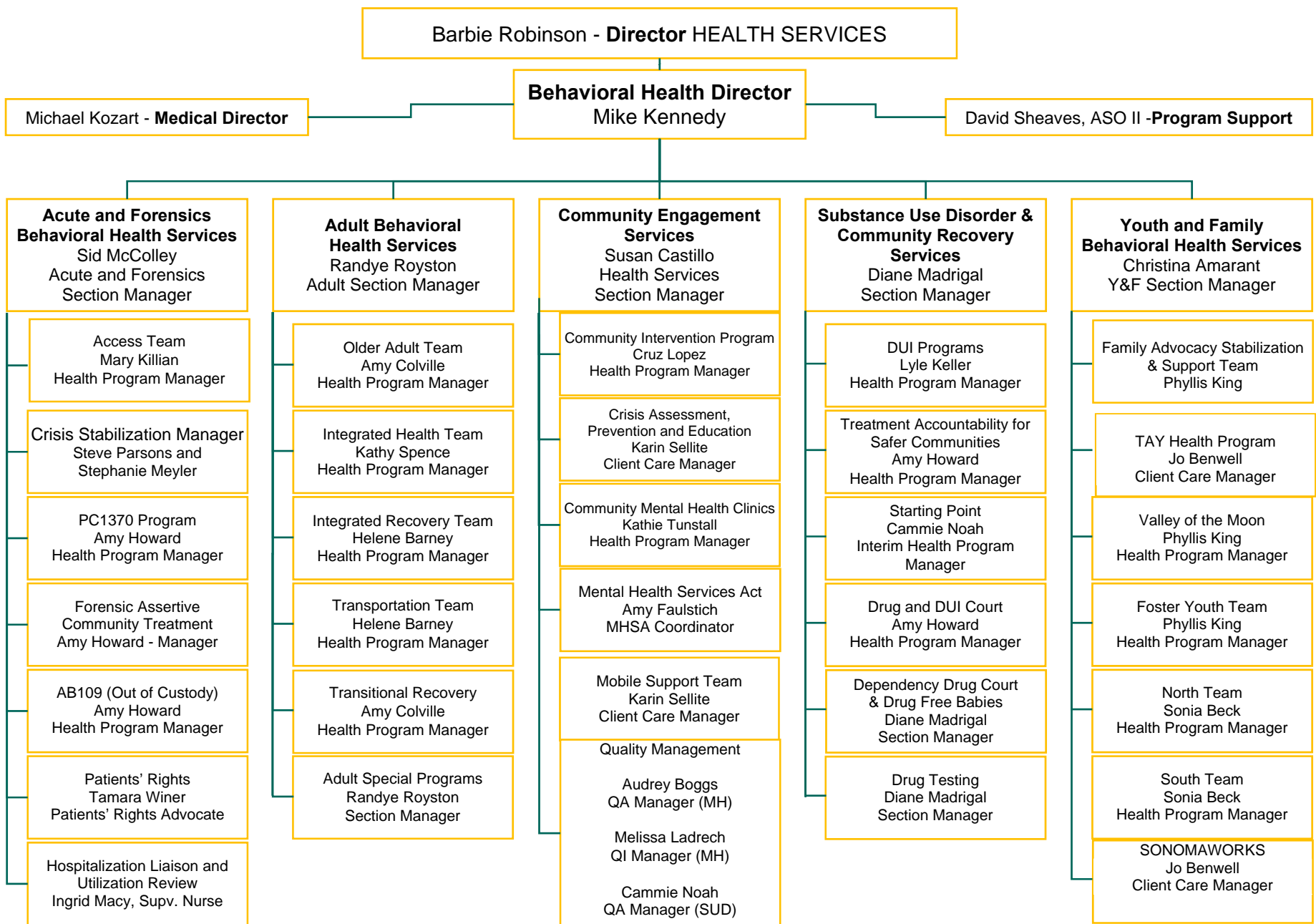# SONOMA COUNTY DEPARTMENT OF HEALTH SERVICES BEHAVIORAL HEALTH

Michael Kennedy, LMFT
Behavioral Health Director

ANNUAL QUALITY IMPROVEMENT WORK PLAN EVALUATION
FISCAL YEAR 2016—2017

The Quality Improvement Plan is a required element of the Quality Management Program, as specified by DHCS contract, Exhibit A Attachment 1 (relevant sections: 22-25), and by CCR Title 9, Chapter 11, § 1810.440.

Overview of Sonoma County Behavioral Health Division Organizational Chart – September 2017

Barbie Robinson - Director HEALTH SERVICES

Behavioral Health Director
Mike Kennedy

Michael Kozart - **Medical Director**

David Sheaves, ASO II -**Program Support**

Acute and Forensics Behavioral Health Services
Sid McColley
Acute and Forensics
Section Manager

- Access Team
  Mary Killian
  Health Program Manager

- Crisis Stabilization Manager
  Steve Parsons and
  Stephanie Meyler

- PC1370 Program
  Amy Howard
  Health Program Manager

- Forensic Assertive
  Community Treatment
  Amy Howard - Manager

- AB109 (Out of Custody)
  Amy Howard
  Health Program Manager

- Patients' Rights
  Tamara Winer
  Patients' Rights Advocate

- Hospitalization Liaison and
  Utilization Review
  Ingrid Macy, Supv. Nurse

Adult Behavioral Health Services
Randye Royston
Adult Section Manager

- Older Adult Team
  Amy Colville
  Health Program Manager

- Integrated Health Team
  Kathy Spence
  Health Program Manager

- Integrated Recovery Team
  Helene Barney
  Health Program Manager

- Transportation Team
  Helene Barney
  Health Program Manager

- Transitional Recovery
  Amy Colville
  Health Program Manager

- Adult Special Programs
  Randye Royston
  Section Manager

Community Engagement Services
Susan Castillo
Health Services
Section Manager

- Community Intervention Program
  Cruz Lopez
  Health Program Manager

- Crisis Assessment,
  Prevention and Education
  Karin Sellite
  Client Care Manager

- Community Mental Health Clinics
  Kathie Tunstall
  Health Program Manager

- Mental Health Services Act
  Amy Faulstich
  MHSA Coordinator

- Mobile Support Team
  Karin Sellite
  Client Care Manager

- Quality Management

  Audrey Boggs
  QA Manager (MH)

  Melissa Ladrech
  QI Manager (MH)

  Cammie Noah
  QA Manager (SUD)

Substance Use Disorder & Community Recovery Services
Diane Madrigal
Section Manager

- DUI Programs
  Lyle Keller
  Health Program Manager

- Treatment Accountability for
  Safer Communities
  Amy Howard
  Health Program Manager

- Starting Point
  Cammie Noah
  Interim Health Program
  Manager

- Drug and DUI Court
  Amy Howard
  Health Program Manager

- Dependency Drug Court
  & Drug Free Babies
  Diane Madrigal
  Section Manager

- Drug Testing
  Diane Madrigal
  Section Manager

Youth and Family Behavioral Health Services
Christina Amarant
Y&F Section Manager

- Family Advocacy Stabilization
  & Support Team
  Phyllis King

- TAY Health Program
  Jo Benwell
  Client Care Manager

- Valley of the Moon
  Phyllis King
  Health Program Manager

- Foster Youth Team
  Phyllis King
  Health Program Manager

- North Team
  Sonia Beck
  Health Program Manager

- South Team
  Sonia Beck
  Health Program Manager

- SONOMAWORKS
  Jo Benwell
  Client Care Manager

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SUMMARY OF QUALITY IMPROVEMENT PLAN GOALS

Goal Status	#	Percentage
Goals Met	18/45 Goals	40.0%
Goals Partially Met (Goals scored "Partially Met" if results were > 50%)	14/45 Goals	31.1%
Goals Not Met	13/45 Goals	28.9%

SECTION 7: STAFF TRAINING

SECTION 8: QUALITY IMPROVEMENT COMMITTEE HIGHLIGHTS

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.

Served In other counties or by out of the area contracted agencies   389 (out of 4,995) or 7.8%.

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	LANGUAGES	WAIT TIME IN BUSINESS DAYS TO ASSESSMENT
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	English Spanish	English-160 days Spanish-164 days
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	English Spanish	English-0 days Spanish-30 days
Russian River Counselors	19375 Hwy 116	Monte Rio	95462	707-865-1200	Assessment, Mental Health Services, Medication Support, Crisis and Case Management	Child/ Adolescents Ages 5-18	Latinos LGBTQ	English Spanish	English-0 days Spanish-0 days
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)	English Spanish	English-47 days Spanish-64 days
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	English Spanish	English- 39 days Spanish-39 days
Sonoma County Community Mental Health Center Petaluma	1360 N. McDowell Blvd Suite 7	Petaluma	94954	877-700-5270	Assessment, Mental Health Services, Medication Support, Crisis and Case Management	Adults	Latinos LGBTQ	English Spanish	English-21 days Spanish- 21 days
Sonoma County Community Mental Health Center Cloverdale	140 S. Cloverdale Blvd.	Cloverdale	95425	800-700-5270	Assessment, Mental Health Services, Medication Support, Crisis and Case Management	Adults	Latinos LGBTQ	English Spanish	English-21 days Spanish-21 days
Sonoma County Community Mental Health Center Sonoma	810 A Grove Street	Sonoma	95476	800-700-5270	Assessment, Mental Health Services, Medication Support, Crisis and Case Management	Adults	Latinos LGBTQ	English Spanish	English-21 days Spanish-21 days
Sonoma County Community Mental Health Center Guerneville	16390 Main Street	Guerneville	95446	707-869-4007	Assessment, Mental Health Services, Medication Support, Crisis and Case Management	Adults	Latinos LGBTQ	English Spanish	English-21 days Spanish-21 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	LANGUAGES	WAIT TIME IN BUSINESS DAYS TO ASSESSMENT
Crisis Stabilization Services - Sonoma County	2225 Challenger Way	Santa Rosa	95407	707-565-6900 800-870-8786	Crisis Stabilization and Case Management	Child/ Adolescents Adults	Latinos LGBTQ	English Spanish	English 0 days Spanish 0 days

1. 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 *PLEASE NOTE, PROVIDERS ONLY ACCEPT CLIENTS BY REFERRAL	SERVICES PROVIDED	POPULATION SERVED	ALTERNATIVES AND OPTIONS	LANGUAGES	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	English Spanish	Yes By SCBH referral only
Buckelew 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)	English Spanish	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	English Spanish	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	English Spanish	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	English Spanish	Yes By SCBH referral only
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	English Spanish	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	English Spanish	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	English Spanish	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	English Spanish	Yes By SCBH referral only
Progress Foundation Progress Sonoma	3400 Montgomery Dr.	Santa Rosa	95405	707-526-6902*	Crisis Residential Services	Adults	Latinos	English Spanish	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	English Spanish Vietnamese	Yes By SCBH referral only

PROVIDER NAME	STREET ADDRESS	CITY	ZIP CODE	PHONE *PLEASE NOTE, PROVIDERS ONLY ACCEPT CLIENTS BY REFERRAL	SERVICES PROVIDED	POPULATION SERVED	ALTERNATIVES AND OPTIONS	LANGUAGES	ACCEPTING NEW CLIENTS?
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	English Spanish Vietnamese	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	English Spanish Vietnamese Farsi, Urdu, Hindi, Nepali, Gujaranti, Kutchi,	Yes By SCBH referral only
California Human Development R House Boy's Group Home	429 Speers Road	Santa Rosa	95409	707-539-2792*	Mental Health Services, Medication Support, Crisis Intervention and Case Management	Adolescents Ages 13-18	Latinos Foster Youth Youth on Probation	English Spanish	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)	English Spanish	Yes By SCBH referral only
Redwood Community Services Behavioral Health Services	750 Old Lucerne Rd.	Upper Lake	95485	707-467-2000*	Mental Health Services, Crisis Intervention Therapeutic Behavioral Services and Case Management	Child/Adolescents Ages 5-21	Latinos Native Americans Perinatal LGBTQ Transition Age (17-21)	English Spanish	Yes By SCBH referral only
Redwood Community Services Ukiah	350 E. Gobbi Street	Ukiah	95482	707-467-2000*	Mental Health Services, Crisis Intervention Therapeutic Behavioral Services and Case Management	Child/Adolescents Ages 5-21	Latinos Native Americans Perinatal LGBTQ Transition Age (17-21)	English Spanish	Yes By SCBH referral only
Redwood Community Services Willits	99 S. Humboldt St.	Willits	95490	707-467-2000*	Mental Health Services, Crisis Intervention Therapeutic Behavioral Services and Case Management	Child/Adolescents Ages 5-21	Latinos Native Americans Perinatal LGBTQ Transition Age (17-21)	English Spanish	Yes By SCBH referral only
Russian River Counselors Santa Rosa	709 Davis Street	Santa Rosa	95401	707-865-1200*	Mental Health Services, Crisis Intervention and Case Management	Child/Adolescents Ages 5-18	Latinos LGBTQ	English Spanish	Yes By SCBH referral only

PROVIDER NAME	STREET ADDRESS	CITY	ZIP CODE	PHONE *PLEASE NOTE, PROVIDERS ONLY ACCEPT CLIENTS BY REFERRAL	SERVICES PROVIDED	POPULATION SERVED	ALTERNATIVES AND OPTIONS	LANGUAGES	ACCEPTING NEW CLIENTS?
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	English Spanish	Yes By SCBH referral only
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	English Spanish	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	English Spanish	Yes By SCBH referral only
Sonoma County Behavioral Health Adult Integrated Services	3333 Chanate Road	Santa Rosa	95404	707-565-6900* 800-870-8786*	Mental Health Services, Medication Support, Crisis Intervention and Case Management	Adults	Latinos	English Spanish	Yes By SCBH referral only
Sonoma County Behavioral Health Community Intervention Program	490 Mendocino Ave.	Santa Rosa	95401	707-565-6900* 800-870-8786*	Mental Health Services, Medication Support, Crisis Intervention and Case Management	Adults	Latinos Veterans LGBTQ Community Based	English Spanish	Yes By SCBH referral only
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	English Spanish	Yes By SCBH referral only
Sonoma County Behavioral Health Older Adult Services	3322 Chanate Rd.	Santa Rosa	95404	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	English Spanish	Yes By SCBH referral only

Sonoma County Mental Health Plan
Provider Directory for Specialty Mental Health Services: August 2017
If you have any questions regarding this directory, call Sonoma County's Access Team at (707) 565-6900 or (800) 870-8786

