

Attachment A

**Santa Barbara County Alcohol, Drug & Mental Health Services
Semi-Annual Performance Indicators for the Board of Supervisors**

Monitoring metrics and conducting outcome evaluation are critical components to determining the effectiveness of services, ensuring quality care for clients, and assisting the organization with policy decisions and resource allocation. ADMHS has an extensive 3-year evaluation plan detailing the systemic, programmatic and individual level outcomes that will demonstrate client improvement and system progress toward system transformation. ADMHS will provide updates on the evaluation plan annually. Additionally, ADMHS has prepared a summary below of key departmental metrics at the request of the Board.

Client CareClients Served by the System

- The number of unique clients, both Mental Health and Alcohol & Drug Programs, served by age group, ethnicity and region of the county.
 - Data are drawn from admission and service information entered into ShareCare.

Crisis Service Utilization

- The number of clients served by the Crisis Stabilization Unit in South County and the Crisis Residential Units in North and South County. Additional data for the North County CSU will be added when that service is initiated.
 - Data are drawn from admissions entered into ShareCare by support and clinical staff.
- The percent of clients stabilized at the Crisis Stabilization Unit (CSU) without needing a higher level of care within 30 days.
 - Data are drawn from the CSU discharged date and any subsequent hospital admission date entered into ShareCare in the 30 days following the CSU service.
- The number of crisis services provided in the community and in the hospital emergency rooms by ADMHS Mobile Crisis and Triage Teams by region.
 - Service data are entered by clinicians into Clinician's Gateway as progress notes. Clinicians designate the service location in the progress note.

Timeliness to Care

- The time from admission to ADMHS to the first psychiatric appointment.
 - Admission date and first progress note by a psychiatrist are drawn from ShareCare. ADMHS measures the mean, median and mode wait time.
- The time from contact with the 24-hour Access line to first Specialty Mental Health Service (SMHS).
 - Date of contact with the Access Line and first progress note for a Specialty Mental Health Service are drawn from ShareCare and Clinician's Gateway. ADMHS measures the mean, median and mode wait time.
- The percent of clients presenting with Urgent needs on the ADMHS 24-hour Access Line that are seen face-to-face within 24 hours.
 - Calls for services to the ADMHS 24-hour Access Line are logged in ShareCare with a designation of "Urgent". The date and time of first service provided post-Urgent call is stored electronically for reporting.

Client Outcomes

- The percent of adult clients demonstrating improved recovery, as measured by the Milestones of Recovery Scale (MORS).
 - MORS data are entered into Clinician's Gateway by clinicians for adult clients.
 - The MORS is an 8-item recovery-based tool for identifying stage of recovery used to evaluate effectiveness in helping clients to recover, and assign clients to appropriate levels

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of care based on a person-centered assessment of where they are in the recovery process rather than an illness-centered assessment. Clients in the Adult System of Care will receive a MORS score at intake and every 6 months until discharge from the system. Clients in ACT and Supported Housing programs will receive a MORS every month due to the higher level of care need for monitoring progress.

- The percent of youth clients demonstrating positive change on the Child and Adolescent Needs & Strengths (CANS).
 - CANS data are entered into Clinician's Gateway by clinicians for child clients.
 - The Child and Adolescent Needs and Strengths (CANS) is a multi-purpose communication tool developed for children's services to identify current needs and strengths of the child and family, support treatment planning, facilitate quality improvement initiatives, and monitor client outcomes. The CANS allows for the effective communication with the client/family and other service providers to accurately represent the shared vision for the client's recovery. The CANS measures life functioning, child strengths, school attendance/behavior, caregiver strengths/needs, behavioral/emotional needs and child risk behaviors. There are also in-depth modules related to trauma, violence, runaway behavior and substance abuse. Each child will receive a CANS assessment at intake and every 6 months until discharge from the system.

Inpatient Utilization

- The number of psychiatric hospital admissions for Medi-Cal beneficiaries known to ADMHS by age group, ethnicity and region of the county.
 - ADMHS monitors the psychiatric hospital admissions for clients open to ADMHS and Medi-Cal beneficiaries that become hospitalized prior to admission to ADMHS. Hospital Admission data is available for the Psychiatric Health Facility and all other out-of-county hospitals that report admissions to ADMHS.
- The percent of clients receiving a Specialty Mental Health Service within 10 days of psychiatric hospital discharge.
 - The 10-day metric is pending a decision by the Department of Health Care Services as to whether counties should measure this variable as within 7 days or 10 days of discharge from the hospital.
 - The time between hospital discharge date and first progress note are measured by the information entered into ShareCare and Clinician's Gateway.

Staff Accountability

Client Service Provision

- The total number and average number of face-to-face services provided by case-carry clinical staff. Data will be reported for clinicians and psychiatrists, as well as Mobile Crisis and Triage Teams.
 - Data are drawn from progress notes entered in Clinician's Gateway. Clinician's designate on each progress note if the service was conducted face-to-face.
- The average number of progress notes completed on a daily basis by clinicians and psychiatrists.
 - Data are drawn from progress notes entered in Clinician's Gateway. Staff is required by law to document all client contact as part of the client's medical record.
- The average length of time between service provision and progress note completion by clinicians and psychiatrists.
 - Data are drawn from progress notes entered in Clinician's Gateway. Progress notes are date and time stamped for date of service and Clinician's Gateway tracks the date the progress note was written.

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A request was made to report on the average number of scheduled face-to-face appointments per day and team meeting attendance by staff. At present, ADMHS does not have an electronic system that captures these data elements. ADMHS is currently developing an electronic method in Clinician's Gateway.