



**San Francisco**  
**Department of Public Health**

**BEHAVIORAL HEALTH SERVICES**  
**Mental Health Plan**

**Quality Improvement Work Plan (QIWP)**  
**Evaluation Report**

*July 1, 2024 – June 30, 2025 (FY 2024-2025)*

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## INTRODUCTION

This report describes the results of the San Francisco County Behavioral Health Services (BHS) Quality Improvement Work Plan for Fiscal Year 2024-2025. Each section provides the objectives, activities, data sources and results for our endeavors in each of the main content areas.

This report is divided into the following content areas:

1. Service capacity
2. Access to services
3. Quality of clinical care
4. Continuity and coordination of care
5. Safety of clinical care
6. Members' experience

In each Objective and Action, there is a note indicating whether the item will continue as a quality improvement effort the following year. This refers to whether the Objective or Action will be carried forward to the following year's Quality Improvement Work Plan. An item may not be carried forward to the following year's QI Workplan if it has become standard work and is no longer the focus of improvement efforts, or if it was a one-time activity that was completed.

# 1. Service Capacity

Goal 1: Ensure service type and location are geographically and appropriately distributed as appropriate to client needs and density.

<p><b>OBJECTIVE 1</b> Ensure Behavioral Health Services' mental health programs are strategically located in neighborhoods that reflect the geographic distribution of the client population.</p> <p><b>SCORE:</b>  <input checked="" type="checkbox"/> Met  <input type="checkbox"/> Partially met  <input type="checkbox"/> Not met</p> <p>Con't QI next year? <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>	<p><b>ACTION 1</b> By June 30, 2025, review geographic location of services and assess appropriateness given client density.</p> <p><b>STATUS</b>  <input checked="" type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p>Con't QI next year? <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>						
<p><b>PERFORMANCE DATA/OUTCOMES</b></p> <p>See Appendices A-B for detailed geographic map and table depicting both client density and program modalities:</p> <table border="1" data-bbox="109 841 961 984"> <thead> <tr> <th>APPENDIX</th> <th>TITLE</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Mental Health Client Density and Program Location CY2024</td> </tr> <tr> <td>B</td> <td>Mental Health Program Modality by Neighborhood</td> </tr> </tbody> </table>	APPENDIX	TITLE	A	Mental Health Client Density and Program Location CY2024	B	Mental Health Program Modality by Neighborhood	<p><b>PAST YEAR'S (FY 24-25) PROGRESS</b></p> <p><b>ACTION 1:</b> Density maps for clients served during CY2024 were produced and reviewed for mental health programs. The map illustrates the geographic distribution of clients served and treatment programs. The black buildings represent the programs and the colors in the legend correspond to the number of clients per square mile. Overall, the locations of clinics are well positioned in the areas of the city where our clients live, and the distance to programs is very short, typically within one mile. In addition to the maps, a table was produced with the count of programs by the modality of service within each neighborhood.</p>
APPENDIX	TITLE						
A	Mental Health Client Density and Program Location CY2024						
B	Mental Health Program Modality by Neighborhood						

## 2. Access to Services

### Goal 2: Ensure timeliness of initial and urgent mental health appointments.

<p><b>OBJECTIVE 1</b> By June 30, 2025, evaluate utilization of BHS services.</p> <p><b>SCORE:</b>  <input type="checkbox"/> Met  <input checked="" type="checkbox"/> Partially met  <input type="checkbox"/> Not met</p> <p>Con't QI next year? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><b>ACTION 1</b> Monitor the unique number of members who accessed Specialty Mental Health Services (SMHS).</p> <p><b>STATUS</b>  <input checked="" type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p>Con't QI next year? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><b>ACTION 2</b> Monitor the number of members who accessed SMHS by level of care.</p> <p><b>STATUS</b>  <input type="checkbox"/> Completed  <input checked="" type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p>Con't QI next year? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><b>ACTION 3</b> Monitor the unique number of members who accessed SMHS by age and race/ethnicity.</p> <p><b>STATUS</b>  <input checked="" type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p>Con't QI next year? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</p>																																																																														
<p><b>PERFORMANCE DATA/OUTCOMES</b></p> <p><b>ACTION 1:</b> 15,095 clients received a specialty mental health service during FY24-25</p> <p><b>ACTION 3:</b></p> <table border="1"> <thead> <tr> <th>Age Group</th> <th>Distinct Clients</th> <th>Percentage</th> <th>DPH Race and Ethnicity</th> <th>Distinct Clients</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>0-5</td> <td>698</td> <td>3%</td> <td>Hispanic or Latino/a, all races</td> <td>4107</td> <td>27%</td> </tr> <tr> <td>6-11</td> <td>1481</td> <td>7%</td> <td>White</td> <td>3680</td> <td>24%</td> </tr> <tr> <td>12</td> <td>721</td> <td>3%</td> <td>Black or African American</td> <td>2838</td> <td>19%</td> </tr> <tr> <td>13</td> <td>819</td> <td>4%</td> <td>Asian</td> <td>2800</td> <td>19%</td> </tr> <tr> <td>14</td> <td>861</td> <td>4%</td> <td>Other</td> <td>892</td> <td>6%</td> </tr> <tr> <td>15</td> <td>876</td> <td>4%</td> <td>Unknown</td> <td>350</td> <td>2%</td> </tr> <tr> <td>16</td> <td>891</td> <td>4%</td> <td>Multi-ethnic</td> <td>236</td> <td>2%</td> </tr> <tr> <td>17</td> <td>850</td> <td>4%</td> <td>Native American</td> <td>103</td> <td>1%</td> </tr> <tr> <td>18-25</td> <td>1971</td> <td>9%</td> <td>Native Hawaiian or Pacific Islander</td> <td>90</td> <td>1%</td> </tr> <tr> <td>26-29</td> <td>1488</td> <td>7%</td> <td></td> <td></td> <td></td> </tr> <tr> <td>30-59</td> <td>7794</td> <td>36%</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Over 60</td> <td>3345</td> <td>15%</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Age Group	Distinct Clients	Percentage	DPH Race and Ethnicity	Distinct Clients	Percentage	0-5	698	3%	Hispanic or Latino/a, all races	4107	27%	6-11	1481	7%	White	3680	24%	12	721	3%	Black or African American	2838	19%	13	819	4%	Asian	2800	19%	14	861	4%	Other	892	6%	15	876	4%	Unknown	350	2%	16	891	4%	Multi-ethnic	236	2%	17	850	4%	Native American	103	1%	18-25	1971	9%	Native Hawaiian or Pacific Islander	90	1%	26-29	1488	7%				30-59	7794	36%				Over 60	3345	15%				<p><b>PAST YEAR'S (FY 24-25) PROGRESS</b></p> <p><b>ACTION 2:</b> We are actively working to categorize all our BHS programs into a level of care</p>
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**OBJECTIVE 2**

By June 30, 2025, 80% of individuals requesting mental health outpatient services will have been offered an appointment within 10 business days of request for services.

**SCORE:**

- Met  
 Partially met  
 Not met

Con't QI next year? Y N

**ACTION 1**

Monitor the length of time from initial request to first offered appointment on a quarterly basis to identify areas for improvement.

**STATUS**

- Completed  
 In progress  
 Changed/delayed

Con't QI next year? Y N

**PERFORMANCE DATA/OUTCOMES**

	Overall	AOA	TAY	CYF
Percent of first offered appointment within 10 business days	52.8%	53.5%	63.9%	50%
Mean business days to first offered appointment	18.4	17.9	17.1	20.0
Median business days to first offered appointment	9.0	9.0	4.0	10.5

AOA Time to First Offered Appointment	Number of clients	Mean business day to first offered appointment
Asian, Native Hawaiian, Pacific Islander	246	14.1
Black/African American	371	14.0
Hispanic or Latino/a all races	617	27.3
Multi-ethnic	16	19.3
Native American	13	9.6
Other	142	19.7
Unknown	79	7.9
White	510	12.5
<b>Total</b>	<b>1994</b>	

**PAST YEAR'S (FY 24-25) PROGRESS**

**ACTION 1:** Overall, 52.8% of clients received services within 10 business days. TAY had the shortest median time to service (4 business days), while CYF had the longest (10.5 business days). Within AOA, service business days varied by race/ethnicity. Hispanic or Latino/a clients faced the longest mean business days to service (27.3 business days), while Native American and clients with unknown race had the shortest mean business days to first offered appointment from request to service (9.6 and 7.9 business days).

**OBJECTIVE 3**

By June 30, 2025, 80% of individuals requesting psychiatry services will have been offered an appointment 15 business days of request for services.

**SCORE:**

- Met  
 Partially met  
 Not met

Con't QI next year?  Y  N

**ACTION 1**

Monitor the length of time from initial request to first offered appointment on a quarterly basis to identify areas for improvement.

**STATUS**

- Completed  
 In progress  
 Changed/delayed

Con't QI next year?  Y  N

**PERFORMANCE DATA/OUTCOMES**

	Overall	AOA	TAY	CYF
Percent of first offered psychiatry appointments within 15 business days	82.5%	83.8%	62.5%	77.8%
Mean business days to first offered psychiatry appointment	8.9	7.9	15.6	12.8
Median business days to first offered psychiatry appointment	5.0	5.0	15.0	9.0

AOA Time to First Offered Psychiatry Appointment	Number of clients	Mean business day to first delivered service
Asian, Native Hawaiian, Pacific Islander	136	6.8
Black/African American	75	7.1
Hispanic or Latino/a all races	124	11.6
Multi-ethnic	7	5.0
Native American	13	3.5
Other	30	7.2
Unknown	20	7.9
White	142	6.3
<b>Total</b>	<b>536</b>	

**PAST YEAR'S (FY 24-25) PROGRESS**

**ACTION 1:** Overall, 82.5% of clients received services within 15 days. AOA had the shortest average time to service (7.9 business days), while TAY had the longest average time to service (15.6 business days). Within AOA, service business days varied by race/ethnicity. White and Native American clients faced the shortest mean days to service (6.3 and 3.5 business days), while Hispanic or Latino/a all races clients had the longest mean days to service (11.6 business days).

**OBJECTIVE 4**

By June 30, 2025, 80% of individuals assessed as having urgent mental health conditions will be offered an urgent appointment within 48 hours.

**SCORE:**

- Met  
 Partially met  
 Not met

Con't QI next year?  Y  N

**PERFORMANCE DATA/OUTCOMES**

	Overall	Adult	Child
Percent of urgent first offered appointment within 48 hours	94.9%	92.5%	98.2%
Mean hours to first offered urgent appointment	11.5	13.7	8.2
Median hours to first offered urgent appointment	1.4	1.8	1.1

Adult Time to Urgent First Offered Appointment	Number of clients	Mean hours to first offered urgent appointment
Asian, Native Hawaiian, Pacific Islander	30	15.9
Black/African American	27	10.6
Hispanic or Latino/a al races	20	22.5
Multi-ethnic	2	13.2
Native American	1	9.6
Other	8	0.8
Unknown	9	21.2
White	64	11.3
<b>Total</b>	<b>161</b>	

**ACTION 1**

Monitor the length of time from initial request to first offered appointment on a quarterly basis to identify areas for improvement.

**STATUS**

- Completed  
 In progress  
 Changed/delayed

Con't QI next year?  Y  N

**PAST YEAR'S (FY 24-25) PROGRESS**

**Action 1:** Overall, 94.9% of clients were offered urgent appointments within 48 hours. Children had the shortest mean hours, with 98.2% receiving timely services and median hours for an urgent appointment was one hour. Adults lagged, with 92.5% seen in 48 hours and longer mean hours to urgent appointment (13.7 hours). By race, White, clients with unknown race and Hispanic or Latino/a clients experienced the longest mean time to urgent appointment (11.3, 21.2 and 22.5 hours).

