



SONOMA COUNTY DEPARTMENT OF HEALTH SERVICES BEHAVIORAL HEALTH

Michael Kozart, MD, PhD
Interim Behavioral Health Director

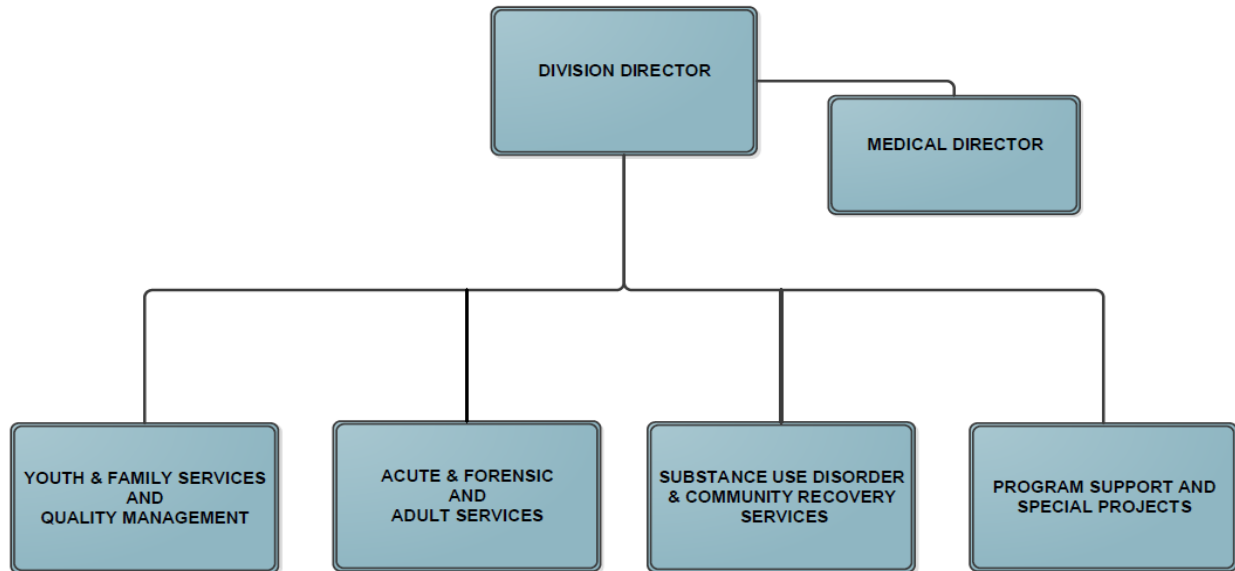
ANNUAL QUALITY IMPROVEMENT WORK PLAN EVALUATION FISCAL YEAR 2017—2018

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.

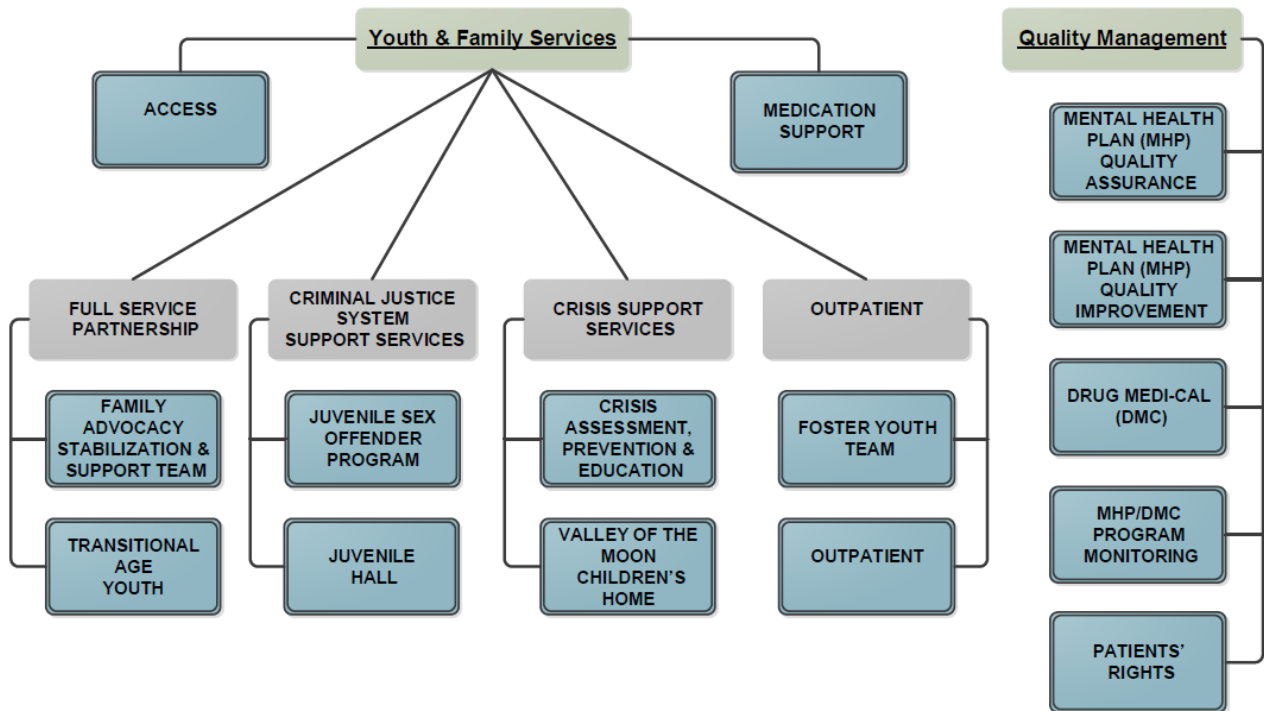
Overview of Sonoma County Behavioral Health Division Organizational Chart – October 2018



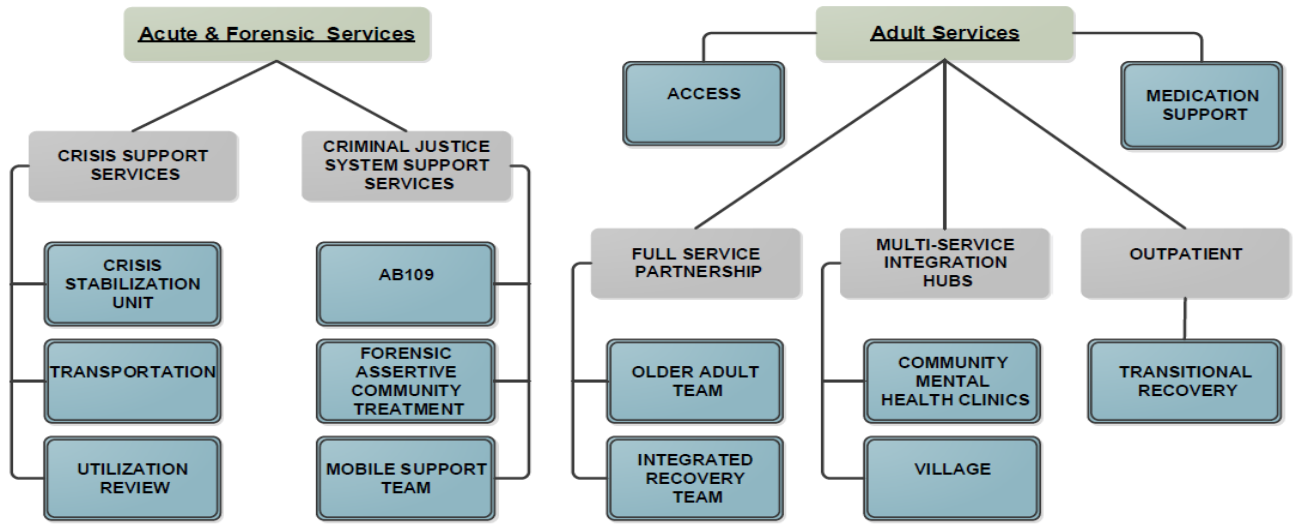
BEHAVIORAL HEALTH DIVISION



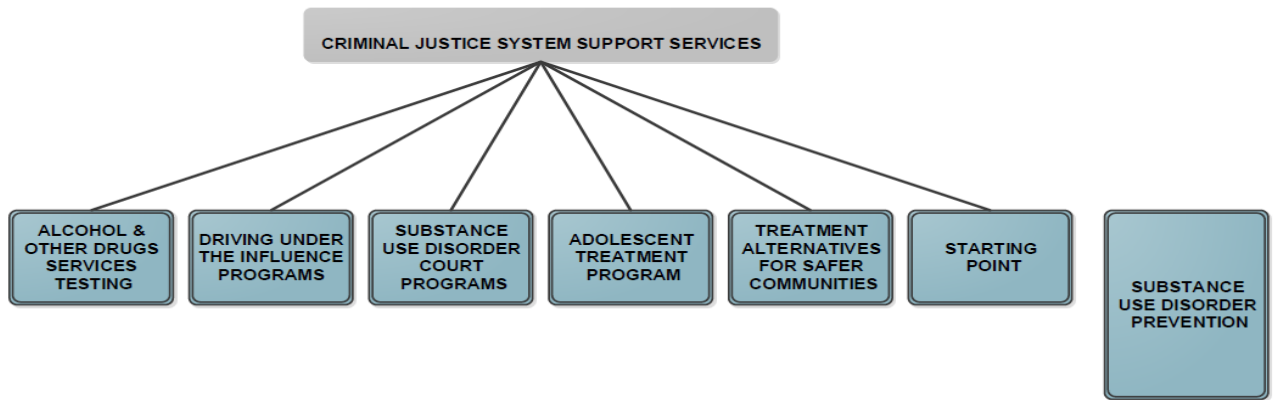
YOUTH & FAMILY SERVICES AND QUALITY MANAGEMENT



ACUTE & FORENSIC AND ADULT SERVICES



SUBSTANCE USE DISORDER & COMMUNITY RECOVERY SERVICES



PROGRAM SUPPORT AND SPECIAL PROJECTS

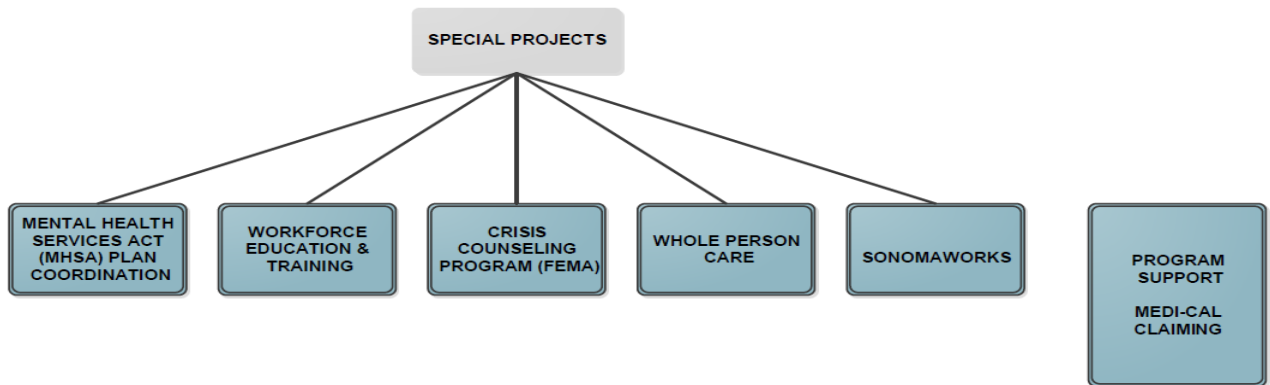


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Goal	Sections and Goal Descriptions	Page
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SUMMARY OF QUALITY IMPROVEMENT PLAN GOALS		
Goal Status	#	Percentage
Goals Met	19/39 Goals	48.72%
Goals Partially Met (Goals scored "Partially Met" if results were > 50%)	4/39 Goals	10.26%
Goals Not Met	16/39 Goals	41.03%
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SECTION 1: SERVICE DELIVERY CAPACITY

GOAL 1.1: The MHP will continue to track by the number, service type, and geographic distribution of mental health services and contract providers.

