



Behavioral Health
Mental Health Services Act (MHSA) Coordination

**Community Policy Advisory
Committee**

Mental Health Services Act,
Capital Facilities and Technological Needs (CFTN):
Year in Review



Artist: Sarah Favorite

- The Mental Health Services Act (MHSA), Prop 63, was passed by California voters November 2004 and went into effect in January 2005.
- The MHSA provides increased funding for mental health programs across the State.
- The MHSA is funded by a 1% tax surcharge on personal income over \$1 million per year.
- As these taxes are paid, fluctuations impact fiscal projections and available funding.

WIC § 5848 states that counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on:

- Mental Health Policy
- Program Planning
- Implementation
- Monitoring
- Quality Improvement
- **Evaluation**
- Budget Allocations

- Community Services and Supports
- Prevention and Early Intervention
- Innovation
- Workforce Education and Training
- **Capital Facilities and Technological Needs**
- Community Program Planning

Per the California Department of Mental Health Vision Statement and Guiding Principles – 2005...

To create a culturally competent system that promotes recovery/wellness for adults and older adults with severe mental illness and resiliency for children with serious emotional disorders and their families.

Section I

Purpose of Mental Health Services Act (MHSA) Capital Facilities and Technological Needs (CFTN) Component

Provides funding to strengthen the County's mental health system by increasing its infrastructure to promote the implementation and support the continued delivery of the county's Mental Health Services Act (MHSA) programs.

CFTN Legislated Goals:

- Capital facility expenditures must result in a capital asset which increases the county Department of Mental Health's infrastructure on a permanent basis
- Must result in an expansion of the capacity/access of existing services or the provision of new services
- Increase client and family empowerment and engagement by providing the tools for secure client and family access to health information that is culturally and linguistically competent within a wide variety of public and private settings
- Modernize and transform clinical and administrative information systems to ensure quality of care, parity, operational efficiency and cost effectiveness

Section II

- Expenditures that result in a capital asset which increases the county's infrastructure on a permanent basis
- Expansion of the capacity/access of existing services or the provision of new services

Expenditures that result in a capital asset which increases the county's infrastructure on a permanent basis

Definition:

A “Capital Facility” is a building which is used for the delivery of MHSA services to individuals with mental illness and their families or for administrative offices

Allowable Expenditures



Specific Requirements



One Stop Center/Crisis Residential Program

Purpose:

- Renovate vacant County-owned facility located in San Bernardino, California, in order to:
 - Relocate the existing TAY Center and enhance MHSA services to Transitional Age Youth (TAY) – Community Services and Supports Program
 - Development Crisis Residential Program to be co-located within the One Stop TAY Center – Innovations Program

Before



After



Expansion of the capacity/access of existing services or the provision of new services

Providing Space for Services



Expansion of Existing Services

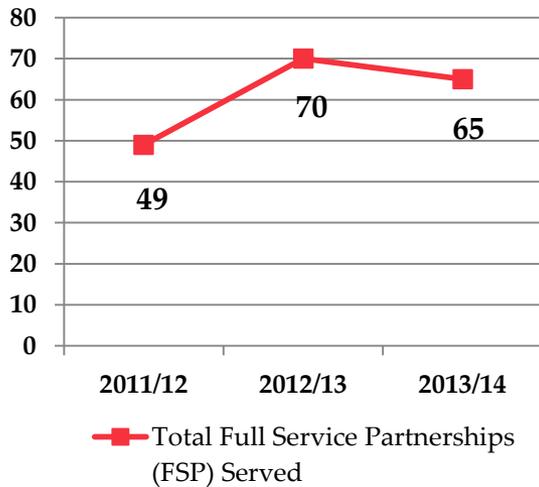
- Number of groups DBH can offer has increased from 8 to 15
- The new facility has provided the TAY program the dedicated space to offer:
 - New Groups: Gardening, Fitness and Cooking
 - DBH/Community Events

Delivery of New Services

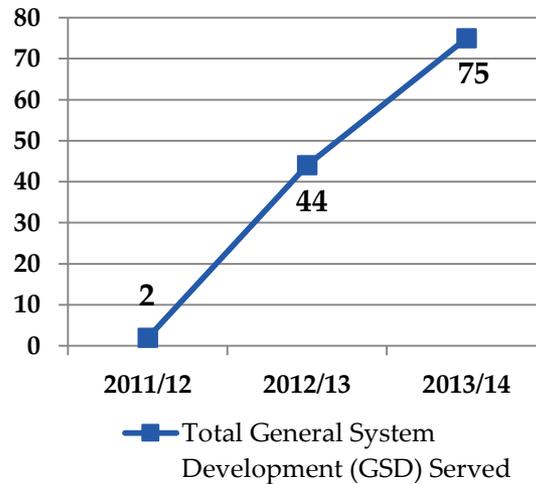
- Fourteen (14) bed short-term crisis residential care program to avoid hospitalization and allow for a quick return to the family/community

Number of Unduplicated Youth Served

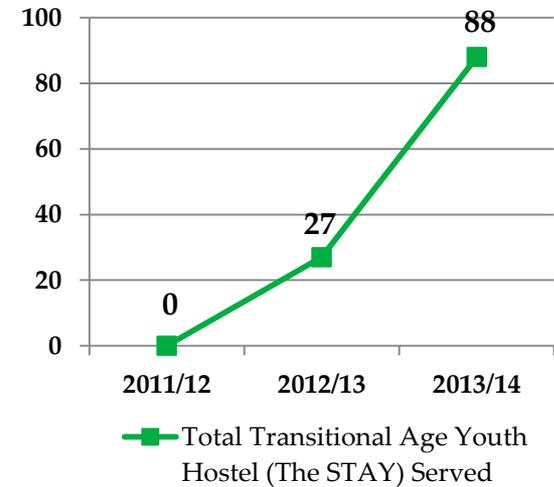
Full Service Partnerships



General System Development



Transitional Age Youth Hostel



Section II Discussion

Please rate on your worksheet your opinion concerning how well DBH has done in meeting the intent of the MHSA in relation to the Capital Facilities requirement.

Section III

- **Modernize information systems to ensure quality of care, parity, operational efficiency and cost effectiveness**

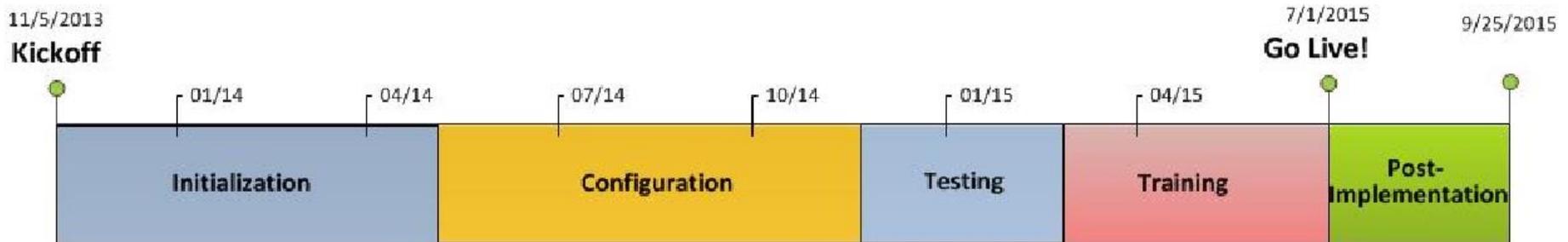
**Modernize and transform
information systems to ensure
quality of care, parity, operational
efficiency and cost effectiveness**

Goal: Modernize and transform information systems



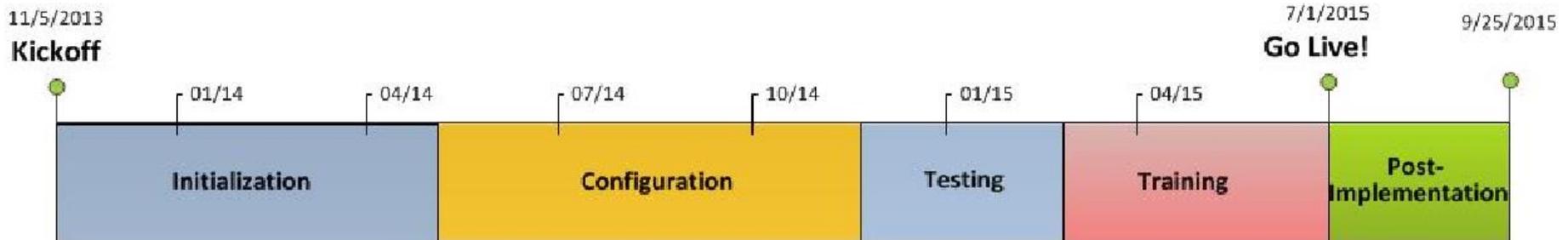
Implement, Maintain, and Improve EHR

- DBH currently uses a 22 year old information system to track clients as they progress through treatment.
- The system is primarily a billing system but has been modified over time to track client information and to improve technological efficiencies and meet changing state requirements.