<p><b>OBJECTIVE 4</b> By June 30, 2025, 80% of Behavioral Health Access Line calls for request for services will have an appropriate scheduled appointment.</p> <p><b>SCORE:</b>  <input checked="" type="checkbox"/> Met  <input type="checkbox"/> Partially met  <input type="checkbox"/> Not met</p> <p>Con't QI next year? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</p>	<p><b>ACTION 1</b> Monitor the rate of calls for services with a scheduled appointment and disaggregate by routine or urgent appointments. Review results and identify areas for improvement.</p> <p><b>STATUS</b>  <input checked="" type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p>Con't QI next year? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</p>						
<p><b>PERFORMANCE DATA/OUTCOMES</b></p> <table border="1" data-bbox="113 643 772 776"> <thead> <tr> <th>Calls for request to service</th> <th># of request with a scheduled appointment</th> <th>Rate of request with scheduled appointments</th> </tr> </thead> <tbody> <tr> <td>1957</td> <td>1569</td> <td>80%</td> </tr> </tbody> </table> <p>Additionally, 20 urgent calls required a response with our Comprehensive Crisis Services.</p>	Calls for request to service	# of request with a scheduled appointment	Rate of request with scheduled appointments	1957	1569	80%	<p><b>PAST YEAR'S (FY 24-25) PROGRESS</b></p> <p>When a caller calls to request for mental health services, our BHAL team screens the caller for medical necessity, and/or criteria for level of care. Among callers who meet criteria for specialty mental health, staff will support the caller with scheduling an appointment with a clinic that meets their needs (80%). However, some clinics do not use or access the Epic system, which prohibits staff from scheduling an appointment for the caller to that clinic. Instead, a referral is sent to the clinic for their staff to follow up with the caller. Referrals to these clinics are main reason for the 20% of callers who seek service and do not end up with a scheduled appointment by the end of their call.</p>
Calls for request to service	# of request with a scheduled appointment	Rate of request with scheduled appointments					
1957	1569	80%					

### 3. Quality of Clinical Care

#### Goal 3: Use quantitative measures to assess performance and to identify and prioritize area(s) for improvement.

<p><b>OBJECTIVE 1</b> By June 30, 2025 develop baseline data to the MHP <a href="#">Behavioral Health Accountability Set</a> (BHAS) including:</p> <ul style="list-style-type: none"> <li>i. Antidepressant Medication Management, Acute (AMM - Acute)</li> <li>ii. Antidepressant Medication Management, Continuous (AMM - Continuous)</li> <li>iii. Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)</li> <li>iv. Follow-Up After Emergency Department Visit for Mental Illness - 30 days (FUM - 30 Days)</li> <li>v. Follow-Up After Hospitalization for Mental Illness - 30 Days (FUH - 30 Days)</li> <li>vi. Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)</li> </ul> <p><b>SCORE:</b>  <input checked="" type="checkbox"/> Met   <input type="checkbox"/> Partially met   <input type="checkbox"/> Not met</p> <p>Con't QI next year? <input checked="" type="checkbox"/> Y   <input type="checkbox"/> N</p>	<p><b>ACTION 1</b> By June 13, 2025, complete the source code using HEDIS technical specifications to calculate the rates to each of the BHAS for measurement years 2023 and 2024.</p> <p><b>STATUS</b>  <input checked="" type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p>Con't QI next year? <input type="checkbox"/> Y   <input checked="" type="checkbox"/> N</p>	<p><b>ACTION 2</b> By June 30, 2025, review BHAS rates with BHS leaders and identify areas for improvement.</p> <p><b>STATUS</b>  <input checked="" type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p>Con't QI next year? <input checked="" type="checkbox"/> Y   <input type="checkbox"/> N</p>																																																										
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<p><b>OBJECTIVE 1</b> By February 28, 2025 obtain approval from HSAG to a clinical Performance Improvement Project (PIP)</p> <p><b>SCORE:</b>  <input checked="" type="checkbox"/> Met  <input type="checkbox"/> Partially met  <input type="checkbox"/> Not met</p> <p>Con't QI next year? <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>	<p><b>ACTION 1</b> By January 15, 2025, review preliminary BHAS data to identify measures with areas for improvement.</p> <p><b>STATUS</b>  <input checked="" type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p>Con't QI next year? <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>	<p><b>ACTION 2</b> By January 15, 2025, submit PIP Topic Selection Form to HSAG for approval of PIP topics.</p> <p><b>STATUS</b>  <input checked="" type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p>Con't QI next year? <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>
<p><b>PERFORMANCE DATA/OUTCOMES</b></p> <p>On February 12, 2025, HSAG approved BHS' clinical PIP topic to improve adherence to antipsychotic medications for individuals with schizophrenia.</p>	<p><b>PAST YEAR'S (FY 24-25) PROGRESS</b></p> <p><b>Action 1:</b> In early January 2025, BHS reviewed BHAS preliminary rates to identify measures with opportunities for improvement. The preliminary rates showed a large gap in adherence rate to antipsychotic medications for individuals with schizophrenia. Thus, BHS selected this topic as the clinical PIP.</p> <p><b>Action 2:</b> On January 15, 2025, BHS submitted the PIP Topic Selection Form to HSAG for approval of the clinical PIP topic to improve adherence to antipsychotic medications for individuals with schizophrenia. On February 12, 2025, HSAG approved BHS' clinical PIP topic to improve adherence to antipsychotic medications for individuals with schizophrenia.</p>	

## 4. Continuity and Coordination of Care

Goal 4: Ensure data sharing to support care coordination between transitions in care, including medical and mental health services.

<p><b>OBJECTIVE 1</b> By June 30, 2025, have fully executed MOUs and data sharing agreements with SF Managed Care Plans to support care coordination and quality performance measure reporting.</p> <p><b>SCORE:</b>  <input type="checkbox"/> Met  <input checked="" type="checkbox"/> Partially met  <input type="checkbox"/> Not met</p> <p>Con't QI next year? <input type="checkbox"/>Y <input checked="" type="checkbox"/>N</p>	<p><b>ACTION 1</b> Fully execute MOUs and data sharing agreements with San Francisco Health Plan.</p> <p><b>STATUS</b>  <input checked="" type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p>Con't QI next year? <input type="checkbox"/>Y <input checked="" type="checkbox"/>N</p>	<p><b>ACTION 2</b> Fully execute MOUs and data sharing agreements with Anthem Blue Cross.</p> <p><b>STATUS</b>  <input type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input checked="" type="checkbox"/> Changed/delayed</p> <p>Con't QI next year? <input type="checkbox"/>Y <input checked="" type="checkbox"/>N</p>	<p><b>ACTION 3</b> Fully execute MOUs and data sharing agreements with Kaiser Permanente.</p> <p><b>STATUS</b>  <input type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input checked="" type="checkbox"/> Changed/delayed</p> <p>Con't QI next year? <input type="checkbox"/>Y <input checked="" type="checkbox"/>N</p>												
<p><b>PERFORMANCE DATA/OUTCOMES</b></p> <table border="1" data-bbox="111 846 1041 976"> <thead> <tr> <th>Action #</th> <th>Health Plan Name</th> <th>MOU executed date</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>San Francisco Health Plan</td> <td>2/2/2023</td> </tr> <tr> <td>2</td> <td>Anthem Blue Cross</td> <td>10/21/2025</td> </tr> <tr> <td>3</td> <td>Kaiser Permanente</td> <td>11/24/2025</td> </tr> </tbody> </table>		Action #	Health Plan Name	MOU executed date	1	San Francisco Health Plan	2/2/2023	2	Anthem Blue Cross	10/21/2025	3	Kaiser Permanente	11/24/2025	<p><b>PAST YEAR'S (FY 24-25) PROGRESS</b></p> <p>By the end of November 2025, all MOUs and data sharing agreements have been fully executed. There were delays in completing data sharing agreements with Anthem Blue Cross and Kaiser Permanente due to careful considerations in handling ongoing care coordination and exchange of sensitive patient information.</p> <p>Currently, BHS Quality Management is coordinating with each health plan on data sharing strategies to support care coordination, quality improvement, and reporting requirements.</p>	
Action #	Health Plan Name	MOU executed date													
1	San Francisco Health Plan	2/2/2023													
2	Anthem Blue Cross	10/21/2025													
3	Kaiser Permanente	11/24/2025													

## 5. Safety of Clinical Care

### Goal 5: Monitor provider reported issues.

<p><b>OBJECTIVE 1</b> By December 31, 2024, publish the Annual Quality of Care Report for FY23-24.</p> <p><b>SCORE:</b>  <input checked="" type="checkbox"/> Met  <input type="checkbox"/> Partially met  <input type="checkbox"/> Not met</p> <p>Con't QI next year? <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>	<p><b>ACTION 1</b> Review quality of care reports at monthly Risk Management meetings and identify areas for improvement.</p> <p><b>STATUS</b>  <input checked="" type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p>Con't QI next year? <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>
<p><b>PERFORMANCE DATA/OUTCOMES</b></p> <p>The FY 23-24 Annual Quality of Care Report was completed and provided to the BHS Leadership Team for their review and dissemination on 3.21.25. (See <b>Appendix C.</b>) This report provides aggregate findings based upon incident reports submitted by our providers across Behavioral Health Services. Information pertaining to the AOA SOC is captured on pages 1-18, and the CYF SOC findings are on pages 19-28. As reportable incidents involving our members and programs help us identify areas for improvement, system barriers identified through conducting critical incident reviews are reflected on pages 29-30.</p>	<p><b>PAST YEAR'S (FY 24-25) PROGRESS</b></p> <p>The purpose of the Risk Management Committee is to oversee the investigation and review of adverse events as reported through the Quality of Care Reporting System with particular attention to matters that may affect the provision of care to behavioral health members. As such, the duties of the committee are to identify both general trends and specific cases of potential risk in the clinical aspects of member care and safety, and to recommend corrections or interventions to reduce risk. Where indicated, these issues are brought to the appropriate Quality Improvement forum, BHS's administration, or another appropriate body within the BHS's organization.</p> <p><b>Action 1:</b> Please see <b>Appendix C</b> for system issues or barriers identified during FY 23-24.</p>

<p><b>OBJECTIVE 2</b> By June 30, 2025, identify trends in Private Provider Network (PPN) provider appeals to inform system improvements.</p> <p><b>SCORE:</b>  <input checked="" type="checkbox"/> Met  <input type="checkbox"/> Partially met  <input type="checkbox"/> Not met</p> <p>Con't QI next year? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><b>ACTION 1</b> Gather all appeals from PPN clinicians and create trend report, sorted by provider and reason for appeal. Present results to SOC-QIC for action if necessary.</p> <p><b>STATUS</b>  <input checked="" type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p>Con't QI next year? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</p>
<p><b>PERFORMANCE DATA/OUTCOMES</b></p> <p>For FY 24-25, The PPN had a total of 18 appeals. The reasons for appeals include 5 for Returned Mail, 4 for Lost in Mail, 4 for Late due to Illness, 3 for Untimely, 1 for Untimely and Rate Appeal, and 1 for Illness/Death in Family.</p>	<p><b>PAST YEAR'S (FY 24-25) PROGRESS</b></p> <p><b>Action 1:</b></p> <p>To reduce appeals the PPN has implemented a new Electronic Health Record (EHR). The EHR will allow PPN to eliminate paper claims. Eliminating paper claims should reduce the number of appeals significantly based on the findings from FY 24-25. 50% of appeals were associated with issues that occurred during mailing.</p> <p>The EHR allows staff to monitor billing errors in order to support the provider with correcting errors before a claim with an error is submitted for reimbursement. Staff are also providing one-to-one support as well as group training sessions for improving billing practices.</p>

## 6. Members' Experience

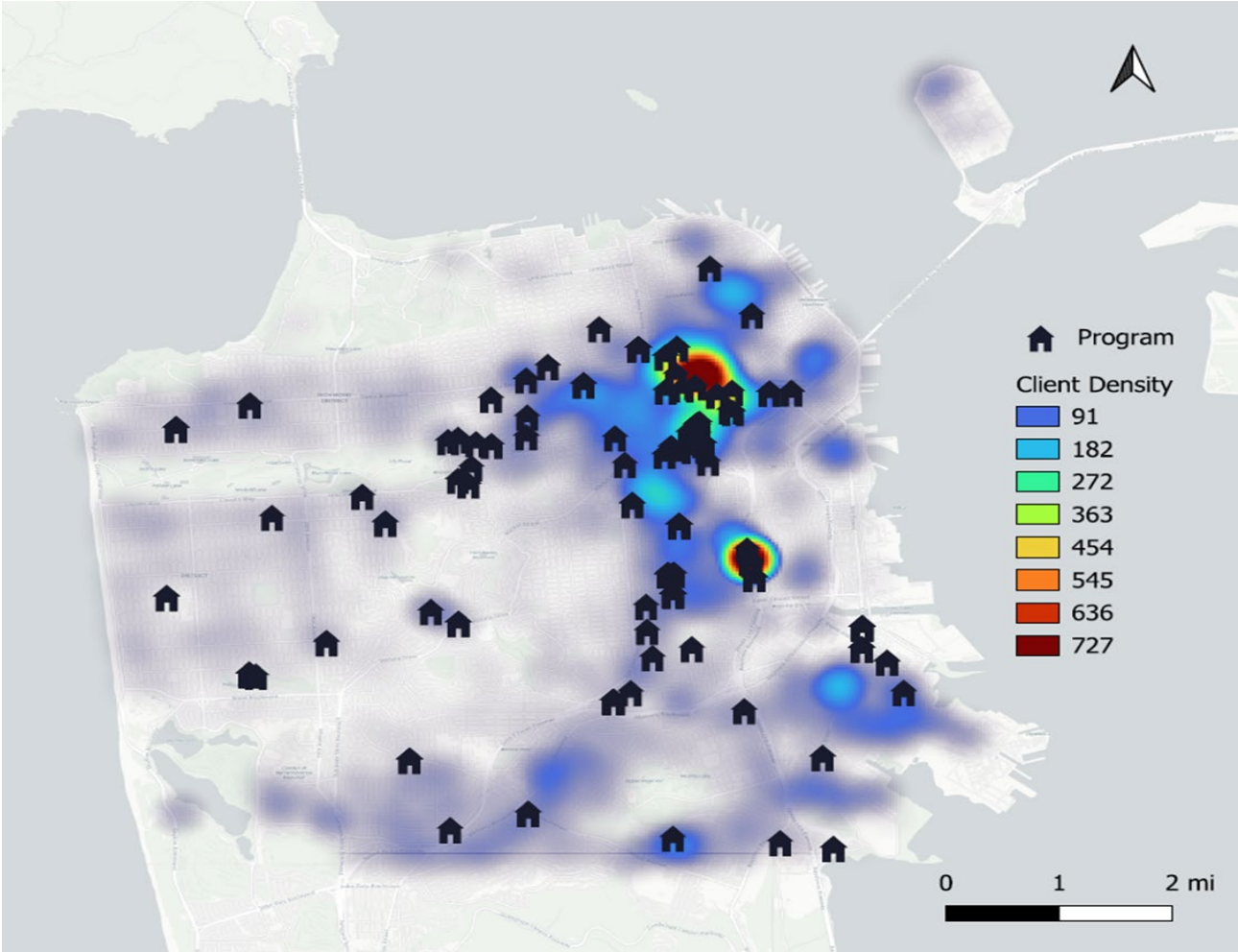
### Goal 6: Monitor member's satisfaction, grievance, and appeals.