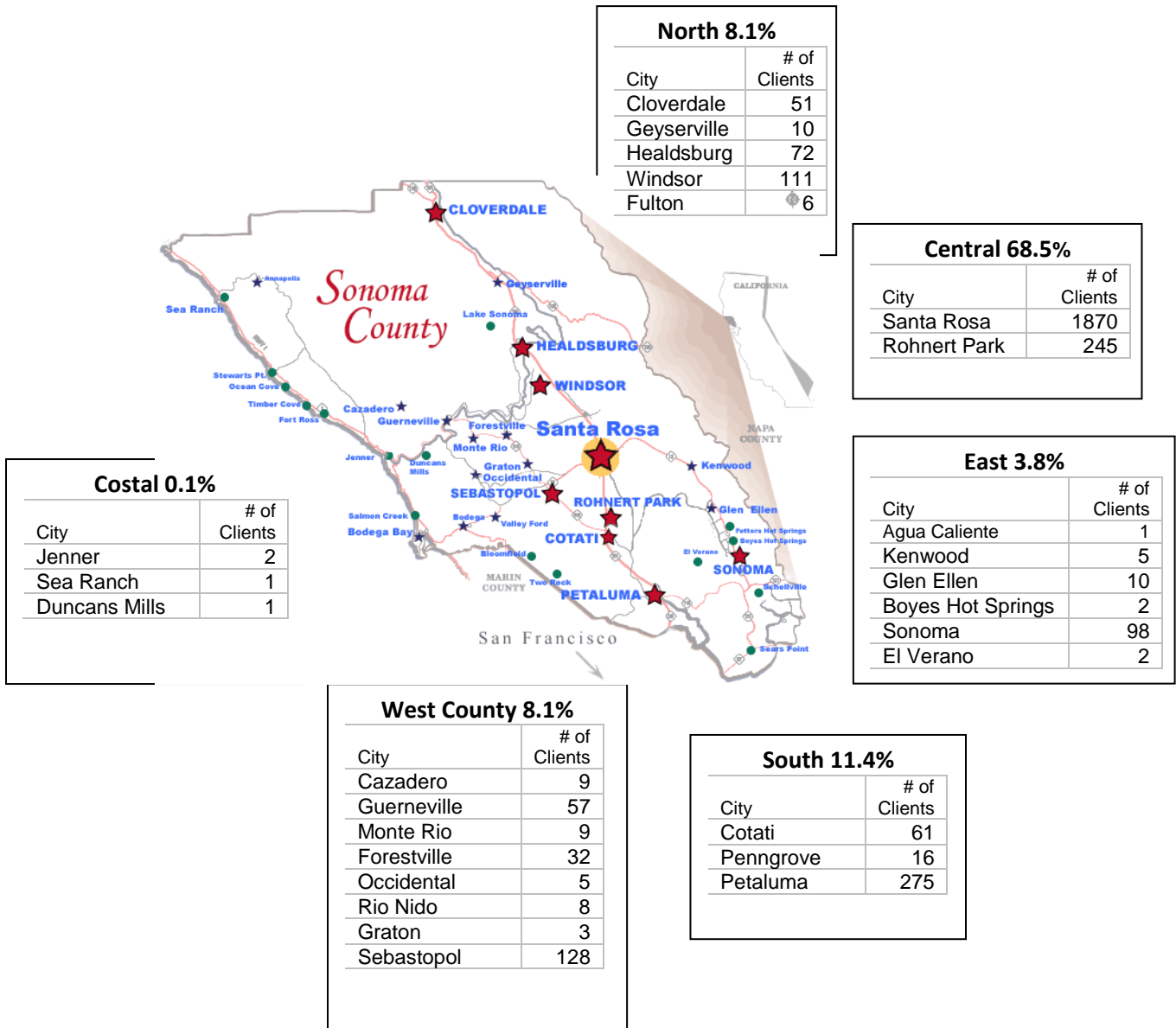
PROCESS USED TO EVALUATE

Sonoma County Provider Directory – monthly form showing geographic location, service type, and wait times.

RESPONSIBLE STAFF – QI Manager

RESULTS

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



**Sonoma County Mental Health Plan
Provider Directory for Specialty Mental Health Services: September 2018**

If you have any questions regarding this directory, call Sonoma County's Access Team at (707) 565-6900 or (800) 870-8786. For CA Relay Service call 711.

Welcome to the Sonoma County Mental Health Plan (MHP). To receive services, the following steps must be taken: 1. Obtain an initial assessment to determine eligibility and service type(s) needed; 2. Continue services with the same agency or obtain a Sonoma County Behavioral Health (SCBH) referral to an appropriate treatment agency following the assessment.

1. Request an Initial Assessment at one of the following agencies: All of the following providers are accepting new clients

PROVIDER NAME	STREET ADDRESS	CITY	ZIP CODE	PHONE	SERVICES PROVIDED	POPULATION SERVED	ALTERNATIVES AND OPTIONS	CULTURAL COMPETENCY TRAINED**	LANGUAGES	ADA ACCESS***	WAIT TIME IN BUSINESS DAYS TO ASSESSMENT
Petaluma People Services Center	1500 Petaluma Blvd South	Petaluma	94952	707-765-8488	Assessment, Mental Health Services, Medication Support, Crisis and Case Management	Child/Adolescents Ages 0-18	Latinos LGBTQ Homeless Court-ordered	Yes	English Spanish	Yes	English-0 days Spanish-N/A
Sonoma County Behavioral Health Access Team	2225 Challenger Way	Santa Rosa	95407	707-565-6900 800-870-8786	Assessment, Mental Health Services, Medication Support, Crisis and Case Management	Adults Child/Adolescents	Latinos LGBTQ	Yes	English Spanish	Yes	English-19 days Spanish-19 days

For Urgent Assessments Only: For situations experienced by a client that, without timely intervention, is highly likely to result in an immediate emergency psychiatric condition.

PROVIDER NAME	STREET ADDRESS	CITY	ZIP CODE	PHONE	SERVICES PROVIDED	POPULATION SERVED	ALTERNATIVES AND OPTIONS	CULTURAL COMPETENCY TRAINED**	LANGUAGES	ADA ACCESS***	WAIT TIME IN BUSINESS DAYS TO ASSESSMENT
Crisis Stabilization Services	2225 Challenger Way	Santa Rosa	95407	707-576-8181 800-870-8786	Crisis Stabilization and Case Management	Child/Adolescents Adults	Latinos LGBTQ	Yes	English Spanish	Yes	English-0 days Spanish-0 days

Services at the above facility are available 24 hours per day, 7 days per week

For Urgent Assessments, See page 1

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2. Based on your assessed mental health needs, the MHP may refer you to one or more of the following organizations:

PROVIDER NAME	STREET ADDRESS	CITY	ZIP CODE	PHONE*	SERVICES PROVIDED	POPULATION SERVED	ALTERNATIVES AND OPTIONS	CULTURAL COMPETENCY TRAINED**	LANGUAGES	ADA ***	ACCEPTING NEW CLIENTS?
Alternative Family Services	1421 Guerneville Rd. Suite 228	Santa Rosa	95403	707-576-7700*	Mental Health Services, Crisis Intervention and Case Management	Child/ Adolescents Ages 0-5 Ages 6-21	Foster Youth Latinos LGBTQ	Yes	English Spanish	Yes	Yes By SCBH referral only
Bucklew Programs Sonoma County Independent Living	2300 Northpoint Parkway	Santa Rosa	95407	707-571-5581*	Mental Health Services, Crisis Intervention and Case Management	Adults	Family Services Clients on probation Transition Age (18-21)	Yes	English Spanish	Yes	Yes By SCBH referral only
Child Parent Institute	3650 Standish Ave	Santa Rosa	95407	707-284-1500*	Assessment, Mental Health Services, Medication Support, Crisis and Case Management	Child/ Adolescents Ages 0-3 Ages 4-18	Latinos Trauma Foster Youth	Yes	English Spanish	Yes	Yes By SCBH referral only
Community Support Network A Step Up	420 East Cotati Ave.	Cotati	94931	707-575-0979*	Adult Residential Services and Case Management	Adults	Latinos LGBTQ	Yes	English Spanish	Yes	Yes By SCBH referral only
Community Support Network E Street	201 South E Street	Santa Rosa	95404	707-575-0979*	Adult Residential Services and Case Management	Adults	Latinos LGBTQ	Yes	English Spanish	Yes	Yes By SCBH referral only
Community Support Network Opportunity House	634 Pressley Street	Santa Rosa	95404	707-575-0979*	Mental Health Services, Crisis Intervention and Case Management Board and Care	Adults	Homeless Latinos LGBTQ	Yes	English Spanish	Yes	Yes By SCBH referral only

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Front Street, Inc. Opal Cliff Residential Center	4795 Opal Cliff Drive	Capitola	95062	831-464-8694*	Mental Health Services, and Case Management Board and Care	Adults	Latinos	Yes	English Spanish	No	Yes By SCBH referral only
LifeWorks of Sonoma County	1200 College Avenue	Santa Rosa	95404	707-568-2300*	Therapeutic Behavioral Services	Child/ Adolescents Ages 4-21	Latinos LGBTQ	Yes	English Spanish	Yes	Yes By SCBH referral only
Lomi Psychotherapy Clinic	534 B Street	Santa Rosa	95401	707-579-0465*	Mental Health Services, Crisis Intervention and Case Management	Adults	Group Treatment Community Classes	Yes	English Spanish	Yes	Yes By SCBH referral only
Progress Foundation Parker Hill Place	3371 Parker Hill Rd.	Santa Rosa	95404	707-535-0289*	Adult Residential Services	Adults	Latinos	Yes	English Spanish	Yes	Yes By SCBH referral only
Progress Foundation Progress Sonoma	3400 Montgomery Dr.	Santa Rosa	95405	707-526-6902*	Crisis Residential Services	Adults	Latinos	Yes	English Spanish	No	Yes By SCBH referral only
Progress Foundation Harstad House	1120 Gordon Lane	Santa Rosa	95404	707-527-3249*	Crisis Residential Services	Adults	Latinos	Yes	English Spanish	Yes	Yes By SCBH referral only
Psynergy - Greenfield	215 Huerta Avenue	Greenfield	93927	408-465-8280*	Mental Health Services, Medication Support, Crisis Intervention and Case Management	Adults	Latinos Asian Americans	Yes	English Spanish Vietnamese	No	Yes By SCBH referral only

