Len Marowitz   July 6 2016

May 25, 2016

1. Entering into phase 2 of the Smart Form at UCD, which is a standardized medical screening instrument. This form is given to patients that present to an ED and require screening before being admitted into a psych hospital. If the screening tool is successful it will be implemented at other hospitals. If successful, there will be a drop in unneeded tests, saving both time and money.

2. There was a presentation from the Utilization Review Committee on trends and provider questions. Some current provider trends are:
   a. Still billing case management prior to a client plan being in place.
   b. Not being able to complete clinical documents on time.
   c. Client plans not being signed and nothing written in progress notes sometimes.
   d. Corrections to notes not being signed off on.
   e. Tool to be provided to help providers make corrections in errors.
   f. How to handle corrections when an employee leaves.
   g. DBHS considering having Avatar programmed to prevent incorrect entries.

3. Contract Provider Report:
   a. Referrals from hospitals have risen drastically
   b. High no show rate making it difficult to engage clients.
   c. Many reported problems with Avatar, running slowly thus unable to run reports.

June 22, 2016

1. Struggling to hire mental health workers, clinicians and nurses at the Mental Health Treatment Center (MHTC) which is expanding and clinicians for Access which has lost staff.

2. Approved for 2 more SB82 Crisis Teams. Have found ride-along model that police have been using is more effective so sheriff will use that model instead of calling the clinician and peer after the contact is made. After crisis intervention training, sheriff deputies often do not feel a need to call for assistance.

3. DBHS Cultural Competency (CC) Plan Objectives for 2016/17 include:
   a. Increase percentage of direct service staff by 5% annually.
   b. Maintain standard that 98% of staff identified as interpreters complete CC training.
   c. By end of 2016/17, 75% of staff and supervisors will have completed desired CC training.
   d. Monitor benchmarks of timeliness and access by race, ethnicity and language.
   e. Increase penetration rate in underserved populations by 1.5%.
   f. Increase retention rates in underserved populations overall to at least 53%.
   g. Determine if client outcomes are same regardless of ethnic group or primary language.
   h. Ensure progress in delivery of culturally competent services through biennial completion and analysis of a system-wide Agency Self-Assessment of Cultural Competence.