<p><b>OBJECTIVE 1</b> By June 30, 2025, at least 80% of clients will report being satisfied with their care, as indicated by an average score of 3.5 or higher on the Substance Use Consumer Perception Survey (CPS).</p> <p><b>SCORE:</b>  <input checked="" type="checkbox"/> Met  <input type="checkbox"/> Partially met  <input type="checkbox"/> Not met</p> <p>Con't QI next year? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><b>ACTION 1</b> Collect and analyze consumer satisfaction results from all substance abuse treatment programs to determine areas of improvement.</p> <p><b>STATUS</b>  <input checked="" type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p>Con't QI next year? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><b>ACTION 2</b> Provide individualized feedback to programs regarding client satisfaction.</p> <p><b>STATUS</b>  <input checked="" type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p>Con't QI next year? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</p>															
<p><b>PERFORMANCE DATA/OUTCOMES</b></p> <p><b>BHS Results from Spring 2024 Mental Health Consumer Perception Survey (CPS)</b></p> <table border="1"> <thead> <tr> <th></th> <th>Overall</th> <th>Adult/Older Adult Survey</th> <th>Youth/Family Survey</th> </tr> </thead> <tbody> <tr> <td><b>Number of completed surveys</b></td> <td>1521</td> <td>947</td> <td>574</td> </tr> <tr> <td><b>Percentage satisfied</b></td> <td>95%</td> <td>84%</td> <td>97%</td> </tr> <tr> <td><b>Percentage of surveys returned</b></td> <td>78%</td> <td>75%</td> <td>86%</td> </tr> </tbody> </table>		Overall	Adult/Older Adult Survey	Youth/Family Survey	<b>Number of completed surveys</b>	1521	947	574	<b>Percentage satisfied</b>	95%	84%	97%	<b>Percentage of surveys returned</b>	78%	75%	86%	<p><b>PAST YEAR'S (FY 24-25) PROGRESS</b></p> <p>The Consumer Perception Survey (CPS), which is the client satisfaction survey completed by mental health treatment clients was conducted in the Spring of 2024. The survey was distributed to outpatient mental health treatment clients who received face-to-face services during May 6-10, 2024. The raw data became available for analysis in February 2025.</p> <p>Results showed that 95% of mental health treatment clients were satisfied with their care, defined as a mean overall score of 3.5 or higher. The return rate was 78%.</p> <p>A Power BI dashboard showing the BHS system-wide and program-level CPS results was distributed to BHS outpatient programs through Quality Management's internal SharePoint site; it was shared with a Program's director or other designated person.</p> <p>In addition, a public dashboard, that suppresses small numbers to protect client privacy, was posted on the public SFDPH website: <a href="https://www.sf.gov/client-perception-survey-results-spring-2024">https://www.sf.gov/client-perception-survey-results-spring-2024</a></p> <p>Open-ended comments were transcribed, and translation was obtained for non-English comments. The comments were shared with System of Care managers.</p>
	Overall	Adult/Older Adult Survey	Youth/Family Survey														
<b>Number of completed surveys</b>	1521	947	574														
<b>Percentage satisfied</b>	95%	84%	97%														
<b>Percentage of surveys returned</b>	78%	75%	86%														

<p><b>OBJECTIVE 1</b> By June 30, 2025, continue to ensure that 100% review of grievances, appeals, and fair hearings and identify system improvement issues as needed.</p> <p><b>SCORE:</b>  <input checked="" type="checkbox"/> Met  <input type="checkbox"/> Partially met  <input type="checkbox"/> Not met</p> <p>Con't QI next year? <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>	<p><b>ACTION 1</b> Collect and analyze grievances, appeals, fair hearings, and requests to change persons providing services in order to examine patterns that may inform the need for changes in policy or programming.</p> <p><b>STATUS</b>  <input checked="" type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p>Con't QI next year? <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>	<p><b>ACTION 2</b> The Risk Management Committee will analyze trend reports in order to identify any areas needing improvement. Areas for improvement will be presented to the SOC-QIC and/or other management, provider, and consumer forums.</p> <p><b>STATUS</b>  <input checked="" type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p>Con't QI next year? <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>
<p><b>PERFORMANCE DATA/OUTCOMES</b></p> <p>During FY 24-25, there were a total 67 grievances, 7 appeals, and 1 fair hearing across Behavioral Health Services. Specific to Mental Health, there were 48 grievances, 4 appeals, and 1 fair hearing. See <b>Appendix D</b> for Annual Grievance and Appeal Report for FY 24-25.</p>		<p><b>PAST YEAR'S (FY 24-25) PROGRESS</b></p> <p><b>Action 1:</b> Information about grievances and appeals are entered into a Risk Management database and then sorted and reviewed for possible patterns that may inform the need for changes in policy or programming. These trend reports are routinely analyzed at the monthly Risk Management Committee.</p> <p><b>Action 2:</b> Based upon trend reports, subsequent recommendations for quality improvement activities are made in various forums such as the Medication Use and Improvement Committee, the Adult/Older Adult QIC, the Children, Youth &amp; Family QIC, the Substance Use Disorder QIC, and the System of Care QIC. Recommendations for system improvements are provided in <b>Appendix E</b>.</p>

# Appendix A: Mental Health Client Density and Program Location CY2024

<b>Number served:</b>	15,637
<b>Geocoded:</b>	14,437
<b>Out of San Francisco:</b>	922
<b>No address:</b>	278



## Appendix B: Number of Mental Health Treatment Programs by Neighborhood

Neighborhood	Court	Crisis	Independent Living	ICM	Linkage Service	Low Threshold	Intensive Outpatient	Outpatient	Residential Treatment	Screening	Skilled Nursing Facility	Vocational	Wraparound and Other Services	Total
Bayview Hunters Point	0	3	0	0	0	1	4	8	0	1	0	0	2	19
Bernal Heights	0	0	0	0	0	0	0	1	3	0	0	0	0	4
Chinatown	0	0	0	0	0	0	0	2	0	0	0	0	0	2
Haight Ashbury	0	0	0	0	0	0	0	2	1	0	0	0	0	3
Hayes Valley	0	0	0	0	0	0	0	2	0	0	0	0	0	2
Inner Sunset	0	1	0	0	0	0	0	1	1	0	0	0	0	3
Japantown	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Lone Mountain/USF	0	1	0	0	0	0	1	3	2	0	0	0	0	7
Mission	0	2	0	5	0	0	6	18	1	2	0	0	1	35
Nob Hill	0	0	0	1	0	0	1	2	0	0	0	0	0	4
Oceanview/Merced/Ingleside	0	0	0	0	0	0	1	3	0	0	0	0	0	4
Outer Mission	0	0	0	0	0	0	4	2	0	0	0	0	1	7
Outer Richmond	0	0	0	0	0	0	1	5	0	0	0	0	0	6
Pacific Heights	0	0	0	0	0	0	0	1	1	0	0	0	0	2
Portola	0	0	0	0	0	0	0	1	0	0	0	0	0	1
South of Market	0	3	0	4	5	0	2	17	1	0	0	1	0	33
Sunset/Parkside	0	1	0	0	0	0	2	5	0	0	0	0	0	8
Tenderloin	1	0	0	0	0	0	0	3	0	0	0	0	0	4
Twin Peaks	0	0	0	0	0	0	1	2	0	0	0	0	0	3
Visitacion Valley	0	0	0	0	0	1	0	0	0	0	0	0	0	1
West of Twin Peaks	0	0	2	0	0	0	0	0	0	0	0	0	0	2
Western Addition	0	0	0	5	1	0	1	3	1	0	0	0	0	11
Not in San Francisco	0	0	1	0	0	0	1	3	0	0	1	0	0	6
<b>CY2024 Total</b>	<b>1</b>	<b>11</b>	<b>3</b>	<b>15</b>	<b>6</b>	<b>2</b>	<b>25</b>	<b>85</b>	<b>11</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>4</b>	<b>168</b>

## Appendix C: FY 23-24 Annual Quality of Care Report

Behavioral Health Services' Quality Management and Regulatory Affairs unit oversees the review, evaluation, and investigation of reported incidents to address issues involving quality of care and to identify both general trends and specific cases of potential risk as part of a comprehensive quality improvement effort. This document provides aggregate information about quality of care incidents reported by providers within Behavioral Health Services and identifies system issues recommended by the Risk Management Committee. Information pertaining to our *Adult & Older Adult (AOA)* and *Children, Youth & Families (CYF)* systems of care is reported separately.

### **Adult & Older Adult System of Care (AOA SOC)**

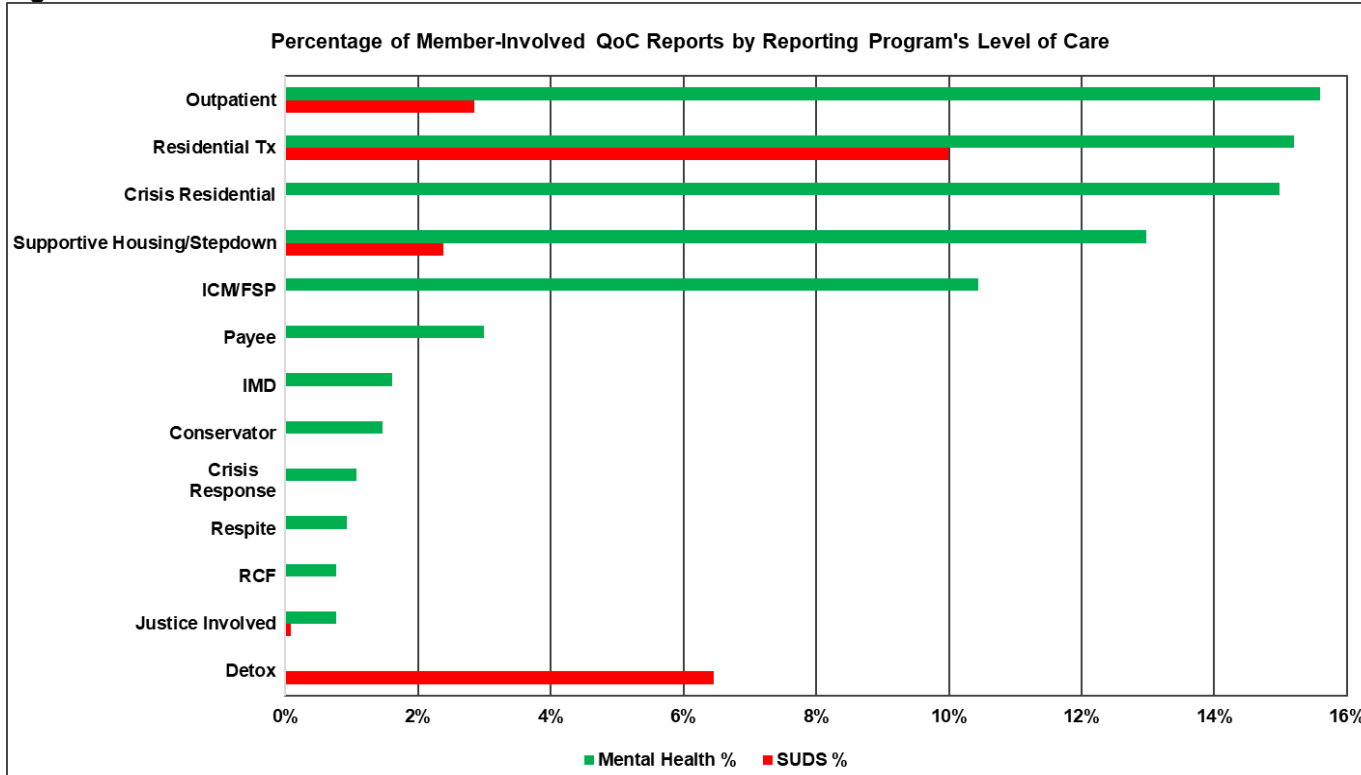
**Figure 1** reflects incident reports by event category received from BHS providers within the AOA SOC, including the Transitional Age Youth System of Care and the Private Provider Network. Compared to the prior fiscal year, FY 23-24 reflects predominantly increases across the categories with a 17% increase in overall reporting. Compared to the prior fiscal years, there appears to be a reversal of what was an overall downward reporting trend due to the impact of the public health crisis.