PROVIDER NAME	STREET ADDRESS	CITY	ZIP CODE	PHONE *PLEASE NOTE, PROVIDERS ONLY ACCEPT CLIENTS BY REFERRAL	SERVICES PROVIDED	POPULATION SERVED	ALTERNATIVES AND OPTIONS	LANGUAGES	ACCEPTING NEW CLIENTS?
Sonoma County Behavioral Health Transition Age Youth (TAY)	3333 Chanate Rd.	Santa Rosa	95404	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)	English Spanish	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	English Spanish	Yes By SCBH referral only
Sonoma County Behavioral Health Youth and Family Services	3322 Chanate Road	Santa Rosa	95404	707-565-6900* 800-870-8786*	Mental Health Services, Medication Support, Crisis Intervention and Case Management	Child/Adolescents	Latinos Foster Youth	English Spanish	Yes By SCBH referral only
St. Vincent's School for Boys	1 St. Vincent's Drive	San Rafael	94903	415-507-2000*	Mental Health Services, Medication Support, Therapeutic Behavioral Services, and Case Management	Child/ Adolescents Boys Ages 7-17	Latinos Trauma	English Spanish	Yes By SCBH referral only
Sunny Hills Services	1360 N. Dutton Ave. Suite 100	Santa Rosa	95401	707-569-0877*	Therapeutic Behavioral Services	Child/Adolescents Ages 5-21	Latinos LGBTQ Foster & Adopted Youth Trauma	English Spanish	Yes By SCBH referral only
Sunny Hills Services Assertive Community Treatment (ACT)	365 Casa Manana Rd. Building G	Santa Rosa	95409	707-565-8681*	Mental Health Services, Medication Support, Crisis Intervention, and Case Management	Adolescents Ages 12-18	Latinos LGBTQ Youth on probation Gang-affiliated Youth Trauma Foster & Adopted Youth	English Spanish	Yes By SCBH referral only
Sunny Hills Services FASST	1360 N. Dutton Ave. Suite 100	Santa Rosa	95401	707-569-0877*	Mental Health Services, Crisis Intervention, and Case Management	Child/Adolescents Ages 6-16	Latinos LGBTQ Foster & Adopted Youth	English Spanish	Yes By SCBH referral only
Telecare Sonoma ACT	327 College Avenue	Santa Rosa	95401	707-568-2800*	Mental Health Services, Medication Support, Crisis Intervention, and Case Management	Adults	Latinos	English Spanish	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	English Spanish	Yes By SCBH referral only

PROVIDER NAME	STREET ADDRESS	CITY	ZIP CODE	PHONE *PLEASE NOTE, PROVIDERS ONLY ACCEPT CLIENTS BY REFERRAL	SERVICES PROVIDED	POPULATION SERVED	ALTERNATIVES AND OPTIONS	LANGUAGES	ACCEPTING NEW CLIENTS?
Victor Treatment Center Lodi	12755 N. Hwy. 88	Lodi	95240	707-576-7218*	Mental Health Services, Medication Support, Crisis Intervention, and Case Management	Child/Adolescents	Latinos LGBTQ Foster Youth Trauma	English Spanish	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	English Spanish	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	English Spanish	Yes By SCBH referral only

GOAL MET

GOAL 1.2: **Increase the number of Hispanic/Latino clients receiving mental health treatment from SCBH by 5% from 962 in FY15-16 to 1,010 in FY16-17.**

PROCESS USED TO EVALUATE
Avatar – Demographic Report

RESPONSIBLE STAFF – QI Manager

RESULTS **Fiscal Year 2015-2016**

Based on CSI data, during Fiscal Year 2015-2016 Sonoma County Behavioral Health served a total of 962 unique Hispanic/Latino clients, 20.3% of 4,730 unique clients served.

Fiscal Year 2015-2016
SCBH Unique Clients - Ethnic Origin
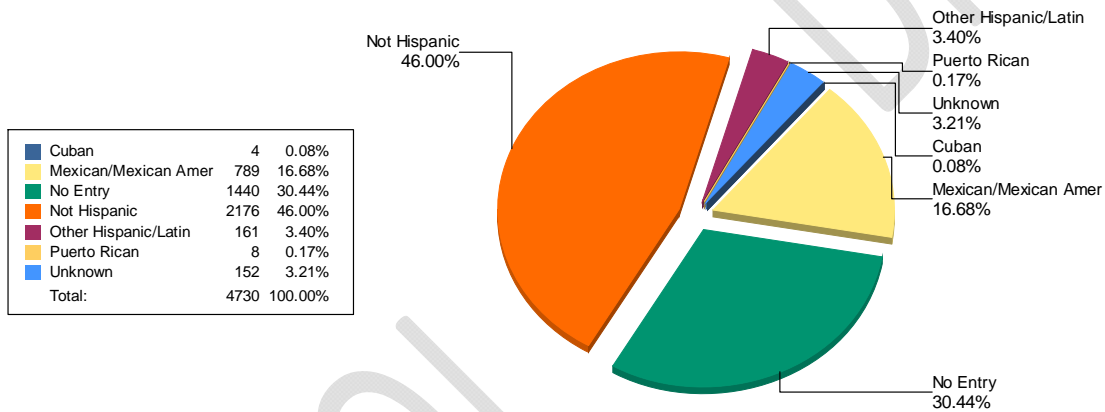
Cuban	4	0.08%
Mexican/Mexican Amer	789	16.68%
No Entry	1440	30.44%
Not Hispanic	2176	46.00%
Other Hispanic/Latin	161	3.40%
Puerto Rican	8	0.17%
Unknown	152	3.21%
Total:	4730	100.00%

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

Cuban	2	0.04%
Mexican/Mexican Amer	807	16.16%
No Entry	1499	30.01%
Not Hispanic	2344	46.93%
Other Hispanic/Latin	158	3.16%
Puerto Rican	9	0.18%
Unknown	176	3.52%
Total:	4995	100.00%
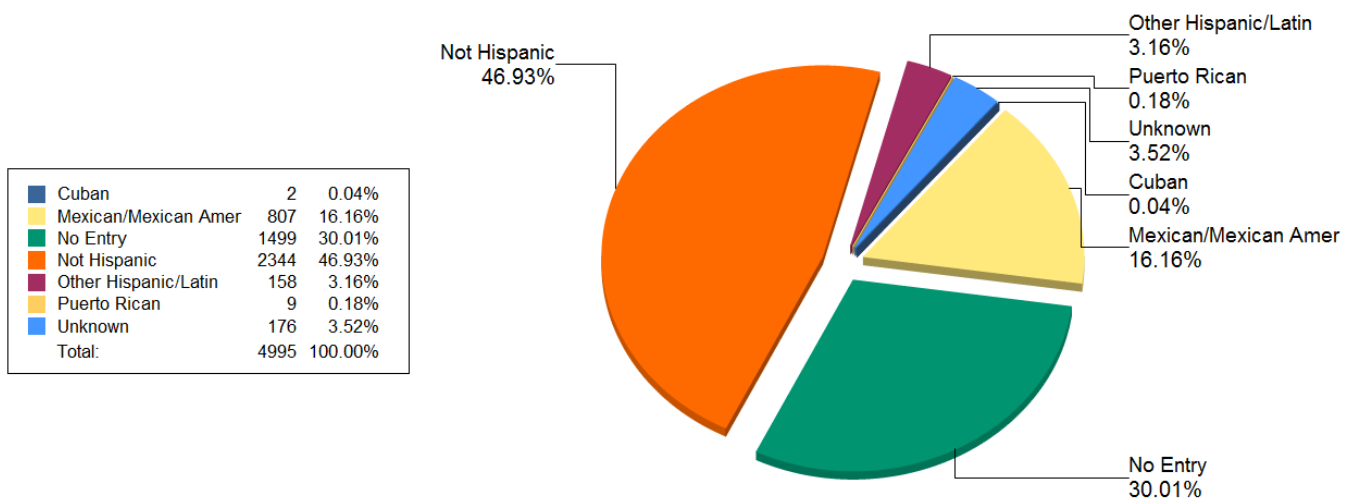
Fiscal Year 2016-2017

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. We observed an increase of 1.5% of Hispanic/Latino population served in comparison to the previous fiscal year.

The number of Hispanic/Latinos served might be under represented as we observed that 30% of the population served during FY16-17 do not have Ethnicity specified. As part of the plan of correction, QI has developed a report to identify those clients with no Ethnicity specified, and started distributing said report to program managers to provide to their respective program staff for correction.

Hispanic/Latino clients receiving mental health services in FY16-17 = 976 a 1.5% increase from FY15-16.

GOAL NOT MET

GOAL 1.3: **Increase the number of Hispanic/Latino clients receiving mental health treatment from MHSA (Mental Health Services Act) funded Community Health Centers by 5% from 338 in FY15-16 to 355 in FY16-17.**

PROCESS USED TO EVALUATE
- Performance contracts with FQHCs
- Outreach Database

RESPONSIBLE STAFF – QI Manager and CIP Manager

Methodology:

MHSA funded Community Health Centers are the MHSA Community Services and Supports (CSS) Community Intervention Program (CIP) contracts. Drug Abuse Alternatives Center (DAAC) is included below because the clinic is located at a Santa Rosa Community Health Center site. Sonoma County Indian Health Project (SCIHP) is included below because SCIHP is operating as a licensed California Community Clinic. The chart below compares data from MHSA contractors' quarterly reports for FY15-16 and FY16-17.
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	**FY15-16**	**FY16-17**	**Difference**	**Difference %**
Alliance Medical Center	8	8	0	0.00%
Drug Abuse Alternatives Center (DAAC)	22	19	-13	-13.64%
Santa Rosa Community Health Centers	288	121	-167	-57.99%
Sonoma County Indian Health Project	0	6	+6	-
West County Community Health Centers	20	26	+6	+30.00%
TOTAL	**338**	**180**	**-158**	**-46.75%**

Numbers served for all CIP contractors (aggregate of quarterly reports) – Additional data				
Demographic Category	**FY 15-16**	**FY 16-17**	**Difference**	**Difference %**
Hispanic/Latino	338	180	-158	-46.75%
Multi	77	37	-40	-51.95%
Other	3	3	0	0.00%
Missing/Unknown	45	26	-19	-42.22%
Declined to State	10	7	-3	-30.00%

TOTAL numbers served (aggregate of quarterly reports)				
Contractor	**FY15-16**	**FY16-17**	**Difference**	**Difference %**

Alliance Medical Center	40	39	-1	-2.50%
Drug Abuse Alternatives Center (DAAC)	234	208	-26	-11.11%
Santa Rosa Community Health Centers	811	497	-314	-38.72%
Sonoma County Indian Health Project	880	392	-488	-55.45%
West County Community Health Centers	305	344	+39	+12.79%
TOTAL	2,270	1,480	-790	-34.80%

Percent of total numbers served that were Hispanic (aggregate of quarterly reports)			
Contractor	**FY15-16**	**FY16-17**	**Difference**
Alliance Medical Center	20.00%	20.51%	+0.51
Drug Abuse Alternatives Center (DAAC)	9.40%	9.13%	-0.27
Santa Rosa Community Health Centers	35.51%	24.35%	-11.17
Sonoma County Indian Health Project	0.00%	1.53%	+1.53
West County Community Health Centers	6.56%	7.56%	+1.00
TOTAL	14.89%	12.16%	-2.73

Analysis:

The dramatic decline in number of Hispanic/Latino clients receiving treatment services among these contractors can be attributed mainly to Santa Rosa Community Health Centers (SRCHC). SRCHC has had the highest reported volume of Hispanic/Latino clients for the last two fiscal years. However, in FY 16-17, there was a considerable decline of 57.99%. This coincided with an overall decline of 38.72% in all clients served by SRCHC (for this contract).

There was an overall decline in the total number of clients served by CIP contractors from FY15-16 to FY16-17. Despite the drop in client volume, the percentage of clients served that were Hispanic remained relatively consistent across fiscal years. However, SRCHC did see a decline in the percentage of CIP clients that were Hispanic. In FY 15-16, over a third of CIP clients were listed as Hispanic. In FY 16-17, the Hispanic CIP clients comprised approximately one fourth of the CIP clients.

SCIHP listed no Hispanic/Latino clients served for FY15-16. SCIHP's quarterly reports listed **56** clients as Multi for Race/Ethnicity, and **0** Hispanic/Latino for Race/Ethnicity. In FY16-17, they listed **6** clients as Hispanic/Latino and **26** as Multi.

It is possible that some clients identified as Multi may be of Hispanic/Latino heritage.

The number of Hispanic/Latino clients receiving mental health treatment from MHSA (Mental Health Services Act) funded Community Health Centers decreased by 46.75% in FY16-17.

GOAL NOT MET

GOAL 1.4: **Increase the number of Hispanic/Latino clients receiving mental health outreach services by 5% from 422 in FY15-16 to 443 in FY16-17.**

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), Community Mental Health Centers (CMHCs), Crisis Assessment, Prevention, and Education (CAPE) Team and Mobile Support Team (MST).

RESULTS

Hispanic/Latino numbers served (client level data)				
Outreach Program	FY15-16	FY16-17	Difference	% Difference
CIP	168	193	25	14.9%
CMHCs	39	12	-27	-69.2%
CAPE	152	203	51	33.6%
MST	63	61	-2	-3.2%
	422	**469**	**47**	**11.1%**

Note: The decrease in the number of Hispanic/Latino clients served by CMHCs is attributed to CMHCs no longer involved in outreach work. CIP and CAPE are responsible for all outreach work.

Note: Data for FY 15-16 for CIP was derived from the CIP database (for 7/1/15 – 10/31/15) and from SWITS (for 11/1/15 – 6/30/16). Data for FY 15-16 for CMHCs was derived from MHSA quarterly reports (for quarter 1) and from SWITS (for quarters 2-4).

Data for FY 15-16 for CAPE was derived from the Triage database (for 7/1/15 – 10/27/15) and from SWITS (for 10/28/15 – 6/30/16). Data for FY 15-16 for MST was derived from the Triage database (for 7/1/15 – 10/31/15) and from SWITS (for 11/1/15 – 6/30/16).

Data for FY 16-17 for all outreach teams was derived from SWITS.

In FY16-17 469 Hispanic/Latino clients received mental health outreach services. This is an 11% increase.