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Psynergy – Morgan Hill	18217 Hale Avenue	Morgan Hill	95037	408-465-8280*	Mental Health Services, Medication Support, Crisis Intervention and Case Management	Adults	Latinos Asian Americans	Yes	English Spanish Vietnamese	No	Yes By SCBH referral only
Psynergy – Sacramento	4604 Roosevelt Ave.	Sacramento	95820	408-465-8280*	Mental Health Services, Medication Support, Crisis Intervention and Case Management	Adults	Latinos Asian Americans	Yes	English Spanish Vietnamese Farsi, Hindi, Nepali, Urdu, Gujaranti, Kutchi,	No	Yes By SCBH referral only
Rebekah Children’s Services	290 IOOF Avenue	Gilroy	95020	408-846-2100*	Mental Health Services, Medication Support, Crisis Intervention and Case Management	Child/ Adolescents Ages 0-5 Ages 6-21	Latinos Foster & Adopted Youth Transition Age (18-21)	Yes	English Spanish	Yes	Yes By SCBH referral only
Seneca Family of Agencies Community Based Services	8750 Mountain Blvd.	Oakland	94605	510-777-5300*	Mental Health Services, Medication Support, Therapeutic Behavioral Services, Crisis Intervention and Case Management	Child/ Adolescents	Latinos Foster Youth Youth on Probation Non-minor Dependents	Yes	English Spanish	No	Yes By SCBH referral only

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Seneca Family of Agencies Community Based Services	365 Kuck Lane	Petaluma	94952	707-545-2700*	Mental Health Services, Medication Support, Therapeutic Behavioral Services, Crisis Intervention and Case Management	Child/ Adolescents	Latinos Foster Youth Adopted Youth Youth on Probation	Yes	English Spanish	No	Yes By SCBH referral only
Seneca Family of Agencies Sonoma Family Permanence Collaborative	101 Wikiup Dr.	Santa Rosa	95403	707-545-2700*	Mental Health Services, Medication Support, Therapeutic Behavioral Services, Crisis Intervention and Case Management	Child/ Adolescents	Latinos Foster Youth Adopted Youth Youth on Probation	Yes	English Spanish	No	Yes By SCBH referral only
Social Advocates for Youth	2447 Summerfield Road	Santa Rosa	95405	707-544-3299*	Assessment, Mental Health Services, Medication Support, Crisis and Case Management	Child/ Adolescents Ages 5-25	Latinos LGBTQ Trauma Transition Age (18-24)	Yes	English Spanish	Yes	Yes By SCBH referral only
Sonoma County Behavioral Health Adult Integrated Services	2245 Challenger Way	Santa Rosa	95407	707-565-6900* 800-870-8786*	Mental Health Services, Medication Support, Crisis Intervention and Case Management	Adults	Latinos	Yes	English Spanish	Yes	Yes By SCBH referral only

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Sonoma County Behavioral Health Forensic Assertive Community Treatment (FACT)	2350 Professional Dr.	Santa Rosa	95403	707-565-6900* 800-870-8786*	Mental Health Services, Medication Support, Crisis Intervention and Case Management	Adults	Latinos LGBTQ	Yes	English Spanish	Yes	Yes By SCBH referral only
Sonoma County Behavioral Health Older Adult Services	2235 Challenger Way	Santa Rosa	95407	707-565-6900* 800-870-8786*	Mental Health Services, Medication Support, Crisis Intervention and Case Management	Adults Ages 18-59 Ages 60+	Latinos LGBTQ Hospice Clients	Yes	English Spanish	Yes	Yes By SCBH referral only
Sonoma County Behavioral Health Transition Age Youth (TAY)	2235 Challenger Way	Santa Rosa	95407	707-565-6900* 800-870-8786*	Mental Health Services, Medication Support, Crisis Intervention and Case Management	Adults Ages 18-25	Latinos LGBTQ Transition Age (18-25)	Yes	English Spanish	Yes	Yes By SCBH referral only
Sonoma County Behavioral Health Valley of the Moon Children's Home	112 Children's Circle	Santa Rosa	95409	707-565-6900* 800-870-8786*	Mental Health Services, Medication Support, Crisis Intervention and Case Management	Child/ Adolescents	Latinos Foster Youth	Yes	English Spanish	Yes	Yes By SCBH referral only
Sonoma County Behavioral Health Whole Person Care	2255 Challenger Way	Santa Rosa	95407	707-565-6900* 800-870-8786*	Mental Health Services, Medication Support, Crisis Intervention and Case Management	Adults	Latinos Veterans LGBTQ Community Based	Yes	English Spanish	Yes	Yes By SCBH referral only

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Sonoma County Behavioral Health Youth and Family Services	3322 Chanate Rd	Santa Rosa	95405	707-565-6900* 800-870-8786*	Mental Health Services, Medication Support, Crisis Intervention and Case Management	Child/ Adolescents	Latinos Foster Youth	Yes	English Spanish	Yes	Yes By SCBH referral only
Sonoma County Community Mental Health Petaluma	5350 Old Redwood Hwy Suite 600	Petaluma	94954	877-700-5270*	Assessment, Mental Health Services, Medication Support, Crisis and Case Management	Adults	Latinos LGBTQ	Yes	English Spanish	Yes	Yes By SCBH referral only
Sonoma County Community Mental Health Cloverdale	140 S. Cloverdale Blvd. Suite 140	Cloverdale	95425	800-700-5270*	Assessment, Mental Health Services, Medication Support, Crisis and Case Management	Adults	Latinos LGBTQ	Yes	English Spanish	Yes	Yes By SCBH referral only
Sonoma County Community Mental Health Sonoma	810 A Grove Street	Sonoma	95476	800-700-5270*	Assessment, Mental Health Services, Medication Support, Crisis and Case Management	Adults	Latinos LGBTQ	Yes	English Spanish	Yes	Yes By SCBH referral only
Sonoma County Community Mental Health Guerneville	16390 Main Street	Guerneville	95446	707-869-4007*	Assessment, Mental Health Services, Medication Support, Crisis and Case Management	Adults	Latinos LGBTQ	Yes	English Spanish	Yes	Yes By SCBH referral only

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Telecare Sonoma ACT	327 College Avenue	Santa Rosa	95401	707-568-2800*	Mental Health Services, Medication Support, Crisis Intervention, and Case Management	Adults	Latinos	Yes	English Spanish	Yes	Yes By SCBH referral only
TLC Child and Family Services	1800 Gravenstein Hwy. N. Suite A	Sebastopol	95472	707-823-7300*	Mental Health Services, Medication Support, Therapeutic Behavioral Services, and Case Management	Child/ Adolescents	LGBTQ Foster & Adopted Youth Trauma	Yes	English Spanish	Yes	Yes By SCBH referral only
Victor Treatment Center Redding	855 Canyon Road	Redding	96001	707-576-7218*	Mental Health Services, Medication Support, Crisis Intervention, and Case Management	Child/ Adolescents	Latinos LGBTQ Foster Youth Trauma	Yes	English Spanish	Yes	Yes By SCBH referral only
Victor Treatment Center Santa Rosa	3164 Condo Court	Santa Rosa	95403	707-576-7218*	Mental Health Services, Medication Support, Crisis Intervention, and Case Management	Child/ Adolescents	Latinos LGBTQ Foster Youth Trauma	Yes	English Spanish	Yes	Yes By SCBH referral only

To request auxiliary aids and services, including the provision of materials in alternative formats at no cost, call:

Local: 707-565-6900

Toll Free: 800-870-8786

CA Relay Service: 711

GOAL MET

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GOAL 1.2: Increase the number of Hispanic/Latino clients receiving mental health treatment by SCBH by 5% from 976 in FY16-17 to 1,024 in FY17-18.

PROCESS USED TO EVALUATE

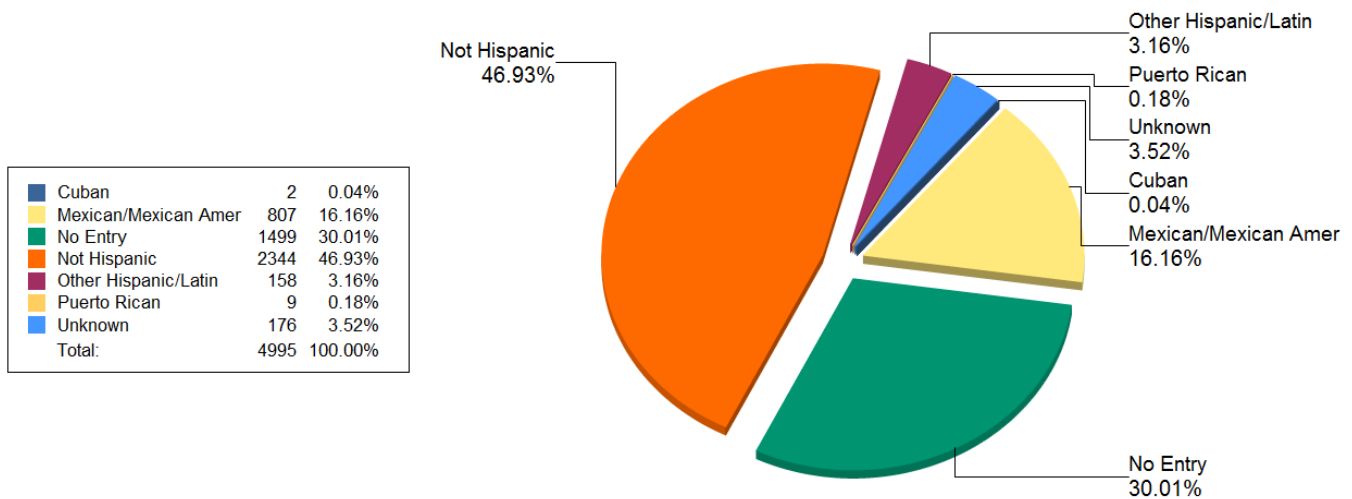
Avatar – Demographic Report

RESPONSIBLE STAFF – QI Manager

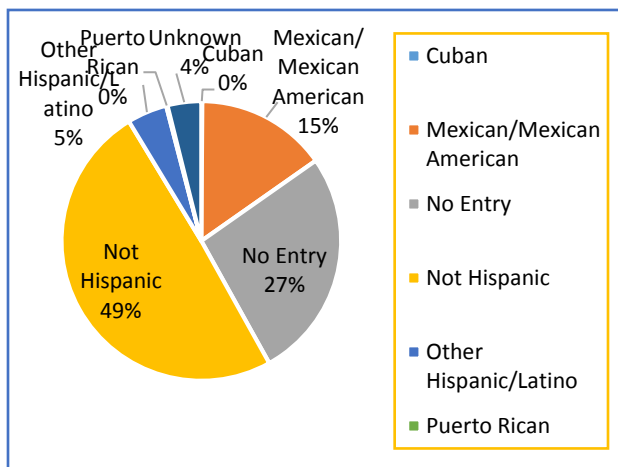
RESULTS

Based on CSI data, during Fiscal Year 2016-17 Sonoma County Behavioral Health served a total of 976 unique Hispanic/Latino clients 19.5% of 4,995 unique clients served

SCBH Unique Clients - Ethnic Origin



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%
Grand Total	4489	100.00%

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. This is an increase in the percentage served compared to total clients, but a decrease in the total number of Hispanic/Latino clients served overall.

The number of Hispanic/Latinos served might be under represented as we observed that 27.5% of the population served during FY17-18 do not have Ethnicity specified. As part of the plan of correction, QI has developed a widget in AVATAR to identify those clients with missing CSI data.