Figure 1

<b>Quality of Care Report Summary for Adult/Older Adult SOC by Event Category</b>	<b>FY 18-19</b>	<b>FY 19-20</b>	<b>FY 20-21</b>	<b>FY 21-22</b>	<b>FY 22-23</b>	<b>FY 23-24</b>	<b>% Difference between FY 23-24 and Prior FY</b>
Violent Behavior	217	142	116	94	128	95	-26%
Sexual Assault/Misconduct	12	6	7	5	9	12	+33%
Suicide Attempt	15	20	10	5	14	15	+7%
Medication Related	116	98	100	117	93	122	+31%
Unethical Conduct	3	6	4	4	2	4	+100%
Member Death	139	158	174	197	187	203	+9%
Mandatory and Other Reporting	98	103	85	118	91	110	+21%
Service Disruption	18	25	14	28	21	25	+19%
Injury, Accident, Acute Medical Problem	570	567	473	384	344	399	+16%
PHI Breach	9	10	9	10	12	10	-17%
Unauthorized Absence in 24 Hr Setting	251	150	40	27	64	110	+72%
Other	197	172	185	151	152	196	+29%
<b>Total</b>	<b>1645</b>	<b>1457</b>	<b>1217</b>	<b>1140</b>	<b>1117</b>	<b>1301</b>	<b>+17%</b>

Of the total 1301 incident reports received in FY 23-24, 1254 or 96% were member-involved incidents. Of these member-involved incidents, approximately 78% were submitted by mental health services and the remaining 22% by substance use disorder services. Across the AOA SOC, residential treatment accounted for 25% of all member-involved incidents, followed by outpatient at 18%, supportive housing/step-down and crisis residential each at 15%, ICM/FSP at 10.5%, detox at 7%, payee at 3%, and the remaining levels of care at 1.5% or less. **Figure 2** provides a percentage breakdown of the member-involved incidents in FY 23-24 across mental health and substance use disorder services by the reporting program's level of care. (Note that not every level of care depicted is applicable to both mental health and substance use disorder services.)

**Figure 2**



The 1254 member-involved incidents pertained to 864 unduplicated clients suggesting that approximately 31% of member-involved incidents were due to multiple incidents involving the same unduplicated client count during FY 23-24. **Figure 3** depicts this unique count of members by ethnicity and gender. White comprised 43% of the UDC followed by African American/Black at 28%, Latinx at 13%, Asian at 9%, and all other ethnicities each at 4% or less. Males comprise 66% of the UDC followed by females at 32%, and trans female and trans male each at 1.5% or less.

**Figure 3**

<i>ETHNICITY</i>	<i>FEMALE</i>	<i>MALE</i>	<i>TRANS FEMALE</i>	<i>TRANS MALE</i>	<i>UNDUPLICATED CLIENT COUNT</i>
African American/Black	85	153	1		<b>239</b>
Asian	29	51			<b>80</b>
Latinx	34	78	2	1	<b>115</b>
Multi-Ethnic	20	12			<b>32</b>
Native American	7	8	1		<b>16</b>
Native Hawaiian or OPI	3	6			<b>9</b>
White	100	264	9		<b>373</b>
<b>TOTAL</b>	<b>278</b>	<b>572</b>	<b>13</b>	<b>1</b>	<b>864</b>

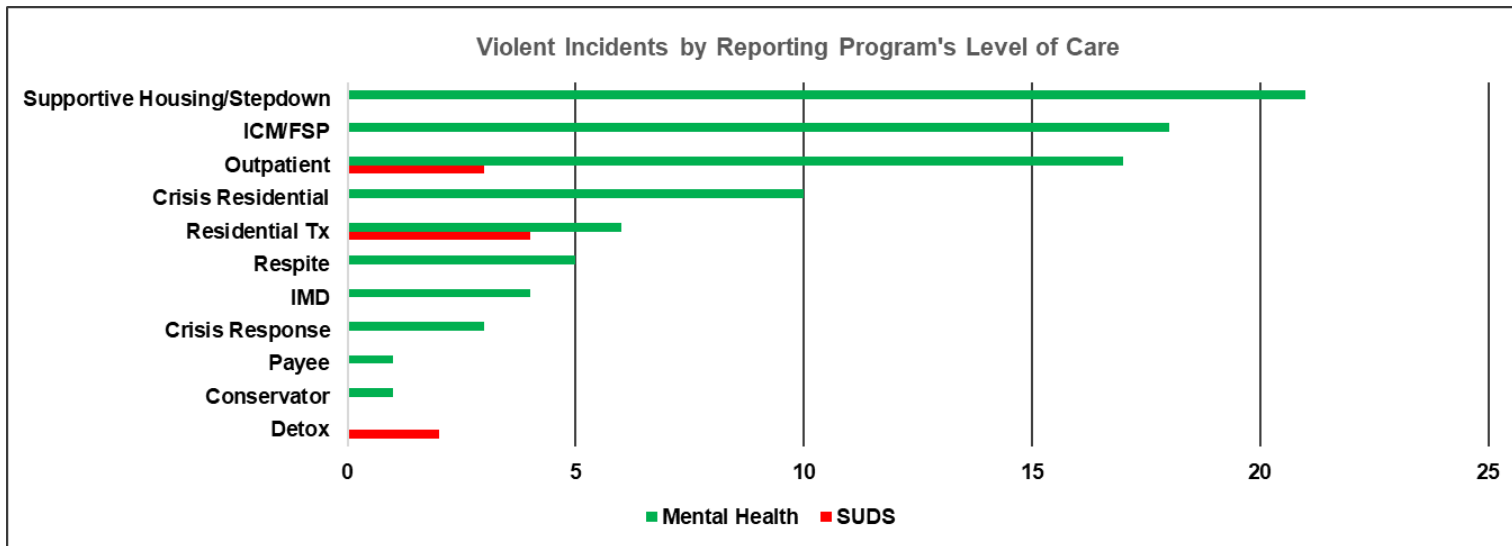
**Figure 4** reflects the category of *violent behavior* broken down by its specific event types across the last six fiscal years. Compared to the prior fiscal year, FY 23-24 shows decreases across most event types with a 26% overall decrease in the reporting of violent behavior.

**Figure 4**

<b>AOA SOC VIOLENT BEHAVIOR by EVENT TYPE</b>	<b>FY 18-19</b>	<b>FY 19-20</b>	<b>FY 20-21</b>	<b>FY 21-22</b>	<b>FY 22-23</b>	<b>FY 23-24</b>	<b>% Diff Prior FY</b>
1.01 Physical assault by a member on staff requiring emergency medical intervention	3	0	0	0	3	2	-33%
1.02 Physical assault between members requiring emergency medical intervention	8	3	5	3	3	7	+133%
1.03 Homicide	1	0	1	1	3	0	-100%
1.04 Verbally or physically threatening behavior by a member (includes Tarasoff warnings)	78	55	41	33	38	24	-37%
1.05 Physical assault by a member on staff NOT requiring emergency medical intervention	13	9	6	3	8	12	+50%
1.06 Physical assault between members NOT requiring emergency medical intervention	31	13	4	14	13	9	-31%
1.07 Damage to program property by member	17	7	7	8	7	7	0%
1.08 Violent behavior or thoughts resulting in a psychiatric hold	49	38	38	23	35	25	-29%
1.09 Other violent behavior (e.g., visitors, witness community violence)	17	17	14	9	18	9	-50%
<b>TOTAL</b>	<b>217</b>	<b>142</b>	<b>116</b>	<b>94</b>	<b>128</b>	<b>95</b>	<b>-26%</b>

Of the total 95 violent incidents reported in FY 23-24, approximately 91% were submitted by mental health services and the remaining 9% by substance use disorder services. Regarding levels of care across the AOA SOC, supportive housing/stepdown reported the most at 22%, followed by outpatient services at 21%, ICM/FSP at 19%, residential treatment and crisis residential each at 11%, respite at 5%, and the remaining levels of care at 4% or less. **Figure 5** provides the number of violent incidents across mental health and substance use disorder services by reporting program's level of care. (Note that not every level of care depicted is applicable to both mental health and substance use disorder services.)

**Figure 5**



91 of the 95 reported violent incidents involved members. **Figure 6** depicts *violent behavior* by gender, ethnicity, average age, and count. In summary, there were 91 violent incidents involving 82 unduplicated clients in FY 23-24, which suggests that approximately 10% of member-involved incidents were due to multiple incidents involving the same unduplicated client count during FY 23-24. Males accounted for 65% of the violent incidents. White comprised 36% of violent incidents followed by African American/Black at 32%, Latinx at 17%, Asian at 8%, and all other ethnicities each at 4% or less.

**Figure 6**

<b>GENDER</b>	<b>ETHNICITY</b>	<b>AVERAGE AGE</b>	<b>EVENT COUNT</b>	<b>UNDUPLICATED CLIENT COUNT</b>
<b>Female</b>	African American/Black	42	11	10
	Asian	53	2	2
	Latinx	44	5	5
	Multi-Ethnic	60	1	1
	Native Hawaiian/OPI	28	1	1
	White	48	7	7
<b>Male</b>	African American/Black	38	18	15
	Asian	49	5	4
	Latinx	43	10	10
	Multi-Ethnic	41	1	1
	Native Hawaiian or OPI	34	3	1
	White	52	22	20
<b>Trans Female</b>	Native American	35	1	1
	White	51	4	4
<b>TOTAL</b>			<b>91</b>	<b>82</b>

**Figure 7** reflects a 33% overall increase of incidents relating to *sexual assault/misconduct* during FY 23-24 compared to the prior year. All but two of the twelve incidents in FY 23-24 appeared to have merit.

**Figure 7**

AOA SOC SEXUAL ASSAULT/MISCONDUCT BY EVENT TYPE		FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23	FY 23-24	% Diff Prior FY
2.01	Sexual assault/misconduct involving member by staff	2	1	2	2	2	3	+50%
2.02	Sexual assault/misconduct involving member by another member	10	5	5	3	7	9	+29%
<b>TOTAL</b>		<b>12</b>	<b>6</b>	<b>7</b>	<b>5</b>	<b>9</b>	<b>12</b>	<b>+33%</b>

**Figure 8** depicts an increase of one in the total number of *suicide attempt* in FY 23-24 compared to the prior fiscal year. The slight increase in the number of attempts *requiring emergency medical intervention* may suggest an increase in the acuity of attempts.

**Figure 8**

AOA SOC MEMBER SUICIDE ATTEMPT BY EVENT TYPE		FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23	FY 23-24	% Diff Prior FY
3.01	Suicide attempt requiring emergency medical intervention	9	17	6	4	11	13	+18%
3.02	Suicide attempt NOT requiring emergency medical intervention	6	3	4	1	3	2	-33%
<b>TOTAL</b>		<b>15</b>	<b>20</b>	<b>10</b>	<b>5</b>	<b>14</b>	<b>15</b>	<b>+7%</b>

**Figure 9** depicts *suicide attempt* by gender, ethnicity, average age, and count. In summary, there were 15 suicide attempts involving 15 unduplicated clients in FY 23-24. 13 suicide attempts were reported by mental health services and 2 by substance use disorder services. All attempts were evenly distributed across levels of care (i.e., ICM/FSP, outpatient, supportive housing/stepdown, respite, residential treatment, crisis response).