GOAL MET

GOAL 1.5: **Increase the outreach efforts to the Hispanic/Latino community as measured by an increase in the number of Spanish speaking calls to the 24-hour "access to services" phone number by 5% from 204 in FY15-16 to 215 in FY16-17.**

This goal is not included in the QI Work Plan for FY17-18

PROCESS USED TO EVALUATE
Automated Call Distribution (ACD) Line Data

RESPONSIBLE STAFF – QI Manager and CIP Manager.

RESULTS

2015

Language	# of Requests
English	2291
Other	1
Russian	1
Spanish	130
Vietnamese	1

2016

Language	# of Requests
English	2391
Hmong	1
Other	1
Spanish	90
Vietnamese	1

There were 90 calls to the 24-hour "access to services" phone number during FY16-17, showing Outreach efforts to the Latino community decreased by 30.1% from 130 calls received during FY15-16.

GOAL NOT MET

> **GOAL 1.6:** **SCBH will provide 3 trainings in FY16-17 to further cultivate cultural competency among staff. At least one of these trainings will be a mandatory staff development training. Staff will report a 5% increase in their knowledge of strategies to assist and support culturally diverse clients.**
>
> *This goal is not included in the QI Work Plan for FY17-18. FY17-18 Goal 1.5 replaces this FY16-17 Goal 1.6:*
> *New Goal: 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

Knowledge of Strategies to Assist the LGBTQQI Community

Category	Prior to Training	After Training
No Knowledge	3	1
1	6	7
2	19	2
3	54	21
4	21	61
Extremely Knowledgeable	3	13
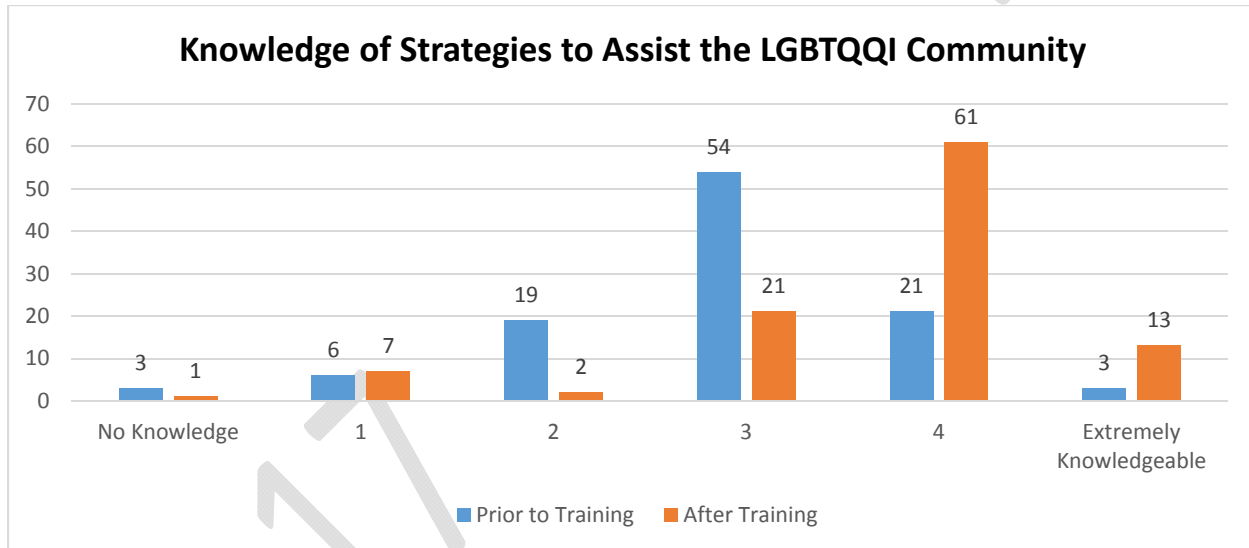
SCBH held three staff development trainings in FY16-17 to further cultivate cultural competency among staff.

	Date	Training	Facilitated by
1	12/7/16	Gender & Sexuality (Mandatory Training)	Javier Riviera, Positive Images
2	3/1/17	Peer Perspectives: Releasing Hope	Susan Standen
3	4/5/17	Cultural Competency: Working with Latino Communities	Latino Service Providers

Staff were asked to rate their knowledge of strategies to assist clients of culturally diverse communities before and after the Gender & Sexuality training. Staff increased knowledge about awareness of how assumptions challenge staff in supporting & understanding LGBTQQI clients' issues with sexuality & identity by 26.89%.

GOAL MET

GOAL 1.7: **Increase the percent of SCBH staff filled FTE (excluding extra-hire staff) who speak Spanish by 5% from FTE 40.55 (42 staff) in FY15-16 to FTE 42.58 in FY16-17.**

This goal is not included in the QI Work Plan for FY17-18. The new goal for FY17-18 is 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
Sonoma County Human Resource Management System (HRMS)

RESPONSIBLE STAFF – QI Manager

RESULTS
SCBH had 36 employees in FY16-17 representing 34.3 FTE staff speak Spanish, which is a 15.4% decrease from FY15-16.

Several newly licensed Spanish speaking staff resigned from SCBH in FY16-17 and accepted positions with a large health provider that compensates significantly more than SCBH. The health plan has a significantly better benefit package including wage and medical benefits. This creates a recruitment problem.

GOAL NOT MET

> **GOAL 1.8:** Increase the FTE for county-funded peer positions by 5%, from 34.63 FTE on 6/30/16 to 36.36 FTE as of 6/30/17.

PROCESS USED TO EVALUATE
Consumer and Family Employment Fiscal Summary FY16-17

RESPONSIBLE STAFF – QI Manager

RESULTS

County Contractors	FY15-16 # of Employees	FY16-17 # of Employees	FY15-16 FTE	FY16-17 FTE
Goodwill Programs: Wellness and Advocacy Center	11	11	6.25	6.25
Consumer Relations Program	4	4	2.58	2.58
Interlink Self-Help center	9	9	6.3	6.3
Petaluma Peer Recovery Program	4	4	1.1	1.1
Consumer- Operated Warmline Program	2	2	0.58	0.58
Peer Support for Mobile Support Team	2	2	0.935	0.935
Buckelew Programs: Family Service Coordinator	4	4	3.13	3.13
West County Community Services Programs: Russian River Empowerment Center	5	5	2.88	2.88
NAMI: Family Based Advocacy and Support Services	5	5	1.0	1.0
Family Support Project (Mobile Support Team)	4	4	2.04	2.04
Family Education and Support Program	5	5	3.46	3.46
Total of County Contractors	55	55	30.26	30.26
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)	7	11	4.37	5.37
Total FTE for all County-funded peer positions	62	**66**	34.63	**35.63**

Total number of consumer and family member staff at MHSA funded programs: 66 employees at 35.63FTE

In FY16-17 the FTE for county-funded peer positions was 35.63 FTE, an increase of 2.89% from FY15-16 34.63 FTE.

GOAL PARTIALLY MET

> **GOAL 1.9:** Documentation in 95% of charts audited for county-run programs and for contractors' programs will show that all consents and releases were completed in the client's primary (threshold) language. Reviewed on (date of review) of charts from (date range).

PROCESS USED TO EVALUATE
Reviewed 1/30/17 (for period of 7/1/16 to 9/30/16)

Chart review checking five required forms Preferred Language Chart Audit Tool; Review of charts (4 Contractor charts, 6 SCBH program charts)

RESPONSIBLE STAFF – QA Manager

RESULTS

A total of 10 charts were reviewed using the Preferred Language Chart Audit Tool

Regarding consents for treatment:
6 SCBH charts reviewed. 4 out of 6, 66% of county charts showed that all consents were in the client's primary (threshold) language. 2 out of 5, 40% did not have ROI's in the preferred language and one chart did not have any ROI's and was not included in the calculation.

4 Contractor charts reviewed. 3 out of 4, 75% of contractors' charts showed that all consents were in the client's primary (threshold) language.

Out of the 10 charts reviewed, 7 out of 10, 70% had consents in the client's preferred language

Regarding authorizations for release of information:
5 out of 6 SCBH charts reviewed contained ROI's. 3 out of 5, 60% of county charts showed that all releases were in the client's primary (threshold) language. 2 out of 5, 40% did not have ROI's in the preferred language. One chart did not have any ROI's and was not included in the calculation.

4 out of 4 or 100% of Contractor charts reviewed contained ROI's. 3 out of 4, 75% of contractors' charts showed that all releases were in the client's primary (threshold) language.

Out of the 10 charts reviewed, 9 out of 10 had ROI's and 66% had ROI's in the client's preferred language. 3 or 30% of charts did not have the ROI in the preferred language and 1 chart did not have any ROI's and was not included in the calculation.

GOAL PARTIALLY MET

> **GOAL 1.10:** 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 (4 Contractor charts, 6 SCBH program charts)

RESPONSIBLE STAFF – QA Manager

RESULTS
6 SCBH charts were reviewed. 4 out of 5 (80%) county monolingual charts showed that all services were conducted in the client's primary (threshold) language. 1 of the 6 charts was for a bilingual client who chose to speak in English so this chart was not included in the calculation.

4 Contractor charts were reviewed. 3 out of 4 (75%) contractors' monolingual charts showed that all services were conducted in the client's primary (threshold) language.

Out of the 10 charts reviewed, 7 out of 9 (77%) provided services in the client's preferred language. One of the 10 charts was for a bilingual client who chose to speak in English so this chart was not included in the calculation.
                                                                                           GOAL PARTIALLY MET

SECTION 2: SERVICE ACCESSIBILITY

> **GOAL 2.1:** 95% of clients who are screened as needing an <u>urgent</u> mental health assessment will <u>be offered</u> an assessment within 2 business days.
>
> Goal calculation: $\dfrac{Total\ Urgent\ Requests}{Assessments\ Under\ 2\ B.Days} * 100\%$
>
> *This goal is not included in the QI Work Plan for FY17-18*

PROCESS USED TO EVALUATE
Access to MH Services Database
Avatar & ~~SWITS~~

RESPONSIBLE STAFF – QI Manager and Access Manager

RESULTS
Adults

Year - Month	Adult 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	
2016 - 07 July	8	2	40	40	219	219	**267**	261	97.75%
2016 - 08 August	11	0	55	55	235	235	**301**	290	96.35%
2016 - 09 September	7	0	49	49	229	229	**285**	278	97.54%
2016 - 10 October	3	0	40	40	200	200	**243**	240	98.77%
2016 - 11 November	11	3	42	42	186	186	**239**	231	96.65%
2016 - 12 December	2	0	42	42	213	213	**257**	255	99.22%
2017 - 01 January	6	0	65	65	229	229	**300**	294	98.00%
2017 - 02 February	12	1	50	50	196	196	**258**	247	95.74%
2017 - 03 March	11	1	53	53	248	248	**312**	302	96.79%
2017 - 04 April	5	0	36	36	231	231	**272**	267	98.16%
2017 - 05 May	30	4	49	49	266	266	**345**	319	92.46%
2017 - 06 June	30	6	49	49	237	237	**316**	292	92.41%
	136	17	570	570	2689	2689	**3395**	3276	**96.49%**

96.5% of adults who were screened as needing an urgent mental health assessment were offered the assessment within 2 business days.

On April 2017 SCBH implemented tracking of requests for **youth** clients.
Youth

Year - Month	Youth 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	
2016 - 07 July		0	2	2	16	16	**18**	18	100.00%
2016 - 08 August		0	3	3	21	21	**24**	24	100.00%
2016 - 09 September		0	12	12	29	29	**41**	41	100.00%
2016 - 10 October		0	10	10	33	33	**43**	43	100.00%
2016 - 11 November		0	16	16	40	40	**56**	56	100.00%
2016 - 12 December		0	12	12	34	34	**46**	46	100.00%
2017 - 01 January		0	6	6	33	33	**39**	39	100.00%
2017 - 02 February		0	11	11	46	46	**57**	57	100.00%
2017 - 03 March		0	14	14	41	41	**55**	55	100.00%
2017 - 04 April	9	0	11	11	43	43	**63**	54	85.71%
2017 - 05 May	14	0	11	11	57	57	**82**	68	82.93%
2017 - 06 June	15	0	6	6	24	24	**45**	30	66.67%
	38	0	114	114	417	417	**569**	531	**93.32%**

93.3% of youth who were screened as needing an urgent mental health assessment were offered the assessment within 2 business days.

96.0% of **all clients** who were screened as needing an urgent mental health assessment were offered the assessment within 2 business days.

GOAL MET

> **GOAL 2.2:** **95% of clients who are screened as needing an <u>urgent</u> mental health assessment will <u>attend</u> an assessment within 2 business days.**
>
> **Goal calculation:** $\dfrac{Total\ Urgent\ Requests}{Assessments\ Under\ 2\ B.Days} * 100\%$

PROCESS USED TO EVALUATE
Access to MH Services Database
Avatar
~~SWITS~~

RESPONSIBLE STAFF – QI Manager and Access Manager

RESULTS
Adults

Year - Month	Adult 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	
2016 - 07 July	8	2	40	40	219	219	**267**	**261**	97.75%
2016 - 08 August	11	0	55	55	235	235	**301**	**290**	96.35%
2016 - 09 September	7	0	49	49	229	229	**285**	**278**	97.54%
2016 - 10 October	3	0	40	40	200	200	**243**	**240**	98.77%
2016 - 11 November	11	3	42	42	186	186	**239**	**231**	96.65%
2016 - 12 December	2	0	42	42	213	213	**257**	**255**	99.22%
2017 - 01 January	6	0	65	65	229	229	**300**	**294**	98.00%
2017 - 02 February	12	1	50	50	196	196	**258**	**247**	95.74%
2017 - 03 March	11	1	53	53	248	248	**312**	**302**	96.79%
2017 - 04 April	5	0	36	36	231	231	**272**	**267**	98.16%
2017 - 05 May	30	4	49	49	266	266	**345**	**319**	92.46%
2017 - 06 June	30	6	49	49	237	237	**316**	**292**	92.41%
	136	**17**	**570**	**570**	**2689**	**2689**	**3395**	**3276**	**96.49%**

96.5% of adults who were screened as needing an urgent mental health assessment were offered the assessment within 2 business days.