Hispanic/Latino clients receiving mental health services in FY17-18 = 899 a 7.9% decrease from FY16-17.

GOAL NOT MET

GOAL 1.3: Increase the number of Hispanic/Latino clients receiving mental health treatment by MHA funded Community Health Centers by 5% from 185 in FY16-17 to 189 in FY17-18.

PROCESS USED TO EVALUATE

- Performance contracts with FQHCs
- Outreach Database

RESPONSIBLE STAFF – QI Manager and CIP Manager

Methodology:

MHA funded Community Health Centers are the MHA Community Services and Supports (CSS) Community Intervention Program (CIP) contracts (and in particular, the CIP contracts with health centers). DAAC is listed because their clinic is located at a Santa Rosa Community Health Center site and Sonoma County Indian Health Project is operating as a licensed California Community Clinic. Data from MHA quarterly reports for this set of contractors from FY 16-17 and FY 17-18 were compared. Santa Rosa Community Health Centers have ended their contract with Sonoma County Behavioral Health, which affects their dataset. The CIP Program has shifted focus to Whole Person Care, and so is no longer available as a dataset for Latino outreach.

Note: Aggregating quarterly reports may produce some duplication (as a client may be seen in more than one quarter).

Data:

Hispanic/Latino numbers served (aggregate of quarterly reports)				
Contractor	FY 16-17	FY 17-18	Difference	Difference %
Alliance Medical Center	8	8	0	0.00%
Drug Abuse Alternatives Center (DAAC)	19	46	27	142.11%
Santa Rosa Community Health Centers	121	50	-71	-58.68%
Sonoma County Indian Health Project	6	2	-4	-66.67%
West County Community Health Centers	26	5	-21	-80.77%
TOTAL	180	111	-69	-38.33%

Analysis:

The dramatic decline in number of Hispanic/Latino clients receiving treatment services among these contractors can be attributed contract reductions resulting from the budget crisis. SRCHC is no longer contracted with SCBH. Additionally, the Community Intervention Program was reorganized as the Whole Person Care Team with a different target population.

GOAL NOT MET

GOAL 1.4: Increase the number of Hispanic/Latino clients receiving mental health outreach services by 5% from 546 in FY16-17 to 573 in FY17-18.

PROCESS USED TO EVALUATE

Outreach Database

RESPONSIBLE STAFF – QI Manager, CMHC Manager, CIP Manager and PPEA

Methodology:

This analysis includes client-level outreach services data for the Community Intervention Program (CIP) team, the Community Mental Health Centers (CMHCs) (which carry out the same outreach function as CIP), and the Crisis Assessment, Prevention, and Education (CAPE) Team and Mobile Support Team (MST), who also conduct mental health outreach services.

RESULTS

Hispanic/Latino numbers served (client-level data)				
Outreach Program	FY16-17	FY17-18	Difference	% Difference
CIP	270	130	-140	-51.85%
CMHCs	12	6	-6	-50.00%
CAPE	203	158	-45	-22.17%
MST	61	41	-20	-32.79%
	546	335	-211	-38.64%

Data for FY 16-17 for all outreach teams was derived from SWITS. There was a revision to CIP 16-17 numbers (from those reported last EQRO). Late entry date changed totals.

*In February 2018, CIP became WPC. These numbers represent both CIP and WPC for the whole fiscal year.

In FY17-18 335 Hispanic/Latino clients received mental health outreach services. This is a 38.64% decrease.

GOAL NOT MET

GOAL 1.5: SCBH will provide at least one mandatory staff training in FY17-18, 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

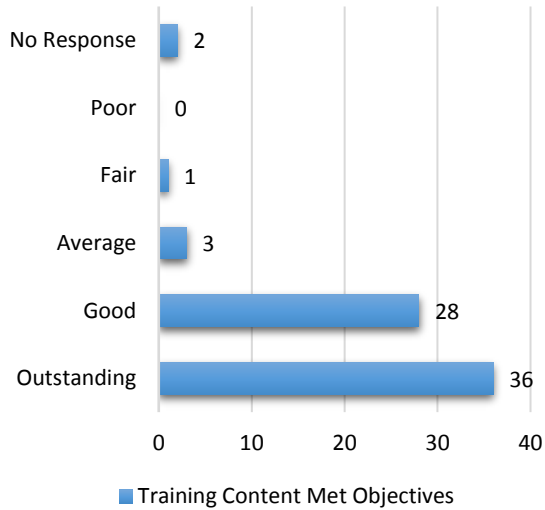
RESPONSIBLE STAFF – QI Manager and CIP Manager.

RESULTS

SCBH held three staff development trainings in FY17-18 to further cultivate cultural competency among staff.

	Date	Training	Facilitated by
1	8/2/17	Working with Gender-Expansive and Transgender People	Shawn Giamattei
2	3/7/18	Peer Perspectives: Uncommon Realities	Susan Standen, Amy Breckenridge, Sean Kelson
3	4/5/18	Cultural Competency: UndocuTrauma in Latino Communities	Belinda Hernandez Arriaga

Gender Expansiveness Training



UndocuTrauma Training



Staff we asked to rate their knowledge of strategies to assist clients of culturally diverse communities. Staff reported high marks for both trainings listed above meeting their training objectives.

GOAL MET

GOAL 1.6: 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.

PROCESS USED TO EVALUATE

Licensure Test Prep Support Program Calendar

RESPONSIBLE STAFF – QI Manager

RESULTS

Workforce Education and Training Coordinator met with bilingual and bicultural staff working towards licensure on the following dates to provide training and test-prep support:

- August 31, 2017
- December 5, 2017
- February 6, 2018
- February 27, 2018
- May 9, 2018

GOAL MET

GOAL 1.7: Increase the FTE for county-funded peer positions by 5%: From 35.63% FTE on 6/30/17 to 37.4 FTE as of 6/30/18.

PROCESS USED TO EVALUATE

Consumer and Family Employment Fiscal Summary FY17-18

RESPONSIBLE STAFF – QI Manager

RESULTS

	FY16-17	FY17-18	FY16-17	FY17-18
County Contractors	# of Employees	# of Employees	FTE	FTE
Goodwill Programs:				
Wellness and Advocacy Center	11	9	6.25	5.9
Consumer Relations Program	4	7	2.58	3.95
Interlink Self-Help center	9	10	6.3	6.33
Petaluma Peer Recovery Program	4	5	1.1	1.46
Consumer- Operated Warmline Program	2	4	0.58	0.95
Peer Support for Mobile Support Team	2	3	0.935	0.95
Buckelew Programs:				
Family Service Coordinator	4	4	3.13	2.07
West County Community Services Programs:				
Russian River Empowerment Center	5	6	2.88	3.01
NAMI:				
Family Based Advocacy and Support Services	5	5	1.0	.78
Family Support Project (Mobile Support Team)	4	7	2.04	4.56
Family Education and Support Program	5	??	3.46	??
Total of County Contractors	55	60	30.26	29.96
SCBHD Staff	# of Employees	# of Employees	Working extra-help hours equivalent to FTE	Working extra-help hours equivalent to FTE
Peer Providers Seven peers combined worked extra-help hours equivalent to 4.37 FTE (.64, .59, .71, .40, .51, .62, .90)	11	8	5.37	3.65
Total FTE for all County-funded peer positions	66	68	35.63	33.61

Total number of consumer and family member staff at MHS funded programs: 68 employees at 3.61FTE

In FY17-18 the FTE for county-funded peer positions was 33.61 FTE, a decrease of 5.67% from FY16-17 35.63 FTE.

GOAL NOT MET

GOAL 1.8: 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 Team has undergone a restructuring with a new Audit Team formed. The new Audit Team has begun County and Contract audits, but final reporting has not been completed.

UNABLE TO DETERMINE

GOAL 1.9: 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 Team has undergone a restructuring with a new Audit Team formed. The new Audit Team has begun County and Contract audits, but final reporting has not been completed.

UNABLE TO DETERMINE

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 Requesting Specialty MH Services	OPTUM Calls Requesting Specialty MH Services y	Total Calls Requests for Specialty MH Services
2017 - 07 July	161	150	311
2017 - 08 August	188	118	306
2017 - 09 September	209	111	320
2017 - 10 October	153	132	285
2017 - 11 November	163	126	289
2017 - 12 December	188	112	300
2018 - 01 January	185	152	337
2018 - 02 February	167	121	288
2018 - 03 March	198	147	345
2018 - 04 April	195	151	346
2018 - 05 May	141	139	280
2018 - 06 June	145	133	278
FY Total =	2,093	1592	3685
FY Monthly Average =	174	133	307

100% 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 MET



GOAL 2.2: 100% of persons seeking urgent services after hours will have a warm hand off to Crisis Stabilization Unit (CSU) where further assessment can be facilitated.

Goal Calculation: $\frac{\text{Urgent Calls transferred to CSU by OPTUM}}{\text{Urgent Calls}} * 100\%$

PROCESS USED TO EVALUATE

OPTUM Monthly Reports

After-hours Access line calls are forwarded to OPTUM. OPTUM's staff tracks requests for specialty mental health services. If a referral to Crisis Stabilization Unit (CSU) is made by OPTUM, the referral is tracked on OPTUM's spreadsheet, and the call is immediately transferred to a live person at CSU.

RESPONSIBLE STAFF – QI Manager, CSU Manager, and Access Manager.

RESULTS

The following table shows the number of calls identified as a request for specialty mental health service(s) and the number of calls that were screened and referred to Crisis Stabilization Unit (CSU).

Call Year - Month	Calls answered and logged by OPTUM	Urgent Calls	% of Urgent Calls	Urgent Calls transferred to CSU by OPTUM	% of Urgent Calls transfer to CSU
2016 - 07 July	150	3	2	2	66.6
2016 - 08 August	118	5	4.2	3	60
2016 - 09 September	111	2	1.8	1	50
2016 - 10 October	132	1	0.7	1	100
2016 - 11 November	126	5	4	2	40
2016 - 12 December	112	3	2.7	1	33.3
2017 - 01 January	152	4	2.6	0	0
2017 - 02 February	121	1	0.8	1	100
2017 - 03 March	147	6	4.1	0	0
2017 - 04 April	151	2	1.3	1	50
2017 - 05 May	139	7	5	1	14.3
2017 - 06 June	133	5	3.8	4	80
Totals =	1592	44	2.8%	17	38.6%

17/44 or 38.6% of all calls screened by OPTUM in FY17-18 as requests for urgent services were transferred to CSU. Reasons given for not transferring include: Supportive counseling, referred to 911, client hung up, friend will take to CSU. There is a potential training issue identified as to what constitutes an Urgent Call.

