receipt of the appeal.

**PROCESS USED TO EVALUATE**

Provider Appeal Spreadsheet

**RESPONSIBLE STAFF** – QA Manager

**RESULTS**

Provider	Date of Service	Date Appeal Received	Date of Appeal Decision	Date Decision sent to Provider	# of days between Receiving Appeal and Sending Decision to Provider
<b>Organizational Provider 1</b>	7/1/17 – 10/31/17	10/30/18	11/9/18	11/16/18	17
<b>Organizational Provider 2</b>	12/2017 – 6/2018	9/5/18	10/26/18	10/26/18	51
<b>Individual Provider</b>	11/16/17 – 11/18/17	5/16/18	7/13/18	7/20/18	65
<b>Organizational Provider 3</b>	11/2018, 12/2018, 1/2019	3/15/19	3/15/19	3/18/19	3

<i>Summary Results</i>	<b>Number of Days</b>
<i>Average =</i>	<b>34</b>
<i>Communicated Under 60 Days (Out of 4) =</i>	<b>3</b>
<i>Min =</i>	<b>3</b>
<i>Max =</i>	<b>65</b>

4 Appeals were received in FY18-19. 3/4 or 75% of appeals were decided upon and communicated back to the provider within 60 days of receipt of the appeal. The average number of days between date appeal received and date decision sent to provider is 34 days.

**GOAL PARTIALLY MET**

## SECTION 7: STAFF TRAINING OVERVIEW

### FY18-19

Date	Training Topic	Type of Training	CEUs	Target Audience
<b>Jul 28</b>	Wildfire Survivor Mental Health Training: Skills for Psychological Recovery (SPR) Training	Specialty: Disaster Recovery	6.0	Behavioral Health Practitioners
<b>Jul 29</b>	Wildfire Survivor Mental Health Training: Skills for Psychological Recovery (SPR) Training	Specialty: Disaster Recovery	6.0	Behavioral Health Practitioners
<b>Aug 1</b>	Staff Development: Navigating System Change—Team Building and Connection	Staff Development: Change Management	1.5	SCBH Staff
<b>Sep 9</b>	Crisis Counseling Assistance (CCP) Mid-Program Training	Specialty: Disaster Recovery	8.0	CCP Collaborative Team
<b>Sep 10</b>	Crisis Counseling Assistance (CCP) Mid-Program Training	Specialty: Disaster Recovery	8.0	CCP Collaborative Team
<b>Oct 3</b>	Staff Development: Patients' Rights Advocacy—History, Process, and Resources	Staff Development: Cultural Responsiveness	1.5	SCBH Staff: Mandatory
<b>Oct 10</b>	5150 – Review of 5150's and Other Legal Holds in Mental Health	Specialty: 5150 Certification	3.0	Licensed/License-Eligible Clinicians
<b>Oct 25</b>	EM Coding for MediCare Billing	Specialty: Documentation	1.0	SCBH Prescribers
<b>Oct 30</b>	EM Coding for MediCare Billing	Specialty: Documentation	1.0	SCBH Prescribers
<b>Oct 31</b>	EM Coding for MediCare Billing	Specialty: Documentation	1.0	SCBH Prescribers
<b>Dec 3</b>	Crisis Counseling Assistance (CCP) – Skills for Psychological Recovery (SPR)	Specialty: Disaster Recovery	6.0	CCP Collaborative Team
<b>Dec 4</b>	Crisis Counseling Assistance (CCP) – Skills for Psychological Recovery (SPR)	Specialty: Disaster Recovery	6.0	CCP Collaborative Team
<b>Dec 5</b>	Staff Development: The Human Side of Change	Staff Development: Change Management	2.5	SCBH Staff
<b>Jan 11</b>	Mi Futuro Event	Community Event: Cultural Responsiveness	8.0	Students Ages 16-30
<b>Jan 11</b>	Crisis Counseling Assistance (CCP):	Specialty: Trauma-Informed Care	3.0	CCP Collaborative Team; SCBH Clinicians