**Figure 9**

<b>GENDER</b>	<b>ETHNICITY</b>	<b>AVERAGE AGE</b>	<b>EVENT COUNT</b>	<b>UNDUPLICATED CLIENT COUNT</b>
<b>Female</b>	White	53	4	4
<b>Male</b>	African American/Black	35	1	1
	Asian	53	1	1
	Latinx	27	3	3
<b>Trans Female</b>	White	52	4	4
	White	65	1	1
<b>Trans Male</b>	Latinx	26	1	1
<b>TOTAL</b>			<b>15</b>	<b>15</b>

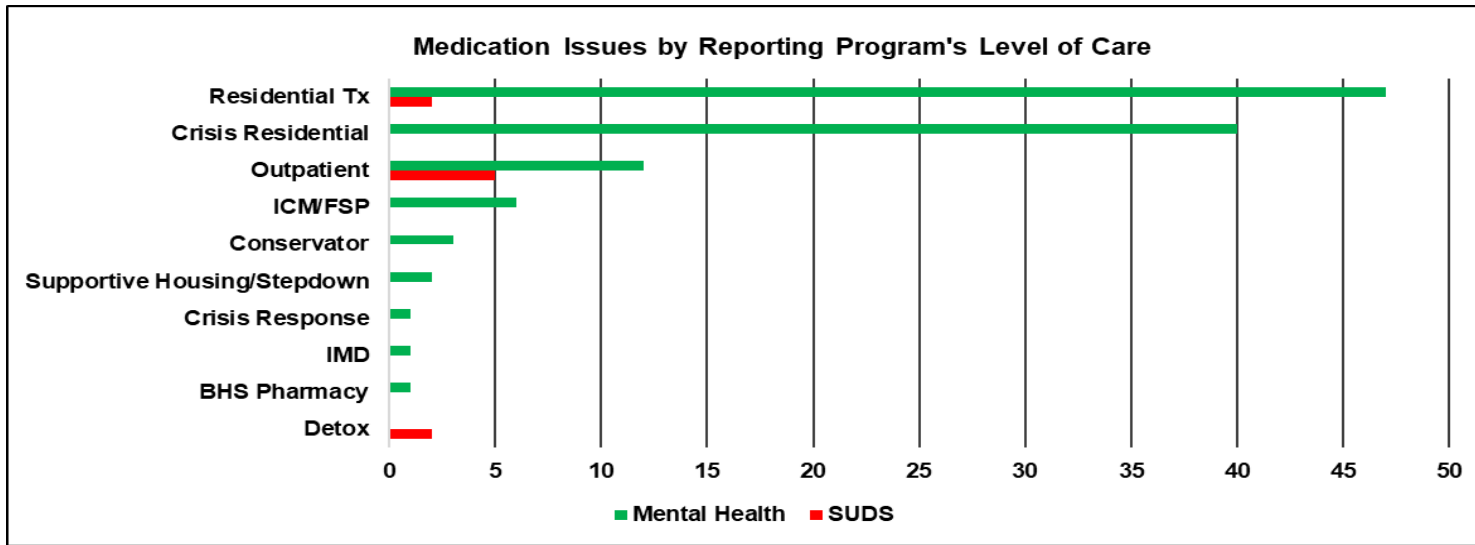
**Figure 10** shows a 31% increase in the overall reporting of *medication issue* during FY 23-24 compared to the prior FY. Though there are predominant increases reflected across the event types, more substantial increases were noted in event type 4.03 (administered the wrong dose) and 4.05 (other medication-related issues). Dosage errors remain the most frequently reported and comprised 39% of reported medication issues. There were 122 medication-related incidents involving 91 unduplicated clients in FY23-24, which suggests that approximately 25% of these incidents were due to multiple incidents involving the same unduplicated member count during FY 23-24.

**Figure 10**

<b>AOA SOC MEDICATION ISSUE BY EVENT TYPE</b>	<b>FY 18-19</b>	<b>FY 19-20</b>	<b>FY 20-21</b>	<b>FY 21-22</b>	<b>FY 22-23</b>	<b>FY 23-24</b>	<b>% Diff Prior FY</b>
4.01 Member required emergency care, hospitalization, or transfer to medical unit as a result of medication	6	13	6	2	3	5	+67%
4.02 Member was administered the wrong medication	7	6	14	9	6	11	+83%
4.03 Member was administered the wrong dose	41	34	49	47	35	48	+37%
4.04 Issue with the timeliness of obtaining or the administration of a member's medication	14	7	7	16	24	13	-46%
4.05 Other medication-related issue	48	38	24	43	25	45	+80%
<b>TOTAL</b>	<b>116</b>	<b>98</b>	<b>100</b>	<b>117</b>	<b>93</b>	<b>122</b>	<b>+31%</b>

**Figure 11** depicts medication-related incidents across mental health and substance use disorder services during FY 23-24 by the reporting program's level of care. *(Note that not every level of care depicted is applicable to both mental health and substance use disorder services.)* Of the total 122 medication-related incidents, mental health services reported 93%. Regarding levels of care across the AOA SOC, crisis residential and residential treatment combined accounted for 73% of the incidents.

**Figure 11**



As depicted in **Figure 12**, there was a 100% increase in the number of reported incidents relating to *unethical conduct* in FY 23-24 compared to the prior fiscal year. All four incidents occurring in FY 23-24 appeared to have merit.

**Figure 12**

AOA SOC UNETHICAL CONDUCT	FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23	FY 23-24	% Diff Prior FY
5.01 Acts constituting a violation of professional code of ethics or of any DPH policy governing conduct	3	6	4	4	2	4	+100%

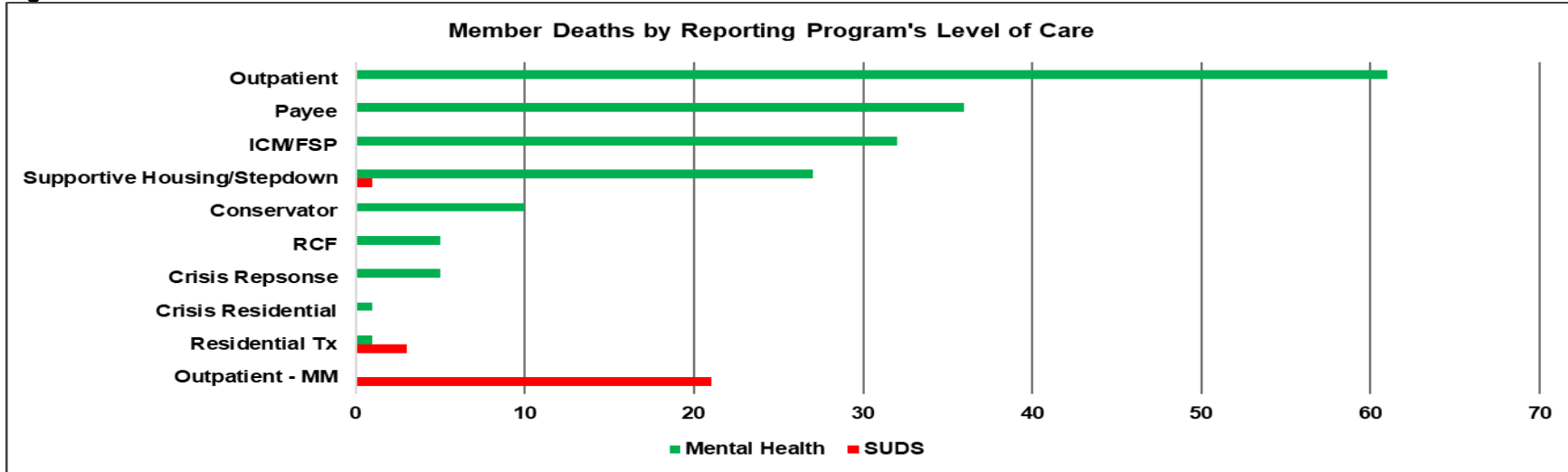
**Figure 13** shows that the overall reporting of *member death* increased by 9% during FY 23-24 compared to the prior FY. This category remains the 2<sup>nd</sup> most frequently reported incident. (*Event type numbers are based on Medical Examiner reports received as of 3/6/25*). We anticipate that the number of accidental overdose deaths in FY 23-24 will increase as the Office of the Chief Medical Examiner determines the cause and manner of death for those deaths not yet determined (i.e., event type 6.07).

**Figure 13**

AOA SOC MEMBER DEATH BY EVENT TYPE	FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23	FY 23-24	% Diff Prior FY
6.01 Expected medical problem	37	31	30	33	43	44	+2%
6.02 Unexpected medical problem	42	45	48	71	42	59	+41%
6.03 Accidental/fatal injury	6	5	4	4	6	4	-33%
6.04 Homicide	2	1	1	3	1	1	0%
6.05 Suicide	4	3	1	11	5	6	+20%
6.06 Alcohol/drug overdose	13	41	51	58	20	55	+175%
6.07 Unknown/Indeterminate	35	32	39	17	70	34	-51%
<b>TOTAL</b>	<b>139</b>	<b>158</b>	<b>174</b>	<b>197</b>	<b>187</b>	<b>203</b>	<b>+9%</b>

**Figure 14** reflects the number of member deaths across mental health and substance use disorder services in FY 23-24 by the reporting program's level of care. Of the total 203 deaths, 88% were reported by mental health services and the remaining 12% by substance use disorder services. Regarding levels of care across the AOA SOC, outpatient accounted for 40% of all reported deaths, followed by payee services at 18%, ICM/FSP at 16%, supportive housing/stepdown at 14%, LPS Conservator at 5%, and the remaining levels of care each at 2.5% or less. Note the higher number of deaths reported by methadone maintenance programs (*OP-MM*) relative to other SUDS levels of care. (Note that not every level of care depicted is applicable to both mental health and substance use disorder services.)

**Figure 14**



Compared to the prior FY, the number of *suicide* deaths increased by one in FY 23-24. All suicides were reported by mental health services. Regarding levels of care across the AOA SOC, outpatient services reported 5 suicides followed by RCF reporting 1 suicide. **Figure 15** reflects these 6 suicides by gender, ethnicity, and average age.

**Figure 15**

<i><b>GENDER</b></i>	<i><b>ETHNICITY</b></i>	<i><b>UNDUPLICATED CLIENT COUNT</b></i>	<i><b>AVERAGE AGE</b></i>
<i><b>Female</b></i>	Asian	1	60
	White	2	51
<i><b>Male</b></i>	African American/Black	1	61
	White	2	46
<i><b>TOTAL</b></i>	<b>6</b>		

Compared to the prior FY, the number of member deaths known to be due to accidental overdose increased 175% from 20 to 55 deaths. **Figure 16** depicts the number of member deaths due to accidental overdose by gender, ethnicity, count, and average age during FY 23-24.

Males comprised 71% of the accidental fatal overdoses and females comprised the remaining 29%. In regard to ethnicity, White comprised 42%, followed by African American/Black at 22%, Latinx at 20%, Native American at 9%, and Asian and Multi-Ethnic each at 3.5%.

**Figure 16**

<i><b>GENDER</b></i>	<i><b>ETHNICITY</b></i>	<i><b>UNDUPLICATED CLIENT COUNT</b></i>	<i><b>AVERAGE AGE</b></i>
<i><b>Female</b></i>	African American/Black	5	62
	Latinx	3	40
	Multi-Ethnic	1	68
	White	7	54
<i><b>Male</b></i>	African American/Black	7	54
	Asian	2	38
	Latinx	8	52
	Multi-Ethnic	1	60
	Native American	5	65
	White	16	48
<i><b>TOTAL</b></i>	<b>55</b>		

Of the total 55 accidental overdose deaths known to date for FY 23-24, 87% were reported by mental health services and the remaining 13% by substance use disorder services. Regarding levels of care across the AOA SOC, ICM/FSP reported the most at 29%, followed by outpatient at 27%, payee services and supportive housing/stepdown each at 15%, crisis response at 6%, and the remaining levels of care each at 4% or less. All but 8 of the members who died of fatal accidental overdoses were found deceased in their residences.

Compared to the prior fiscal year, **Figure 17** reflects an overall 21% increase of *mandatory and other reporting* during FY 23-24. A slight decrease was noted in 7.04 *notification of threatened violence*, which is in keeping with the 26% decrease in overall reporting of event category *violent behavior*.

**Figure 17**

AOA SOC MANDATORY AND OTHER REPORTING BY EVENT TYPE		FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23	FY 23-24	% Diff Prior FY
7.01	Child abuse	7	12	7	13	7	8	+14%
7.02	Dependent adult abuse	47	26	25	33	28	34	+21%
7.03	Elder abuse	37	59	34	57	41	57	+39%
7.04	Notification of threatened violence	1	5	3	4	9	6	-33%
7.05	Other reporting	6	1	16	11	6	5	-17%
<b>TOTAL</b>		<b>98</b>	<b>103</b>	<b>85</b>	<b>118</b>	<b>91</b>	<b>110</b>	<b>+21%</b>

Across both *dependent adult abuse* and *elder abuse* event types, 35% pertained to self-neglect, 23% to physical abuse/assault, 17% to fiduciary abuse, 11% to property theft, 10% to emotional abuse/verbal threats, and 4% to sexual abuse/assault. All *dependent adult* and *elder abuse* incidents were reported by mental health programs. Regarding levels of care across the AOA SOC, FSP/ICM reported the most at 56%, followed by outpatient at 31%, supportive housing/stepdown at 8%, residential treatment at 4%, and crisis residential at 1%.

Figure 18 depicts the combined gender, ethnicity, and count across both *dependent adult abuse* and *elder abuse* event types.

Figure 18

<i>GENDER</i>	<i>ETHNICITY</i>	<i>EVENT COUNT</i>	<i>UNDUPLICATE D CLIENT COUNT</i>
<i>Female</i>	African American/Black	14	10
	Asian	6	4
	Multi-Ethnic	3	2
	White	19	13
<i>Male</i>	African American/Black	5	5
	Asian	5	3
	Latinx	3	3
	White	36	23
<b><i>TOTAL</i></b>		<b>91</b>	<b>63</b>

The combined total event count of 91 pertained to 63 unduplicated clients, which suggest that 31% of the combined *dependent adult abuse* and *elder abuse* reporting involved the same unduplicated client count during FY 23-24. In regard to gender, the unduplicated client count is predominantly male at 54%. In regard to ethnicity, the unduplicated client count is 57% White, followed by 24% African American/Black, 11% Asian, 5% Latinx, and 3% Multi-ethnic.