Youth

Year - Month	Youth 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	
2016 - 07 July		0	2	2	16	16	**18**	**18**	100.00%
2016 - 08 August		0	3	3	21	21	**24**	**24**	100.00%
2016 - 09 September		0	12	12	29	29	**41**	**41**	100.00%
2016 - 10 October		0	10	10	33	33	**43**	**43**	100.00%
2016 - 11 November		0	16	16	40	40	**56**	**56**	100.00%
2016 - 12 December		0	12	12	34	34	**46**	**46**	100.00%
2017 - 01 January		0	6	6	33	33	**39**	**39**	100.00%
2017 - 02 February		0	11	11	46	46	**57**	**57**	100.00%
2017 - 03 March		0	14	14	41	41	**55**	**55**	100.00%
2017 - 04 April	9	0	11	11	43	43	**63**	**54**	85.71%
2017 - 05 May	14	0	11	11	57	57	**82**	**68**	82.93%
2017 - 06 June	15	0	6	6	24	24	**45**	**30**	66.67%
	38	**0**	**114**	**114**	**417**	**417**	**569**	**531**	**93.32%**

93.3% of Youth who were screened as needing an urgent mental health assessment were offered the assessment within 2 business days.

96.0% of clients needing an urgent assessment were seen within 2 Business Days.

GOAL MET

> **GOAL 2.3:** **A 50% increase from the previous FY15-16, in the number of initial assessments <u>offered</u> within <u>10 business</u> days from date of the initial request for service.**
>
> **Goal calculation:** $\frac{Initial\ Assessments\ Offered\ Under\ 10\ B.Days}{\#\ of\ Initial\ Assessments\ Offered} * 100\%$

PROCESS USED TO EVALUATE
Access to MH Services Database
Avatar

RESPONSIBLE STAFF – QI Manager and Access Manager

RESULTS

Adults

Month of:	# of Initial Assessments Offered	Assessments Completed	Initial Assessments Offered within 10 business days	Business Days: AVG wait for offered Assessment Appt	% of Assessments Offered within 10 business days
2016 - 07 July	73	44	15	21.16	20.5%
2016 - 08 August	92	50	22	25.14	23.9%
2016 - 09 September	87	44	18	26.99	20.7%
2016 - 10 October	78	30	13	25.69	16.7%
2016 - 11 November	70	48	16	24.97	22.9%
2016 - 12 December	85	49	23	21.99	27.1%
2017 - 01 January	71	46	21	18.65	29.6%
2017 - 02 February	86	56	18	21.67	20.9%
2017 - 03 March	74	47	19	25.80	25.7%
2017 - 04 April	47	40	18	23.15	38.3%
2017 - 05 May	40	53	15	26.53	37.5%
2017 - 06 June	23	43	2	46.43	8.7%
Totals =	826	550	200	25.68	24.2%

FY15-16 184/568 or 32.2%   FY16-17 = 200/826 or 24.2%

24.2% of adults were offered an initial outpatient mental health assessment appointment within 10 business days from date of the initial request of service.

Youth

Month of:	# of Initial Assessments Offered	Assessments Completed	Initial Assessments Offered within 10 business days	Business Days: AVG wait for offered Assessment Appt	% of Assessments Offered within 10 business days
2016 - 07 July	16	23	11	7.88	68.75%
2016 - 08 August	23	28	17	11.43	73.91%
2016 - 09 September	39	49	25	10.85	64.10%
2016 - 10 October	45	64	13	14.87	28.89%
2016 - 11 November	17	39	12	10.29	70.59%
2016 - 12 December	36	49	24	9.14	66.67%

2017 - 01 January	19	26	9	10.47	47.37%
2017 - 02 February	37	33	6	18.59	16.22%
2017 - 03 March	39	43	11	25.18	28.21%
2017 - 04 April	26	28	9	16.81	34.62%
2017 - 05 May	27	34	5	19.00	18.52%
2017 - 06 June	26	26	7	19.35	26.92%
Totals =	**350**	**442**	**149**	**14.49**	**42.57%**

** FY15-16 = Not available for youth   FY16-17 149/350 or 42.6%

42.6% of youth were offered an initial outpatient mental health assessment appointment within 10 business days from date of the initial request of service.

29.7% of all clients were offered an initial outpatient mental health assessment appointment within 10 business days from date of the initial request of service.

GOAL NOT MET

GOAL 2.4: **A 50% increase from the previous FY15-16, in the number of initial assessments <u>attended</u> within <u>10 business</u> days from the date of the initial request for service.**

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

PROCESS USED TO EVALUATE
Access to MH Services Database and Avatar
RESPONSIBLE STAFF – QI Manager and Access Manager

RESULTS
Adults

Month of:	# of Initial Assessments Attended (Avatar)	Initial Assessments Attended within 10 business days	Business Days: AVG length of time to Actual Assessment	% of Assessments Attended within 10 business days
2016 - 07 July	44	10	21.35	22.73%
2016 - 08 August	50	19	22.73	38.00%
2016 - 09 September	44	14	29.61	31.82%
2016 - 10 October	30	12	24.08	40.00%
2016 - 11 November	48	15	27.25	31.25%
2016 - 12 December	49	17	23.96	34.69%
2017 - 01 January	46	18	20.17	39.13%
2017 - 02 February	56	12	22.77	21.43%
2017 - 03 March	47	12	29.87	25.53%
2017 - 04 April	40	15	17.03	37.50%
2017 - 05 May	53	9	21.19	16.98%
2017 - 06 June	43	3	38.46	6.98%
Totals =	**550**	**156**	**24.87**	**28.84%**

FY15-16 117/568 20.5%   FY16-17 = 156/550 28.8%

28.8% of adults attended an initial outpatient mental health assessment within 10 business days from date of the initial request of service.

Youth

Month of:	# of Initial Assessments Attended (Avatar)	Initial Assessments Attended within 10 business days	Business Days: AVG length of time to Actual Assessment	% of Assessments Attended within 10 business days
2016 - 07 July	23	10	9.00	43.48%
2016 - 08 August	28	15	12.27	53.57%
2016 - 09 September	49	21	11.75	42.86%
2016 - 10 October	64	9	19.96	14.06%
2016 - 11 November	39	9	16.04	23.08%
2016 - 12 December	49	23	11.38	46.94%
2017 - 01 January	26	4	13.85	15.38%
2017 - 02 February	33	6	22.35	18.18%
2017 - 03 March	43	10	23.90	23.26%
2017 - 04 April	28	3	22.71	10.71%
2017 - 05 May	34	2	27.87	5.88%
2017 - 06 June	26	5	25.64	19.23%
Totals =	**442**	**117**	**18.06**	**26.47%**

**FY15-16 = Not available   FY16-17 = 117/442 or 26.5%

26.5% of youth attended an initial outpatient mental health assessment within 10 business days from date of the initial request of service.

27.5% of all clients attended an initial outpatient mental health assessment within 10 business days from date of the initial request of service.

GOAL NOT MET

GOAL 2.5: A 25% increase from the previous FY15-16, in the number of clients that were <u>offered</u> an initial <u>psychiatric</u> assessment appointment (if indicated) within 10 business days from date of the initial outpatient mental health assessment.

From 39.3% in FY15-16 to 49.1% in FY16-17.

This goal is not included in the QI Work Plan for FY17-18

PROCESS USED TO EVALUATE
We are no longer tracking initial psychiatric assessment appointments offered due to the update of the Initial request to SMHS Database.

RESPONSIBLE STAFF – QI Manager and Access Manager.

RESULTS
Not available

N/A

GOAL 2.6: A 50% increase from the previous FY15-16 of 39.3% to 58.9%, in the percentage of clients that <u>attended</u> an initial <u>psychiatric</u> assessment appointment (if indicated) within 10 business days from date of the initial outpatient mental health assessment.

New goal calculation: $\dfrac{\textit{Initial Psychiatric Appts Attended within 10 Business Days}}{\textit{Access Team Avatar Admissions Needing Initial Psychiatric Appt}} * 100\%$

PROCESS USED TO EVALUATE
Avatar

RESPONSIBLE STAFF – QI Manager and Access Manager

RESULTS

Adults

Year - Month	Access Team Avatar Admissions Needing Initial Psychiatric Appt	Initial Psychiatric Appts Attended within 10 Business Days	Average Number of Business Days To initial Psychiatric Appt	% of Appts Attended within 10 Business Days
2016 - 07 July	39	21	10.69	53.8%
2016 - 08 August	41	21	9.22	51.2%
2016 - 09 September	40	20	9.28	50.0%
2016 - 10 October	27	17	8.74	63.0%
2016 - 11 November	40	26	12.70	65.0%
2016 - 12 December	41	24	15.78	58.5%
2017 - 01 January	39	17	20.67	43.6%
2017 - 02 February	47	23	18.57	48.9%
2017 - 03 March	42	15	15.74	35.7%
2017 - 04 April	30	18	12.30	60.0%
2017 - 05 May	46	34	7.76	73.9%
2017 - 06 June	39	33	5.21	84.6%
	471	**269**	**12.22**	**57.1%**

FY15-16 116/295 or 39.3%   FY16-17 = 269/471 or 57.1%

57.1% of adults were offered an initial psychiatric assessment appointment within 10 business days from date of the initial outpatient mental health assessment.

Youth

Year - Month	YFS Avatar Admissions Needing Initial Psychiatric Appt	Initial Psychiatric Appts Attended within 10 Business Days	Average Number of Business Days To initial Psychiatric Appt	% of Appts Attended within 10 Business Days
2016 - 07 July	32	16	26.09	50.0%
2016 - 08 August	23	13	28.70	56.5%
2016 - 09 September	37	16	25.70	43.2%
2016 - 10 October	31	15	27.81	48.4%
2016 - 11 November	33	20	13.82	60.6%
2016 - 12 December	38	17	21.45	44.7%
2017 - 01 January	28	11	17.14	39.3%
2017 - 02 February	18	9	28.22	50.0%
2017 - 03 March	32	16	17.59	50.0%
2017 - 04 April	24	16	12.54	66.7%
2017 - 05 May	31	19	18.90	61.3%
2017 - 06 June	34	20	14.09	58.8%
	361	**188**	**21.00**	**52.1%**

52.1% of youth were offered an initial psychiatric assessment appointment within 10 business days from date of the initial outpatient mental health assessment.

54.9% of all clients were offered an initial psychiatric assessment appointment within 10 business days from date of the initial outpatient mental health assessment.

GOAL PARTIALLY MET

Statewide - 24/7- toll-free telephone number:

> ### GOAL 2.7: 95% of calls to the 24-hour toll free number requesting specialty mental health services will be screened.
>
> Goal Calculation: $\dfrac{Clinical\ Screenings}{Total\ Calls\ Requests\ for\ Specialty\ MH\ Services} * 100\%$
>
> *This goal is not included in the QI Work Plan for FY17-18*

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	Total Calls Requests for Specialty MH Services	Adult Screenings	Youth Screenings	Clinical Screenings	% of Calls resulting in a Outreach CANS/ANSA
2016 - 07 July	157	8	**165**	108	22	**130**	78.79%
2016 - 08 August	181	7	**188**	127	11	**138**	73.40%
2016 - 09 September	194	11	**205**	112	29	**141**	68.78%
2016 - 10 October	198	19	**217**	119	19	**138**	63.59%
2016 - 11 November	169	16	**185**	107	17	**124**	67.03%
2016 - 12 December	121	11	**132**	85	14	**99**	75.00%
2017 - 01 January	174	20	**194**	111	19	**130**	67.01%
2017 - 02 February	147	11	**158**	90	21	**111**	70.25%
2017 - 03 March	235	13	**248**	132	31	**163**	65.73%
2017 - 04 April	192	13	**205**	119	48	**167**	81.46%
2017 - 05 May	240	6	**246**	146	68	**214**	86.99%
2017 - 06 June	236	12	**248**	148	54	**202**	81.45%
FY Total =	**2,244**	**147**	**2,391**	**1,404**	**353**	**1,757**	**73.48%**
FY Monthly Average =	187	12	199	117	29	146	

73.5% of calls to the 24-hour toll free number at the Access team and/or OPTUM with requests for specialty mental health services were screened.

GOAL PARTIALLY MET

GOAL 2.8: **100% of after-hours requests for care will be logged and tracked. After-hours calls will be directed to OPTUM.**

Goal Calculation: $\frac{Calls\ answered\ and\ logged}{After-hours\ Calls\ Answered} * 100\%$

This goal is not included in the QI Work Plan for FY17-18

PROCESS USED TO EVALUATE
- Access to MH Services Database
- OPTUM Reports

RESPONSIBLE STAFF – QI Manager and Access Manager.

RESULTS

SCBHD contracts with OPTUM to provide after-hours coverage for Access Lines and Toll-Free number in order to provide live coverage to Access requests after hours, during holidays and weekends. Monthly reports are provided to SCBHD Access by OPTUM.

Month of:	After-hours Calls transferred	Calls Abandoned or not answered	% of Abandoned/ Not Answered	After-hours Calls Answered	Calls answered and logged	% of calls Answered and logged
2016 - 07 July	105	10	9.50%	95	73	76.84%
2016 - 08 August	76	3	3.90%	73	58	79.45%
2016 - 09 September	103	3	2.90%	100	87	87.00%
2016 - 10 October	123	10	8.10%	117	97	82.91%
2016 - 11 November	91	4	4.40%	87	77	88.51%
2016 - 12 December	105	3	2.90%	102	87	85.29%
2017 - 01 January	114	2	1.80%	112	104	92.86%
2017 - 02 February	132	11	8.30%	121	104	85.95%
2017 - 03 March	122	7	5.70%	117	104	88.89%
2017 - 04 April	103	3	2.90%	100	89	89.00%
2017 - 05 May	122	5	4.10%	117	111	94.87%
2017 - 06 June	98	9	9.20%	89	76	85.39%
Totals =	**1294**	**70**	**5.40%**	**1230**	**1067**	**86.75%**

Between 7/1/2016 and 6/30/2017 OPTUM logged 1067 calls routed from our Access Lines and toll free number. 1067/1230 or 86.75% of calls were answered and logged by a live person (OPTUM staff) during after hours, holidays and weekends.

GOAL PARTIALLY MET

GOAL 2.9: **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 including:**
- **Specialty mental health service required to assess whether medical necessity criteria are met**
- **Service needed to treat a beneficiary's urgent condition**
- **Utilizing the grievance and fair hearing process.**

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

PROCESS USED TO EVALUATE

OPTUM Monthly Reports
Access Team Database

RESPONSIBLE STAFF – QI Manager and Access Manager.