GOAL NOT MET



GOAL 2.3: 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
2016 - 07 July	5	5	0	5	100.0%
2016 - 08 August	8	8	0	8	100.0%
2016 - 09 September	11	10	1	11	100.0%
2016 - 10 October	2	2	0	2	100.0%
2016 - 11 November	3	3	0	3	100.0%
2016 - 12 December	3	3	0	3	100.0%
2017 - 01 January	0	0	0	0	100.0%
2017 - 02 February	5	4	1	5	100.0%
2017 - 03 March	1	1	0	1	100.0%
2017 - 04 April	1	1	0	1	100.0%
2017 - 05 May	0	0	0	0	100.0%
2017 - 06 June	2	2	0	2	100.0%
Totals =	41	39	2	41	100.0%

41/41 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 2.4: 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 Requests	MST Contacts Under 2 B Days	CSU Contacts	CSU Admits Under 2 B days	Total Urgent Request	Assessment Under 2 B days	% Met Standard
2017 - 07 July	54	31	2	2	231	231	287	264	92.0%
2017 - 08 August	51	23	4	4	227	227	282	254	90.1%
2017 - 09 September	64	22	0	0	232	232	296	254	85.8%
2017 - 10 October	67	46	1	1	183	183	251	230	91.6%
2017 - 11 November	58	25	6	6	200	200	264	231	87.5%
2017 - 12 December	57	32	4	4	179	179	240	215	89.6%
2018 - 01 January	70	51	6	6	160	160	236	217	91.9%
2018 - 02 February	66	38	4	4	152	152	222	194	87.4%
2018 - 03 March	87	48	6	6	197	197	290	251	86.6%
2018 - 04 April	69	30	5	5	201	201	275	236	85.8%
2018 - 05 May	52	20	4	4	187	187	243	211	86.8%
2018 - 06 June	55	37	3	3	178	178	236	218	92.4%
Grand Totals	750	403	45	45	2327	2327	3122	2775	88.9%

88.9% 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 Requests	MST Contacts Under 2 B Days	CSU Contacts	CSU Admits Under 2 B days	Total Urgent Request	Assessment Under 2 B days	% Met Standard
2017 - 07 July	7	0	1	1	20	20	28	21	75.0%
2017 - 08 August	13	0	1	1	28	28	42	29	69.0%
2017 - 09 September	19	0	2	2	37	37	58	39	67.2%
2017 - 10 October	16	1	0	0	28	28	44	29	65.9%
2017 - 11 November	14	0	1	1	31	31	46	32	69.6%
2017 - 12 December	23	1	0	0	24	24	47	25	53.2%
2018 - 01 January	26	3	1	1	37	37	64	41	64.1%
2018 - 02 February	10	1	0	0	31	31	41	32	78.0%
2018 - 03 March	28	1	5	5	38	38	71	44	62.0%
2018 - 04 April	19	1	3	3	32	32	54	36	66.7%
2018 - 05 May	7	0	1	1	41	41	49	42	85.7%
2018 - 06 June	3	0	1	1	24	24	28	25	89.3%
Grand Totals	185	8	16	16	371	371	572	395	69.1%

69.1% 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 Requests	MST Contacts Under 2 B Days	CSU Contacts	CSU Admits Under 2 B days	Total Urgent Request	Assessment Under 2 B days	% Met Standard
2017 - 07 July	1	0	1	1	1	1	3	2	66.7%
2017 - 08 August	0	0	0	0	2	2	2	2	100.0%
2017 - 09 September	0	0	0	0	2	2	2	2	100.0%
2017 - 10 October	0	0	0	0	5	5	5	5	100.0%
2017 - 11 November	2	1	0	0	2	2	4	3	75.0%
2017 - 12 December	1	0	0	0	1	1	2	1	50.0%
2018 - 01 January	1	0	0	0	2	2	3	2	66.7%
2018 - 02 February	0	0	0	0	1	1	1	1	100.0%
2018 - 03 March	0	0	0	0	3	3	3	3	100.0%
2018 - 04 April	2	0	0	0	3	3	5	3	60.0%
2018 - 05 May	0	0	1	1	1	1	2	2	100.0%
2018 - 06 June	0	0	0	0	4	4	4	4	100.0%
Grand Totals	7	1	2	2	27	27	36	30	83.3%

83.3% 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 Requests	MST Contacts Under 2 B Days	CSU Contacts	CSU Admits Under 2 B days	Total Urgent Request	Assessment Under 2 B days	% Met Standard
2017 - 07 July	62	31	4	4	252	252	318	287	90.3%
2017 - 08 August	64	23	5	5	257	257	326	285	87.4%
2017 - 09 September	83	22	2	2	271	271	356	295	82.9%
2017 - 10 October	83	47	1	1	216	216	300	264	88.0%
2017 - 11 November	74	26	7	7	233	233	314	266	84.7%
2017 - 12 December	81	33	4	4	204	204	289	241	83.4%
2018 - 01 January	97	54	7	7	199	199	303	260	85.8%
2018 - 02 February	76	39	4	4	184	184	264	227	86.0%
2018 - 03 March	115	49	11	11	238	238	364	298	81.9%
2018 - 04 April	90	31	8	8	236	236	334	275	82.3%
2018 - 05 May	59	20	6	6	229	229	294	255	86.7%
2018 - 06 June	58	37	4	4	206	206	268	247	92.2%
Grand Totals	942	412	63	63	2725	2725	3730	3200	85.8%

85.8% of **all clients** who were screened as needing an urgent mental health assessment received services within 2 business days.

GOAL NOT MET

GOAL 2.5: A 25% increase from the previous FY16-17, in the number of assessments attended within 10 business days from date of the initial request for service, for an initial outpatient mental health assessment, after being screened as needing a mental health assessment. From 25.8% in FY16-17 to 32.3% in FY17-18.

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	24.0 days (mean)	20.3 days (mean)	34.1 days (mean)	13.2 days (mean)
	18 days (median)	14 days (median)	32 days (median)	6 days (median)
	21.7 Std. Dev.	19.7 Std. Dev.	23.0 Std. Dev.	17.2 Std. Dev.
MHP standard or goal	10 days	10 days	10 days	10 days
Percent of appointments that meet this standard	37.5%	44.2%	17.7%	61.9%
Range	0-116 days	0-116 days	0-114 days	0-80 days

FY16-17 = 28.8% met 10 day standard. FY17-18 = 37.5% met 10 day standard.

GOAL MET



GOAL 2.6: A 25% increase from the previous FY16-17 in the number of clients that attended an initial psychiatric assessment appointment (if indicated) within 10 business days from date of the initial outpatient mental health assessment. From 54.9% in FY16-17 to 68.6 % in FY17-18.

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
Average length of time from first request for service to first psychiatry appointment	11.1 days (mean)	8.8 days (mean)	16.8 days (mean)	14.0 days (mean)
	5 days (median)	5 days (median)	10 days (median)	13.5 days (median)
	14.1 Std. Dev.	11.1 Std. Dev.	18.9 Std. Dev.	12.9 Std. Dev.
MHP standard or goal	10 days	10 days	10 days	10 days
Percent of appointments that meet this standard	65.0%	71.7%	50.3%	45.8%
Range	0-87 days	0-87 days	0-72 days	0-37 days

65.0% of clients attended an initial psychiatric assessment appointment within 10 business days from the date of the initial outpatient mental health assessment.

71.7% of adult initial psychiatric appointment attendance met standard.

50.3% of youth initial psychiatric appointment attendance met standard.

45.8% of foster youth initial psychiatric appointment attendance met standard.

GOAL PARTIALLY MET



GOAL 2.7: The no-show rate for adult clients scheduled for the 1st available accepted initial clinical assessment at the Access team will not exceed 25%.

Calculation: $\frac{\text{No-Shows/Cancellations}}{\text{Total Scheduled}} * 100\%$

PROCESS USED TO EVALUATE

Access to Mental Health Services Database

RESPONSIBLE STAFF – QI Manager and Access Manager.

RESULTS

Year - Month	Total Scheduled	Attended	No-Shows/ Cancellations	No-Show Rate
2017 - 07 July	98	64	34	34.69%
2017 - 08 August	112	77	35	31.25%
2017 - 09 September	118	89	29	24.58%
2017 - 10 October	133	75	58	43.61%
2017 - 11 November	106	92	14	13.21%
2017 - 12 December	93	57	36	38.71%
2018 - 01 January	95	68	28	29.17%
2018 - 02 February	103	67	30	30.93%
2018 - 03 March	125	70	40	36.36%
2018 - 04 April	63	75	40	34.78%
2018 - 05 May	76	77	17	18.09%
2018 - 06 June	66	48	22	31.43%
Totals =	1242	859	383	30.84%

There was a 30.84%% no show rate for the 1st available accepted Initial Clinical Assessment at the Access Team. This is a decrease from the previous year.

GOAL PARTIALLY MET



GOAL 2.8: The no-show rate for adult clients scheduled for the 1st available accepted initial psychiatry appointment at the Access team will not exceed 20%.

Calculation: $\frac{\text{No-Shows/Cancellations}}{\text{Admissions Needed Initial Psychiatric Appts}} * 100\%$

PROCESS USED TO EVALUATE

Avatar

RESPONSIBLE STAFF – QI Manager and Access Manager.

RESULTS

Year - Month	Access Team Admissions Needing Initial Psychiatric Appts	Received a Psychiatric Access Service	No-Shows / Cancellations	No-Show Rate
2016 - 07 July	43	12	31	72.09%
2016 - 08 August	54	26	28	51.85%
2016 - 09 September	50	32	18	36.00%
2016 - 10 October	39	29	10	25.64%
2016 - 11 November	63	42	21	33.33%
2016 - 12 December	42	42	0	0.00%
2017 - 01 January	39	39	0	0.00%
2017 - 02 February	38	30	8	21.05%
2017 - 03 March	41	36	5	12.20%
2017 - 04 April	40	34	6	15.00%
2017 - 05 May	51	45	6	11.76%
2017 - 06 June	36	29	7	19.44%
Totals =	536	396	140	26.12%

140/536 or 26.12% no-showed and/or cancelled the 1st available accepted Initial Psychiatry appointment at the Access Team. Data shows a sharp decrease as year progresses.

GOAL NOT MET



SECTION 3: BENEFICIARY SATISFACTION

GOAL 3.1: Complete the DHCS Adult, Older Adult, Youth and Family/Parents of Youth Consumer Perception Satisfaction Survey data during the review period to CIBHS on time.

PROCESS USED TO EVALUATE

DHCS Information Notice 13-14

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 2017 and May 2018

GOAL MET

GOAL 3.2: Analyze Consumer Perception Surveys and disseminate the results to SCBH staff and providers.