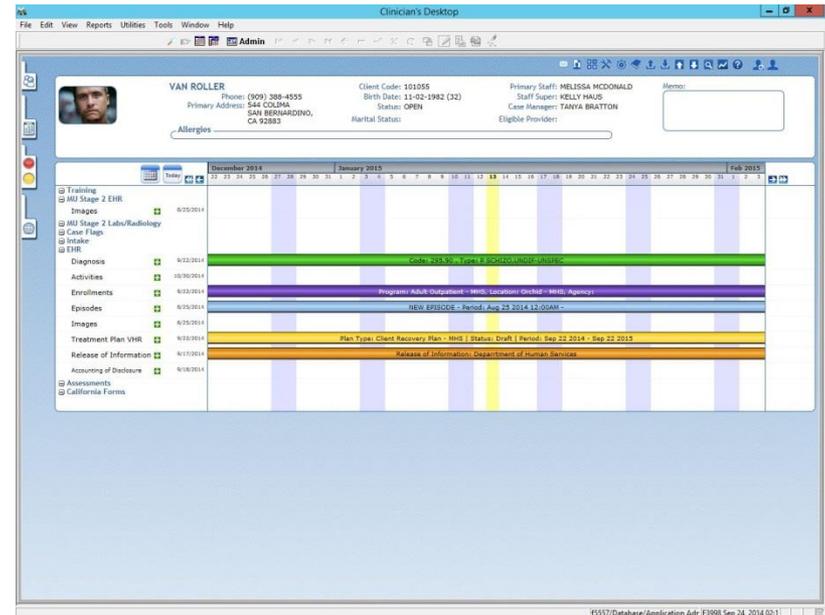
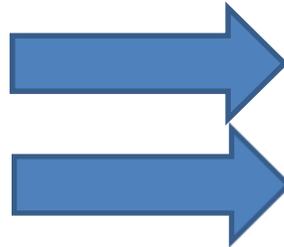
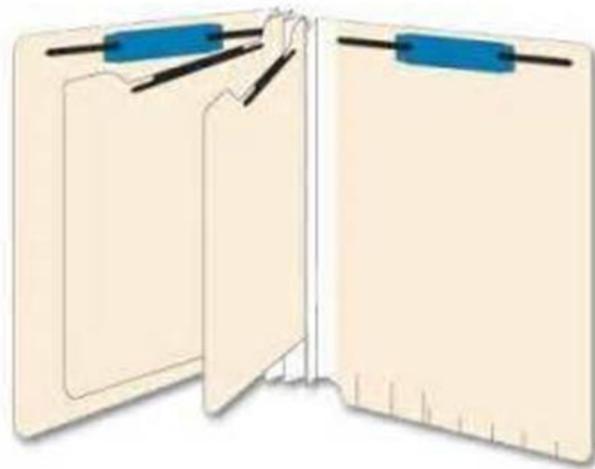


Implement, Maintain, and Improve EHR

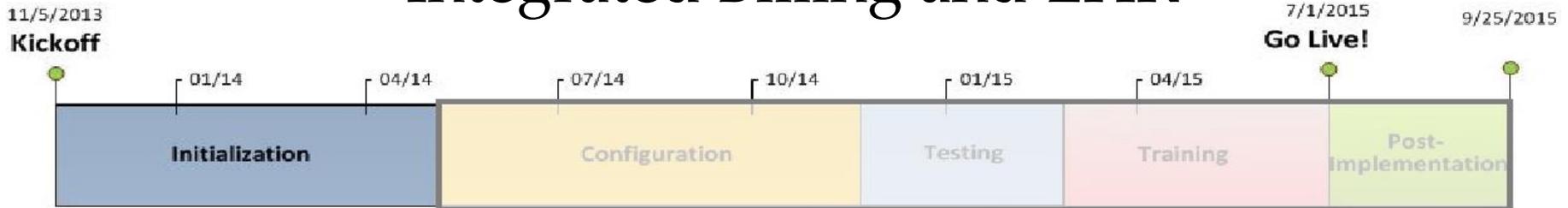
- DBH is currently implementing the San Bernardino Accessible Billing and Electronic Records (SABER) System.
- SABER is an integrated information systems infrastructure, which would allow information to be securely accessed and exchanged. SABER, which includes a certified EHR, will enable DBH to more efficiently and accurately capture and retrieve consumer information.



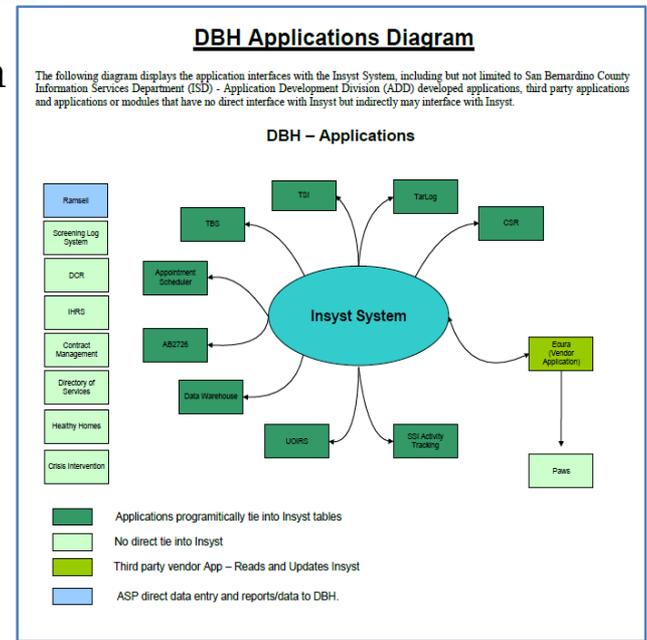
Paper Charts to Electronic Health Record



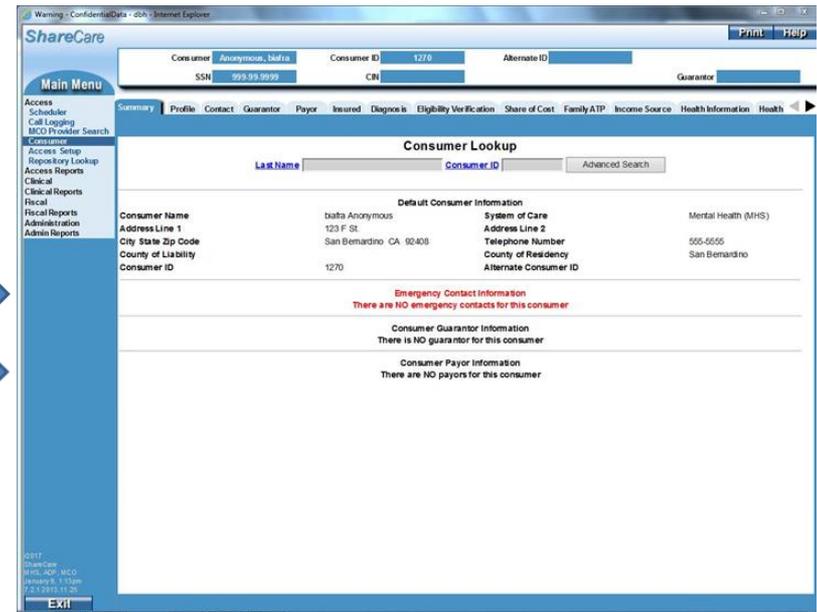
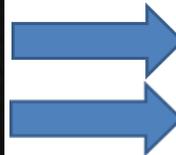
Implement SABER Integrated Billing and EHR



- Develop requirements and specifications for data integration application
- Define and accept application design specifications and product delivery tasks and timetables.