RESULTS

Month of:	After-hours Calls transferred to OPTUM	Calls answered and logged by OPTUM	Business-hours Calls logged by Access Staff	Business-hours Calls Answered by Access Staff	Total Incoming Calls	Calls Answered and Logged	% of Calls Answered and Logged
2016 - 07 July	105	95	157	157	262	252	96.18%
2016 - 08 August	76	73	181	181	257	254	98.83%
2016 - 09 September	103	100	194	194	297	294	98.99%
2016 - 10 October	123	117	198	198	321	315	98.13%
2016 - 11 November	91	87	169	169	260	256	98.46%
2016 - 12 December	105	102	121	121	226	223	98.67%
2017 - 01 January	114	112	174	174	288	286	99.31%
2017 - 02 February	132	121	147	147	279	268	96.06%
2017 - 03 March	122	117	235	235	357	352	98.60%
2017 - 04 April	103	100	264	264	367	364	99.18%
2017 - 05 May	122	117	324	324	446	441	98.88%
2017 - 06 June	98	89	320	320	418	409	97.85%
Totals =	1,294	1,230	2,484	2,484	3,778	3,714	98.31%

3,714/3,778 or 98.31% of calls to the 24-hour toll free telephone number were answered by a live person and provided information about how to access specialty mental health services.

GOAL MET

GOAL 2.10: **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: $\frac{Urgent\ Calss\ transfereed\ to\ CSU\ by\ OPTUM}{Urgent\ Calls} * 100\%$

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	95	1	1.1%	1	100.0%
2016 - 08 August	73	0	0.0%	0	
2016 - 09 September	100	0	0.0%	0	
2016 - 10 October	117	2	1.7%	2	100.0%
2016 - 11 November	87	0	0.0%	0	
2016 - 12 December	102	1	1.0%	1	100.0%
2017 - 01 January	112	0	0.0%	0	
2017 - 02 February	121	3	2.5%	3	100.0%
2017 - 03 March	117	0	0.0%	0	
2017 - 04 April	100	1	1.0%	1	100.0%
2017 - 05 May	117	0	0.0%	0	
2017 - 06 June	89	4	4.5%	4	100.0%
Totals =	1,230	12	1.0%	12	100.0%

12/12 or 100% of all calls screened by OPTUM in FY16-17 as requests for urgent services were transferred to CSU.

GOAL MET

GOAL 2.11: **100% of non-urgent after-hours callers requesting Specialty Mental Health Services will receive a call back the next business day.**

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

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	12	9	0	9	75.0%
2016 - 08 August	13	12	0	12	92.3%
2016 - 09 September	17	16	0	16	94.1%
2016 - 10 October	24	22	0	22	91.7%
2016 - 11 November	24	18	0	18	75.0%
2016 - 12 December	15	14	0	14	93.3%
2017 - 01 January	26	21	3	24	92.3%
2017 - 02 February	13	12	0	12	92.3%
2017 - 03 March	18	17	0	17	94.4%
2017 - 04 April	15	11	3	14	93.3%
2017 - 05 May	16	10	5	15	93.8%
2017 - 06 June	17	9	7	16	94.1%
Totals =	**210**	**171**	**18**	**189**	**90.0%**

189/210 or 90.0% of calls logged by OPTUM as needing specialty mental health services were screened by an Access phone clinician.

GOAL PARTIALLY MET

GOAL 2.12: 95% of clients who call the 24-hour toll free number will receive services in the language they request during business hours and after hours. After-hours calls will be directed to OPTUM.

Calculation: $\frac{Total\ Screenings - Unknown\ Language}{Total\ Screenings} * 100\%$

This goal is not included in the QI Work Plan for FY17-18

PROCESS USED TO EVALUATE
Access to Mental Health Services Database
OPTUM Daily Reports

RESPONSIBLE STAFF – QI Manager, and Access Manager.

RESULTS
During Business Hours: Adult Screenings by Preferred Language:

Year - Month	Unknown	English	Mandarin	Spanish	Total Screenings	% with Language
2016 - 07 July	3	17			20	85.0%
2016 - 08 August	4	51		2	57	93.0%
2016 - 09 September	4	41			45	91.1%
2016 - 10 October	2	43	1		46	95.7%
2016 - 11 November	5	57		4	66	92.4%
2016 - 12 December	2	59		1	62	96.8%
2017 - 01 January	4	53			57	93.0%
2017 - 02 February	3	55		3	61	95.1%
2017 - 03 March	3	73		1	77	96.1%
2017 - 04 April	1	44			45	97.8%
2017 - 05 May	2	57		4	63	96.8%
2017 - 06 June	3	44		3	50	94.0%
2017 - 07 July		28		1	29	100.0%
2017 - 08 August	1	6			7	85.7%
	37	628	1	19	685	94.6%

During Business Hours: Youth Screenings by Preferred Language:

Year – Month	Unknown	English	Spanish	Total Screenings	% with Language
2016 - 07 July		2		2	100.0%
2016 - 08 August	2	11		13	84.6%
2016 - 09 September	2	8		10	80.0%
2016 - 10 October	3	15		18	83.3%
2016 - 11 November	2	8		10	80.0%
2016 - 12 December	2	13		15	86.7%
2017 - 01 January		7		7	100.0%
2017 - 02 February	1	4		5	80.0%
2017 - 03 March	1	6		7	85.7%
2017 - 04 April	1	6		7	85.7%
2017 - 05 May	3	27	3	33	90.9%
2017 - 06 June	4	27	2	33	87.9%
2017 - 07 July	3	21	2	26	88.5%
2017 - 08 August		11		11	100.0%
	24	166	7	197	87.8%

After-Hours: OPTUM: Adult Screenings by Preferred Language:

Year - Month	Unknown	English	Mandarin	Spanish	Total Calls	% with Language
2016 - 07 July	0	58	1		59	100.0%
2016 - 08 August	0	46			46	100.0%
2016 - 09 September	0	72			72	100.0%
2016 - 10 October	0	71		2	73	100.0%
2016 - 11 November	0	59			59	100.0%
2016 - 12 December	0	60	1	1	62	100.0%
2017 - 01 January	0	79		2	81	100.0%
2017 - 02 February	0	77		1	78	100.0%
2017 - 03 March	0	81		1	82	100.0%
2017 - 04 April	0	64			64	100.0%
2017 - 05 May	0	87		1	88	100.0%
2017 - 06 June	0	57		1	58	100.0%
Totals =	**0**	**811**	**2**	**9**	**822**	**100.0%**

After-Hours: OPTUM: Youth Screenings by Preferred Language:

Year – Month	Unknown	English	Spanish	Total Calls	% with Language
2016 - 07 July		14		14	100.00%
2016 - 08 August		12		12	100.00%
2016 - 09 September		12	3	15	100.00%
2016 - 10 October		24		24	100.00%
2016 - 11 November		17	1	18	100.00%
2016 - 12 December	1	23		24	95.83%
2017 - 01 January		23		23	100.00%
2017 - 02 February	1	24		25	96.00%
2017 - 03 March		20	2	22	100.00%
2017 - 04 April		25		25	100.00%
2017 - 05 May	1	20	1	22	95.45%
2017 - 06 June		17	1	18	100.00%
Totals =	**3**	**231**	**8**	**242**	**98.76%**

Summary	Unknown	Total Calls	% with Language
During Business Hours: Adult Screenings by Preferred Language:	37	685	94.6%
During Business Hours: Child Screenings by Preferred Language:	24	197	87.8%
After-Hours: OPTUM: Adult Screenings by Preferred Language:	0	822	100.0%
After-Hours: OPTUM: Youth Screenings by Preferred Language:	3	242	98.76%
	64	**1,946**	**96.71%**

1,882/1,946 or 96.7% of after-hours calls received services in the language requested.

GOAL MET

GOAL 2.13: The no-show rate for adult clients scheduled for the 1st initial assessment with the Access Team will not exceed 25%.

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

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
2016 - 07 July	67	51	16	23.88%
2016 - 08 August	87	61	26	29.89%
2016 - 09 September	79	48	31	39.24%
2016 - 10 October	66	39	27	40.91%
2016 - 11 November	108	71	37	34.26%
2016 - 12 December	90	59	31	34.44%
2017 - 01 January	95	58	37	38.95%
2017 - 02 February	103	60	43	41.75%
2017 - 03 March	125	85	40	32.00%
2017 - 04 April	63	35	28	44.44%
2017 - 05 May	76	54	22	28.95%
2017 - 06 June	66	38	28	42.42%
Totals =	**1,025**	659	**366**	**35.71%**

There was a 35.7% no show rate for the 1st available accepted Initial Clinical Assessment at the Access Team.

GOAL PARTIALLY MET

GOAL 2.14: **The no-show rate for adult clients scheduled for the 1st initial psychiatry appointment at the Access team will not exceed 20%.**

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

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	35	**8**	18.60%
2016 - 08 August	47	39	**6**	12.77%
2016 - 09 September	43	36	**7**	16.28%
2016 - 10 October	29	25	**4**	13.79%
2016 - 11 November	44	41	**3**	6.82%
2016 - 12 December	45	42	**3**	6.67%
2017 - 01 January	42	39	**3**	7.14%
2017 - 02 February	53	43	**10**	18.87%
2017 - 03 March	44	41	**3**	6.82%
2017 - 04 April	34	30	**4**	11.76%
2017 - 05 May	52	43	**9**	17.31%
2017 - 06 June	42	36	**6**	14.29%
Totals =	**518**	**450**	**66**	**12.74%**

66/518 or 12.74% no-showed and/or cancelled the 1st available accepted Initial Psychiatry appointment at the Access Team.

GOAL MET

Youth	36	209	18752
Youth Services for Families	36	298	30225

Consumer Perception Survey (POQI) – Summary of data: Mean domain scores and subdomain scores were evaluated for Sonoma County clients overall, by sex, and for white and Hispanic/Latino clients (race/ethnicity categories not mutually exclusive). These scores were compared to the respective state mean scores. Where there was a difference of 0.3** or greater between the state score and the county score.

In general, Sonoma County domain and sub domain mean scores were comparable with state mean scores. Among all client groups completing the survey (Adult, Older Adult, Youth, TAY clients and Youth Services Families), sub domain scores of individuals who identified as "other" sex (n ranged from 1-9 respondents) were consistently lower than those of the state. Among adult clients completing the survey, the mean scores under the

were lower than the state overall, and for males, whites, and Hispanic/Latinos.

SCBH is addressing the following areas with scores lower than state mean:

1.

2.

3.

QMP reviewed

   goals.
4.
   consumers.
       a.

       d.

Grievances and Appeals:

> ### 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:** $\frac{Grievances\ Resovled\ under\ 60\ days}{Number\ of\ Grievances} * 100\%$

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 = 32, Resolved over 60 days = 3, Resolved under 60 days = 29.

29/32 or 91% of client grievances were decided upon and communicated back to the client within 60 days of receiving the grievance. The total range of days for grievance decisions is 0-77.

The Grievance Coordinator was delayed in resolving the three grievances that exceeded the 60 day time frame because the Grievance Coordinator was attempting to reach clients.

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:** $\frac{Appeals\ Resovled\ under\ 45\ days}{Number\ of\ Appeals} * 100\%$

PROCESS USED TO EVALUATE
Appeals Coordinator will track outpatient appeal results and timelines.

RESPONSIBLE STAFF – QA Manager.

RESULTS
0/0 outpatient appeals were decided upon and communicated back to the client within 60 days of receiving the grievance.

1/1 expedited outpatient appeals was decided upon and communicated back to the client within 3 days of receiving the request for the expedited appeal.

GOAL MET

> **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
0/0 were resolved within 60 days.

NO FAIR HEARINGS

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

PROCESS USED TO EVALUATE
- Request for Change of Provider Spreadsheet
- Reported and discussed in QIP and QIS.

RESPONSIBLE STAFF – QA Manager.

RESULTS
40/44 or 90.9% of requests to change persons providing services were evaluated and addressed within 30 days of the request.

Two of the requests were late due to program managers being delayed in making the change of provider. The grievance coordinator is providing more frequent notices of upcoming deadlines as the 30 day timeframe approaches.

One of the requests was late due to the program manager changing the provider as soon as a staff member was transferred to the program that the client had worked with previously and had established a good rapport.

One of the requests was late due to the program manager calling the phone number provided which was the parent's phone number (client does not have a phone). The parent called back and said he would see his son in 2 weeks and would ask his son to return the call. The program manager then met with the client, and the client withdrew the request due to pending move out of county.

GOAL PARTIALLY MET

SECTION 4: CLINICAL ISSUES

Safe and Effective Medication Practices:

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 Adhere To	% of Practice Guidelines Adhered To
1	5	12.8/15	85.3%
2	5	13/15	86.7%
3	5	14/15	93.3%
4	1	15/15	100.0%
5	5	13.6/15	90.7%
6	5	13.6/15	90.7%
7	5	14.4/15	96.0%
8	5	11.8/15	78.7%
9	5	13.4/15	89.3%
10	5	11/15	73.3%
11	5	14.4/15	96.0%
12	5	12.8/15	85.3%
13	5	14.8/15	98.7%
14	5	12.8/15	85.3%
15	5	13.4/15	89.3%
16	4	11.5/15	76.7%
17	5	14/15	93.3%
18	5	13.8/15	92.0%
19	5	13.4/15	89.3%
20	1	13/15	86.7%
21	5	15/15	100.0%
22	5	12.2/15	81.3%
23	5	14.2/15	94.7%
24	5	12.6/15	84.0%
25	5	14.8/15	98.7%
26	5	12.4/15	82.7%
27	5	14.4/15	96.0%
28	5	11/15	73.3%
29	5	12.4/15	82.7%
Average =		**13.3/15**	**88.6%**

Chart reviews showed 88.6% (13.3/15 criteria on average) MD adherence to standards of safety and effectiveness. Peer reviews were conducted on 29 of psychiatric staff.

GOAL PARTIALLY MET

Sentinel Events:

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

PROCESS USED TO EVALUATE
QIP Sentinel Event Report Sub-Committee to review monthly.

RESPONSIBLE STAFF – Medical Director and QI Manager.

RESULTS
148/157 or 94.3% 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 PARTIALLY MET

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

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

PROCESS USED TO EVALUATE
Sentinel Event database reviewed by Sentinel Event Committee
Identified issues will be brought forward to QIP for discussion.

RESPONSIBLE STAFF – Medical Director and QI Manager.

