All About Outcomes!

Over the past decade, the field of behavioral health has experienced an increasing demand for accountability.

While it is not necessarily new that funding agencies, such as state and federal mental health organizations, mandate data collection, there has been a growing interest in outcome measurement from advocates, consumers, family members and community stakeholders.

Outcome measurement involves the use of specified data to help guide and inform the treatment plan for clients, as well as guide the direction of changes needed to create more effective ways of helping the people being served. Simply put, it helps provide tangible proof about whether or not services are working for clients and overall if our programs are effective.

Beyond the existing financial data, customer satisfaction data, capacity data and timeliness data that is already collected, Sutter-Yuba Behavioral Health (SYBH) spent the last year working to define a set of outcome measurements that would help to monitor client progress and program effectiveness.

SYBH is happy to report that we have selected a variety of measures for children and adults. We have created a policy that identifies the tools and the process for data collection. Each tool has been incorporated into the electronic health record. Reassessment for each tool is expected every six months.

GO SYBH STAFF! We are super proud to have employees that embrace outcome measurement!
ABOUT US...How are we using data?

SYBH Innovation Projects
by, Megan Ginilo, MPA -Staff Analyst

The Mental Health Services Act (MHSA) provides funding to counties for innovative programs. Innovation (INN) projects are novel, creative and/or ingenious mental health practices/approaches that contribute to learning. Each project requires an evaluation plan.

**INN 1- Probation Project:** This project seeks to learn about the most effective therapeutic engagement setting for supervised offenders. Client data on recovery milestones, service needs, offender, recidivism and criminogenic needs are collected and analyzed.

**INN 2- Hmong Spiritual Healing:** This project seeks to learn if reported symptomology is reduced if we incorporate traditional Hmong rituals into the mental health treatment plan. Client data from narratives and a culturally sensitive survey will be used for data analysis.

**INN 3- Post Transition Age Youth Wellness Project:** This project seeks to learn if a step-down program from the Transitional Age Youth Full Service Partnership results in improved recovery rates and more community integration.

Each project has a three-year time frame. At the conclusion of the project, we will disseminate the evaluation results to our community partners and various state agencies.

SYBH Performance Improvement Projects
by, Rick Bingham, LMFT, CHC – Quality Assurance Officer/ Compliance Officer

A PIP is a Performance Improvement Project, and as its name implies, the goal of a PIP is to identify areas in our system that can be refined and improved upon through a formalized study.

We are required to have two “active” PIPs at all times, one clinical and one non-clinical. To be considered active, the PIPs have to be in the intervention stage of the study. This often means that there are more than two PIPs occurring at any given time, as the PIP study process is wrapped up after the reviewers leave while new PIPs are created and readied to be in the intervention stage for the following year. To make this a smoother process, we created the “PIP Hopper” this year, which generates ideas for new areas of study and collects data for future PIPs.

Our current active non-clinical PIP is the Consumer Advocacy PIP, which seeks to increase meaningful consumer participation at SYBH committees. This PIP is in its second year. In the first year, the PIP committee organized a consumer advocacy training, which clients attended to learn more about how committees function and how to advocate for themselves and others. While it was hypothesized that attendance at this training would result in greater committee participation, this was not the case. As a result, this PIP was extended to a second year where consumers that attended the academy were encouraged to submit applications to sit on a committee. Those selected are given stipends to attend committee meetings and for travel. It is hoped that this results in more frequent, consistent and meaningful attendance and provides an avenue where consumers can implement the skills learned at the advocacy training.

Our active clinical PIP is the Therapeutic Behavioral Services (TBS) PIP, which seeks to improve the historically low utilization of TBS for SYBH beneficiaries. It is hoped that this will be accomplished by 1) providing effective education to our community partners and providers regarding what TBS is and when it is used and 2) doing a better job of notifying parents and consumer representatives (probation officers, social workers, etc.) of when a child may be eligible for TBS. Our goal is to meet a statewide threshold for the use of TBS, which is 4%.

If you have ideas for a PIP or would like to participate in a PIP Hopper, feel free to contact Rick Bingham at x2274.
Consumer Perception Surveys – by Beverly Griffith, Staff Analyst

SYBH conducts a semi-annual Consumer Perception Survey (CPS). The information gathered from the surveys is used to evaluate programs and to fine-tune services to ensure better outcomes for consumers and families. The survey monitors client satisfaction in several categories including General Satisfaction, Participation in Treatment Planning, Access to Services and Cultural Sensitivity.