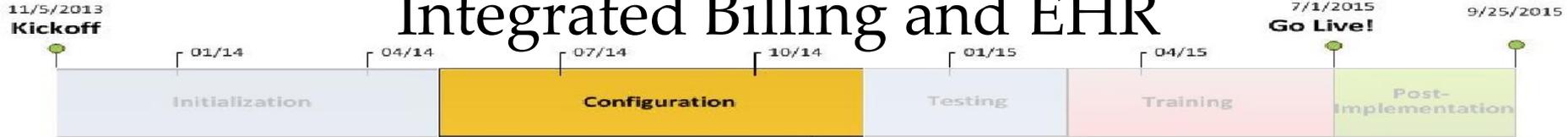


Simon Billing System to Saber Integrated Billing



Goal: Modernize and transform information systems

Implement SABER Integrated Billing and EHR



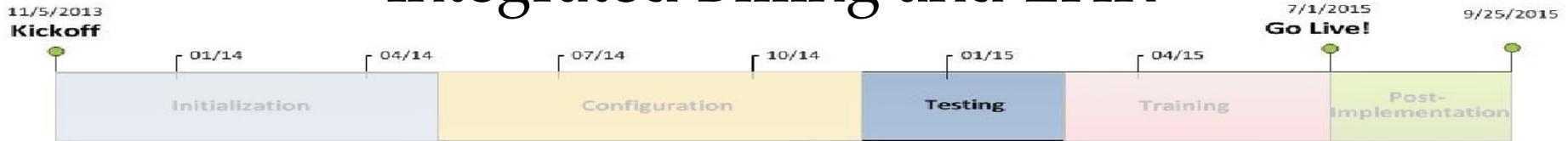
- Selected a product that we could customize to meet behavioral health needs.

Action ID	Action	Owner	Assigned to	Create Date	Due By	Completion Date	Notes/Status
144	Expansion of signing rules	Lincoln Dwight	Lincoln Dwight	02/16/14	03/16/14	02/21/14	2/21/14 JCB: Closing item as it has been added to the workplan as a research item. Parking from System Walkthrough 2/6
145	Full partnership data collection (DCR - Dr. Harris)	Lincoln Dwight	Lincoln Dwight	02/16/14	03/16/14	02/21/14	2/21/14 JCB: Closing item from action log as it has been captured as a research item in the Parking Lot Item from System Walkthrough 2/5
146	Group participants who arrive or leave early	Lincoln Dwight	Lincoln Dwight	02/16/14	03/16/14	02/21/14	2/21/14 JCB: Closing item as it has been added to the workplan as a research item. Parking from System Walkthrough 2/6
147	How do we handle alternate names?	Lincoln Dwight	Lincoln Dwight	02/16/14	03/16/14	02/21/14	2/21/14 JCB: Closing item from action log as it has been captured as a research item in the Parking Lot Item from System Walkthrough 2/5
148	How will call logs get utilized in the system?	Lincoln Dwight	Lincoln Dwight	02/16/14	03/16/14	02/21/14	2/21/14 JCB: Closing item from action log as it has been captured as a research item in the Parking Lot Item from System Walkthrough 2/5
149	How will various hospitals' data get into the VHR?	Lincoln Dwight	Lincoln Dwight	02/16/14	03/16/14	02/21/14	2/21/14 JCB: Closing item from action log as it has been captured as a research item in the Parking Lot Item from System Walkthrough 2/5
150	Identification	Lincoln Dwight	Lincoln Dwight	02/16/14	03/16/14	02/21/14	2/21/14 JCB: Closing item from action log as it has been captured as a research item in the Parking Lot Item from System Walkthrough 2/6
151	Impact on conversion	Lincoln Dwight	Lincoln Dwight	02/16/14	03/16/14	02/21/14	2/21/14 JCB: Closing item as it has been added to the workplan as a research item. Parking from System Walkthrough 2/7
152	Is there a VHR sub-license arrangement for CBDs?	Lincoln Dwight	Lincoln Dwight	02/16/14	03/16/14	02/21/14	2/21/14 JCB: Closing item from action log as it has been captured as a research item in the Parking Lot Item from System Walkthrough 2/5
153	Meeting to determine capture of outcomes	Lincoln Dwight	Lincoln Dwight	02/16/14	03/16/14	02/21/14	2/21/14 JCB: Closing item from action log as it has been captured as a research item in the Parking Lot Item from System Walkthrough 2/5
154	Method of handling pre-consumer capture	Lincoln Dwight	Lincoln Dwight	02/16/14	03/16/14	02/21/14	2/21/14 JCB: Closing item from action log as it has been captured as a research item in the Parking Lot Item from System Walkthrough 2/5
155	Need for addendum to already addend progress note	Lincoln Dwight	Lincoln Dwight	02/16/14	03/16/14	02/21/14	2/21/14 JCB: Closing item from action log as it has been captured as a research item in the Parking Lot Item from System Walkthrough 2/5
156	Provide share of costs information in VHR	Lincoln Dwight	Lincoln Dwight	02/16/14	03/16/14	02/21/14	2/21/14 JCB: Closing item as it has been added to the workplan as a research item. Parking from System Walkthrough 2/6
157	Two one shot services in same day	Lincoln Dwight	Lincoln Dwight	02/16/14	03/16/14	02/21/14	2/21/14 JCB: Closing item as it has been added to the workplan as a research item. Parking from System Walkthrough 2/6
158	VHR/SC Data Warehouse mapping	Lincoln Dwight	Lincoln Dwight	02/16/14	03/16/14	02/21/14	2/21/14 JCB: Closing item from action log as it has been captured as a research item in the Parking Lot Item from System Walkthrough 2/5
159	Where and how pregnancy, emergency, AID code, prenatal, etc. should be presented?	Lincoln Dwight	Lincoln Dwight	02/16/14	03/16/14	02/21/14	2/21/14 JCB: Closing item as it has been added to the workplan as a research item. Parking from System Walkthrough 2/6
160	Provide review of training plan draft (attached)	Barbara Knutson	Barbara Knutson	02/18/14	02/21/14	02/24/14	2/24/14 JCB: Closed task as initial review was completed and new duplicate task was create draft training plan deliverable submission. 2/19/14 JCB: Training plan preview has been ready for review. Changing owner to Barbara for review with due date of 2/21/14.
161	Confirm if DBH can provide the CSV file for upload to DiFirst by 2/25/14	Barbara Knutson	Barbara Knutson	02/21/14	02/24/14	02/25/14	02/25/14 JR: We have uploaded the DR First CVS file into web2.echoman.com
	Update workplan dates for tasks which require local hardware to be						2/25/14 JCB: Plan will be updated pending additional information on DBH procurement status

Documentation Name	Author	Date Posted	Notes/Comments
Product Key Codes	Echo	11/15/13	20141223 LBD: Uploaded new version Excel file, containing Rapid Insight product codes.
DiFirst Registration Forms	Echo	11/18/13	
Kick Off Recaps	Echo	11/20/13	
Project Plan MPP as of 11/21/13	Echo	11/21/13	
Weekly Status Reports	Echo	11/22/13	20141226 AEG: Posted the 20141226 Weekly SABER Status Report.
DBI/Application questionnaire	Echo/DBH	11/26/13	Revised 12/4/2013
Itinerary for IT walkthrough and review visit	Echo	11/27/13	December 10-11, 2013, IT visit. (Revised 12/09/2013)
Halfpenny labs integration worksheet	Echo	12/05/13	
DBH Response to BPW Prep Questionnaire	DBH	12/06/13	
DiFirst Pilot Training Agenda	Echo	12/06/13	Agenda for March 4-5, 2013
BPW Agenda	Echo/DBH	12/06/13	Dec. 9-13, 2013
Examples of existing MCO reports	Echo	12/18/13	
TeamViewer Security Information	Echo	12/18/13	Encryption is discussed on page 3 (PDF page 4)
County ISD Approval to Utilize TeamViewer for Support	DBH	12/19/13	Approved by Jeff Carter - COSB-ISD-WAN
ColdFusion licensing information	Echo	12/19/13	
Data-dictionaries	Echo	12/20/13	
SABER System Walkthrough Sessions Agenda	Echo	01/16/14	
BPW DBH Workflow Documentation	DBH	01/27/14	Open to see document list: Example of PEI Excel sheets Example of PEI services in the cost report Example of Club House membership application Example of CCRT spreadsheet Data points collected in CIT website pertaining to CCRT and Jail Services Definition of RUs with what each digit means Copy of beneficiary registration form Copy of managed care TAR
Contracted Technical Enhancements and Customizations	Echo	01/31/14	
DiFirst Training Materials	Echo	01/31/14	
Echo ERD	Echo	02/07/14	
Task/Deliverable Acceptance Certificates	Echo/DBH	02/19/14	2/13/14 JCB: Executed certificate posted for 4.1 Verify System Hardware Specifications
ShareCare and VHR Manuals	Echo	03/10/14	
Workplan Management Protocol	Echo	03/10/14	
Draft Data Conversion Plan	Echo	05/21/14	
Contractor Project Staff	Echo	10/23/14	10/23/14 LBD: On March 2, 2014 a SABER Echo Staff List was uploaded to the SABER Action Log. An



Implement SABER Integrated Billing and EHR



- Establish test environment for addressing data and processing integrity.

What is User Acceptance Testing (UAT)?



By William Gamble, Automated Systems Analyst I

User Acceptance Testing (UAT) is an essential part of the SABER transition from SIMON to ShareCare. The goal of UAT is to assess if the SABER System can support day-to-day business and user scenarios and ensure the system is sufficient and correct for business usage.