As depicted in **Figure 19**, there was a 19% increase in overall reporting relating to *service disruption* during FY 23-24 compared to the prior fiscal year. There was a slight uptick in the reporting of 8.09 *infestation* involving lice and bed bugs.

**Figure 19**

AOA SOC SERVICE DISRUPTION RESULTING IN TEMPORARY OR PROLONGED PROGRAM CLOSURE BY EVENT TYPE		FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23	FY 23-24	% Diff Prior FY
8.01	Member behavior	2	3	0	0	0	0	0%
8.02	Fire	3	3	6	10	3	9	+200%
8.03	Water/flood	2	2	1	3	1	0	-100%
8.04	Terror threat	0	0	0	0	0	0	0%
8.05	Crime scene	0	0	0	1	1	0	-100%
8.06	Earthquake	0	0	0	0	0	0	0%
8.07	Unusual odors/vapors	1	1	0	1	2	1	-50%
8.08	Violence	0	0	0	1	0	0	0%
8.09	Infestation	3	2	0	0	2	6	+200%
8.10	Disease outbreak	2	2	2	7	10	6	-40%
8.11	Other	5	12	5	5	2	3	+50%
<b>TOTAL</b>		<b>18</b>	<b>25</b>	<b>14</b>	<b>28</b>	<b>21</b>	<b>25</b>	<b>+19%</b>

**Figure 20** reflects slight to moderate increases across all event types except for the decrease in 9.04 *staff injury, accident, or acute medical problem not requiring emergency medical intervention*. There was an overall 16% increase in reporting of this category during FY 23-24 compared to the prior fiscal year, and it remains the most frequently reported category comprising 31% of all reported AOA incidents.

**Figure 20**

<b>AOA SOC INJURY, ACCIDENT, OR ACUTE MEDICAL PROBLEM BY EVENT TYPE</b>	<b>FY 19-20</b>	<b>FY 20-21</b>	<b>FY 21-22</b>	<b>FY 22-23</b>	<b>FY 23-24</b>	<b>% Diff Prior FY</b>
9.01 Staff injury, accident, or acute medical problem requiring emergency medical intervention	1	0	0	1	3	+200%
9.02 Member injury, accident, or acute medical problem requiring emergency medical intervention	530	442	351	306	353	+15%
9.03 Member or staff needle stick	3	3	1	1	2	+100%
9.04 Staff injury, accident, or acute medical problem NOT requiring emergency medical intervention	2	0	0	8	3	-63%
9.05 Member injury, accident, or acute medical problem NOT requiring emergency medical intervention	31	28	32	28	38	+36%
<b>TOTAL</b>	<b>567</b>	<b>473</b>	<b>384</b>	<b>344</b>	<b>399</b>	<b>+16%</b>

Event type 9.02 *member injury, accident, or acute medical problem requiring emergency medical intervention* accounts for 27% of all AOA incidents during FY 23-24. Of these 353 incidents, approximately 54% were submitted by mental health services and the remaining 46% were submitted by substance use disorder services. In review of the 9.02 event type by reporting program's level of care across the AOA SOC, residential treatment reported 38% of these incidents followed by supportive housing/stepdown at 25%, detox at 18%, crisis residential at 12%, outpatient at 5%, ICM/FSP at 1%, IMD, RFC, and respite each at .5%, and crisis response at .25%. Males comprise 68% of the unduplicated client count. In regard to ethnicity of the unduplicated client count, White comprises 43% followed by African American/Black at 31%, Latinx at 13%, Asian at 6%, Multi-Ethnic at 5%, and Native American and Native Hawaiian/OPI each 1%.

Figure 21 depicts the gender, ethnicity, count, and average age for event type 9.02.

Figure 21

<i><b>GENDER</b></i>	<i><b>ETHNICITY</b></i>	<i><b>EVENT COUNT</b></i>	<i><b>UNDUPLICATED CLIENT COUNT</b></i>	<i><b>AVERAGE AGE</b></i>
<i><b>Female</b></i>	African American/Black	44	23	54
	Asian	2	2	42
	Latinx	13	13	50
	Multi-Ethnic	7	7	41
	Native American	3	3	43
	Native Hawaiian/OPI	1	1	25
	White	50	29	52
<i><b>Male</b></i>	African American/ Black	71	56	52
	Asian	16	13	50
	Latinx	32	21	52
	Multi-Ethnic	5	5	37
	Native Hawaiian/OPI	4	2	42
	White	98	76	49
<i><b>Trans Female</b></i>	White	7	4	51
<i><b>TOTAL</b></i>		<b>353</b>	<b>255</b>	

The total 9.02 event count of 353 pertained to 255 unduplicated clients suggesting that approximately 28% of the event count involved the same unduplicated client count during FY 23-24. 88 incidents, or 25% of all 9.02 event type, were due to repeated incidents, defined as 3 or more times during the same fiscal year, by 20 members, which raises questions about appropriate levels of care for these members. In regard to level of care across the AOA SOC, nearly 50% of these repeated incidents happened within supportive housing, 25% within detox, and 21% within transitional residential treatment.

Compared to the prior fiscal year, **Figure 22** reflects a 17% decrease of *PHI Breach* reporting during FY 23-24. All but one breach pertained to mental health services. Incidents of PHI breach occurred evenly across levels of care and varied in the nature of the breach, which included stolen work phone, PHI on personal account, vocational application included another member's information, storing PHI on personal phone device, non-staff person allowed access to treatment room, custodial staff discovered PHI in trash bin, misplaced intake packet, PHI divulged to family member, and two office break-ins.

**Figure 22**

AOA SOC PHI BREACH	FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23	FY 23-24	% Diff Prior FY
10.01 PHI Breach	9	10	9	10	12	10	-17%

Accentuated by the public health crisis beginning in FY 19-20, there was a marked decrease of unauthorized absences over the next several years thought to be due to reduced residential capacity and members adhering to the strong messaging about program COVID-19 protocols. As our community transitions out of the pandemic, this downward trending appears to be reversing. **Figure 23** reflects a 72% increase in the reporting of *unauthorized absences from 24-hour settings* during FY 23-24 compared to the prior year.

**Figure 23**

AOA SOC UNAUTHORIZED/UNEXCUSED MEMBER ABSENCE FROM 24 HOUR CARE SETTINGS	FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23	FY 23-24	% Diff Prior FY
11.01 Unauthorized/Unexcused Member Absence	251	150	40	27	64	110	+72%

Of the total 110 reported *unauthorized/unexcused member absence* during FY 23-24, 90% were reported by mental health services and the remaining 10% by substance use disorder services. In review of the 11.01 event type across the AOA SOC by levels of care, crisis residential reported the most at 47% followed by residential treatment at 46%, supportive housing/stepdown, detox, and SNF each 2%, and IMD at 1%.

**Figure 24** depicts the gender, ethnicity, count, and average age for event type 11.02 *unauthorized/unexcused member absence from a 24-hour care setting* during FY 23-24. The total 11.02 event count of 110 pertained to 85 unduplicated clients suggesting that approximately 23% of the event count involved the same unduplicated client count during FY 23-24.

**Figure 24**

<b>GENDER</b>	<b>ETHNICITY</b>	<b>EVENT COUNT</b>	<b>UNDUPLICATED CLIENT COUNT</b>	<b>AVERAGE AGE</b>
<b>Female</b>	African American/Black	7	7	49
	Asian	1	1	30
	Latinx	2	2	34
	Multi-Ethnic	3	3	26
	Native American	1	1	52
	White	10	8	40
<b>Male</b>	African American/ Black	28	20	44
	Asian	2	2	39
	Latinx	12	7	47
	Multi-Ethnic	3	3	41
	Native American	1	1	44
	White	39	29	44
<b>Trans Female</b>	African American/Black	1	1	39
<b>TOTAL</b>		<b>110</b>	<b>85</b>	

Males comprise 73% of the unduplicated client count and account for nearly all of the repeated unauthorized absences during the fiscal year. In regard to ethnicity of the unduplicated client count, White comprises 44% followed by African American/Black at 33%, Latinx at 11%, Multi-Ethnic at 7%, Asian at 3%, and Native American at 2%.

The *other* category is a catch-all for reported incidents that do not meet the description of the other event categories or types. This category is the 3<sup>rd</sup> most frequently reported incident in the adult system. **Figure 25** shows a 29% increase during FY 23-24 compared to the prior fiscal year.

**Figure 25**

AOA SOC OTHER	FY 18- 19	FY 19- 20	FY 20- 21	FY 21- 22	FY 22- 23	FY 23- 24	% Diff Prior FY
12.01 Other	197	172	185	151	152	196	+29%

**Figure 26** represents the event types which comprise the *other* category. As revisions to this category were effective 7/1/21, comparative fiscal year data is available for only the last three fiscal years. Across the last three fiscal years, a number of event types remain relatively stable, including *suicidal behavior or thoughts resulting in a psychiatric hold* (12.02 event type), *suicidal behavior or thoughts NOT resulting in a psychiatric hold or a voluntary PES/ED visit* (12.04 event type), *non-suicidal self-injury* (12.05 event type), and *run away* (12.08 event type which is more applicable to minors). Over the last three years, however, there appears to be a downward trending of *grave disability resulting in a psychiatric hold* (12.06 event type). There was a modest 69% increase in *other* (12.01) during FY 23-24 compared to the previous fiscal year. This event type was comprised of incidents predominantly reporting challenges emerging in referral/triage processes, unknown persons creating on-site concerns, clinic break-ins not resulting in PHI breaches, and non-threatening members in possession of weapons. Compared to the prior fiscal year, there was a more substantial 80% increase in *suicidal behavior or thoughts resulting in a voluntary PES/ED visit* (12.03 event type) and a 25% increase in *acute exacerbation of behavioral health symptoms* (12.07 event type) during FY 23-24.

**Figure 26**

AOA SOC OTHER BY EVENT TYPE	FY 21-22	FY 22-23	FY 23-24	% Diff Prior FY
12.01 Other	16	16	27	+69%
12.02 Suicidal behavior or thoughts resulting in a psychiatric hold (excluding suicide attempts)	29	24	25	+4%
12.03 Suicidal behavior or thoughts resulting in a voluntary PES/ED visit	23	25	45	+80%
12.04 Suicidal behavior or thoughts NOT resulting in a psychiatric hold or a voluntary PES/ED visit	3	4	3	-25%
12.05 Non-suicidal self-injury	3	1	2	+100%
12.06 Grave Disability resulting in a psychiatric hold	27	17	13	-24%
12.07 Acute exacerbation of behavioral health symptoms (e.g., agitated, disorganized, dysregulated, intoxicated)	50	65	81	+25%
12.08 Run away (excluding 24-hour care settings)	0	0	0	0%
<b>TOTAL</b>	<b>151</b>	<b>152</b>	<b>196</b>	<b>+29%</b>

Event type 12.03 *suicidal behavior or thoughts resulting in a voluntary PES/ED visit* comprised 23% of the reported incidents for the *other* category with an increase of 80% compared to the prior fiscal year. Of the total 45 reported incidents about *suicidal behavior or thoughts resulting in a voluntary PES/ED visit* during FY 23-24, 73% were reported by mental health services and the remaining 27% by substance use disorder services. In review of the 12.03 event type across the AOA SOC by levels of care, residential treatment reported the most at 27%, followed by crisis residential at 22%, outpatient at 18%, ICM/FSP at 13%, detox at 11%, supportive housing/stepdown at 7%, and crisis response at 2%.

**Figure 27** depicts the gender, ethnicity, count, and average age for event type 12.03 *suicidal behavior or thoughts resulting in a voluntary PES/ED visit* during FY 23-24.

**Figure 27**

<b>GENDER</b>	<b>ETHNICITY</b>	<b>EVENT COUNT</b>	<b>UNDUPLICATED CLIENT COUNT</b>	<b>AVERAGE AGE</b>
<b>Female</b>	African American/Black	3	3	56
	Asian	2	2	55
	Multi-Ethnic	3	3	25
	White	5	5	54
<b>Male</b>	African American/ Black	4	4	45
	Asian	3	3	43
	Latinx	3	3	35
	White	19	18	46
<b>Trans Female</b>	Latinx	1	1	50
	White	2	2	56
<b>TOTAL</b>		<b>45</b>	<b>44</b>	

Males comprised 71% of the total unduplicated client count. In regard to ethnicity, the UDC count was 57% White followed by 16% African American/Black, 11% Asian, 9% Latinx, and 7% Multi-Ethnic. The total event count of 45 pertained to 44 unduplicated clients.

Event type 12.07 *acute exacerbation of behavioral health symptoms* comprised 41% of the reported incidents for the *other* category. Of the total 81 reported incidents about an *acute exacerbation of behavioral health symptoms* (e.g., agitation, disorganization, intoxication) during FY 23-24, 77% were reported by mental health services and the remaining 23% by substance use disorder services. In review of the 12.07 event type across the AOA SOC by levels of care, residential treatment and supportive housing/stepdown reported the most with each at 28.5%, followed by crisis residential at 25%, detox at 9%, outpatient at 4%, ICM/FSP at 3%, and respite and criminal justice-involved each at 1%.