RESULTS
142/157 or 90.4% of identified issues were analyzed and had actions taken to addressed issues.

GOAL PARTIALLY MET

> **GOAL: 4.4: Reduce the average number of days for completed 1370 episodes (ending in that fiscal year) for clients with misdemeanors in 1370 status (in custody and outpatient) by 10%, from 87.6 days in FY15-16 to 78.9 days in FY16-17.**
>
> *As of July 1, 2017 SCBH is no longer providing mental health services or assisting in custody individuals in 1370 status at the adult detention facility, and SCBH will only monitor outpatients in 1370 status in FY17-18.*

PROCESS USED TO EVALUATE
1370 Database

Methodology:
The methodology used for this analysis reviews all 1370 misdemeanor episodes that were active during the fiscal year and that ended during the fiscal year, however episodes may have started prior to the 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.

Misdemeanor 1370 Episodes Active during FY15-16 & FY16-17				
Category:	FY15-16	FY16-17	Difference	% Difference
Active in FY				
Total unique individuals	104	96	-8	-7.69%
Total episodes	109	107	-2	-1.83%
Active in FY; Episode ends in FY				
Total unique individuals	87	77	-10	-11.49%
Total episodes	91	84	-7	-7.69%
Total days in 1370 status (entire episodes)	7,973	8,173	+200	+2.51%
Avg. days per episode (mean)	**87.62**	**97.3**	**+9.68**	**+11.05%**
Range of days for an episode	1-383	1-512	-	-
# episodes restored	58	39	-19	-32.76%
# episodes non-restorable	31	40	+9	+29.03%
# episodes undetermined	2	5	+3	+150%
% episodes restored	63.74%	46.43%	-	-
% episodes non-restorable	34.07%	47.62%	-	-
% episodes undetermined	2.2%	5.95%	-	-
Avg. days for restored	74.78	78.08	+3.3	+4.41%
Avg. days for non-restorable	113.29	121.88	+8.58	+7.58%
Avg. days for undetermined	62	50.6	-11.4	-18.39%
# in custody episodes	77	72	-5	-6.49%
% in custody episodes	84.62%	85.71%	-	-
Avg. days for in custody episodes	70.17	82.67	+12.5	+17.81%
# outpatient episodes	14	12	-2	-14.29%
% outpatient episodes	15.38%	14.29%	-	-
Avg. days for outpatient episodes	183.57	185.08	+1.51	+0.82%

Active in FY; Episode didn't end in FY				
Total unique individuals	18	23	+5	+27.78%
Total episodes	18	23	+5	+27.78%
Total days spent in 1370 status (through end of FY)	1,548	1,929	+381	+24.61%

Analysis:

Overall 1370 activity was down for the year (in both unique individuals and episodes). However, despite a decrease in unique individuals (-11.49%) and episodes (-7.69%), there was an increase in 1370 days of +2.51%. Thus, the average of days per completed episode increased by +11.05%.

Historically outpatient episodes take longer to resolve than in custody episodes. For FY16-17, the average for in custody was 82.67 days while the average for outpatient was 123.89% higher at 185.08 days.

The average number of days for completed 1370 episodes ending in the fiscal year for clients with misdemeanors in 1370 status increased by 11.5% from 87.6 days in FY15-16 to 97.3 days in FY16-17.

GOAL NOT MET

Performance Improvement Projects (PIPS):
Clinical PIP:

> **GOAL 4.5:** **The average number of days between jail episodes for the Clinical PIP: Enhancing Mental Health Outcomes to Reduce Recidivism study cohort will increase by 10% from 42 days in FY15-16 to 46.2 days in FY16-17.**

PROCESS USED TO EVALUATE
Avatar

RESPONSIBLE STAFF – QI Manager

RESULTS
The average number of days between jail episodes for the solo participant in the Clinical PIP study cohort increased by 769% from the cohort average of 42 days to 365 days between episodes in FY16-17. The participant was not incarcerated in FY16-17.

GOAL MET

> **GOAL 4.6:** **50% of youth clients who are screened as needing a mental health assessment will be <u>seen</u> for an initial outpatient mental health assessment within 10 business days from date of the initial request of service.**
>
> **Goal Calculation:** $\frac{Number\ of\ Assessments\ Attended\ within\ 10\ Business\ Days}{Total\ number\ of\ assessments\ Attended} * 100\%$

PROCESS USED TO EVALUATE

Youth TTA Database from YFS and youth contractors and assessment appointments were verified utilizing Avatar

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 2016 - 2017	**882**	**516**	**159**	**30.81%**	**27.87**	**0**	**204**
CPI	183	60	8	13.33%	65.70	2	204
PPSC	34	34	23	67.65%	10.85	0	111
SAY	170	102	4	3.92%	43.57	7	154
YFS	490	315	117	37.14%	17.74	0	103
River	5	5	4	80.00%	8.00	4	20

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 2016 - 2017	**188**	**99**	**19**	**19.19%**	**46.88**	**2**	**204**
CPI	71	24	4	16.67%	79.46	4	204
PPSC	3	3	2	66.67%	7.00	2	14
SAY	35	19	0	0.00%	86.68	35	154
YFS	79	53	13	24.53%	20.11	2	76

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 2016 - 2017	**694**	**417**	**140**	**33.57%**	**23.36**	**0**	**204**
CPI	112	36	4	11.11%	56.53	2	204
PPSC	31	31	21	67.74%	11.23	0	111
SAY	135	83	4	4.82%	33.70	7	76
YFS	411	262	104	39.69%	17.26	0	103
River	5	5	4	80.00%	8.00	4	20

159/516 or 30.8% of youth were offered an initial outpatient mental health assessment within 10 business days from date of the initial request of service. Range: 0 to 204 Business Days.

GOAL NOT MET

GOAL 4.7:   **70% of youth who are screened as needing an <u>urgent</u> mental health assessment, will be <u>offered</u> this assessment within 2 business days.**

Goal Calculation: $\dfrac{Number\ of\ URGENT\ Assessments\ Attend\ within\ 2\ Business\ Days}{Total\ number\ of\ URGENT\ assessments\ Attended} * 100\%$

This goal is not included in the QI Work Plan for FY17-18

PROCESS USED TO EVALUATE
Youth TTA Database from YFS and youth contractors

RESPONSIBLE STAFF – QI Manager and YFS Section Manager

RESULTS
On April 2017 SCBH implemented tracking of requests for **youth** clients.

Year - Month	Youth 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	
2016 - 07 July			40	40	16	16	**56**	**56**	100.0%
2016 - 08 August			55	55	21	21	**76**	**76**	100.0%
2016 - 09 September			49	49	29	29	**78**	**78**	100.0%
2016 - 10 October			40	40	33	33	**73**	**73**	100.0%
2016 - 11 November			42	42	40	40	**82**	**82**	100.0%
2016 - 12 December			42	42	34	34	**76**	**76**	100.0%
2017 - 01 January			65	65	33	33	**98**	**98**	100.0%
2017 - 02 February			50	50	46	46	**96**	**96**	100.0%
2017 - 03 March			53	53	41	41	**94**	**94**	100.0%
2017 - 04 April	0	0	36	36	43	43	**79**	**79**	100.0%
2017 - 05 May	3	0	49	49	57	57	**109**	**106**	97.2%
2017 - 06 June	14	0	49	49	24	24	**87**	**73**	83.9%
	17	**0**	**570**	**570**	**417**	**417**	**1004**	**987**	**98.3%**

98.3% of Youth who were screened as needing an urgent mental health assessment were offered the assessment within 2 business days.

GOAL MET

Youth and Family:

> **GOAL 4.8:** For CY16, SCBH will provide Therapeutic Behavioral Services (TBS) at a minimum of a 4% utilization rate for Medi-Cal beneficiaries under the age of 21.
>
> **Goal Calculation:** $\dfrac{TBS\ Services\ (Code\ 345\ \&M345)}{Total\ Services\ for\ clients\ under\ 21\ year\ of\ age\ on\ service\ date} * 100\%$

PROCESS USED TO EVALUATE
Avatar

RESPONSIBLE STAFF – QI Manager Youth and Family Section Manager

RESULTS
In FY16-17, SCBH provided 3,726 TBS services at a 6.2% utilization rate.

GOAL MET

Full Service Partnerships (FSPs): (FSP goals have been amended to be in alignment with Mental Health Services Oversight (MHSOAC) determined data elements):

FSP: FACT Goals:

> **GOAL 4.9:** Clients in the FACT program will show a 25% reduction in average number of jail days per episode in FY16-17 from 51.6 days in FY15-16 to 38.6 days in FY16-17.

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
15 - 16	73	3,712	0	389	51.56
16 - 17	49	2,380	0	351	48.57
Difference	-24	-1,332	0	-38	-2.99
% Change	-32.9%	-35.9%		-9.8%	-5.8%

Clients in the FACT program showed a 5.8% reduction in average number of jail days per episode in FY16-17 from 51.6 days in FY15-16 to 48.6 days in FY16-17.

GOAL NOT MET

FSP: TAY Goals:

> **GOAL 4.10:** **Clients in the TAY program will show a 25% reduction in the average length of stay (LOS) in psychiatric hospitals, from 11.29 days in FY15-16 to 8.5 days in FY16-17.**

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
15 - 16	34	384	1	52	11.29
16 - 17	26	437	1	52	18.19
Difference	-8	53	0	0	6.9
% Difference	**-23.5%**	**13.8%**	**0.0%**	**0.0%**	**+61.1%**

Clients in the TAY program showed a 61.10% increase in LOS, from 11.29 in FY15-16 to 18.19 days hospitalized in a psychiatric facility in FY16-17.

GOAL NOT MET

FSP: OAT (Older Adults Team) Goals:

> **GOAL 4.11:** Clients in the OAT program will show a 25% reduction in the average LOS in psychiatric hospitals, from 60 days in FY15-16 to 45 days in FY16-17.

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
15 - 16	1	60	60	60	60
16 - 17	4	38	6	19	9.5
Difference	3	-22	-54	-41	-50.5
% Change	300%	-37%	-90%	-68%	-84%

Clients in the OAT program showed an 84% reduction in LOS, from 60 in FY15-16 to 9.5 days hospitalized in a psychiatric facility in FY16-17.

GOAL MET

FSP: IRT (Integrated Recovery Team) Goals:

> **GOAL 4.12:** Clients in the IRT program will show a 25% reduction in the average LOS in psychiatric hospitals, from 9.14 days in FY15-16 to 6.9 days in FY16-17.

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
15 - 16	29	265	1	28	9.14
16 - 17	47	573	1	54	12.19
Difference	18	308	0	26	3.05
% Change	62.1%	116.2%	0.0%	92.9%	+33.4%

Clients in the IRT program showed a 33.4% increase in LOS, from 9.14 in FY15-16 to 12.19 days hospitalized in a psychiatric facility in FY16-17.

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
18/58 or 31.03% of clients referred to Beacon Health Strategies from Access were scheduled for an appointment with Beacon Health Strategies.

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
16/16 or 100% of clients referred to an FQHC/PCP from CMHCs were scheduled for an appointment with an FQHC/PCP.

GOAL 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
1/6 or 16.7% of clients referred to an FQHC/PCP from IHT were scheduled for an appointment with an FQHC or PCP.

GOAL NOT 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
5/5 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
LOMI	7/1/15 - 9/30/15	9/15/2016	10/28/2016	11/14/2016	60
Rebekah Children's Services	4/27/16, 5/20/16, 6/20/16, 7/25/16	11/15/2016	1/13/2017	1/13/2017	59
Sunny Hills	8/2/16, 8/4/16	11/29/2016	1/13/2017	1/13/2017	45
Charis	FY 13-14	12/5/2016	1/23/2017	1/23/2017	49
Charis	FY 13-14	3/24/2017	4/28/2017	5/3/2017	40
CPI	11/29/16 To 12/15/16	2/6/2017	2/10/2017	3/3/2017	25
SAY		3/13/2017	4/28/2017	4/28/2017	46
PPSC	7/1/16 To 12/15/16	3/20/2017	3/24/2017	3/29/2017	9
PPSC	1/26/2017	3/22/2017	3/24/2017	4/6/2017	15
Seneca	January 2017	6/20/2017	7/14/2017	7/28/2017	38
				Average =	38.6
		Communicated Under 45 Days (Out of 10) =			6
		Communicated Under 60 Days (Out of 10) =			10
				Min =	9
				Max =	60

6/10 or 60% of appeals were decided upon and communicated back to the provider within 45 days of receipt of the appeal. 10/10 or 100% 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 38.6 days.