Date	Training Topic	Type of Training	CEUs	Target Audience
	Advanced Treatment Considerations			
<b>Jan 15</b>	5150 – Review of 5150's and Other Legal Holds in Mental Health	Specialty: 5150 Certification	2.5	Aurora Hospital: Licensed/License-Eligible Clinicians
<b>Jan 25</b>	5150 – Review of 5150's and Other Legal Holds in Mental Health	Specialty: 5150 Certification	2.5	Licensed/License-Eligible Clinicians
<b>Feb 6</b>	Staff Development: Law & Ethics	Staff Development: Law & Ethics	3.5	SCBH Staff: Mandatory
<b>Feb 6</b>	Supportive Interventions: Crisis Communication and Containment	Specialty: Best Practices	8.0	CSU Staff
<b>Feb 19</b>	YFS Team Training: Documentation	Team Training: Documentation	1.0	YFS Staff
<b>Feb 25</b>	Crisis Counseling Assistance (CCP) CA Hope – Imagine You	Specialty: Disaster Recovery	3.0	CCP Collaborative Team
<b>Feb 25</b>	RN Team Training: Documentation	Team Training: Documentation	1.0	Nursing Staff
<b>Feb 26</b>	FYT Team Training: Documentation	Team Training: Documentation	1.0	FYT Staff
<b>Feb 27</b>	OAT/IRT Team Training: Documentation	Team Training: Documentation	0.5	OAT/IRT Staff
<b>Feb 27</b>	MST Team Training: Documentation	Team Training: Documentation	1.0	MST Staff
<b>Feb 28</b>	Access/TR Team Training: Documentation	Team Training: Documentation	1.0	Access/TR Staff
<b>Mar 4</b>	RN Team Training: Documentation	Team Training: Documentation	0.5	Nursing Staff
<b>Mar 5</b>	5150 – Review of 5150's and Other Legal Holds in Mental Health	Specialty: 5150 Certification	2.5	Aurora Hospital: Licensed/License-Eligible Clinicians
<b>Mar 6</b>	Staff Development: Safety in the Office and De-escalation Techniques	Staff Development: Field Safety	2.5	SCBH Staff: Mandatory
<b>Mar 7</b>	TAY/FACT Team Training: Documentation	Team Training: Documentation	1.0	TAY/FACT Staff
<b>Mar 13</b>	New Employee Orientation: Documentation Training	NEO: Documentation	2.0	SCBH New Employees
<b>Mar 18</b>	CSU Team Training: Documentation	Team Training: Documentation	1.0	CSU Staff
<b>Mar 18</b>	CSU Team Training: Documentation	Team Training: Documentation	1.0	CSU Staff
<b>Mar 21</b>	CSU Team Training: Documentation	Team Training: Documentation	1.0	CSU Staff
<b>Mar 21</b>	CSU Team Training: Documentation	Team Training: Documentation	1.5	CSU Staff

Date	Training Topic	Type of Training	CEUs	Target Audience
<b>Mar 21</b>	HUB Team Training: Documentation	Team Training: Documentation	1.5	HUB Staff
<b>Apr 2</b>	5150 – Review of 5150's and Other Legal Holds in Mental Health	Specialty: 5150 Certification	2.5	Licensed/License-Eligible Clinicians
<b>Apr 2</b>	YFS Team Training: Documentation	Team Training: Documentation	1.0	YFS Staff
<b>Apr 3</b>	Staff Development: Suicide Risk Assessment and Safety Planning	Staff Development: Best-Practices	2.0	SCBH Clinical Staff: Mandatory
<b>Apr 5</b>	FACT Team Training: Documentation	Team Training: Documentation	1.0	FACT Staff
<b>Apr 9</b>	FYT Team Training: Documentation	Team Training: Documentation	1.5	FYT Staff
<b>Apr 10</b>	CMHC Team Training: Documentation	Team Training: Documentation	1.0	CMHC Staff
<b>Apr 11</b>	HUB Team Training: Documentation	Team Training: Documentation	1.5	HUB Staff
<b>Apr 15</b>	Crisis Intervention Training (CIT)	Specialty: Crisis Intervention	8.0	Sonoma County Law Enforcement
<b>Apr 16</b>	Crisis Intervention Training (CIT)	Specialty: Crisis Intervention	8.0	Sonoma County Law Enforcement
<b>Apr 16</b>	CSU Team Training: Documentation	Team Training: Documentation	1.0	CSU Staff
<b>Apr 16</b>	CSU Team Training: Documentation	Team Training: Documentation	1.0	CSU Staff
<b>Apr 17</b>	Crisis Intervention Training (CIT)	Specialty: Crisis Intervention	8.0	Sonoma County Law Enforcement
<b>Apr 18</b>	Crisis Intervention Training (CIT)	Specialty: Crisis Intervention	8.0	Sonoma County Law Enforcement
<b>Apr 21</b>	CSU Team Training: Documentation	Team Training: Documentation	1.0	CSU Staff
<b>Apr 22</b>	CSU Team Training: Documentation	Team Training: Documentation	1.0	CSU Staff
<b>Apr 23</b>	CSU Team Training: Documentation	Team Training: Documentation	1.0	CSU Staff
<b>Apr 25</b>	5150 – Review of 5150's and Other Legal Holds in Mental Health	Specialty: 5150 Certification	2.5	Licensed/License-Eligible Clinicians
<b>Apr 26</b>	AMSR: Assessing and Managing Suicide Risk	Specialty: Suicide Assessment & Intervention	6.0	Behavioral Health Professionals
<b>Apr 26</b>	CSU Team Training: Documentation	Team Training: Documentation	1.0	CSU Staff
<b>Apr 30</b>	YFS Team Training: Documentation	Team Training: Documentation	0.5	YFS Staff
<b>May 1</b>	Staff Development: LGBTQ Mental Health Training	Staff Development: Cultural Responsiveness	2.0	SCBH Staff: Mandatory