PROCESS USED TO EVALUATE

Consumer Perception Satisfaction Surveys

RESPONSIBLE STAFF – QI Manager

RESULTS

Overall the 959 Consumer Perception Surveys collected in calendar year 2017 for Sonoma County Behavioral Health have similar results to the state survey results. There are a total of 89 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	Ethnicity: Latino	1	19	<p>General Satisfaction: If I had other choices, I would still get services from this agency</p> <p>Perception of Access: I was able to get all the services I thought I needed Staff returned my calls within 24 hours</p> <p>Perception of Quality and Appropriateness I felt free to complain 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 here believe that I can grow, change, and recover Staff told me what side effects to watch out for Staff were sensitive to my cultural background</p>

				<p>Perception of Outcomes of Services I am better able to control my life I am getting along better with my family I deal more effectively with daily problems I do better in social situations My symptoms are not bothering me as much</p> <p>Perception of Functioning I am better able to handle things when they go wrong I am better able to take care of my needs My symptoms are not bothering me as much</p>
	Ethnicity: Black	2	1	<p>Perception of Outcomes of Services I am getting along better with my family</p>
	Ethnicity: Other	1	1	<p>Perception of Outcomes of Services I am getting along better with my family</p>
Adult	Sex: Other	6	3	<p>Perception of Quality and Appropriateness Staff told me what side effects to watch out for</p> <p>Perception of Outcomes of Services I am getting along better with my family I do better in social situations</p>
	Ethnicity: NHI/OPI	11	3	<p>Perception of Access The location of services was convenient</p> <p>Perception of Outcomes of Services I do better in school and/or work I do better in social situations</p>
	Ethnicity: Unknown	13	4	<p>Perception of Quality and Appropriateness I was encouraged to use consumer run programs Staff helped me obtain the information I needed to take charge of managing my illness</p> <p>Perception of Outcomes of Services I do better in social situations My housing situation has improved</p>
TAY	Sex: Other	4	3	<p>General Satisfaction I felt my child had someone to talk to when he/she was troubled</p> <p>Perception of Access Services were available at times that were convenient for us</p> <p>Perception of Participation in Treatment Planning I helped to choose my child's treatment goals</p>
	Ethnicity: White	74	1	<p>Perception of Participation in Treatment Planning I helped to choose my child's services</p>
	Ethnicity: AIAN	17	11	<p>General Satisfaction I would recommend this agency to a friend of family member</p> <p>Perception of Access I was able to get all the services I thought I needed I was able to see a psychiatrist when I wanted to Services were available at times that were good for me Staff returned my calls within 24 hours Staff were willing to see me as often as I felt was necessary The location of services was convenient</p> <p>Perception of Quality and Appropriateness I felt free to complain I was encouraged to use consumer-run programs</p>

				<p>Staff encouraged me to take responsibility for how I live my life</p> <p>Staff helped me obtain the information I needed to take charge of managing my illness</p>
	Ethnicity: Black	15	2	<p>General Satisfaction</p> <p>I got as much help as I needed</p> <p>Perception of Quality and Appropriateness</p> <p>I felt free to complain</p>
	Ethnicity: Unknown	7	8	<p>General Satisfaction</p> <p>The people helping me stuck with me no matter what</p> <p>Perception of Access</p> <p>Services were available at times that were convenient for me</p> <p>Services were available at times that were good for me</p> <p>Perception of Participation in Treatment Planning</p> <p>I helped to choose my treatment goals</p> <p>I, not staff, decided on my treatment goals</p> <p>Perception of Quality and Appropriateness</p> <p>I was encouraged to use consumer-run programs</p> <p>Staff helped me obtain the information I needed to take charge of managing my illness</p> <p>Staff told me what side effects to watch out for</p>
Youth	Sex: Other	3	20	<p>General Satisfaction</p> <p>I got as much help as I needed</p> <p>I got the help I wanted</p> <p>I received services that were right for me</p> <p>Perception of Participation in Treatment Planning</p> <p>I helped to choose my services</p> <p>I helped to choose my treatment goals</p> <p>Perception of Outcomes of Services</p> <p>I am better able to cope when things go wrong</p> <p>I am better at handling my daily life</p> <p>I am doing better in school and/or work</p> <p>I am satisfied with my family life right now</p> <p>I get along better with family members</p> <p>I get along better with friends and other people</p> <p>Perception of Social Connectedness</p> <p>I know people who will listen and understand me when I need to talk</p> <p>In a crisis, I would have the support I need from family or friends</p> <p>Perception of Cultural Sensitivity</p> <p>Staff were sensitive to my cultural/ethnic background</p> <p>Perception of Functioning</p> <p>I am better able to do things that I want to do</p> <p>I am better able to handle things when they go wrong</p> <p>I am better able to take care of my needs</p> <p>I do things that are more meaningful to me</p> <p>My symptoms are not bothering me as much</p>
	Ethnicity: AIAN	10	4	<p>General Satisfaction</p> <p>I got as much help as I needed</p> <p>Perception of Outcomes of Services</p> <p>I am satisfied with my family life right now</p> <p>Perception of Cultural Sensitivity</p> <p>Staff spoke to me in a way that I understood</p> <p>Perception of Functioning</p>

				I am better able to handle things when they go wrong
	Ethnicity: Black	11	2	Perception of Outcomes of Services I am better at handling my daily life I am satisfied with my family life right now
	Ethnicity: Unknown	8	3	Perception of Outcomes of Services I am better able to cope when things go wrong I am doing better in school and/or work
				Perception of Functioning I am better able to do things that I want to do
Youth Services for Families	Ethnicity: Asian	5	3	Perception of Outcomes of Services I am satisfied with my family life right now My child is better at handling daily life My child is doing better in school and/or work
	Ethnicity: Unknown	5	1	Perception of Outcomes of Services I am satisfied with my family life right now

In general, 2017 Sonoma County domain and subdomain mean scores were comparable with state mean scores. Among all client groups completing the survey in 2017 (adult, older adult, youth, TAY clients and youth services families), subdomain scores of individuals who identified as Other sex (n ranged from 1-6 respondents) were consistently lower than those of the state. In 2016, there was a similar trend for Other sex.

Among adult clients completing the survey, the overall 2017 mean scores were lower than the state by 0.3 point or more for two questions: under the domain Perception of Participation in Treatment Planning, subdomain “I, not staff, decided my treatment goals” and domain Perception of Quality and Appropriateness, subdomain “Staff told me what side effects to watch out for.” There were also difference by sex and race (refer to table). Other sex, Native Hawaiian/Other Pacific Islander (NH/OPI), and Unknown race/ethnicity had multiple subdomain score under the state’s satisfaction threshold in 2017. Compared to 2016, Males had more subdomain mean scores 0.3 points or lower than the State.

Overall, mean scores among Older Adults were similar or better than the state’s mean average for domain and subdomains in 2017. Hispanic/Latino client mean scores were lower than other categories and often fell below the state satisfaction threshold (2017). However, only one client is in this group. Female scores improved from 2016 to 2017 with no subdomain scores below the state’s threshold (compared to 9 in 2016).

General Satisfaction subdomain scores were generally similar or slightly lower than the state for clients in Youth Services in 2017. AIAN, Black, and Unknown race/ethnicity clients had multiple subdomain scores below the state’s threshold (2017). In 2016, two subdomain scores scored at least 0.3 points less than the state average: “I felt I had someone to talk to when I was troubled” and “I got as much help as I needed.” In 2017, these two subdomain scores improved and were only 0.1 below the mean state scores.

In 2017, Youth Service Survey Families overall mean scores were similar to the state. Asian clients had multiple domain scores below the state’s threshold (2017). Among Other sex, “Perception of Outcomes of Services” and “Perception of Functioning” mean scores improved from 2016 and 2017.

TAY clients, in general, had lower subdomain scores across all categories in 2016 and 2017. Eight subdomain questions had mean at least 0.3 points lower than the state. Male, Other sex, AIAN, Black, and Unknown race/ethnicity clients had multiple TAY subdomain score below the state’s satisfaction threshold in 2017.

The Consumer Perception Survey results and analysis will be reviewed by QIC and QIP in October 2018 for recommendations and strategies to better serve consumers and address the main areas for improvement:

GOAL MET



GOAL 3.3: 100% of client grievances will be decided upon and communicated back to the client within 60 days of receiving the grievance.

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

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 = 36, Resolved over 60 days = 8, Resolved under 60 days = 28.

On March 27, 2018, MHSUDS Information Notice number 18-010E extended the resolution timeframe for resolving grievances from 60 days to 90 days. This goal will be updated to reflect this change.

Under the old guidelines (60 days), 28/36 or 77.78% of grievances were decided and communicated back to the client within 60 days of receiving the grievance.

Under the new guidelines (90 days), 35/36 or 97.22% of grievances were decided and communicated back to the client within 90 days of receiving the grievance.

GOAL PARTIALLY MET

GOAL 3.4: 100% of client/family outpatient appeals will be decided upon and communicated back to the client within 45 days of receiving the appeal.

Goal Calculation: $\frac{\text{Appeals Resolved under 45 days}}{\text{Number of Appeals}} * 100\%$

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 FY17-18. Goal cannot be assessed.

Additionally, Sonoma County’s policy states 60 days, not 45 days, for resolving the appeal. This goal will be updated to reflect policy and practice.

GOAL NOT EVALUATED

GOAL 3.5: 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

There were no State Fair Hearing results for Sonoma County beneficiaries in FY17-18.

GOAL NOT EVALUATED

GOAL 3.6: 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 47 Requests for Change of Provider received in FY17-18.

46/47 or 97.87% of requests to change persons providing services were evaluated and addressed within 30 days of the request. This is an improvement from 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	12.4	82.67%
2	5	13.8	92.00%
3	5	14	93.33%
4	5	12	80.00%
5	5	14.4	96.00%
6	5	14.2	94.67%
7	5	12	80.00%
8	5	13	86.67%
9	10	13.5	90.00%
10	5	14.4	96.00%
11	5	15	100.00%
12	5	13	86.67%
13	5	14.8	98.67%
14	5	14	93.33%
15	5	14	93.33%
16	5	13.8	92.00%
17	5	12.4	82.67%
18	5	13.8	92.00%
19	5	12	80.00%
20	5	14.8	98.67%
21	5	14.2	94.67%
22	5	13.6	90.67%
Average =		13.59	90.61%

100% of psychiatric staff received peer reviews on five charts in FY17-18. Results of the peer reviews indicated 90.61% adherence to practice guidelines. This is an improvement from FY16-17.

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 Improvement Policy and Quality Improvement Steering Committees.

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

PROCESS USED TO EVALUATE

QIP Sentinel Event Report Sub-Committee to review monthly.

RESPONSIBLE STAFF – Medical Director and QI Manager.

RESULTS

104/104 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.

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

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

104 Incidents reported in FY17-18. Of that total, 47 Incidents were identified as requiring corrective action. 39 corrective actions were completed and 8 corrective actions were incomplete. 39/47 or 82.98% of identified issues had actions taken to address issues. This is a decrease from last fiscal year.

GOAL NOT MET

GOAL: 4.4: Reduce the average number of days for 1370 episodes for clients with misdemeanors in 1370 status (in custody and outpatient) by 10%.

From 97.3 days in FY16-17 to 87.6 days in FY17-18.

PROCESS USED TO EVALUATE

1370 Database

Methodology:

In order for an average of time spent in 1370 status per episode to be valid, the average amount of time needs to account for the entire number of days in the 1370 episode, rather than just the days occurring during a particular fiscal year. Looking at 1370 days within the fiscal year alone also discounts potential increases or decreases in the volume of individuals and episodes.

The methodology used for this analysis looks at 1370 misdemeanor episodes that were active during the fiscal year and that ended during the fiscal year. It looks at the length of the entire 1370 episode (even if the episode began in a prior fiscal year). For informational purposes, data is also provided for those episodes that were active during the fiscal year, but did not end during the fiscal year. These episodes cannot be fully measured as they have not yet ended.

Additionally, a delay in entering episode data into the 1370 database caused a miscalculation of the baseline numbers in FY16-17. Average number of days per episode for FY16-17 is 185.08, not 97.3. This corrected threshold has been used for FY17-18 calculations.