UAT consists of deliverables: groups of Modifications to License Software (MODS), that are released on a specific schedule from Echo. These MODS are a number of required application functionalities that are

not available as standard "out-of-the-box" features of ShareCare or Visual Health Record (VHR). Echo was contracted to gather requirements, create Statements of Work (SOW), develop solutions, provide installation instructions, and formulate the UAT scripts to validate the functionality.

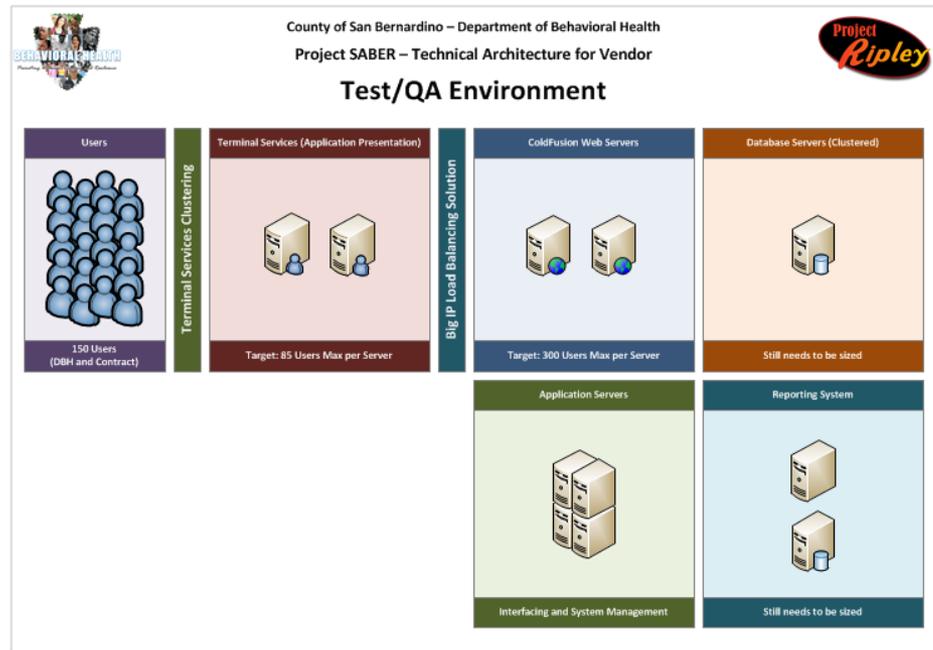
There are currently seven deliverables that Echo will provide. Once each deliverable is received, it is reviewed and either approved or sent back. The approved deliverables are installed into the ShareCare test environment. Specific DBH staff are then tasked to follow test plan scripts provided by Echo. During this testing phase, if an error or bug is discovered, it is reported back to Echo for correction. Once this phase of UAT is complete, these MODS are then confirmed and approved by DBH program managers for installation into our production environment.

Pop Quiz!