Figure 28 depicts the gender, ethnicity, count, and average age for event type 12.07 *acute exacerbation of behavioral health symptoms* during FY 23-24.

Figure 28

<b>GENDER</b>	<b>ETHNICITY</b>	<b>EVENT COUNT</b>	<b>UNDUPLICATED CLIENT COUNT</b>	<b>AVERAGE AGE</b>
<b>Female</b>	African American/Black	33	31	42
	Native Hawaiian/OPI	5	3	44
	White	4	4	48
<b>Male</b>	African American/ Black	15	8	44
	Asian	1	1	21
	Latinx	7	6	35
	Multi-Ethnic	2	2	52
	Native Hawaiian/OPI	1	1	43
	White	12	11	38
	<b>Trans Female</b>	White	1	1
<b>TOTAL</b>		<b>81</b>	<b>68</b>	

Females comprised 56% of the total unduplicated client count. In regard to ethnicity, the UDC count was 57% African American/Black, followed by 23.5% White, 9% Latinx, 6% Native Hawaiian/OPI, 3% Multi-Ethnic, and 1.5% Asian. The total event count of 81 pertained to 68 unduplicated clients, which suggest that 16% of the *acute exacerbation of behavioral health symptoms* reporting involved the same unduplicated client count during FY 23-24 and might raise questions about appropriate levels of care for these members.

**Children, Youth, and Families System of Care (CYF SOC)**

**Figure 29** reflects the number of incident reports by event category received from BHS providers within our Children, Youth and Families system of care (CYF SOC). Compared to the prior fiscal year, FY 23-24 reflects a mix of both increases and decreases across the categories with a 24% decrease in overall reporting. More substantial decreases were noted in *mandatory and other reporting* and the *other* categories.

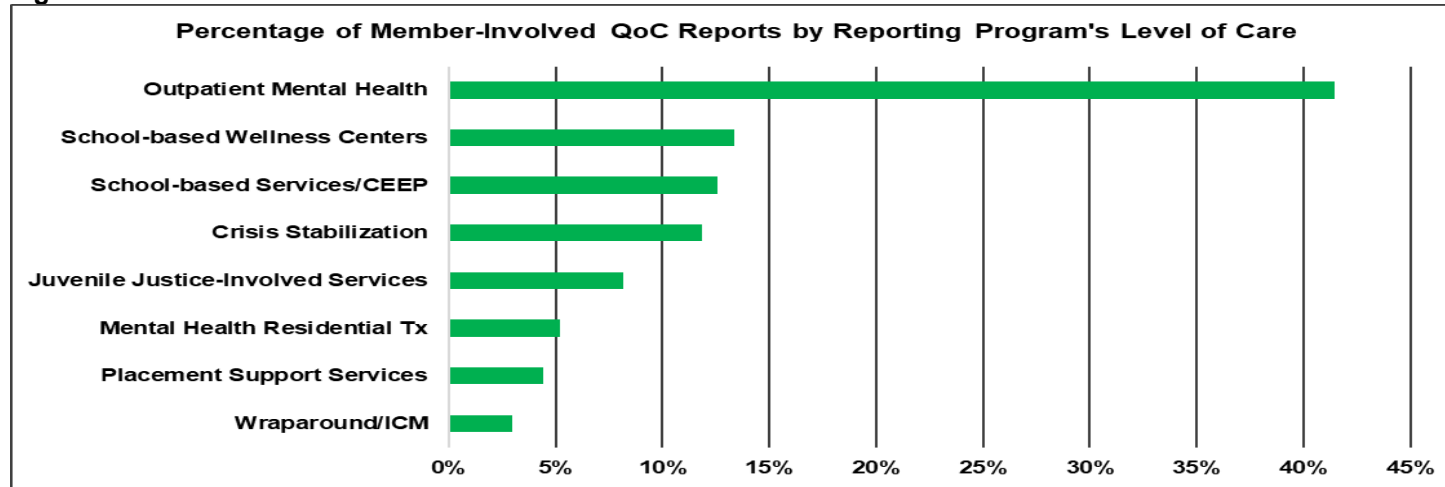
**Figure 29**

<b>Quality of Care Report Summary for CYF SOC by Event Category</b>	<b>FY 18-19</b>	<b>FY 19-20</b>	<b>FY 20-21</b>	<b>FY 21-22</b>	<b>FY 22-23</b>	<b>FY 23-24</b>	<b>% Difference between FY 22-23 and Prior FY</b>
Violent Behavior	31	27	17	28	14	15	+7%
Sexual Assault/Misconduct	0	5	1	0	1	2	+100%
Suicide Attempt	2	8	7	7	5	7	+40%
Medication Related	2	8	9	15	9	4	-56%
Unethical Conduct	2	4	1	4	2	2	0%
Member Death	0	0	1	1	2	3	+50%
Mandatory and Other Reporting	138	128	88	147	111	72	-35%
Service Disruption	1	6	2	0	2	2	0%
Injury, Accident, Acute Medical Problem	12	13	9	11	5	9	+80%
PHI Breach	1	3	7	7	10	14	+40%
Unauthorized Absence in 24 Hr. Setting	2	0	2	3	6	2	-67%
Other	30	29	30	31	31	19	-39%
<b>Total</b>	<b>221</b>	<b>231</b>	<b>174</b>	<b>254</b>	<b>198</b>	<b>151</b>	<b>-24%</b>

Of the total 151 incident reports received in FY 23-24, outpatient mental health reported the most with 68, followed by school-based services/CEEP with 20, school-based wellness centers with 18, crisis stabilization with 16, juvenile justice-involved services with 12, mental health residential treatment with 7, placement support services with 6, and wraparound/ICM with 4.

Of the total 151 incident reports received in FY 23-24, 135 or 89% were member-involved incidents. **Figure 30** provides the percentage breakdown of member-involved incidents in FY 23-24 by the reporting program's level of care.

**Figure 30**



The 135 member-involved incidents pertained to 112 unduplicated youth members suggesting that approximately 17% of the member-involved incidents were due to multiple incidents involving the same unduplicated client count during FY 23-24. **Figure 31** depicts this unique count of members by ethnicity, gender, and event count.

**Figure 31**

<i><b>ETHNICITY</b></i>	<i><b>FEMALE</b></i>	<i><b>MALE</b></i>	<i><b>TRANS FEMALE</b></i>	<i><b>TRANS MALE</b></i>	<i><b>UNDUPLICATED CLIENT COUNT</b></i>	<i><b>EVENT COUNT</b></i>
African American/Black	16	15			31	40
Asian	4	10			14	15
Latinx	30	22		1	53	59
Multi-Ethnic	2	2			4	4
Native Hawaiian or OPI		1			1	1
White	6	2	1		9	16
<b>TOTAL</b>	<b>58</b>	<b>52</b>	<b>1</b>	<b>1</b>	<b>112</b>	<b>135</b>

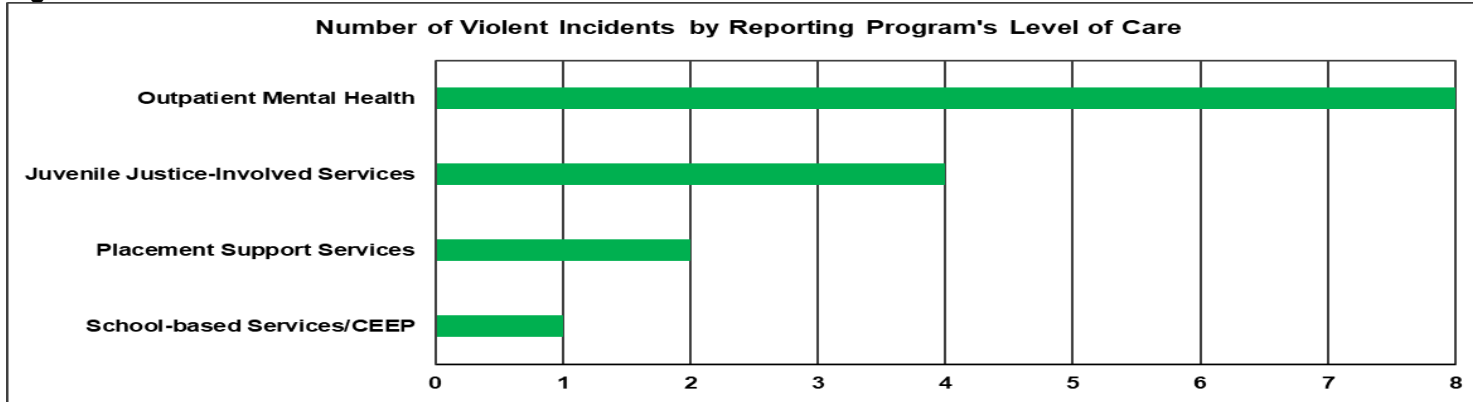
**Figure 32** reflects the category of *violent behavior* broken down by its specific event types across the last six fiscal years. There was a slight 7% increase in overall reporting of violence during FY 23-24 compared to the prior year. This category remains a distant 3<sup>rd</sup> most frequently reported incident comprising 10% of all reported CYF incidents.

**Figure 32**

<b>CYF SOC VIOLENT BEHAVIOR BY EVENT TYPE</b>	<b>FY 18-19</b>	<b>FY 19-20</b>	<b>FY 20-21</b>	<b>FY 21-22</b>	<b>FY 22-23</b>	<b>FY 23-24</b>	<b>% Diff Prior FY</b>
1.01 Physical assault by a member on staff requiring emergency medical intervention	0	0	0	0	0	0	0%
1.02 Physical assault between members requiring emergency medical intervention	0	0	0	0	0	2	+200%
1.03 Homicide	0	0	0	0	1	0	-100%
1.04 Verbally or physically threatening behavior by a member (includes Tarasoff warnings)	8	8	6	2	4	1	-75%
1.05 Physical assault by a member on staff NOT requiring emergency medical intervention	8	3	0	11	1	4	+300%
1.06 Physical assault between members NOT requiring emergency medical intervention	1	2	0	3	0	2	+200%
1.07 Damage to program property by member	2	1	1	2	0	1	+100%
1.08 Violent behavior or thoughts resulting in a psychiatric hold	6	9	5	5	1	1	0%
1.09 Other violent behavior (e.g., visitors, witness community violence)	6	4	5	5	7	4	-43%
<b>TOTAL</b>	<b>31</b>	<b>27</b>	<b>17</b>	<b>28</b>	<b>14</b>	<b>15</b>	<b>+7%</b>

**Figure 33** depicts the number of violent incidents by reporting program's level of care, which were all mental health services. Outpatient mental health reported the most at 53%, followed by juvenile justice-involved services at 27%, placement support services at 13%, and school-based services/CEEP at 7%.

**Figure 33**



13 of the 15 reported violent incidents involved members. **Figure 34** depicts *violent behavior* by gender, ethnicity, average age, and count. In summary, there were 13 violent incidents involving 13 unduplicated clients in FY 23-24.

**Figure 34**

<b>GENDE R</b>	<b>ETHNICITY</b>	<b>AVERAGE AGE</b>	<b>COUNT OF EVENT</b>	<b>UNDUPLICATED CLIENT COUNT</b>
<b>Female</b>	African American/Black	17	1	1
	Latinx	13	1	1
<b>Male</b>	African American/Black	16	2	2
	Asian	11	3	3
	Latinx	15	5	5
	Multi-Ethnic	10	1	1
<b>TOTAL</b>			<b>13</b>	<b>13</b>

**Figure 35** depicts incidents relating to *sexual assault/misconduct* over the last six fiscal years. There were two incidents of sexual assault/misconduct involving a member by another member reported during FY 23-24. The merit of both instances remains unclear.

**Figure 35**

<b>CYF SOC SEXUAL ASSAULT/MISCONDUCT BY EVENT TYPE</b>		<b>FY 18-19</b>	<b>FY 19-20</b>	<b>FY 20-21</b>	<b>FY 21-22</b>	<b>FY 22-23</b>	<b>FY 23-24</b>	<b>% Diff Prior FY</b>
2.01	Sexual assault/misconduct involving member by staff	0	1	1	0	0	0	0%
2.02	Sexual assault/misconduct involving member by another member	0	4	0	0	1	2	+100%
<b>TOTAL</b>		<b>0</b>	<b>5</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>+100%</b>

**Figure 36** reflects the category of *member suicide attempt* broken down by its specific event types across the last six fiscal years. The overall numbers appear relatively stable over the last five fiscal years. **Figure 36** depicts no change in the overall number of suicide attempts in FY 23-24 compared to the prior fiscal year.

