

# Behavioral Health Services Review of BOS Performance Audit

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# BHS Audits are Opportunities for Improvement

- > Audits drive continuous quality improvement
- Long standing experience with audits and assessments
- Both required and voluntary evaluations
- > Provide valuable insights, measurement and direction for improvement

### **BHS Audits and Assessments/Evaluations**

#### **Required State/DHCS Audits**

- Annual California External Quality Review Organization (CalEQRO)
- Triennial State Department of Health Care Services (DHCS)
- Annual State Department of Health Care Services (DHCS)

#### **Voluntary Audits and Assessments – from 2014-present**

- ZSFG Psychiatry
- Jail Health and ZSFG Forensic Unit Behavioral Health Services
- Laguna Honda Hospital Psychiatric Services
- Acute Adult Psychiatric System
- New Strategic Plan for Utilization Management by the County Mental Health Plan
- Compliance audit of documentation and claims (Ongoing)

#### **Other Reviews**

Civil Grand Jury Report on Crisis Intervention: Bridging Police and Public Health

## **BHS** Recent Accomplishments

- ➤ 95% compliance rating for San Francisco County Mental Health Plan from State (2017), including Access and Quality standards
- More than 90% of clients reporting satisfaction with BHS services, from Consumer Perception/Satisfaction Survey (DHCS)
- > Two Mayor's Office Data and Innovation Awards for use of data to support improved client care and care coordination (2018)
- Nationally recognized leader in trauma-informed systems and genderspecific behavioral health services

## **BOS Performance Audit of BHS**

- Conducted Aug 2017 April 2018
- Covered fiscal years 2010-2011 to 2016-2017
- 15 recommendations
- ❖ SFDPH agrees with the recommendations in concept and for continuing improvement
- SFDPH does not agree with all of the conclusions in the report
- SFDPH has several quality improvement activities underway that address and precede the BOS audit findings

# **BOS Audit Top 5 Recommendations**

- **1. CBO performance**: Monitor and support to improve productivity, assess service demand and supply across system
- **2. Civil service performance**: Documentation training, performance monitoring and corrective action
- 3. Transition intensive case management (ICM) clients to lower level of care; Monitor waitlist
- **4. ICM waitlist and utilization management**: Assess unmet needs and increase staff
- **5. PES discharges**: Referrals to outpatient care, access to care and advance notice of discharge

#### **Behavioral Health Service Providers' Performance**

#### Recommendation #1

**CBO performance:** Monitor and support to improve productivity, assess service demand and supply across system

#### **SFDPH-BHS** Response – Ongoing Improvement Work

#### **Monitoring**

✓ Annual program reviews and random audits

#### **Documentation**

- ✓ Improved documentation through Documentation Specialist, new Documentation Manual & Reference Guides, Training (300+) and Technical Assistance
- ✓ New Evaluation of Quality Assurance plans for all CBOs, focused on chart reviews

#### **Supply/Demand**

✓ Real-time performance analysis, using Tableau (Business Intelligence Software)

#### **Behavioral Health Service Providers' Performance**

#### Recommendation #2

**Civil service performance:** Documentation training, performance monitoring and corrective action

#### **SFDPH-BHS** Response – Ongoing Improvement Work

#### **Monitoring**

- ✓ Annual program reviews and random audits
- ✓ Real-time performance analysis, using Tableau (Business Intelligence Software)

#### **Documentation**

- ✓ Improved documentation through Documentation Specialist, new Documentation Manual & Reference Guides, Training (300+) and Technical Assistance
- ✓ New audit tools and documentation monitoring program for all Civil Service Clinics

Flow: Intensive Case Management

#### Recommendation #3

- > Transition intensive case management (ICM) clients to lower level of care
- Monitor waitlist

#### **SFDPH-BHS** Response – Ongoing Improvement Work

- ✓ New BHS Performance Improvement Project with State DHCS focused on flow of clients from ICM to outpatient and capacity of step-down services
- ✓ Secured MHSA Innovation Project funding to support ICM to outpatient transition with peer navigators

Flow: Intensive Case Management

#### Recommendation #4

- ICM waitlist and utilization management
- Assess unmet needs and increase staff

#### **SFDPH-BHS** Response – Ongoing Improvement Work

- ✓ Full review of all 1,400 ICM cases, including definition, admission & discharge criteria, and all current cases for level of care assessment
- ✓ Launching a new Transition Age Youth (TAY) System of Care Full Service Partnership/ICM this year for up to 40 clients
- ✓ Opening more than 200 ICM slots this year, centralizing utilization through Transitions

Flow: PES Discharges

#### Recommendation #5

#### PES discharges:

referrals to outpatient care, access to care and advance notice of discharge

#### **SFDPH-BHS** Response – Ongoing Improvement Work

- ✓ Bringing linkages directly to PES
- PES staff supported with Linkage Social Worker and Dore Urgent Care Center evaluator on site
- Warm handoffs from PES to Hummingbird Place
- ✓ Protocols for notification from PES and Inpatient Unit to community providers for transition of BHS clients
- ✓ Improving the medical record to make clearer the discharge destination and support communication to receiving providers. Epic will allow more medical record improvements.

# **Civil Grand Jury Report**

# Crisis Intervention: Bridging Police and Public Health DPH Recommendations

- 1. Complete hiring of Crisis Intervention Specialists (5)
- 2. Review and update MOU with SFPD
- DPH/BHS leadership & Crisis Intervention Team Work Group meet regularly
- 4. Hire 5 additional Crisis Intervention Specialists

## **QUESTIONS?**