1. What are MODS?

2. List 3 reasons why was ECHO contracted

3. What color is William's beard?

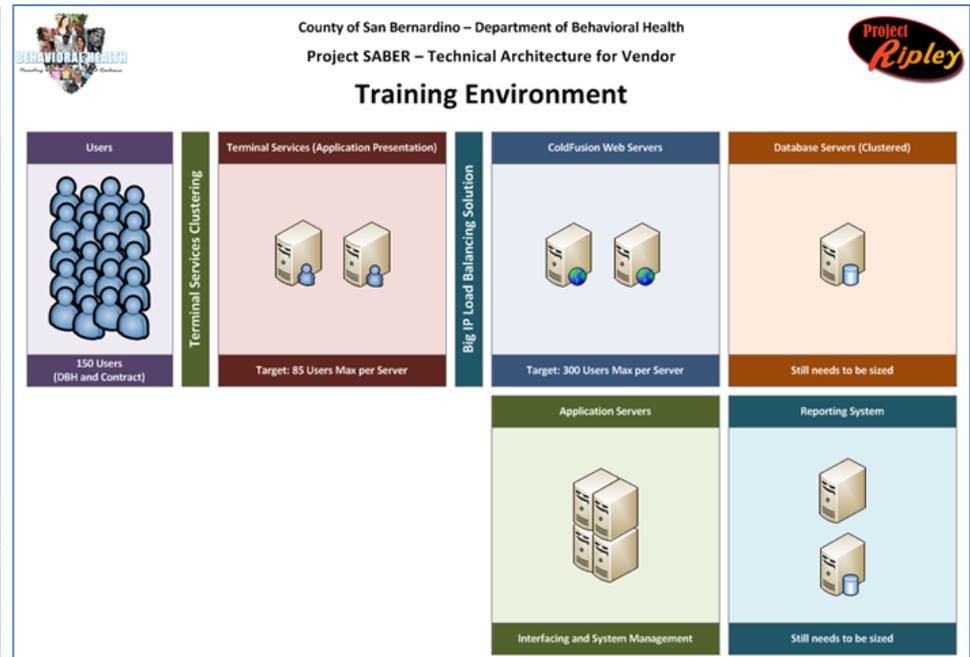


Goal: Modernize and transform information systems

Implement SABER Integrated Billing and EHR



- Obtain specialized staff training



People Drive Data



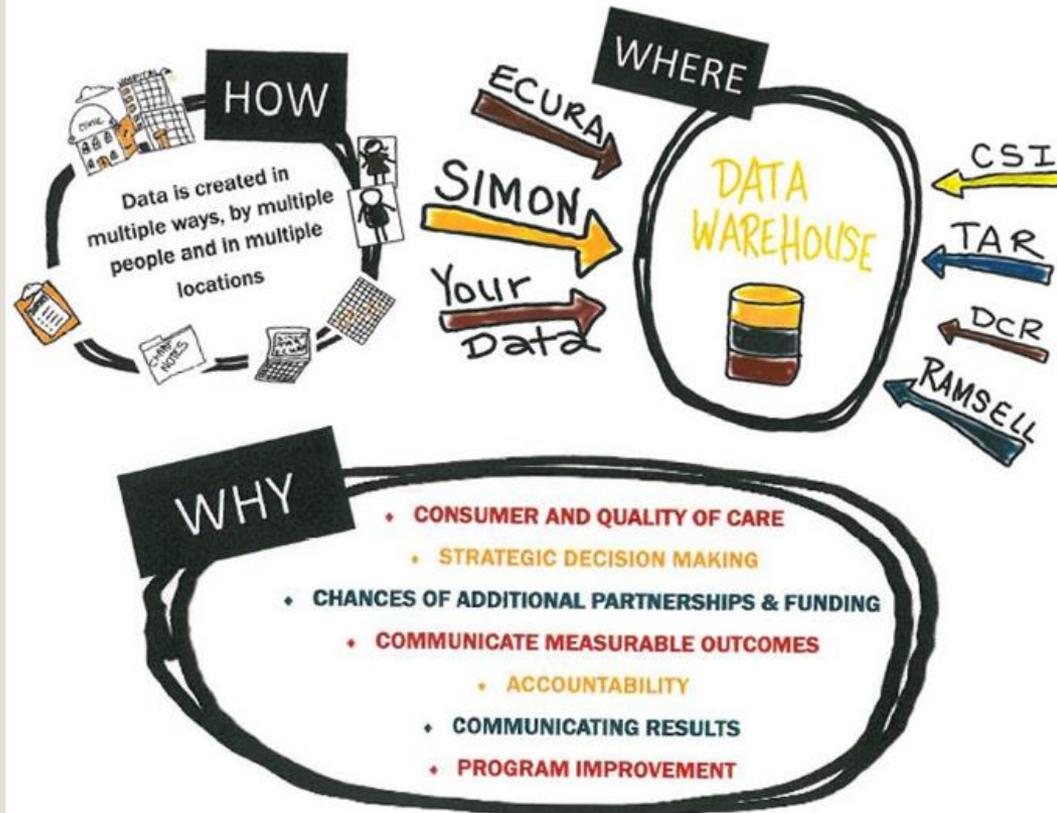
COUNTY OF SAN BERNARDINO
DEPARTMENT OF BEHAVIORAL HEALTH



Data Dialogues

General Outpatient
Mental Health
Ages 16 and older

Calendar Year 2013



Revised: November 5, 2014

Catchment Area Description: Morongo Basin

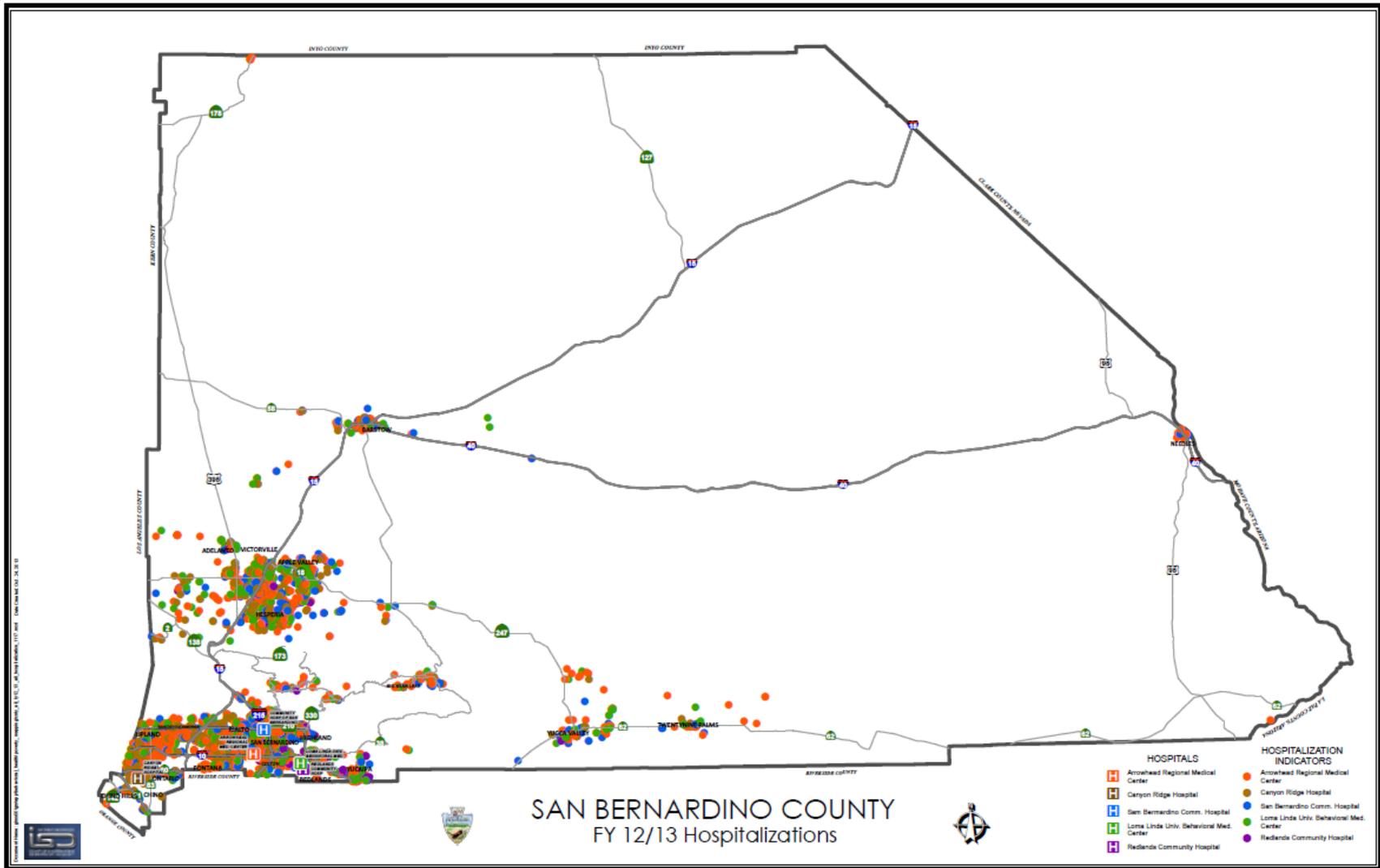
- Current Population Estimate: **86,307**
- Square Miles: **2,534**
- Population Density: **34** persons per square mile
- Estimated Persons Living in Poverty: **16,000**
- Total Unduplicated Clients: **859**
- DBH General Outpatient FTEs: **Contract only**
- TAY/Adults in Poverty (100% FPL): **11,120**
- TAY/Adult Medi-Cal Beneficiaries: **7,630** (*as of Dec 2013*)
- Penetration Rate: **11.26%**
- Average Episode – Bipolar: **6.5 months**
- Average Episode – Major Depression: **4.5 months**
- Average Episode – Psychosis: **7 months**
- Discharge Goals Met or Partially Met: **67%**

ACCESS STUDY: Cities Within Catchment Area

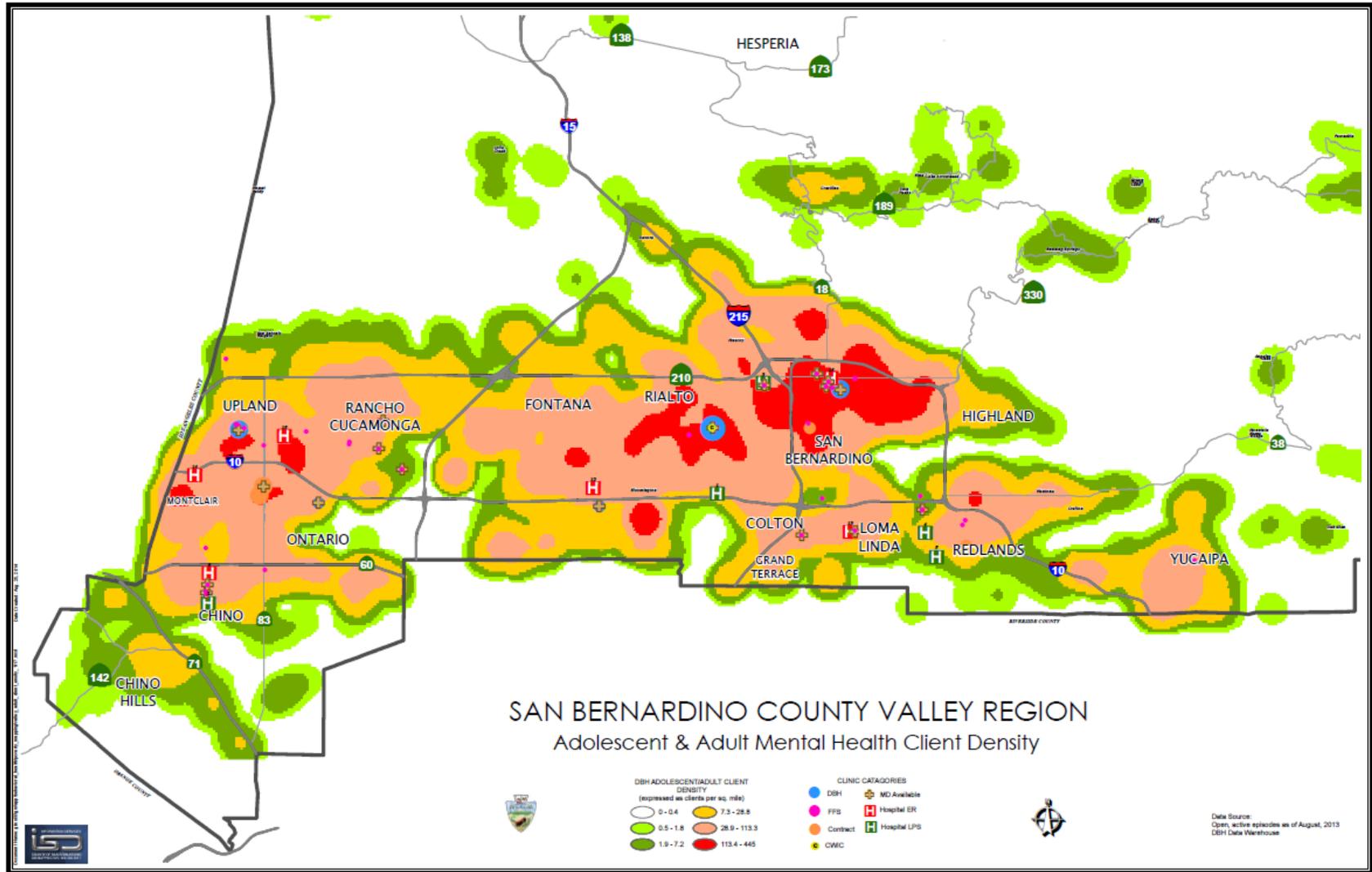
- Twentynine Palms
- Yucca Valley

41

Goal: Modernize and transform information systems



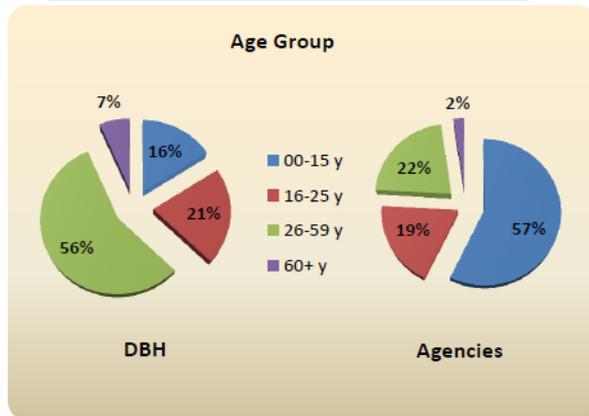
Goal: Modernize and transform information systems