Other information provided in the analysis:

- Median days per episode
- Breakdown on 1370 episode determination (restored, non-restorable, or undetermined)
- Breakdown on in custody versus outpatient program

Misdemeanor 1370 Episodes Active during FY 15-16 & FY 16-17				
Category:	FY 16-17	FY 17-18	Difference	% Difference
Active in FY				
Total unique individuals	17	19	2	11.76%
Total episodes	17	19	2	11.76%
Active in FY; Episode ends in FY				
Total unique individuals	12	13	2	16.67%
Total episodes	12	13	2	16.67%
Total days in 1370 status (entire episodes)	2,221	2,175	-46	-2.07%
Avg. days per episode (mean)	185.08	155.36	-30	-16.06%
Days per episode (median)	180.50	149	-32	-17.45%
Min amount of days for an episode	86	53	-33	-38.37%
Max amount of days for an episode	341	274	-67	-19.65%
# episodes restored	6	5	-1	-16.67%
# episodes non-restorable	6	7	1	16.67%
# episodes undetermined	-	2	2	-
% episodes restored	50.00%	35.71%	-14.29	-28.57%
% episodes non-restorable	50.00%	50.00%	0	0.00%

Misdemeanor 1370 Episodes Active during FY 15-16 & FY 16-17				
Category:	FY 16-17	FY 17-18	Difference	% Difference
% episodes undetermined	0.00%	14.29%	14.29	-
Avg. days for restored (mean)	133.40	153.20	20	14.76%
Avg. days for non-restorable (mean)	236.67	169.86	-67	-28.23%
Avg. days for undetermined (mean)	-	110.00	110	-
Active in FY; Episode didn't end in FY				
Total unique individuals	5	5	0	0.00%
Total episodes	5	5	0	0.00%
Total days spent in 1370 status (through end of FY)	387	698	311	80.36%

Analysis:

Due to a change in contracting with the Correctional Department, Sonoma County Behavioral Health no longer provides in-custody services and only performs outpatient restoration, thus the numbers of individuals and episodes are substantially lower.

The average number of days for completed 1370 episodes ending in the fiscal year for clients with misdemeanors in 1370 status decreased by 16.06%, from 185.08 days in FY16-17 to 155.36 days in FY17-18.

GOAL MET

GOAL 4.5: 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

Avatar

RESPONSIBLE STAFF – QI Manager

RESULTS

The Clinical PIP is ongoing, so only preliminary data can be analyzed. To date, 15 clients are participating in the PIP with baseline Pre-Treatment ANSA measure of 26.13 average actionable items. 4 of the 15 clients have completed the DBT program and received post-treatment ANSA scores. The baseline Pre-Treatment ANSA for these 4 clients is 30.25 average actionable items. Post-Treatment ANSA measure for these 4 clients is 19.5 average actionable items. This equates to a 35.5% reduction. This sample size (n=4) is too small for significance testing, but the preliminary results are very promising and indicate that the PIP is on target to meet goals.

GOAL ON TARGET

GOAL 4.6: 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

All Beneficiaries Requests

Fiscal Year	Number of Requests	Number of Attended Appts	Attended ≤ 10 Business Days	% Attended ≤ 10 Business Days	Avg B. Days To Attended	Minimum B Days	Maximum B Days
FY 2017 - 2018	722	486	146	30.04%	26.88	0	114
CPI	185	60	11	18.33%	29.72	1	101
PPSC	68	47	30	63.83%	9.83	0	41
SAY	86	50	16	32.00%	24.64	5	86
YFS	377	323	85	26.32%	29.99	0	114
River	6	6	4	66.67%	8.12	3	15

Spanish Speaking Beneficiaries Requests

Fiscal Year	Number of Requests	Number of Attended Appts	Attended ≤ 10 Business Days	% Attended ≤ 10 Business Days	Avg B. Days To Attended	Minimum B Days	Maximum B Days
FY 2017 - 2018	95	45	13	13.68%	28.77	0	101
CPI	58	18	1	1.72%	39.78	8	101
PPSC	13	7	5	38.46%	9.14	3	26
SAY	4	2	0	0.00%	14.00	13	15
YFS	20	18	7	35.00%	27.11	0	72

Non-Spanish Speaking Beneficiaries Requests

Fiscal Year	Number of Requests	Number of Attended Appts	Attended ≤ 10 Business Days	% Attended ≤ 10 Business Days	Avg B. Days To Attended	Minimum B Days	Maximum B Days
FY 2017- 2018	627	441	133	21.21%	27.09	0	114
CPI	127	42	10	7.87%	25.40	1	78
PPSC	55	40	25	45.45%	9.95	0	41
SAY	82	48	16	19.51%	25.08	5	86
YFS	357	305	78	25.57%	30.16	0	114
River	6	6	4	66.67%	8.17	3	15

146/722 or 30.04% of youth who were screened as needing a mental health assessment attended the assessment within 10 business days from date of the initial request of service. Range: 0 to 114 Business Days. No improvement since FY-16-17.

GOAL NOT MET



GOAL 4.7: For FY17-18, 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 FY17-18, SCBH provided 3,079 TBS services at a 5.75% utilization rate.

GOAL MET

GOAL 4.8: Clients in the FACT program will show a 10% reduction in average number of jail days per episode in FY17-18 from 48.6 days in FY16-17 to 43.7 days in FY17-18.

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
16 - 17	49	2,380	0	351	48.57
17 - 18	67	3,057	1	202	45.63
Difference	18	677	1	-149	-2.94
% Change	36.73%	28.45%	-	-42.45%	-6.05%

Clients in the FACT program showed a 6.05% reduction in average number of jail days per episode in FY17-18 from 48.57 days in FY16-17 to 45.63 days in FY17-18. This is an improvement over FY16-17.

GOAL NOT MET

GOAL 4.9: Clients in the TAY program will show a 10% reduction in the average length of stay (LOS) in psychiatric hospitals, from 18.2 days in FY16-17 to 16.4 days in FY17-18.

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
16 - 17	26	437	1	52	18.19
17 - 18	33	494	3	88	14.97
Difference	7	57	2	36	-3.22
% Difference	26.92%	13.04%	200.00%	69.23%	-17.70%

Clients in the TAY program showed a 17.70% decrease in LOS, from 18.19 in FY16-17 to 14.97 days hospitalized in a psychiatric facility in FY17-18.

GOAL MET

GOAL 4.10: Clients in the OAT program will show a 10% reduction in the average LOS in psychiatric hospitals, from 9.5 days in FY16-17 to 8.5 days in FY17-18.

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
16 - 17	4	38	6	19	9.5
17 - 18	15	348	1	49	23.2
Difference	11	310	-5	30	13.7
% Change	275.00%	815.79%	-83.33%	157.89%	144.21%

Clients in the OAT program showed a 144.21% increase in LOS, from 9.5 days in FY16-17 to 23.2 days hospitalized in a psychiatric facility in FY17-18. This is due to a growing older adult population with medically complicated psychiatric presentations.

GOAL NOT MET

GOAL 4.11: Clients in the IRT program will show a 10% reduction in the average LOS in psychiatric hospitals, from 12.2 days in FY16-17 to 11.0 days in FY17-18.

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
16 - 17	47	573	1	54	12.19
17 - 18	52	650	1	36	12.50
Difference	5	77	0	-18	0.31
% Change	10.64%	13.44%	0.0%	-33.33%	2.54%

Clients in the IRT program showed a 2.54% increase in LOS, from 12.19 days in FY16-17 to 12.50 days hospitalized in a psychiatric facility in FY17-18.

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

118 clients were referred to Beacon Health Strategies from Access in FY17-18. Of these, 7 clients remained open to MHP services, and 2 clients relocated out of the area, leaving 109 true step-down referrals. 83/109 or 76.15% of clients referred were scheduled for an appointment; 52 attended their appointments.

GOAL NOT MET

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

19/26 or 73.08% of clients referred to an FQHC/PCP from CMHCs were scheduled for an appointment with an FQHC/PCP; 17 clients attended their appointments.

GOAL NOT MET

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

11/14 or 78.57% of clients referred to an FQHC/PCP from IHT were scheduled for an appointment with an FQHC or PCP; 10 clients attended their appointments. This is a significant improvement from FY16-17

GOAL PARTIALLY MET

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

23/23 or 100% of psychiatric hospital appeals were decided upon and communicated to the hospital/MD within 60 calendar days.

GOAL MET

GOAL 6.2: 100% of individual, group or organizational provider appeals will be decided upon and communicated back to the provider within 45 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
PPSC	2/1/16 – 4/30/16	7/11/2017	9/11/2017	9/13/2017	64
Victor Tx Center	10/1/15 – 12/31/15	8/28/2017	11/27/2017	11/30/2017	94
Lomi	10/1/17 – 10/31/17	12/15/2017	2/9/2018	2/9/2018	56
Average =					71.3
Communicated Under 45 Days (Out of 3) =					0
Communicated Under 60 Days (Out of 3) =					1
Min =					56
Max =					94

3 Appeals were received in FY17-18, with one being extended due to the Sonoma Complex Fires. 0/3 or 0.0% of appeals were decided upon and communicated back to the provider within 45 days of receipt of the appeal. 1/3 or 33.3% of appeals were decided upon and communicated back to provider within 60 days of receipt of appeal. The average number of days between date appeal received and date decision sent to provider is 71.3 days. Internal policy is 60 days. Goal will be adjusted accordingly.

GOAL NOT MET

SECTION 7: STAFF TRAINING OVERVIEW

FY16-17

Date	Training Topic	Type of Training	CEUs	Target Audience
Jul 10	Youth Mental Health Academy: System Overview	Specialty: System Navigation Youth and Family Services	8.0	Open to Community Providers, Teachers, Law Enforcement, Families, Peers, and Interested Public working with Youth
Jul 10	DBT Facilitator Training: Consultation Session 7A	Specialty: Evidence-Based Practice	1.0	Selected Staff: DBT Skill Group Facilitators
Jul 10	Master Clinical Supervision Series: Session X	Specialty: Clinical Supervision	1.5	Health Managers and Clinical Specialists
Jul 11	Youth Mental Health Academy: Youth Mental Health First Aid	Specialty: Trauma Informed Care	8.0	Open to Community Providers, Teachers, Law Enforcement, Families, Peers, and Interested Public working with Youth
Jul 11	Youth Mental Health Academy: AMSR	Specialty: Trauma Informed Care	8.0	Open to Licensed and License-eligible Clinicians working with Youth
Jul 12	Youth Mental Health Academy: Community Resources	Specialty: System Navigation	8.0	Open to Community Providers, Teachers, Law Enforcement, Families, Peers, and Interested Public working with Youth
Jul 13	Youth Mental Health Academy: Trauma	Specialty: Trauma Informed Care	8.0	Open to Community Providers, Teachers, Law Enforcement, Families, Peers, and Interested Public working with Youth
Jul 13	DBT Facilitator Training: Consultation Session 7B	Specialty: Evidence-Based Practice	1.0	Selected Staff: DBT Skill Group Facilitators
Jul 14	Youth Mental Health Academy: Crisis Services	Specialty: Crisis Intervention	8.0	Open to Community Providers, Teachers, Law Enforcement, Families, Peers, and Interested Public working with Youth
Jul 17	DBT Facilitator Training: Didactic Session 8A	Specialty: Evidence-Based Practice	1.5	Selected Staff: DBT Skill Group Facilitators
Jul 20	DBT Facilitator Training: Didactic Session 8B	Specialty: Evidence-Based Practice	1.5	Selected Staff: DBT Skill Group Facilitators
Jul 24	DBT Facilitator Training: Consultation Session 8A	Specialty: Evidence-Based Practice	1.0	Selected Staff: DBT Skill Group Facilitators
Jul 27	DBT Facilitator Training: Consultation Session 8B	Specialty: Evidence-Based Practice	1.0	Selected Staff: DBT Skill Group Facilitators
Jul 27	Cultural Responsiveness Committee: Patients' Rights	Specialty: Patients' Rights	1.5	All Staff Welcome

