Berkeley Community MHC annual Outcomes for FY 2022-23

Summary Report for July 2022 – june 2023

Prepared for the Executive Director and Quality Improvement Team:
August 2023
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# RESULTS

1. 95% of BCMHC Clinical Staff will meet or exceed Service Hours goals for the fiscal year. (Efficiency) (Center Established)

|  |  |
| --- | --- |
| Clinical Staff Meeting Goal | 20 |
| Total Clinical Positions | **55** |
| % met Goal | **38%** |

**Goal not met.**  This includes adjustments in service hour expectations for new staff. The center still struggles with this expectation. Of note, eleven (11) more staff added but 9% closer to the goal, since first six months of the fiscal year. Patients served increased fourteen 14% (2,040 to 2,379) since last FY.

1. BCMHC will meet its Center Service Hour Goal each month. (Efficiency) (Center Established)

|  |  |
| --- | --- |
|  | Total Hours |
| Center Actual Service Hours | **Goal: 28,980****Actual: 26,177****Average (month): 2181** |
| July | **1676** |
| August | **2021** |
| September | **2009** |
| October | **1996** |
| November | **1953** |
| December | **1787** |
| January | **2408** |
| February | **2299** |
| March | **2881** |
| April | **2300** |
| May | **2531** |
| June | **2313** |

**Goal not met.** The center able to meet **90%** of the overall benchmark (1% increase since last FY). The highest month was March.

1. BCMHC Clinical Staff will meet Collaborative Documentation goal (same-day, next-day signature) on 85% of Clinical Service Notes. (Efficiency) (DMH Established)

|  |  |
| --- | --- |
| Total Number of Clinical Service Notes | 38,867 |
| Number Signed Same-day/Next-day | **33,522** |
| % Completed Collaboratively | **86%** |

**Goal met.** Collaboration decreased by **2%** since last FY.

1. Overall, Clinical and Administrative scores on quarterly audits will be >90% for audits conducted during the review period.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Center’s Overall Performance Score | Administrative Standards Score | Clinical Standards Score |
| 4Q ‘22 | **88%** | **81%** | **90%** |
| 1Q ‘23 | **87%** | **81%** | **91%** |
| 2Q ‘23 | **90%** | **85%** | **93%** |
| 3Q ‘23 | **85%** | **87%** | **85%** |

**Goal not met.**  Able to meet goal for one quarter, while clinical staff increased. The third (3rd) quarter audit was a state audit.

1. Adult Outcomes scores on DLA-20 will demonstrate improvement in functioning and symptoms as measured by an average 10 point increase from date of admission. (Effectiveness) (Center Established)
2. Child and Adolescent Outcomes scores on DLA-20 will demonstrate improvement in functioning and symptoms as measured by an average 10 point increase from date of admission. (Effectiveness) (Center Established).

|  |  |  |  |
| --- | --- | --- | --- |
|  | Clients w/ DLA scores | Average Change from Admission | Clients with Positive DLA change or same |
| Adults | 42 | +6.96 | 35 |
| Children | 32 | +6.10 | 28 |
| Total | **74** | **+6.53** | **63 (86%)** |

**Goal not met**. Small sample size of seventy-nine (79) patients, as many variables to be considered to gather the data (no report available). Five (5) patients had no DLA score and twenty-nine (29) opened in the last year. Since last FY, a three percent (3%) increase in patients showing improvement.

1. Community tenure for those clients treated as a crisis will be no less than 50%. (Effectiveness) (Center Established)

|  |  |
| --- | --- |
|  | Jul-June |
| Crisis Contacts | **591** |
| Number Hospitalized | **291** |
| % Community Tenure  | **56%** |
| Number of ED Diversions | **330** |

**Goal met.** The patients who remained within the community, because of AMC interventions, increased seven (7%) since last FY.

1. 50% of clients receiving Individual Placement Support (IPS) services will be competitively employed. (Effectiveness) (Best Practice)

|  |  |
| --- | --- |
|  | Jul-June |
| # of Individuals enrolled in IPS | **59** |
| # Competitively employed | **21** |
| % Competitively employed | **33%** |

**Goal not met.** Those employed competively, decreased by 7% since last FY.Staff changes, including new hires, may have affected this score.

1. The Center will collect at least $4,000 per month in self-pay, co-pays, and co-insurance revenue.

|  |  |
| --- | --- |
| Jul |  6,121.97 |
| Aug |  13,735.29 |
| Sep |  14,574.88 |
| Oct |  12,111.46 |
| Nov |  6,412.90 |
| Dec |  6,744.40 |
| Jan | 10,663.34 |
| Feb |  8,022.84 |
| Mar |  10,793.08 |
| Apr | 10,201.97 |
| May |  11,024.50 |
| Jun |  8,176.79 |
| Total |  **118,583.42** |
| % of Goal | **100+ %** |

**Goal met** monthly. The center collected a total of $16, 348.61 more than last FY.

**SATISFACTION SIRVEYS- The Center conducted random, patient satisfaction surveys, quarterly, meeting the goal of 85% of patients satisfied with the care overall (92%). DMH conducted surveys starting in May and the center awaits those results. Here’s a few comments since January:**

* **My workers are amazing.**
* **Hard to reach staff for medication refills.**
* **Nurse Beth is amazing, super sweet and makes me comfortable.**
* **Nothing, all is well.**
* **Hire more psychiatrists, please.**
* **Happy with the help I have.**
* **I’m mad about the video chats going away for housing.**
* **Everything is wonderful.**
* **Be nice if you had donuts and coffee.**
* **Keep up the excellent work.**
* **Do not let Shanbreyl Smalls leave.**
* **Erin was very helpful, nonjudgmental and gave a great first impression of what was to come. I was so comfortable with her; she was easy to converse with.**