

SECTION 1: SERVICE DELIVERY CAPACITY				
GOAL #	GOAL	Process used to evaluate	Responsible Staff	Results
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.	Sonoma County Provider Directory	QI Manager	TBD
GOAL 1.2	Increase the number of Hispanic/Latino clients receiving mental health treatment from SCBH by 5% from 976 in FY16-17 to 1024 in FY17-18.	Avatar – Demographic Report	QI Manager	TBD
GOAL 1.3	Increase the number of Hispanic/Latino clients receiving mental health treatment from MHSA funded Community Health Centers by 5% from 180 in FY16-17 to 189 in FY17-18.	Performance contracts with FQHCs Outreach Database	QI Manager CIP Manager	TBD
GOAL 1.4	Increase the number of Hispanic/Latino clients receiving mental health outreach services by 5% from 469 in FY16-17 to 492 in FY17-18.	Outreach Database	QI Manager	TBD
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.	Staff Development Training CEU Program Evaluation Forms	QI Manager CIP Manager	TBD

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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 in FY17-18.	Staff Training	QI Manager WET Coordinator	TBD
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.	Consumer and Family Employment Fiscal Summary FY17-18	QI Manager	TBD
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.	Chart review	QA Manager	TBD
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.	Monolingual Client Audit Spreadsheet	QA Manager	TBD
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.	OPTUM Monthly Reports	QI Manager Access Manager	TBD
GOAL 2.2	100% of persons seeking <u>urgent</u> services after hours will have a warm hand off to Crisis Stabilization Unit (CSU) where further assessment can be facilitated.	OPTUM Monthly Reports	QI Manager CSU Manager Access Manager	TBD
GOAL 2.3	100% of non-urgent after-hours callers requesting a service will receive a call back the next business day.	OPTUM Monthly Reports Initial Request to Mental Health Services Database	QI Manager Access Manager	TBD
GOAL 2.4	95% of the adult beneficiaries who are screened as needing an <u>urgent</u> mental health assessment will receive services within 2 business days.	Initial Request to Mental Health Services Database	QI Manager Access Manager	TBD
GOAL 2.5	Achieve a 25% increase in the number of initial assessments <u>attended</u> within 10 business days from the date of the initial request for service. From 25.8% in FY16-17 to 32.3% in FY17-18.	Initial Request to Mental Health Services Database	QI Manager Access Manager	TBD

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GOAL 2.6	A 25% increase from the previous FY16-17, in the number of clients that attended an initial psychiatric assessment appointment 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.	Avatar	QI Manager Access Manager	TBD
GOAL 2.7	The no-show rate for adult clients scheduled for the 1st available initial assessment by the Access Team will not exceed 25%.	Initial Request to Mental Health Services Database	QI Manager Access Manager	TBD
GOAL 2.8	The no-show rate for adult clients scheduled for the 1st available initial psychiatry appointment by the Access Team will not exceed 20%.	Avatar	QI Manager Access Manager	TBD
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 on time.	DHCS Information Notice 13-14	QI Manager	TBD
GOAL 3.2	Analyze Consumer Perception Surveys and disseminate the results to SCBH staff and providers.	Consumer Perception Satisfaction Surveys	QI Manager	TBD
GOAL 3.3	100% of client grievances will be decided upon and communicated back to the client within 60 days of receiving the grievance.	Grievance Coordinator Database	QA Manager	TBD
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.	Appeals Coordinator Database	QA Manager	TBD
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.	Fair Hearings Spreadsheet	QA Manager	TBD
GOAL 3.6	100% of client requests to change persons providing services will be evaluated and addressed within 30 days of the request.	Request for Change of Provider Spreadsheet	QA Manager	TBD
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.	Medication Monitoring results are reported bi-annually to the Quality Improvement Policy (QIP) and Quality Improvement Steering (QIS) committees	QI Manager Medical Director	

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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 (QMP) and Quality Improvement Steering (QIS) Committees.	QIP Sentinel Event Report Sub-Committee to monthly reviews	QI Manager Medical Director	
GOAL 4.3	100% of sentinel event reports where risk issues are identified from the sentinel event reviews will be addressed.	Sentinel Event tracking form. Identifies issues will be brought forward to QIP for discussion.	QI Manager Medical Director	
GOAL 4.4	Reduce the average number of days for completed 1370 episodes for outpatient clients with misdemeanors in 1370 status by 5%. From 185.1 days in FY16-17 to 175.8 days in FY17-18.	1370 Database	QI Manager PPEA	
GOAL 4.5	Clinical PIP: The average number of actionable items in the last ANSA scores in FY17-18 will reduce by 15 % from the FY16-17 scores for FACT clients participating in the Clinical PIP: <u>Enhancing Mental Health Outcomes to Reduce Recidivism</u> . From 20.0 in FY16-17 to 18.0 in FY17-18	DCAR report	QI Manager	
GOAL 4.6	Non-Clinical PIP: At least 50% of non-Spanish speaking youth clients and 30% of Spanish speaking 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.	Youth TTA Database from YFS and youth contractors and YellowSchedule	QI Manager YFS Section Manager	
GOAL 4.7	For CY2017, SCBH will provide Therapeutic Behavioral Services at a minimum of a 4% utilization rate for Medi-Cal beneficiaries under age of 21.	Avatar report	QI Manager YFS Section Manager	
GOAL 4.8	FSP: Clients in the FACT program will show a 5% reduction in average number of jail days per episode in FY17-18. From 48.6 days in FY16-17 to 46.2 days in FY17-18.	Avatar	QI Manager and FACT Manager	
GOAL 4.9	FSP: Clients in the TAY program will show a 10% reduction in the average length of stay (LOS) in acute psychiatric hospitals. From 18.2 days in FY16-17 to 16.4 days in FY17-18.	Avatar	QI Manager YFS Section Manager	
GOAL 4.10	FSP: Clients in the OAT program will show a 10% reduction in the average LOS in acute psychiatric hospitals. From 9.5 days in FY16-17 to 8.5 days in FY17-18.	Avatar report	QI Manager Adult Services Section Manager	
GOAL 4.11	FSP: Clients in the IRT program will show a 10% reduction in the average LOS in acute psychiatric hospitals. From 12.2 days in FY16-17 to 11.0 days in FY17-18.	Avatar report	QI Manager Adult Services Section Manager	

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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.	Access LLOC Tracking Spreadsheet	QI Manager Access Manager	
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.	CMHC LLOC Tracking Spreadsheet	QI Manager CMHC Manager	
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.	IHT LLOC Tracking Spreadsheet	QI Manager IHT Manager	
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.	Psychiatric Hospital Appeals Spreadsheet	QA Manager	
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.	Provider Appeal Spreadsheet	QA Manager	