GOAL PARTIALLY MET

SECTION 7: STAFF TRAINING OVERVIEW
FY16-17

Date	Training Topic and Facilitator(s)	Type of Training	CEUs #of Hours	Target Audience
July 6	5150 Training Michael Kozart, MD Tamara Winer, PRA	Specialty: Patients' Rights & 5150 Certification	2.5	Selected Clinical Staff
July 6	Outreach Teams Susan Castillo, Section Manager Melissa Ladrech, LMFT	Staff Development: System Navigation	1.5	All Staff
July 11	Master Clinical Supervision Series Audrey Boggs, PhD	Specialty: Clinical Supervision	1.5	Health Managers & Clinical Specialists
Aug 3	Safety with Clients: Intuition, De-Escalation, & Home Visits Angela Avery, Safety Coordinator Waid Allred, SCSS Stephanie Meyler, LCSW	Staff Development: Field Safety	1.5	All Staff
Aug 15	DBT: Skills Group Facilitator Training – Session 1A Melissa Ladrech, LMFT Laura Porter, LMFT	Specialty: Evidence-Based Practice	1.5	Selected Staff
Aug 18	DBT: Skills Group Facilitator Training – Session 1B Melissa Ladrech, LMFT Laura Porter, LMFT	Specialty: Evidence-Based Practice	1.5	Selected Staff
Aug 22	DBT: Skills Group Facilitator Training – Session 2A Melissa Ladrech, LMFT Laura Porter, LMFT	Specialty: Evidence-Based Practice	1.5	Selected Staff
Aug 25	DBT: Skills Group Facilitator Training – Session 2B Melissa Ladrech, LMFT Laura Porter, LMFT	Specialty: Evidence-Based Practice	1.5	Selected Staff
Aug 29	DBT: Skills Group Facilitator Training – Session 3A Melissa Ladrech, LMFT Laura Porter, LMFT	Specialty: Evidence-Based Practice	1.5	Selected Staff
Sept 1	DBT: Skills Group Facilitator Training – Session 3B Melissa Ladrech, LMFT Laura Porter, LMFT	Specialty: Evidence-Based Practice	1.5	Selected Staff
Sept 7	Assessing and Managing Suicide Risk Katie Bivin, LMFT Melissa Ladrech, LMFT	Specialty: Best Practices	8.0	Clinical Staff
Sept 12	Master Clinical Supervision Series Audrey Boggs, PhD	Specialty: Clinical Supervision	1.5	Health Managers &

Date	Training Topic and Facilitator(s)	Type of Training	CEUs #of Hours	Target Audience
Sept 28	Documentation Training Audrey Boggs, PhD	Staff Development: Documentation	3.5	All Clinical Staff
Oct 5	5150 Training Michael Kozart, MD Tamara Winer, PRA	Specialty: Patients' Rights & 5150 Certification	3.0	Selected Clinical Staff
Oct 10	Overview of Psychiatric Rehabilitation Approach Deborah Nicolellis, MS, CRC, CPRP	Staff Development: Evidence-Based Practice	4.0	All Staff & Contractors
Oct 11	Psychiatric Rehabilitation Approach: Managers and Supervisors Deborah Nicolellis, MS, CRC, CPRP	Specialty: Evidence-Based – Supervision	4.0	Health Managers & Clinical Specialists
Oct 12	Psychiatric Rehabilitation Approach: Managers and Supervisors Deborah Nicolellis, MS, CRC, CPRP	Specialty: Evidence-Based – Supervision	4.0	Health Managers & Clinical Specialists
Oct 13	Psychiatric Rehabilitation Approach: Readiness Assessment and Development – Day 1 Cohort A Deborah Nicolellis, MS, CRC, CPRP	Specialty: Evidence-Based Practice	8.0	Selected Staff & Contractors
Oct 14	Psychiatric Rehabilitation Approach: Readiness Assessment and Development – Day 2 Cohort A Deborah Nicolellis, MS, CRC, CPRP	Specialty: Evidence-Based Practice	8.0	Selected Staff & Contractors
Oct 17	Psychiatric Rehabilitation Approach: Readiness Assessment and Development – Day 1 Cohort B Deborah Nicolellis, MS, CRC, CPRP	Specialty: Evidence-Based Practice	8.0	Selected Staff & Contractors
Oct 18	Psychiatric Rehabilitation Approach: Readiness Assessment and Development – Day 2 Cohort B Deborah Nicolellis, MS, CRC, CPRP	Specialty: Evidence-Based Practice	8.0	Selected Staff & Contractors
Oct 27	Outreach Efforts Susan Castillo, Section Manager Cruz Cavallo, LMFT	Community Mental Health Lecture: System Navigation	1.5	Interested Staff & Community
Nov 7	DBT: Skills Group Facilitator Training – Session 4A Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence-Based Practice	1.5	Selected Staff
Nov 10	DBT: Skills Group Facilitator Training – Session 4B Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence-Based Practice	1.5	Selected Staff
Nov 11	Psychiatric Rehabilitation Approach: Webinar – Cohort A Deborah Nicolellis, MS, CRC, CPRP	Specialty: Evidence-Based Practice	1.5	Selected Staff & Contractors
Nov 12	Psychiatric Rehabilitation Approach: Webinar – Cohort B Deborah Nicolellis, MS, CRC, CPRP	Specialty: Evidence-Based Practice	1.5	Selected Staff & Contractors

Date	Training Topic and Facilitator(s)	Type of Training	CEUs #of Hours	Target Audience
Nov 14	Master Clinical Supervision Series Audrey Boggs, PhD	Specialty: Clinical Supervision	1.5	Health Managers & Clinical Specialists
Nov 14	Psychiatric Rehabilitation Approach: Readiness Development and Choosing Overview Deborah Nicolellis, MS, CRC, CPRP	Specialty: Evidence-Based Practice	4.0	Selected Staff & Contractors
Nov 15	Psychiatric Rehabilitation Approach: Readiness Development and Choosing – Day 1 Cohort A Deborah Nicolellis, MS, CRC, CPRP	Specialty: Evidence-Based Practice	8.0	Selected Staff & Contractors
Nov 16	Psychiatric Rehabilitation Approach: Readiness Development and Choosing – Day 2 Cohort A Deborah Nicolellis, MS, CRC, CPRP	Specialty: Evidence-Based Practice	8.0	Selected Staff & Contractors
Nov 17	Psychiatric Rehabilitation Approach: Readiness Development and Choosing – Day 1 Cohort B Deborah Nicolellis, MS, CRC, CPRP	Specialty: Evidence-Based Practice	8.0	Selected Staff & Contractors
Nov 18	Psychiatric Rehabilitation Approach: Readiness Development and Choosing – Day 2 Cohort B Deborah Nicolellis, MS, CRC, CPRP	Specialty: Evidence-Based Practice	8.0	Selected Staff & Contractors
Nov 28	DBT: Skills Group Facilitator Training – Session 5A Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence-Based Practice	1.5	Selected Staff
Nov 30	DSM-5 Kristin Dempsey, CIBHS	Staff Development: Diagnostics	8.0	All Clinical Staff & Contractors
Dec 1	DBT: Skills Group Facilitator Training – Session 5B Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence-Based Practice	1.5	Selected Staff
Dec 5	DBT: Skills Group Facilitator Training – Session 6A Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence-Based Practice	1.5	Selected Staff
Dec 7	Gender & Sexuality Javier Riviera, Positive Images	Staff Development: Cultural Competency	2.0	All Staff, including clerical & admin
Dec 8	5150 Training Michael Kozart, MD and Tamara Winer, LCSW, PRA	Specialty: Patients' Rights and 5150 Certification	3.0	Licensed Clinicians and Registered Interns

Date	Training Topic and Facilitator(s)	Type of Training	CEUs #of Hours	Target Audience
Dec 8	DBT Facilitator Training: Session 6B Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence-Based Practice	1.5	Selected Staff
Dec 12	DBT Facilitator Training: Session 7A Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence-Based Practice	1.5	Selected Staff
Dec 13	PRA Webinar Deborah Nicolellis, MS, CRC, CPRP	Specialty: Evidence-Based Practice	2.0	Selected Staff: PRA Cohort A
Dec 14	PRA Webinar Deborah Nicolellis, MS, CRC, CPRP	Specialty: Evidence-Based Practice	2.0	Selected Staff: PRA Cohort B
Dec 15	DBT Facilitator Training: Session 7B Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence-Based Practice	1.5	Selected Staff
Dec 19	DBT Facilitator Training: Session 8A Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence-Based Practice	1.5	Selected Staff
Dec 22	DBT Facilitator Training: Session 8B Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence-Based Practice	1.5	Selected Staff
Jan 9	DBT Facilitator Training: Session 9A Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence-Based Practice	1.5	Selected Staff
Jan 9	Master Clinical Supervision Series: Session VII Audrey Boggs, Psy.D.	Specialty: Clinical Supervision	1.5	Health Managers and Clinical Specialists
Jan 10	Team Training YFS: Documentation Wendy Wheelwright, LMFT	Staff Development: Documentation	1.0	YFS Teams
Jan 11	Minor Consent Linda Garrett, JD	Staff Development: Legal Compliance	3.0	All Staff working with Youth
Jan 12	DBT Facilitator Training: Session 9B Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence-Based Practice	1.5	Selected Staff
Jan 23	DBT Facilitator Training: Session 10A Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence-Based Practice	1.5	Selected Staff
Jan 26	Cultural Responsiveness Committee: Mental Health Recovery Peer Panel	Staff Development: Recovery Model	1.5	All staff welcome
Jan 26	DBT Facilitator Training: Session 10B Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence Based Practice	1.5	Selected Staff
Jan 26	CMHL: Let's Take A Walk On The Wild Side – The Human Animal Bond Dr. Gillian Squirrel	Community Mental Health Lecture: Homeless Outreach	1.5	Staff and Public welcome

Date	Training Topic and Facilitator(s)	Type of Training	CEUs #of Hours	Target Audience
Jan 30	DBT Facilitator Training: Session 11A Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence Based Practice	1.5	Selected Staff
Feb 1	Law & Ethics Linda Garrett, JD	Staff Development: Legal Compliance	4.0	All Staff (not clerical/admin)
Feb 2	Team Training CSU: DSM5 Wendy Wheelwright, LMFT	Staff Development: Diagnostics	1.0	CSU Staff
Feb 2	Team Training FACT: DSM5 Wendy Wheelwright, LMFT	Staff Development: Diagnostics	1.0	FACT Staff
Feb 2	DBT Facilitator Training: Session 11B Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence Based Practice	1.5	Selected Staff
Feb 6	Psychiatric Rehabilitation Approach, Cohort A: Implementation Planning Deborah Nicolellis, MS, CRC, CPRP	Specialty: Evidence Based Practice	4.0	Selected Staff
Feb 6	Psychiatric Rehabilitation Approach, Cohort B: Implementation Planning Deborah Nicolellis, MS, CRC, CPRP	Specialty: Evidence Based Practice	4.0	Selected Staff
Feb 6	Team Training CSU: DSM5 Wendy Wheelwright, LMFT	Staff Development: Diagnostics	1.0	CSU Staff
Feb 7	Psychiatric Rehabilitation Approach, Cohort A: Functional Assessment Deborah Nicolellis, MS, CRC, CPRP	Specialty: Evidence Based Practice	8.0	Selected Staff
Feb 8	Psychiatric Rehabilitation Approach, Cohort A: Functional Assessment Deborah Nicolellis, MS, CRC, CPRP	Specialty: Evidence Based Practice	8.0	Selected Staff
Feb 9	Psychiatric Rehabilitation Approach, Cohort B: Functional Assessment Deborah Nicolellis, MS, CRC, CPRP	Specialty: Evidence Based Practice	8.0	Selected Staff
Feb 10	Psychiatric Rehabilitation Approach, Cohort B: Functional Assessment Deborah Nicolellis, MS, CRC, CPRP	Specialty: Evidence Based Practice	8.0	Selected Staff
Feb 15	Team Training MADF: DSM5 Wendy Wheelwright, LMFT	Staff Development: Diagnostics	2.0	MADF Staff
Feb 23	Team Training Access: DSM5 Wendy Wheelwright, LMFT	Staff Development: Diagnostics	2.0	Access Team Staff
Feb 23	CMHL: Human Sexuality in the Context of Mental Health Recovery Wendy Wheelwright, LMFT	Community Mental Health Lecture: Integrated Health	1.5	Staff and Public welcome
Feb 24	Assessing and Managing Suicide Risk Cruz Lopez, LMFT Melissa Ladrech, LMFT	Specialty: Best Practices	8.0	Staff and Community Partners
Feb 27	DBT Facilitator Training: Session 12A Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence Based Practice	1.5	Selected Staff
Feb 28	Psychiatric Rehabilitation Approach: Webinar Deborah Nicolellis, MS, CRC, CPRP	Specialty: Evidence Based Practice	2.0	Selected Staff

Date	Training Topic and Facilitator(s)	Type of Training	CEUs #of Hours	Target Audience
Mar 1	Peer Perspectives: Releasing Hope Susan Standen	Staff Development: Peer Perspective/Cultural Responsiveness	2.0	All Staff
Mar 2	Team Training FACT: Documentation Wendy Wheelwright, LMFT	Staff Development: Documentation	1.0	FACT Staff
Mar 2	Psychiatric Rehabilitation Approach: Webinar Deborah Nicolellis, MS, CRC, CPRP	Specialty: Evidence Based Practice	2.0	Selected Staff
Mar 2	DBT Facilitator Training: Session 12B Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence Based Practice	1.5	Selected Staff
Mar 2	Team Training Access: Documentation Wendy Wheelwright, LMFT	Staff Development: Documentation	1.5	Access Team Staff
Mar 13	Psychiatric Rehabilitation Approach, Cohort A: Implementation Planning Deborah Nicolellis, MS, CRC, CPRP	Specialty: Evidence Based Practice	4.0	Selected Staff
Mar 13	Psychiatric Rehabilitation Approach, Cohort B: Implementation Planning Deborah Nicolellis, MS, CRC, CPRP	Specialty: Evidence Based Practice	4.0	Selected Staff
Mar 14	Psychiatric Rehabilitation Approach, Cohort A: Direct Skills Teaching Deborah Nicolellis, MS, CRC, CPRP	Specialty: Evidence Based Practice	8.0	Selected Staff
Mar 14	Team Training YFS: DSM5 Wendy Wheelwright, LMFT	Staff Development: Diagnostics	1.0	YFS Staff
Mar 15	Psychiatric Rehabilitation Approach, Cohort A: Direct Skills Teaching Deborah Nicolellis, MS, CRC, CPRP	Specialty: Evidence Based Practice	8.0	Selected Staff
Mar 16	Psychiatric Rehabilitation Approach, Cohort B: Direct Skills Teaching Deborah Nicolellis, MS, CRC, CPRP	Specialty: Evidence Based Practice	8.0	Selected Staff
Mar 17	Psychiatric Rehabilitation Approach, Cohort B: Direct Skills Teaching Deborah Nicolellis, MS, CRC, CPRP	Specialty: Evidence Based Practice	8.0	Selected Staff
Mar 20	DBT Facilitator Training: Didactic Session 1A Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence Based Practice	1.5	Selected Staff
Mar 22	Contractor Training Seneca: DSM5 Wendy Wheelwright, LMFT	Contractor Staff Development: Diagnostics	2.0	Seneca Staff
Mar 22	Team Training MST: DSM5 & Documentation Wendy Wheelwright, LMFT	Staff Development: Diagnostics & Documentation	1.0	MST Staff
Mar 23	Cultural Responsiveness Committee: HIV Meghan Murphy, MSW	Staff Development: HIV Best Practices	1.5	All Staff welcome