In the Fall of 2015, surveys were given to all clients, including family members of youth, who were accessing services during the week of November 16 through November 20, 2015. Surveys were available in English, Spanish and Hmong.

Below are the survey results for questions about general satisfaction and perception of participation in treatment planning.

General satisfaction

<table>
<thead>
<tr>
<th>Survey Population</th>
<th># Surveyed</th>
<th>Survey Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult and Older Adults:</td>
<td>231</td>
<td>I liked the services I received here.</td>
</tr>
<tr>
<td>Youth Family:</td>
<td>52</td>
<td>I am satisfied with the services my child received.</td>
</tr>
<tr>
<td>Youth:</td>
<td>28</td>
<td>I am satisfied with the services I received.</td>
</tr>
</tbody>
</table>

92% of respondents Agreed
7% of respondents were Neutral
1% of respondents Disagreed

92% of all survey respondents agreed they liked or were satisfied with the services.

Perception of treatment planning process

<table>
<thead>
<tr>
<th>Survey Population</th>
<th># Surveyed</th>
<th>Survey Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult and Older Adults:</td>
<td>227</td>
<td>I, not staff, decided my treatment goals.</td>
</tr>
<tr>
<td>Youth Family:</td>
<td>50</td>
<td>I helped choose my child’s treatment goals.</td>
</tr>
<tr>
<td>Youth:</td>
<td>27</td>
<td>I helped to choose my treatment goals.</td>
</tr>
</tbody>
</table>

82% of respondents Agreed
13% of respondents were Neutral
5% of respondents Disagreed

82% of all survey respondents agreed they participated in choosing treatment plan goals.

The complete survey results are posted in English and Spanish on SYBH’s website. You can locate the information by following these steps:
(1) go to www.suttercounty.org
(2) select County Departments
(3) select Behavioral Health (this is located under the Human Services heading)
(4) Select Quality Improvement
High 5’s this quarter go to...

★ Medical Records staff do a lot of the behind the scenes work that can at times go unnoticed. They are friendly and welcoming while very professional. They helped immensely sending out the requests recently for the JV220’s and for that they get a BIG high 5!

★ The nursing and medical staff for providing ongoing care for clients during their transition from custody to outpatient services. “They are always helpful and willing to educate staff on medical issues.”

★ The Vocational Training Program for helping so many of our clients get job experience. This program is a bridge that connects clients to the community and helps with reintegration. “The VTP is a prime example of Wellness & Recovery”.

Quotes about Outcomes:

★ “A positive attitude will lead to positive outcomes”
  – Unknown

★ “Success is sometimes the outcome of a whole string of failures”
  -Vincent Van Gogh

★ “Social Work, we’re not in it for the income, we’re in it for the outcome”
  -Unknown

★ “For those who sincerely seek the truth should not fear the outcome”
  -Albert Schweitzer

★ “You will know someone’s intentions by the outcome”
  -Tom Sherry, former Director of Sutter County Human Services Department
SYBH awards staff with Longevity Awards and acknowledges them individually for their appreciated years of service with Sutter County. Here were this quarter’s recipients:

**AUGUST:**
- **Amber Niegel**
  - Amber provides fabulous work in the jails. Not only did Amber step back into the role of jail nurse for the Forensics Program, but she also has helped them to streamline programs and communication. She has been a positive force in the jails by encouraging integrity and excellence in service.

**JULY:**
- **Sandy Alexander**
  - Sandy manages triage/open access, supervises interns responds to the needs of staff, as well as treats a large number of clients. She is kind, compassionate and brings a lot of positive energy to Youth Services. Whatever is asked of her, she does and does well.

**SEPTEMBER:**
- **Susan Redford**
  - Susan is an exceptional leader. She has led her team through numerous changes in the last 9 months. She provides exceptional support to her team, despite being in the midst of change all year. She has immense respect from all of our team and makes us proud.