Date	Training Topic	Type of Training	CEUs	Target Audience
Jul 31	DBT Facilitator Training: Didactic Session 9A	Specialty: Evidence-Based – Supervision	1.5	Selected Staff: DBT Skill Group Facilitators
Aug 2	Staff Development: Working with Gender-Expansive and Transgender People	Staff Development: Cultural Responsiveness	2.0	Mandatory All Staff (including clerical/admin)
Aug 3	DBT Facilitator Training: Didactic Session 9B	Specialty: Evidence-Based – Supervision	1.5	Selected Staff: DBT Skill Group Facilitators
Aug 7	DBT Facilitator Training: Consultation Session 9A	Specialty: Evidence-Based Practice	1.0	Selected Staff: DBT Skill Group Facilitators
Aug 8	Team Training YFS: Client Planning	Team Training: Documentation	1.0	YFS Staff
Aug 10	DBT Facilitator Training: Consultation Session 9B	Specialty: Evidence-Based Practice	1.0	Selected Staff: DBT Skill Group Facilitators
Aug 14	DBT Facilitator Training: Didactic Session 10A	Specialty: Evidence-Based Practice	1.5	Selected Staff: DBT Skill Group Facilitators
Aug 14	Team Training Access: Documentation	Team Training: Documentation	1.5	Access Team Staff
Aug 17	DBT Facilitator Training: Didactic Session 10B	Specialty: Evidence-Based Practice	1.5	Selected Staff: DBT Skill Group Facilitators
Aug 21	DBT Facilitator Training: Consultation Session 10A	Specialty: Evidence-Based Practice	1.0	Selected Staff: DBT Skill Group Facilitators
Aug 24	DBT Facilitator Training: Consultation Session 10B	Specialty: Evidence-Based Practice	1.0	Selected Staff: DBT Skill Group Facilitators
Aug 28	DBT Facilitator Training: Didactic Session 11A	Specialty: Evidence-Based Practice	1.5	Selected Staff: DBT Skill Group Facilitators
Aug 28	Team Training Access: Documentation	Team Training: Documentation	1.5	Access Team Staff
Aug 31	DBT Facilitator Training: Didactic Session 11B	Specialty: Evidence-Based Practice	1.5	Selected Staff: DBT Skill Group Facilitators
Sep 6	Staff Development: Field Safety	Staff Development Best Practices	2.0	Mandatory All Staff (not clerical/admin)
Sep 11	DBT Facilitator Training: Consultation Session 11A	Specialty: Evidence-Based Practice	1.0	Selected Staff: DBT Skill Group Facilitators
Sep 11	Master Clinical Supervision Series: Session XI	Specialty: Clinical Supervision	1.5	Health Managers and Clinical Specialists
Sep 14	DBT Facilitator Training: Didactic Session 12A	Specialty:	1.0	Selected Staff: DBT Skill Group Facilitators

Date	Training Topic	Type of Training	CEUs	Target Audience
		Evidence-Based Practice		
Sep 18	Contractor Training Seneca: Working with Law Enforcement	Team Training: System Navigation	1.5	Selected Staff: DBT Skill Group Facilitators
Sep 20	DBT Facilitator Training: Didactic Session 12B	Specialty: Evidence-Based Practice	1.0	Seneca Staff
Sep 21	DBT Facilitator Training: Consultation Session 12A	Specialty: Evidence-Based Practice	1.5	Selected Staff: DBT Skill Group Facilitators
Sep 25	DBT Facilitator Training: Consultation Session 12B	Specialty: Evidence-Based Practice	1.0	Selected Staff: DBT Skill Group Facilitators
Sep 28	CMHL: SMART Recovery	Community Training: Substance Recovery	1.0	Selected Staff: DBT Skill Group Facilitators
Sep 28	DBT Facilitator Training: Didactic Session 13A	Specialty: Evidence-Based Practice	1.5	Staff and Public welcome
Oct 2	Staff Development: Privacy, Security, & Compliance	Staff Development: Compliance	1.5	Selected Staff: DBT Skill Group Facilitators
Oct 4	DBT Facilitator Training: Didactic Session 13B	Specialty: Evidence-Based Practice	2.0	Mandatory All Staff (including clerical/admin)
Oct 5	BHD NEO: System Overview	Orientation: System Navigation	1.5	Selected Staff: DBT Skill Group Facilitators
Oct 5	DBT Facilitator Training: Didactic Session 12A	Specialty: Evidence-Based Practice	4.0	New Employees: BHD
Oct 9	Sonoma-Complex Fires			
Oct 17	CCP: Working with People Emotionally Impacted by Disaster	Emergency Response: Best Practices	1.0	Selected Staff: Site Re-entry Disaster Workers
Oct 18	CCP: Working with People Emotionally Impacted by Disaster	Emergency Response: Best Practices	1.0	Selected Staff: Site Re-entry Disaster Workers
Oct 19	CCP: Working with People Emotionally Impacted by Disaster	Emergency Response: Best Practices	1.0	Selected Staff: Site Re-entry Disaster Workers
Oct 20	CCP: Working with People Emotionally Impacted by Disaster	Emergency Response: Best Practices	1.0	Selected Staff: Site Re-entry Disaster Workers
Nov 1	CCP: SCOE Special Session; Trauma Informed Care	Emergency Response: Trauma Informed Care	2.0	School Counselors & School Psychologists

Date	Training Topic	Type of Training	CEUs	Target Audience
Nov 6	CCP: Working with People Emotionally Impacted by Disaster	Emergency Response: Best Practices	1.0	Selected Staff: Site Re-entry Disaster Workers
Nov 7	CCP: Working with People Emotionally Impacted by Disaster	Emergency Response: Best Practices	1.0	Selected Staff: Human Services Emergency Workers
Nov 7	CCP: Psych First Aid	Emergency Response: Best Practices	5.0	Selected Staff: CCP Counselors
Nov 8	Staff Development: Connecting after Sonoma-Complex Fires	Staff Development: Staff Stress Management	2.0	All Staff welcome
Nov 8	CCP: Working with People Emotionally Impacted by Disaster	Emergency Response: Best Practices	1.0	Selected Staff: Site Re-entry Disaster Workers
Nov 9	CCP: Working with People Emotionally Impacted by Disaster	Emergency Response: Best Practices	1.0	Selected Staff: Site Re-entry Disaster Workers
Nov 13	Master Clinical Supervision Series: Session XII	Specialty: Clinical Supervision	1.5	Health Managers and Clinical Specialists
Nov 14	CCP: Trauma Informed Care	Emergency Response: Trauma Informed Care	2.0	Centerpoint DAAC staff
Nov 15	CCP: Core Content Training	Emergency Response: Best Practices	8.0	CCP Staff
Nov 16	CCP: Core Content Training	Emergency Response: Best Practices	8.0	CCP Staff
Nov 21	CCP: Disaster Impact Training	Emergency Response: Best Practices	1.0	EH Staff
Nov 27	CCP: Skills for Psychological Recovery	Emergency Response: Best Practices	8.0	CCP Staff
Nov 28	CCP: Trauma Informed Care 101	Emergency Response: Best Practices	4.0	CCP Staff
Nov 28	CCP: Trauma Informed Care 102	Emergency Response: Best Practices	4.0	CCP Staff
Nov 30	CCP: Trauma Interventions for Children	Emergency Response: Best Practices	1.5	CPI Staff
Dec 5	CCP: Skills for Psychological Recovery	Emergency Response: Best Practices	8.0	CCP Staff
Dec 6	Staff Development: Documentation	Staff Development: Documentation	2.0	Mandatory All Staff (not clerical/admin)

Date	Training Topic	Type of Training	CEUs	Target Audience
Dec 7	CCP: Skills for Psychological Recovery	Emergency Response: Best Practices	8.0	CCP Staff
Dec 12	CCP: Recovery for Older Adults	Community: Psychological First Aid	2.0	Oakmont Residents
Dec 20	Team Training: Individual DBT in FACT Programs	Team Training: Evidence Based Practice	1.5	FACT Staff
Dec 20	CCP: Staff Debriefing	Emergency Response: Staff Self Care	1.5	All Staff Emergency Workers welcome
Dec 20	CCP: Staff Debriefing	Emergency Response: Staff Self Care	1.5	All Staff Emergency Workers welcome
Dec 21	CCP: Staff Debriefing	Emergency Response: Staff Self Care	1.5	All Staff Emergency Workers welcome
Dec 21	CCP: Staff Debriefing	Emergency Response: Staff Self Care	1.5	All Staff Emergency Workers welcome
Jan 8	Master Clinical Supervision Series: Session XI Wendy Wheelwright	Specialty: Clinical Supervision	1.5	Managers, Supervisors, Specialists
Jan 10	Staff Development: Documentation Audrey Boggs and QA Team	Staff Development: Documentation	2.5	Mandatory All Staff (not clerical/admin)
Jan 11	CCP: Psychological First Aid Wendy Wheelwright	Community: Psychological First Aid	1.5	Restorative Community Collaborative
Jan 11	Contractor Training: Assessment Wendy Wheelwright	Contractor: Assessment	1.5	CPI Staff
Jan 24	Team Training FACT: Individual DBT in Forensic Programs Wendy Wheelwright	Team Training: Evidence Based Practices	1.0	FACT staff
Jan 24	Contractor Training: CANS Wendy Wheelwright	Contractor: Assessment	3.0	PPSC staff
Jan 25	Cultural Responsiveness Committee: Opioid Epidemic Claudia Zbinden	Specialty: Substance Use	2.0	All staff welcome
Jan 25	Contractor Training: Working with Chronic Crisis Wendy Wheelwright	Contractor: Best Practices	1.5	Face-2-Face staff

Date	Training Topic	Type of Training	CEUs	Target Audience
Jan 30	CCP: Disaster Recovery Wendy Wheelwright & Michael Kessler	Community: Psychological First Aid	1.0	Santa Rosa City School teachers, counselors, and admin
Feb 7	Staff Development: Law & Ethics Linda Garrett	Staff Development: Law & Ethics	6.0	Mandatory Clinical Staff
Feb 8	Contractor Training: Trauma Wendy Wheelwright	Contractor: Trauma Informed Care	2.0	Peer Support Staff
Feb 21	Contractor Training: Working with Chronic Crisis Wendy Wheelwright	Contractor: Best Practices	3.0	Youth Contractor Residential Staff
Mar 7	Staff Development: Peer Perspective Susan Standen, Amy Breckenridge, Sean Kelson	Staff Development: Cultural Responsiveness	2.0	Mandatory All Staff (including clerical and admin)
Mar 15	Contractor Training: CANS Carol Rankin	Contractor: Assessment	1.5	CPI Staff
Apr 4	Staff Development: Stress Management and Self-Care Wendy Wheelwright, Laura Porter	Staff Development: Staff Stress Management	2.0	All staff welcome
Jun 6	Staff Development: Cultura Cura, UndocuTrauma in Latino Communities Belinda Hernandez Arriaga	Staff Development: Cultural Responsiveness	2.0	Mandatory All Staff (including clerical and admin)