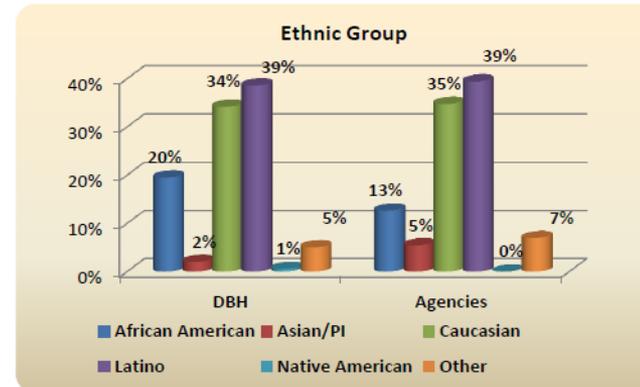
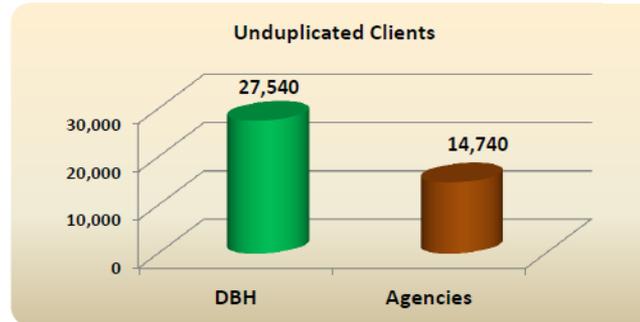
Goal: Modernize and transform information systems

San Bernardino County Department of Behavioral Health Mental Health Program Indicators

**Executive Summary Report
DBH and Contract Agency Comparison**
(Included inpatient, outpatient, and day treatment clients. Excluded Fee For Service providers)
MHP Fiscal Year Report 2013/14



The 63% of DBH clients served were over 25 years of age. Comparatively, only 24% of contract agency clients were over 25 years old and 76% were children and transitional age youth.



DBH served higher percentages of African-American (20%) than agencies. Contract Agencies served a slightly more percentage of Caucasian (35%) and Asian/Pacific Islanders (5%) clients than DBH clinics. Latino (39%) and Native American (1%) clients were approximately served in the same proportion in both organizations.

Goal: Modernize and transform information systems

**Fiscal Year
2013-2014**

Dashboard Report#

**County of San Bernardino
Department of
BEHAVIORAL HEALTH**
Promoting Wellness, Recovery and Resilience

County of San Bernardino
Department of Behavioral Health
Research and Evaluation
Phone: (909)382-3149
Fax: (909)382-3124
research@dbh.sbcounty.gov


County of San Bernardino

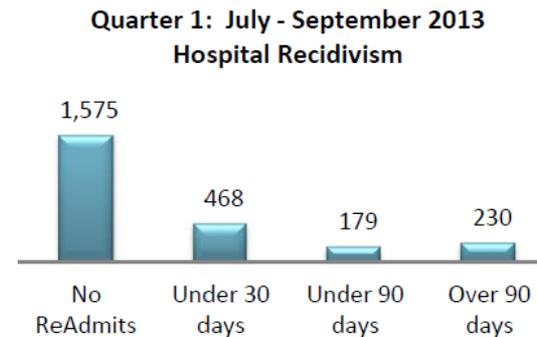


Goal: Modernize and transform information systems

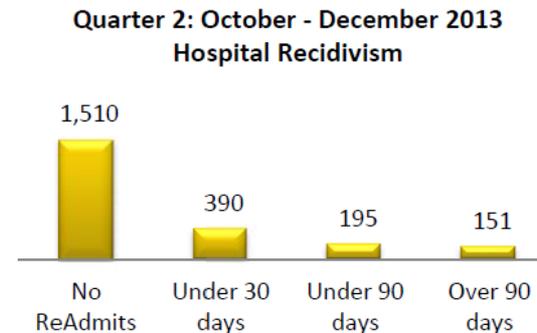
Hospital Recidivism

Objective - To evaluate re-hospitalization trends.
Measure - Clients readmitted to inpatient care within 30 and 90 days after discharge at ARMC and FFS Hospitals.
Data Source - TAR Log and DBH - SIMON
Timeframe - Fiscal Year 2013-14

Time Period	Quarter 1: July-September 2013	
No ReAdmits	1,575	64%
Under 30 days	468	19%
Under 90 days	179	7%
Over 90 days	230	9%
Total	2,452	100%



Time Period	Quarter 2: October-December 2013	
No ReAdmits	1,510	67%
Under 30 days	390	17%
Under 90 days	195	9%
Over 90 days	151	7%
Total	2,246	100%



Goal: Modernize and transform information systems

Time to Service

Objective - To evaluate timeliness of service.
Measure - Number of days to first face-to-face treatment from opening of episode.
Data Source - DBH-SIMON
Timeframe - Fiscal Year 2013-14

Days	Quarter 1: July - September 2013	
01-14 days	10,117	96%
15-29 days	107	1%
30-44 days	76	1%
45-59 days	47	0%
60+ days	222	2%
Total	10,569	100%



Days	Quarter 2: October - December 2013	
01-14 days	9,763	94%
15-29 days	144	1%
30-44 days	115	1%
45-59 days	86	1%
60+ days	252	2%
Total	10,360	100%



Goal: Modernize and transform information systems

Dashboard Report Summary of Changes FY 12/13 - FY 13/14

Hospital Recidivism

FY 2012-2013			FY 2013/2014			Change	
Time Period	Quarter 1: July - September 2012		Time Period	Quarter 1: July - September 2013		Change	% Change
No ReAdmits	1,198	53%	No ReAdmits	1,575	64%	377	▲ 31%
Under 30 days	478	21%	Under 30 days	468	19%	(10)	▼ -2%
Under 90 days	267	11%	Under 90 days	179	7%	(88)	▼ -33%
Over 90 days	334	15%	Over 90 days	230	9%	(104)	▼ -31%
Total	2,277	100%	Total	2,452	100%	175	▲ 8%
Time Period	Quarter 2: October - December 2012		Time Period	Quarter 2: October - December 2013		Change	% Change
No ReAdmits	1,138	53%	No ReAdmits	1,510	67%	372	▲ 33%
Under 30 days	513	24%	Under 30 days	390	17%	(123)	▼ -24%
Under 90 days	258	12%	Under 90 days	195	9%	(63)	▼ -24%
Over 90 days	246	11%	Over 90 days	151	7%	(95)	▼ -39%
Total	2,155	100%	Total	2,246	100%	91	▲ 4%



Goal: Modernize and transform information systems

Mental Health Disparities

FY 2012-2013

Mental Health Program Outpatient Demographic Data for FY 2012-13 (*)

Preferred language

Code	Language	Frequency	%
1	Thai	42	0.1%
2	Farsi	9	0.0%
3	Other Sign	0	0.0%
4	Other Chinese	2	0.0%
9	Unknown	536	1.4%
A	English	33,638	89.1%
B	Spanish	2,538	6.7%
C	Chinese Dialect	7	0.0%
D	Japanese	9	0.0%
E	Filipino Dialect	32	0.1%
F	Vietnamese	114	0.3%
G	Laosian	16	0.0%
H	Cambodian	25	0.1%
I	Sign ASL	18	0.0%
J	Other	698	1.8%
K	Cantonese	3	0.0%
L	Korean	11	0.0%
M	Mandarin	3	0.0%

FY 2013-2014

Mental Health Program Outpatient Demographic Data for FY 2013-14 (*)

Preferred Language

Code	Language	Frequency	%
1	Thai	52	0.1%
2	Farsi	8	0.0%
3	Other Sign	1	0.0%
4	Other Chinese	3	0.0%
9	Unknown	508	1.3%
A	English	33,189	87.8%
B	Spanish	2,715	7.2%
C	Chinese Dialect	13	0.0%
D	Japanese	10	0.0%
E	Filipino Dialect	47	0.1%
F	Vietnamese	111	0.3%
G	Laosian	11	0.0%
H	Cambodian	29	0.1%
I	Sign ASL	20	0.1%
J	Other	673	1.8%
K	Cantonese	3	0.0%
L	Korean	11	0.0%
M	Mandarin	4	0.0%

Change

Change	% Change
10	24%
-1	-11%
1	N/A
1	50%
-28	-5%
-449	-1%
177	7%
6	86%
1	11%
15	47%
-3	-3%
-5	-31%
4	16%
2	11%
-25	-4%
0	0%
0	0%
1	33%