Date	Training Topic and Facilitator(s)	Type of Training	CEUs #of Hours	Target Audience
Mar 23	DBT Facilitator Training: Didactic Session 1B Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence Based Practice	1.5	Selected Staff
Mar 23	Team Training MSM: DSM5 Wendy Wheelwright, LMFT	Staff Development: Diagnostics	1.0	Medical Staff
Mar 23	CMHL: The Impact of HIV on Sex and Sexuality Meghan Murphy, MSW	Community Mental Health Lecture: HIV & Integrated Health	1.5	Staff and Public welcome
Mar 27	DBT Facilitator Training: Consultation Session 1A Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence Based Practice	1.0	Selected Staff
Mar 30	DBT Facilitator Training: Consultation Session 1B Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence Based Practice	1.0	Selected Staff
Mar 30	Team Training Access: Documentation Wendy Wheelwright, LMFT	Staff Development: Documentation	1.0	Access Team Staff
Apr 3	DBT Facilitator Training: Didactic Session 2A Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence Based Practice	1.5	Selected Staff
Apr 4	Team Training YFS: Documentation Wendy Wheelwright, LMFT	Staff Development: Documentation	1.5	YFS Staff
Apr 5	Cultural Competency: Working with Latino Communities Latino Service Providers	Staff Development: Cultural Responsiveness	1.5	All Staff
Apr 5	5150 Training Michael Kozart, MD and Tamara Winer, LCSW, PRA	Specialty: Patients' Rights and 5150 Certification	3.5	Licensed Clinicians and Registered Interns
Apr 6	DBT Facilitator Training: Didactic Session 2B Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence Based Practice	1.5	Selected Staff
Apr 7	Team Training IHT: Documentation Wendy Wheelwright, LMFT	Staff Development: Documentation	1.0	IHT Staff
Apr 10	DBT Facilitator Training: Consultation Session 2A Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence Based Practice	1.0	Selected Staff
Apr 11	Team Training CAPE: DSM5 & Documentation Wendy Wheelwright, LMFT	Staff Development: Diagnostics & Documentation	1.0	CAPE Staff
Apr 13	Team Training OAT: Documentation Wendy Wheelwright, LMFT	Staff Development: Documentation	1.0	OAT Staff

Date	Training Topic and Facilitator(s)	Type of Training	CEUs #of Hours	Target Audience
Apr 13	DBT Facilitator Training: Consultation Session 2B Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence Based Practice	1.0	Selected Staff
Apr 17	DBT Facilitator Training: Didactic Session 3A Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence Based Practice	1.5	Selected Staff
Apr 18	Psychiatric Rehabilitation Approach: Webinar Deborah Nicolellis, MS, CRC, CPRP	Specialty: Evidence Based Practice	1.5	Selected Staff
Apr 19	Psychiatric Rehabilitation Approach: Webinar Deborah Nicolellis, MS, CRC, CPRP	Specialty: Evidence Based Practice	1.5	Selected Staff
Apr 20	DBT Facilitator Training: Didactic Session 3B Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence Based Practice	1.5	Selected Staff
Apr 24	DBT Facilitator Training: Consultation Session 3A Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence Based Practice	1.0	Selected Staff
Apr 27	DBT Facilitator Training: Consultation Session 3B Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence Based Practice	1.0	Selected Staff
Apr 27	CMHL: Human Sexuality – Understanding Sexual Pleasure Dr. Daniela Dominguez, Ph.D.	Community Mental Health Lecture: Integrated Health	1.5	Staff and Public welcome
May 1	DBT Facilitator Training: Didactic Session 4A Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence Based Practice	1.5	Selected Staff
May 3	Compassion Fatigue Sean Kelson, Meghan Murphy, Jane Paul, & Wendy Wheelwright	Staff Development: Self-Care	1.5	All Staff welcome
May 4	DBT Facilitator Training: Didactic Session 4B Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence Based Practice	1.5	Selected Staff
May 8	DBT Facilitator Training: Consultation Session 4A Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence Based Practice	1.0	Selected Staff
May 8	Master Clinical Supervision Series: Session VIII Wendy Wheelwright, LMFT	Specialty: Clinical Supervision	1.5	Health Managers and Clinical Specialists

Date	Training Topic and Facilitator(s)	Type of Training	CEUs #of Hours	Target Audience
May 9	BH Roundtable Christina Amarant, LMFT	Contractor Development: CCR	3.0	Foster Family Agencies
May 9	BH Roundtable Christina Amarant, LMFT	Contractor Development: CCR	3.0	Short Term Residential Treatment Programs
May 11	DBT Facilitator Training: Consultation Session 4B Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence Based Practice	1.0	Selected Staff
May 15	Psychiatric Rehabilitation Approach, Cohort A: Implementation Planning Deborah Nicolellis, MS, CRC, CPRP	Specialty: Evidence Based Practice	4.0	Selected Staff
May 15	Psychiatric Rehabilitation Approach, Cohort B: Implementation Planning Deborah Nicolellis, MS, CRC, CPRP	Specialty: Evidence Based Practice	4.0	Selected Staff
May 16	Psychiatric Rehabilitation Approach, Cohort B: Resource Development and Assessment Deborah Nicolellis, MS, CRC, CPRP	Specialty: Evidence Based Practice	8.0	Selected Staff
May 17	Psychiatric Rehabilitation Approach, Cohort A: Resource Development and Assessment Deborah Nicolellis, MS, CRC, CPRP	Specialty: Evidence Based Practice	8.0	Selected Staff
May 18	Psychiatric Rehabilitation Approach: Training for Trainers Deborah Nicolellis, MS, CRC, CPRP	Specialty: Evidence Based Practice	8.0	Selected Staff
May 19	Psychiatric Rehabilitation Approach: Training for Trainers Deborah Nicolellis, MS, CRC, CPRP	Specialty: Evidence Based Practice	8.0	Selected Staff
May 19	Assessing and Managing Suicide Risk Melissa Ladrech, LMFT Patricia Mills, LMFT	Specialty: Best Practices	8.0	Selected Staff and Contractors
May 22	DBT Facilitator Training: Didactic Session 5A Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence Based Practice	1.5	Selected Staff
May 25	DBT Facilitator Training: Didactic Session 5B Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence Based Practice	1.5	Selected Staff
May 25	CMHL: Human Sexuality – Transgender Medicine Dr. Suegee Tamar-Mattis, MD Dr. Shawn Giamattei, PhD	Community Mental Health Lecture: Integrated Health	1.5	Staff and Public welcome

Date	Training Topic and Facilitator(s)	Type of Training	CEUs #of Hours	Target Audience
May 30	Mental Health First Aid Cruz Lopez, LMFT Melissa Ladrech, LMFT	Specialty: Best Practices	4.0	Community Providers, Educators, Family Members, Law Enforcement, Interested Public
May 31	Mental Health First Aid Cruz Lopez, LMFT Melissa Ladrech, LMFT	Specialty: Best Practices	4.0	Community Providers, Educators, Family Members, Law Enforcement, Interested Public
Jun 5	DBT Facilitator Training: Consultation Session 5A Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence Based Practice	1.0	Selected Staff
Jun 7	ACEs and Resiliency Grace Harris, LMFT	Staff Development: Trauma-Informed Care	2.0	All Staff welcome
Jun 8	DBT Facilitator Training: Consultation Session 5B Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence Based Practice	1.0	Selected Staff
Jun 12	DBT Facilitator Training: Didactic Session 6A Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence Based Practice	1.5	Selected Staff
Jun 13	Psychiatric Rehabilitation Approach: Webinar Deborah Nicolellis, MS, CRC, CPRP	Specialty: Evidence Based Practice	1.5	Selected Staff
Jun 14	Psychiatric Rehabilitation Approach: Webinar Deborah Nicolellis, MS, CRC, CPRP	Specialty: Evidence Based Practice	1.5	Selected Staff
Jun 15	DBT Facilitator Training: Didactic Session 6B Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence Based Practice	1.5	Selected Staff
Jun 19	DBT Facilitator Training: Consultation Session 6A Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence Based Practice	1.0	Selected Staff
Jun 22	DBT Facilitator Training: Consultation Session 6A Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence Based Practice	1.0	Selected Staff

Date	Training Topic and Facilitator(s)	Type of Training	CEUs #of Hours	Target Audience
Jun 22	CMHL: AA Sonoma County Public Information and Cooperation with the Professional Communities Committee	Community Mental Health Lecture: Substance Use Disorder Treatment	1.5	Staff and Public welcome
Jun 26	DBT Facilitator Training: Didactic Session 7A Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence Based Practice	1.5	Selected Staff
Jun 29	DBT Facilitator Training: Didactic Session 7B Wendy Wheelwright, LMFT Laura Porter, LMFT	Specialty: Evidence Based Practice	1.5	Selected Staff

SECTION 8: QUALITY IMPROVEMENT COMMITTEE HIGHLIGHTS

Topic	Activities
Development of new PIP: Enhancing Mental Health Outcomes to Reduce Recidivism	QIC members spent time during several meetings to focus on the topic: holes in the continuum of care for adult services. Members identified the need to look at jail recidivism, as our data shows an average of 42 days between jail episodes. QIC members expressed concern that consumers who are released from jail are experiencing difficulty connecting with MH services. They suggested a jail navigator who could help connect consumers with services upon release. The discussion resulted in the development of a new Clinical PIP: Enhancing Mental Health Outcomes to Reduce Recidivism.
Client Belongings Subcommittee	The Client Belongings Subcommittee developed a protocol regarding client belongings (to include personal belongings, money, and pets) for when a client is admitted to or discharged from CSU, a hospital, or a new placement. Subcommittee members also worked on an advance directive project with the Older Adult Team so that SCBH clients can receive assistance with end of life planning. The subcommittee worked with Susan Keller, consultant, in creating Advance Directive forms. Peers were invited as advisory readers and also conducted pilot testing. Documents were approved by QIP. Advance Directive and MH Crisis Plan forms were printed. Training of providers will start in October 2017.
Board and Care Subcommittee	The Board and Care (B&C) subcommittee was created to develop a supportive coalition of B&C operators for educational and networking purposes. The subcommittee developed a needs survey for B&C operators, conducted interviews with B&C operators, and held several B&C coalition gatherings. The committee identified common themes that emanated from the B&C interviews, and that were addressed at the coalition meetings. The

Topic	Activities
	themes were shared with QIC, and concerns were taken to QIP. B&C operators brainstormed and generated topics that they would like to discuss at future coalition meetings. The B&C coalition meetings continue to be held every other month at the board and care facilities. Topics have included: a resource fair; nutrition, food and health; and substance and alcohol use. The B&C coalition identified a need for an information feedback loop for better communication and empowerment. SCBH assigned a Program Manager to act as a liaison between the B&C coalition and SCBH administration so that any concerns can be addressed. Future activities include holding consumer groups at the board and care facilities.
Seclusion and Restraint Subcommittee	A new Seclusion and Restraint policy was developed based on QIC recommendations. It incorporates relevant Mandt training information, trauma-informed language, and current laws. The policy was brought to QIP for review and approval. The subcommittee revised forms and aligned them with the new trauma-informed policy. Staff will be trained on the new policy, procedures and forms.
CSU Satisfaction Survey	The CSU Client Satisfaction Survey was developed by a subcommittee of QIC and CSU staff. The survey form was approved by QIP. A survey is given to each client just prior to discharge from CSU. Completion of the survey is voluntary and anonymous. There is a check box if the client would like a peer support staff to call to assist with completing the form. The client puts the survey into a locked drop box in the CSU lobby upon leaving CSU. An aggregated report is generated quarterly, and shared with QIC, CSU staff, and QIP. Program improvement activities are developed based on the feedback received.
Overview of Youth Continuum of Care Reform (CCR)	SCBH Youth & Family Section Manager presented an overview of CCR AB 403, and the referral flow chart for Youth & Family Services. The purpose of CCR is to provide MH screening, new services including home-based services, increased frequency and duration of services, collaboration between agencies. Handouts were reviewed with QIC members: Fundamental Principles of CCR, CCR Newsflash, CCR Toolkit for Youth. QIC members were given an opportunity to ask questions and discuss the impacts to our youth system of care.
QIC Membership	QIC reviewed the State requirements related to QIC membership and activities. The committee determined that more representation from children/youth staff and contractors was needed, so efforts were made to recruit interested members. A Youth & Family

Topic	Activities
	Services Program Manager and a youth contractor were added to the membership. QIC members oversee and provide input on the QI Workplan, and bring and disseminate concerns and information back to community members.
MHSA 3-Year Planning Process	The MHSA Coordinator reviewed the MHSA 3-Year Planning process, which was developed and is overseen by an advisory committee. QIC members asked questions and commented on the priority areas of the plan. As part of the plan, the *Community Input Survey for Sonoma County Behavioral Health Division's 3-Year MHSA Integrated Plan* were provided to all QIC members. The goal is to have 400 completed surveys submitted by community members. A No Place like Home Committee with consumer representation is being developed. The Whole Person Grant will expand CIP services and connect people to mental health, substance use disorder and medical services.
Patients' Rights Advocate Subcommittee	A Patients' Rights Advocate subcommittee was formed and will meet monthly. One of the first tasks will be to create a brochure that can be disseminated to law enforcement and other community agencies to offer communication scripts during a crisis, i.e., how to work with individuals and families in crisis.
Access to Services Subcommittee	An Access to Services subcommittee was formed that will meet monthly. One concern is the number of no shows for assessment appointments at Access. The subcommittee plans to create a document or brochure, "What to expect at your appointment." It will contain information, resources, and phone numbers to guide people in accessing services, and help them deal with obstacles. Another activity will be to look focus on system transformation to avert crisis.
Updates to Drug-Medi-Cal	The Drug Medi-Cal Program Manager and the SCBH Administrative Services Officer reported on the implementation of Drug Medi-Cal. SUDS Monitoring Reviews will be presented to QIC. QIC members were provided an opportunity to ask questions, voice concerns, and provide input. QIC members were provided with a link to the – *County of Sonoma DMC ODS (Organized Delivery System) Implementation Plan* at: http://www.sonoma-county.org/health/about/pdf/dmc-ods-waiver-implementation-plan.pdf
Internal Cultural Responsiveness Survey Data	The Workforce Education and Training Coordinator reviewed the Internal Cultural Responsiveness Survey Data report. QIC members were provided an opportunity to ask questions, discuss

Topic	Activities
	highlights of the report, and provide input regarding areas for improvement.
	The survey was sent to Administrative/Clerical staff, Clinical staff, and Managers. There was a 75% response rate. Some highlights of the report were:
	Administrative: strongest area: comfortable in asking for help; weakest: how to use interpreter phone system and training issues
	Clinical: strongest area: "I am aware that being born a minority in this society brings with it certain challenges that White people do not have to face;" weakest is working with LGBTQ population-- more training.
	Managers: strongest area: community outreach and engagement; weakest: diverse décor at facilities and training in understanding immigration laws, etc.