Date	Training Topic	Type of Training	CEUs	Target Audience
<b>May 7</b>	AMSR: Assessing and Managing Suicide Risk	Specialty: Suicide Assessment & Intervention	6.0	Behavioral Health Professionals
<b>May 8</b>	OAT/IRT Team Training: Documentation	Team Training: Documentation	1.5	OAT/IRT Staff
<b>May 10</b>	CSU Team Training: Documentation	Team Training: Documentation	1.0	CSU Staff
<b>May 13</b>	CSU Team Training: Documentation	Team Training: Documentation	1.0	CSU Staff
<b>May 17</b>	Older Adult Depression: An Integrated Approach to Improving Outcomes through Collaborative Care	Specialty: Best Practices	3.0	Behavioral Health Professionals
<b>May 23</b>	HUB Team Training: Documentation	Team Training: Documentation	1.5	HUB Staff
<b>May 28</b>	5150 – Review of 5150’s and Other Legal Holds in Mental Health	Specialty: 5150 Certification	2.5	Santa Rosa Veteran’s Administration: Licensed/License-Eligible Clinicians
<b>Jun 4</b>	5150 – Review of 5150’s and Other Legal Holds in Mental Health	Specialty: 5150 Certification	2.5	Licensed/License-Eligible Clinicians
<b>Jun 5</b>	Staff Development: Recovery in Action, a Peer Perspective	Staff Development: Cultural Responsiveness	2.5	SCBH Staff: Mandatory
<b>Jun 5</b>	CSU Team Training: Documentation	Team Training: Documentation	0.5	CSU Staff
<b>Jun 7</b>	Intervening Early in Psychosis: Outreach, Assessment and CBTp Informed Interventions	Specialty: Evidence-Based Practice	6.0	Behavioral Health Professionals
<b>Jun 7</b>	CSU Team Training: Documentation	Team Training: Documentation	1.0	CSU Staff
<b>Jun 11</b>	YFS Team Training: Documentation	Team Training: Documentation	1.5	YFS Staff
<b>Jun 12</b>	CSU Team Training: Documentation	Team Training: Documentation	1.0	CSU Staff
<b>Jun 12</b>	OAT/IRT Team Training: Documentation	Team Training: Documentation	1.5	OAT/IRT Staff
<b>Jun 12</b>	CSU Team Training: Documentation	Team Training: Documentation	1.0	CSU Staff
<b>Jun 15</b>	CSU Team Training: Documentation	Team Training: Documentation	1.0	CSU Staff
<b>Jun 25</b>	CSU Team Training: Documentation	Team Training: Documentation	1.0	CSU Staff
<b>Jun 28</b>	CSU Team Training: Documentation	Team Training: Documentation	1.0	CSU Staff