Honorable Mentions
- **July:** Misty Utter, Melissa Ballou, Jonathan Lambson, Robert Parker, Dennis Howard, John Floe
- **August:** Audrey Chittenden, Tara Silva, Mary Ubias
- **September:** Rupi Dail, Donna Brown, Jeremy Jenkins, Mary Wilson, Tara Silva, Carol Raju

Each quarter, Quality Assurance selects a staff who has been an invaluable asset to the QA program. SYBH Staff Analyst, Beverly Griffith was recognized for her unflagging commitment to ensure that the recent Triennial Audit reflected the agency's values and commitment to excellence. Her incomparable skill and knowledge was nothing less than spectacular. Beverly is an integral part of ensuring SYBH maintains its dedication to providing exceptional services to the community.

Thank you Bev for all you do!!!
SUTTER-YUBA BEHAVIORAL HEALTH
PHOTO GALLERY

Sutter County Polo Triplets!
From left to right: Quality Assurance Medical Clerk, Trish Hull, SYBH Deputy Director of Clinical Services, Shannon Secrist, and Forensics Program Manager, Meredith Evans

SYBH Forensics’ Mascot, Sir Ulysses the Magnificent!

SYBH Case Management staff are SUPER!
From Left to right: Lisa Jones, Leandra Glazier, Wanda Short, Cole Evans, Lupe Gonzales, and Chai Thao

SYBH Halloween time!
From left to right: Megan Ginilo, Sandra Suarez, Heather Warner, Kristi Holladay, Carol Raju, Silky Sharma, Dawn Redmond, Sheela Zachariah, Diane Powell, and Meredith Evans

If you have any snapshots from SYBH events that you would like to share in the next edition, please submit them via email to thull@co.sutter.ca.us

Please make sure to include information regarding where the photo was taken, the name of all staff in the photo and any other information describing the photo.

Thank you.

Staff Art Award
Intervention Counselor, Kelani Johnson created this art work for the Recovery Happens Poster contest at the State Capital and won first place! Her poster represents strength and freedom. In Native American culture, the eagle is a symbol of victory, courage, and pride. It brings a message of renewed life and motivation to keep soaring.
I was pleased to learn the focus of our quarterly newsletter centered on outcomes. Several agencies including the External Quality Review Organizations (EQRO), the Mental Health Services Oversight and Accountability Commission (MHSOAC), the Department of Healthcare Services (DHCS), and the Little Hoover Commission, to name a few, have steadily increased their focus on use of quantitative data to assess whether or not county behavioral health departments are effectively meeting the needs of their consumers. Anecdotal evidence through consumer testimony captures the essence of the impact of our services, but does not provide a system-wide review nor does it capture the whole story of a behavioral health delivery system. We must have both qualitative and quantitative methods of inquiry to truly tell the story.

We have been discussing the importance of demonstrating the effectiveness of our services for nearly two years. We created a staff analyst position to specifically coordinate the reporting of our Mental Health Services Act programs and to measure (quantitatively and qualitatively) the effectiveness of our services. We have identified a set of social, emotional, and behavioral measures to quantify appropriate level of care, progress towards recovery, motivation to change, and symptom reduction related to a host of mental health disorders. Through the hard work and diligence of our superstar MHSA Coordinator and our Quality Assurance guru, we now have the ability to enter this data into our electronic healthcare record. The next step in this process is to effectively extract this data and create dashboards to showcase the excellent service we provide.

The ability to tell the story of our services to statewide entities is valuable for many reasons, but it is not as valuable as having the ability to better inform our practice. Knowing our areas of strengths and challenges will only help us better help the people depending on us. We have to be diligent about entering assessment scores into the electronic healthcare record at the prescribed intervals in order to produce meaningful data. This is a team effort and I am confident we have the best players.

**Q & A: HOW DO YOU USE DATA IN YOUR DAILY LIFE ?**

*We asked SYBH staff how they use data in their daily life, these were their responses:*

- **“I track my car’s gas mileage using an app on my iPhone. Mileage will vary, but a significant decrease could be an indicator that something is wrong and the car needs service.”** -Stephen A. Marshall, MPA– Deputy Director of Administrative Services

- **“We use data in our daily lives from exercise to sleep, for our mood and well-being. A good cup of joe from Starbucks using my app to order, placing my online grocery list, and shopping on Amazon”**.  
  -Becki Griffith, Medical Clerk II

- **“How many times can I snooze my alarm clock? Am I going to take the time to stop and grab a donut before work? Do I need to delete shows on the DVR with the new season about to begin? Data at it’s simplest is just information, and that is how I use it in my daily life.”**  
  -Darrin M. Whittaker, LMFT– Mental Health Therapist