Goal: Modernize and transform information systems

Mental Health Disparities - continued							
FY 2012-2013			FY 2013-2014			Change	
MHP Outpatient Demographic Data for FY 2012-13 (*)			MHP Outpatient Demographic Data for FY 2013-14 (*)			Change	% Change
(100%)			(100%)			27	0.1%
Gender	Number	%	Gender	Number	%		
Female	17,211	46%	Female	17,041	45%	(170)	-1%
Male	20,501	54%	Male	20,609	55%	108	1%
Unknown	44	<1%	Unknown	133	<1%	89	▲ 202%
Ethnic group	Number	%	Ethnic group	Number	%		
African Ame.	6,584	17%	African Ame.	6,417	17%	(167)	▬ -3%
Asian/PI	638	2%	Asian/PI*	1,326	4%	688	▲ 108%
Caucasian	13,578	36%	Caucasian	12,776	34%	(802)	▾ -6%
Latino	14,644	39%	Latino	14,945	40%	301	▬ 2%
Native Ame.	193	1%	Native Ame.	188	<1%	(5)	▾ -3%
Other	2,119	6%	Other	2,131	6%	12	▬ 1%
Preferred language	Number	%	Preferred language	Number	%		
English	33,638	89%	English	33,189	88%	(449)	▬ -1%
Spanish	2,538	7%	Spanish	2,715	7%	177	▲ 7%
Vietnamese	114	<1%	Vietnamese	111	<1%	(3)	▬ -3%
Other	929	2%	Other*	1,250	3%	321	▲ 35%
Unknown	537	1%	Unknown	518	1%	(19)	▾ -4%
Age group	Number	%	Age group	Number	%		
00-15 y	10,578	28%	00-15 y	11,346	30%	768	▲ 7%



Goal: Modernize and transform information systems

Full Service Partnership - Emergency Interventions

FY 2012-2013				FY 2013-2014				Change					
Quarter 1: July – September 2012				Quarter 1: July – September 2013				Mental		Physical		Total	
Age Group	Mental	Physical	Total	Age Group	Mental	Physical	Total	Change	% Change	Change	% Change	Change	% Change
Child: 0-15 years	1	0	1	Child: 0-15 years	0	0	0	-1	-100%	0	0%	-1	-100%
TAY: 16-25 years	4	0	4	TAY: 16-25 years	2	1	3	-2	-50%	1	25%	-1	-25%
Adult: 26-59 years	9	18	27	Adult: 26-59 years	22	26	48	13	144%	8	30%	21	78%
Older Adult: 60+ years	1	0	1	Older Adult: 60+	1	4	5	0	0%	4	400%	4	400%
Totals	15	18	33	Totals	25	31	56	10	67%	13	39%	23	70%
				*e.g. emergency room, visit, crisis stabilization									
Quarter 2: October – December 2012				Quarter 2: October – December 2013				Mental		Physical		Total	
Child: 0-15 years	7	0	7	Child: 0-15 years	0	1	1	-7	-100%	1	14%	-6	-86%
TAY: 16-25 years	2	2	4	TAY: 16-25 years	3	3	6	1	50%	1	25%	2	50%
Adult: 26-59 years	8	15	23	Adult: 26-59 years	11	12	23	3	38%	-3	-13%	0	0%
Older Adult: 60+ years	0	1	1	Older Adult: 60+ years	0	0	0	0	0%	-1	-100%	-1	-100%
Totals	17	18	35	Totals	14	16	30	-3	-18%	-2	-6%	-5	-14%
				*e.g. emergency room, visit, crisis stabilization									
Quarter 3: January – March 2013				Quarter 3: January – March 2014				Mental		Physical		Total	
Child: 0-15 years	2	0	2	Child: 0-15 years	1		1	-1	-50%	0	0%	-1	-50%
TAY: 16-25 years	5	5	10	TAY: 16-25 years	2	3	5	-3	-60%	-2	-20%	-5	-50%
Adult: 26-59 years	9	15	24	Adult: 26-59 years	14	11	25	5	56%	-4	-17%	1	4%
Older Adult: 60+ years	0	0	0	Older Adult: 60+ years	0	0	0	0	0%	0	0%	0	0%
Totals	15	20	36	Totals	17	14	31	2	13%	-6	-17%	-5	-14%
				*e.g. emergency room, visit, crisis stabilization									
Quarter 4: April – June 2013				Quarter 4: April – June 2014				Mental		Physical		Total	
Child: 0-15 years	0	0	0	Child: 0-15 years	2		2	2		0		2	
TAY: 16-25 years	3	3	6	TAY: 16-25 years	4		4	1	33%	-3	-50%	-2	-33%
Adult: 26-59 years	12	15	27	Adult: 26-59 years	12	11	23	0	0%	-4	-15%	-4	-15%
Older Adult: 60+ years	0	0	0	Older Adult: 60+ years	0	0	0	0	0%	0	0%	0	0%
Totals	15	18	33	Totals	18	11	29	3	20%	-7	-21%	-4	-12%
				*e.g. emergency room, visit, crisis stabilization									



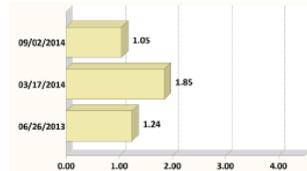
Goal: Modernize and transform information systems

DRAFT FORMAT REPORT REV 1.1 - SUBJECT TO CHANGE

County of San Bernardino Department of Behavioral Health BASIS-24 Client Information

Client Name:		Client No.:		RU#:		Staff:				
Last Time Survey Date	Provider	Primary Diagnosis	Diagnosis Category	Current OAF	Gender	Age Group	Ethnicity	Language	Education	Marital Status
Mid-Treatment		Depression		57		18-24y	Latino	English	High school graduate/GED	Never married

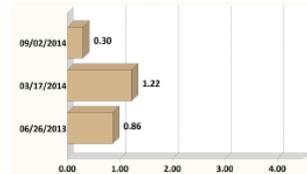
Overall Score



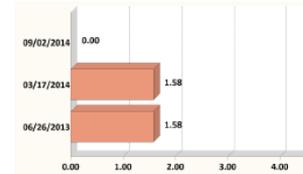
Critical Items
(As of Last Survey Date)

Indicator	Endorsement Level
Critical Ideation	Never
Hallucinations	Never
Self-harm Thoughts	Never

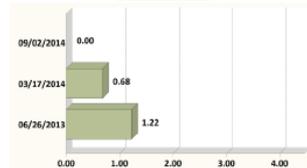
Psychosis



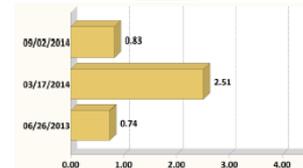
Self-Harm



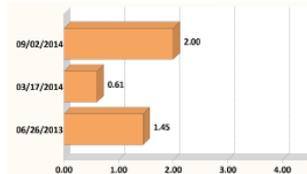
Substance Abuse



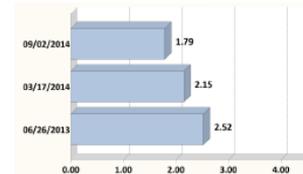
Depression



Emotional Lability



Relationships



Note: Scores are based on a 0 - 4 scale, where 0 denotes less symptoms and 4 denotes more symptoms in the indicator.

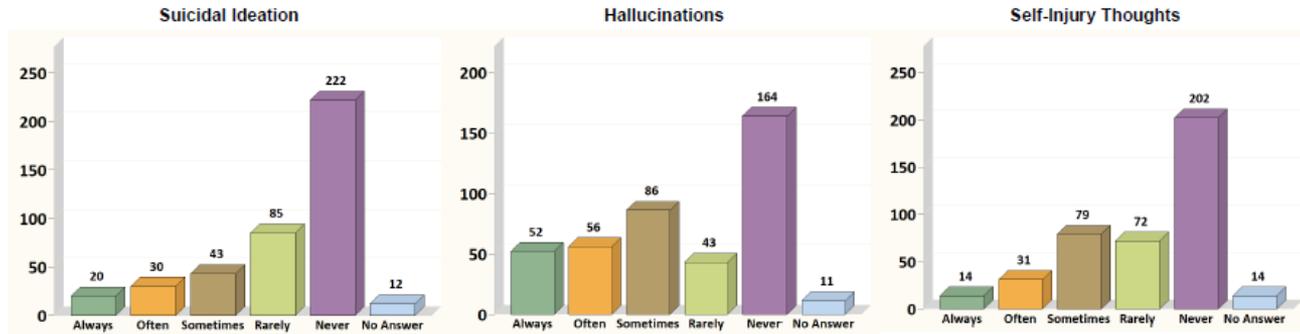
Assigned staff per SIMON.



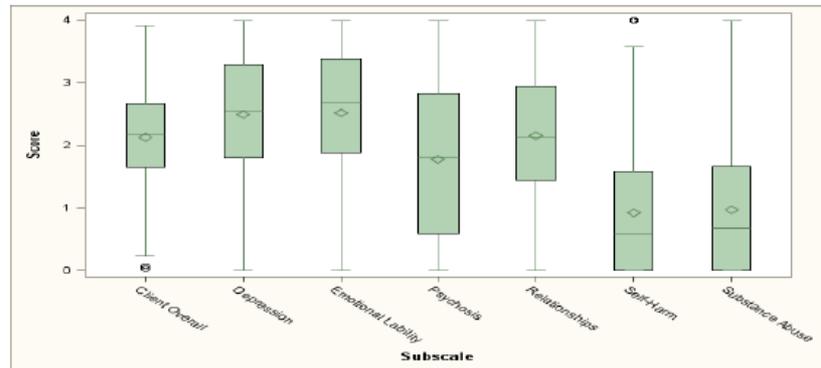
Goal: Modernize and transform information systems

County of San Bernardino Department of Behavioral Health BASIS-24 Survey - Clinic Summary

Summary of Scores at Admission/Intake



Subscale Scores



See Appendix A for legend and Table 2 for details.

County of San Bernardino Department of Behavioral Health BASIS-24 Survey - Clinic Summary

Provider: _____ RU: _____
Survey Date: 05/13/2013 - 11/19/2014

Time Point	Unduplicated Clients	Surveys Completed	Surveys Refused
Admission/Intake	832	844	35
Mid-Treatment	85	107	5

Overall Score Change from Initial Survey By Clinic

Score_Change	Frequency Count	Percentage
Deterioration	10	26%
Improvement	17	45%
NoChange	11	29%
	38	100%

Goal: Modernize and transform information systems

In Development :: Penetration Rate

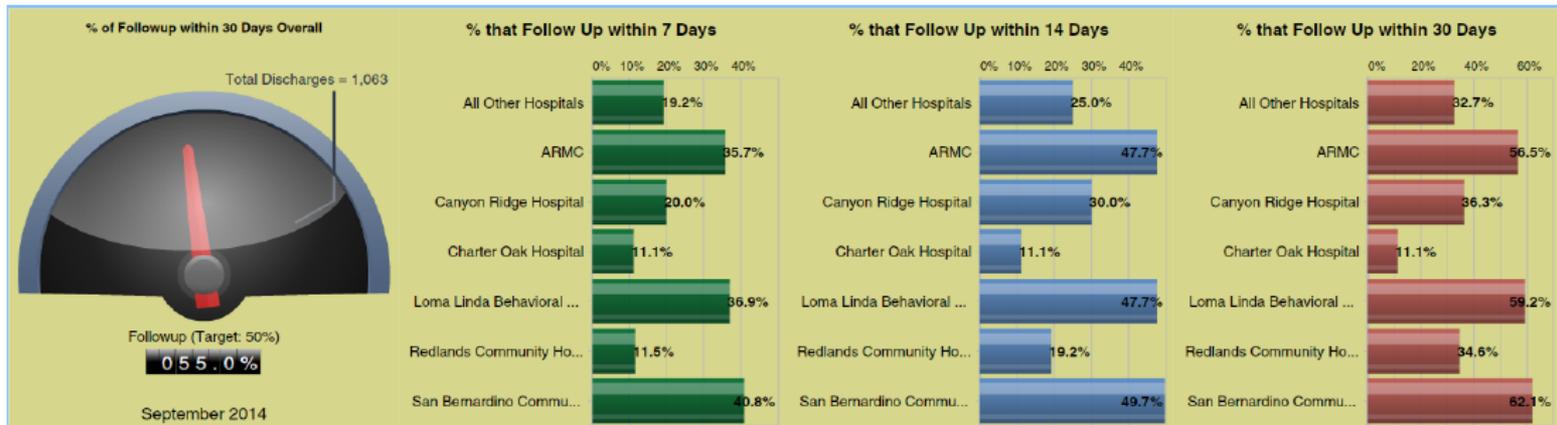
2014-12-30 11:09:14



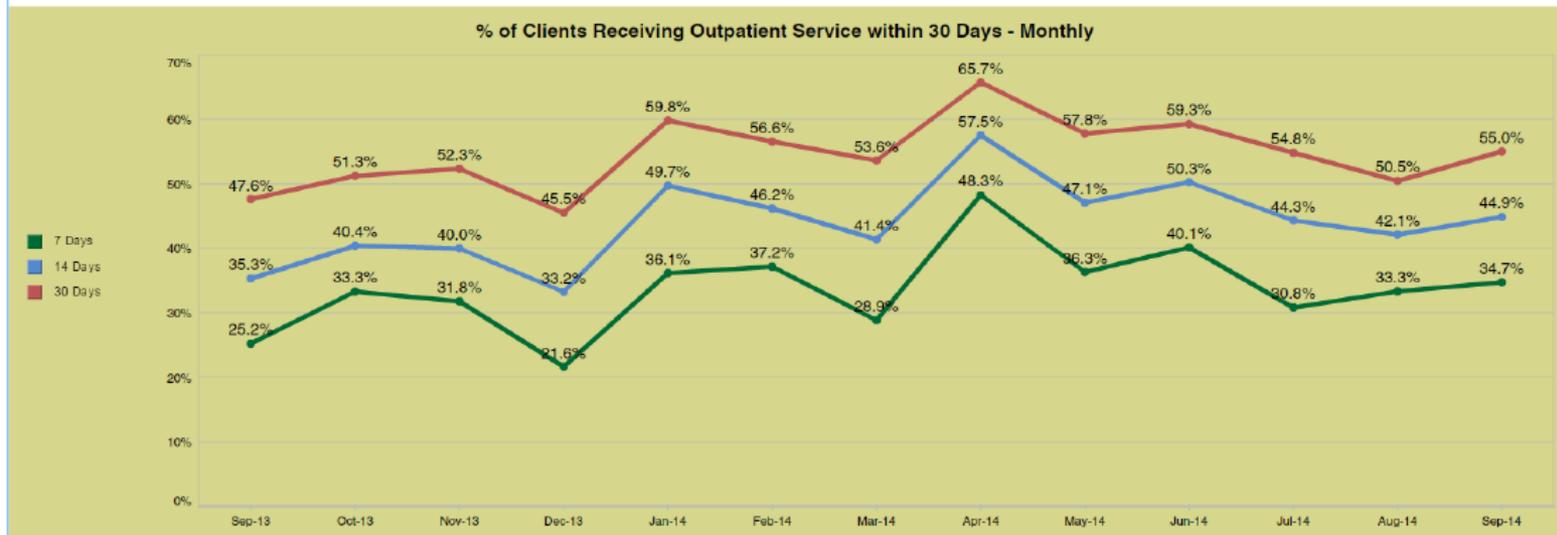
Goal: Modernize and transform clinical and administrative information systems

In Development :: Service Effectiveness

2014-12-30 11:10:40



Start Month: September 2013 | End Month: September 2014



Data Warehouse Next Steps

- Develop new live dashboards
- Restructure and develop new analytics around system-wide performance outcomes framework
- Incorporate new clinical data, including CANS and ANSA responses into data warehouse

Section III

Please rate on your worksheet your opinion concerning how well the DBH has done in meeting the intent of the MHSA Technological Needs requirement.:

- How technology has helped to increase access to services?

And please complete the POST Survey

Mental Health Services Act

http://www.mhsoac.ca.gov/docs/MHSA_AsAmendedIn2012_AB1467AndOthers_010813.pdf

County of San Bernardino, Department of Behavioral Health MHSAs Plans

<http://www.sbcounty.gov/dbh/mhsa/mhsa.asp#>

Office of Statewide Planning and Development

<http://www.oshpd.ca.gov/HID/Products/EmerDeptData/2005EmergencyDepartment.pdf>

Full Service Partnership Data Collection and Reporting System

<http://www.mhdata.org/resources>

Department of Behavioral Health Research and Evaluation Unit, Life Satisfaction Survey, Child and Adolescent Needs and Strengths (CANS)

California Institute for Behavioral Health Solutions, Consumer Perception Survey

<http://www.cimh.org/consumer-perception-surveys>

California Department of Finance Demographic Research Unit

Thank you for your thoughtful participation!

- **February CPAC will focus on Innovation Outcomes**
- **Subsequent CPAC meetings will focus on MHSA Annual Update 2015/16**

Your feedback is important to us.

Please ensure you have completed your post-survey.

For questions or comments, please contact

Michelle Dusick
Acting MHSA Coordinator
MHSA@dbh.sbcounty.gov
(909) 252-4046