**Figure 36**

<b>CYF SOC MEMBER SUICIDE ATTEMPT BY EVENT TYPE</b>		<b>FY 18-19</b>	<b>FY 19-20</b>	<b>FY 20-21</b>	<b>FY 21-22</b>	<b>FY 22-23</b>	<b>FY 23-24</b>	<b>% Diff Prior FY</b>
3.01	Suicide attempt requiring emergency medical intervention	0	4	6	5	4	3	-25%
3.02	Suicide attempt NOT requiring emergency medical intervention	2	4	1	2	1	2	+100%
<b>TOTAL</b>		<b>2</b>	<b>8</b>	<b>7</b>	<b>7</b>	<b>5</b>	<b>5</b>	<b>0%</b>

**Figure 37** depicts *suicide attempts* by gender, ethnicity, average age, and count. In summary, there were 5 suicide attempts involving 5 unduplicated clients, three females and two males, during FY 23-24. Two of the suicide attempts were reported by outpatient mental health, and crisis stabilization, MH residential treatment, and juvenile justice-involved services each reported one attempt.

**Figure 37**

<b>GENDER</b>	<b>ETHNICITY</b>	<b>AVERAGE AGE</b>	<b>EVENT COUNT</b>	<b>UNDUPLICATED CLIENT COUNT</b>
<b>Female</b>	Latinx	18	1	1
	Asian	15	1	1
	White	15	1	1
<b>Male</b>	Latinx	17	1	1
	White	18	1	1
<b>TOTAL</b>			<b>5</b>	<b>5</b>

Though the numbers remain small, **Figure 38** reflects mainly decreases across the various medication event types with an overall 56% decrease in the reporting of *medication issue* during FY 23-24 compared to the prior year. 3 of the medication incidents were reported by outpatient mental health services and 1 reported by juvenile justice-involved services.

**Figure 38**

<b>CYF SOC MEDICATION ISSUE BY EVENT TYPE</b>	<b>FY 18-19</b>	<b>FY 19-20</b>	<b>FY 20-21</b>	<b>FY 21-22</b>	<b>FY 22-23</b>	<b>FY 23-24</b>	<b>% Diff Prior FY</b>
4.01 Member required emergency care, hospitalization, or transfer to medical unit as a result of medication	0	1	0	0	0	0	0%
4.02 Member was administered the wrong medication	0	1	1	1	3	0	-100%
4.03 Member was administered the wrong dose	1	2	0	2	0	0	0%
4.04 Issue with the timeliness of obtaining or the administration of a member's medication	0	3	8	6	6	3	-50%
4.05 Other medication-related issue	1	1	0	6	0	1	+100%
<b>TOTAL</b>	<b>2</b>	<b>8</b>	<b>9</b>	<b>15</b>	<b>9</b>	<b>4</b>	<b>-56%</b>

In review of **Figure 39**, there was no change in the reporting of *unethical conduct* during FY 23-24 compared to the prior FY and remains at 2. There appeared to be merit in both incidents occurring in FY 23-24.

**Figure 39**

CYF SOC UNETHICAL CONDUCT	FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23	FY 23-24	% Diff Prior FY
5.01 Acts constituting a violation of professional code of ethics or of any DPH policy governing conduct	2	4	1	4	2	2	0%

**Figure 40** depicts three member deaths, all males of color, in FY 23-24. (*Event type numbers are based on Medical Examiner reports received as of 3/6/25*).

**Figure 40**

CYF SOC MEMBER DEATH BY EVENT TYPE	FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23	FY 23-24	% Diff Prior FY
6.01 Expected medical problem	0	0	0	0	0	1	+100%
6.02 Unexpected medical problem	0	0	0	0	0	1	+100%
6.03 Accidental/fatal injury	0	0	1	0	0	0	0%
6.04 Homicide	0	0	0	0	1	1	0#
6.05 Suicide	0	0	0	1	0	0	0%
6.06 Alcohol/drug overdose	0	0	0	0	0	0	0%
6.07 Unknown/Indeterminate	0	0	0	0	1	0	-100%
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>+50%</b>

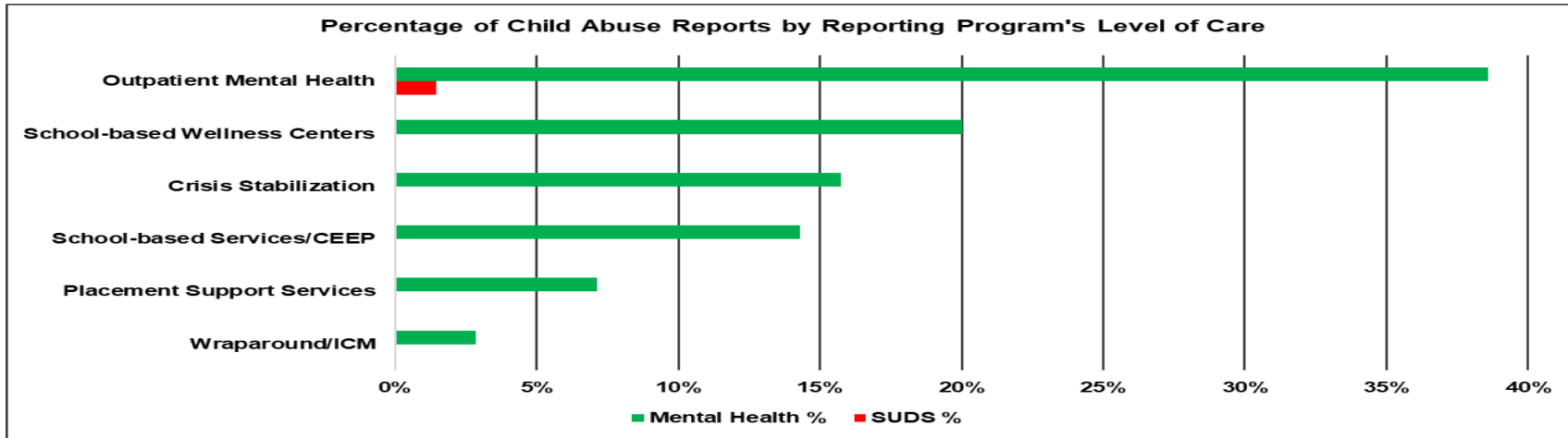
**Figure 41** shows an overall 35% decrease in *mandatory and other reporting* during FY 23-24 compared to the prior year. This category still remains the most frequently reported category and accounts for 48% of all CYF reported incidents.

**Figure 41**

CYF SOC MANDATORY AND OTHER REPORTING BY EVENT TYPE	FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23	FY 23-24	% Diff Prior FY
7.01 Child abuse	136	122	85	140	106	70	-34%
7.02 Dependent adult abuse	0	1	0	2	0	0	0%
7.03 Elder abuse	0	3	0	0	1	0	-100%
7.04 Notification of threatened violence	0	1	0	0	1	2	+100%
7.05 Other	2	1	3	5	3	0	-100%
<b>TOTAL</b>	<b>138</b>	<b>128</b>	<b>88</b>	<b>147</b>	<b>111</b>	<b>72</b>	<b>-35%</b>

Significantly, event type 7.01 *child abuse* accounts for 46% of all CYF incident reporting. Outpatient reported the most with 28, followed by school-based wellness centers with 14, crisis stabilization with 11, school-based/CEEP with 10, placement support services with 5, and wraparound/ICM with 2. **Figure 42** provides a percentage breakdown of *child abuse* incidents by the reporting program's level of care. (Note that not every level of care depicted is applicable to both mental health and substance use disorder services.)

**Figure 42**



There were 70 *child abuse* incident reports involving 63 unduplicated youth clients. One African American/Black female and one White male had three or more CPS reports initiated on their behalf during FY 23-24. **Figure 43** depicts event type 7.01 by ethnicity, gender, and count.

**Figure 43**

<b>ETHNICITY</b>	<b>FEMAL E</b>	<b>MALE</b>	<b>TRANS FEMALE</b>	<b>TRANS MALE</b>	<b>UNDUPLICATED CLIENT COUNT</b>	<b>EVENT COUNT</b>
African American/Black	11	4			15	18
Asian	2	5			7	7
Latinx	20	12		1	33	34
Multi-Ethnic	1	1			2	2
White	3	2	1		6	9
<b>TOTAL</b>	<b>37</b>	<b>24</b>	<b>1</b>	<b>1</b>	<b>63</b>	<b>70</b>

Of the total 70 *child abuse* incident reports, 43% pertained to physical abuse/assault, 18.5% each to sexual abuse/assault and to *unknown* (as the reports did not specify the reasons for reporting), 16% to unsafe environment, 3% to neglect, and 1% to emotional abuse/verbal threats.

**Figure 44** indicates that there were two reported incidents pertaining to *service disruption* during FY 23-24 with the overall reporting remaining the same compared to the prior fiscal year.

**Figure 44**

CYF SOC SERVICE DISRUPTION RESULTING IN TEMPORARY OR PROLONGED PROGRAM CLOSURE BY EVENT TYPE		FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23	FY 23-24	% Diff Prior FY
8.01	Client behavior	0	0	0	0	0	0	0%
8.02	Fire	0	0	0	0	0	1	+100%
8.03	Water/flood	0	1	0	0	0	0	0%
8.04	Terror threat	0	0	0	0	0	0	0%
8.05	Crime scene	0	0	0	0	0	1	+100%
8.06	Earthquake	0	0	0	0	0	0	0%
8.07	Unusual odors/vapors	0	1	0	0	0	0	0%
8.08	Violence	0	0	0	0	0	0	0%
8.09	Infestation	0	1	0	0	1	0	-100%
8.10	Disease outbreak	0	0	2	0	0	0	0%
8.11	Other	1	3	0	0	1	0	-100%
<b>TOTAL</b>		<b>1</b>	<b>6</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>0%</b>

**Figure 45** reflects both *staff* and member *injury, accident, or acute medical problem* by event types over the last five fiscal years, and an overall 80% increase in FY 23-24 compared to the prior fiscal year.

**Figure 45**

CYF SOC INJURY, ACCIDENT, OR ACUTE MEDICAL PROBLEM BY EVENT TYPE		FY 19-20	FY 20-21	FY 21-22	FY 22-23	FY 23-24	% Diff Prior FY
9.01	Staff injury, accident, or acute medical problem requiring emergency medical intervention	1	0	2	0	1	+100%
9.02	Member injury, accident, or acute medical problem requiring emergency medical intervention	5	5	6	3	4	+33%
9.03	Member or staff needle stick	0	0	0	0	0	0%
9.04	Staff injury, accident, or acute medical problem NOT requiring emergency medical intervention	4	2	1	2	0	-200%
9.05	Member injury, accident, or acute medical problem NOT requiring emergency medical intervention	3	2	2	0	4	+400%
<b>TOTAL</b>		<b>13</b>	<b>9</b>	<b>11</b>	<b>5</b>	<b>9</b>	<b>+80%</b>

**Figure 46** reflects an upward trending of *PHI breach* over the last six fiscal years. There was a 40% increase in the number of *PHI breach* incidents reported during FY 23-24 compared to the prior fiscal year. The fourteen incidents reported in FY 23-24 included three non-encrypted emails containing PHI, two incidents of a work laptop stolen during home burglary, one stolen work laptop from a car, two incidents of unencrypted email with PHI in the subject line, an office break-in, two disclosures of PHI to relatives without consent, email containing PHI sent to the wrong person, inadvertent recording of member, and uncredentialed staff allowed access to EHR.

**Figure 46**

CYF SOC PHI BREACH	FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23	FY 23-24	% Diff Prior FY
10.01 PHI Breach	1	3	7	7	10	14	+40

**Figure 47** shows that the number of *unauthorized absences* decreased by 67% in FY 23-24 compared to the prior year. Both incidents occurred within a residential treatment facility.

**Figure 47**

CYF SOC UNAUTHORIZED/UNEXCUSED MEMBER ABSENCE FROM 24 HOUR CARE SETTINGS	FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23	FY 23-24	% Diff Prior FY
11.01 Unauthorized/Unexcused Member Absence	2	0	2	3	6	2	-67%

The *other* category is a catch-all for reported incidents that do not meet the description of the other event categories or types. This category remains a distant 2<sup>nd</sup> most frequently reported incident in the CYF system of care and accounts for 13% of all incidents reported. **Figure 48** shows a 39% decrease in the overall reporting during FY 23-24 compared to the prior year.

**Figure 48**

CYF SOC OTHER	FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23	FY 23-24	% Diff Prior FY
12.01 Other	30	29	30	31	31	19	-39%

**Figure 49** represents the event types which comprise the *other* category. As revisions to this category were effective 7/1/21, comparative fiscal year data is available for only the last three fiscal years. Though there was a 39% decrease in overall reporting, there was a mix of both increases and decreases among the specific event types.

**Figure 49**

<b>CYF SOC OTHER BY EVENT TYPE</b>	<b>FY 21-22</b>	<b>FY 22-23</b>	<b>FY 23-24</b>	<b>% Diff Prior FY</b>
12.01 Other	6	4	6	+50%
12.02 Suicidal behavior or thoughts resulting in a psychiatric hold (excluding suicide attempts)	6	5	3	-40%
12.03 Suicidal behavior or thoughts resulting in a voluntary PES/ED visit	4	1	3	+200%
12.04 Suicidal behavior or thoughts NOT resulting in a psychiatric hold or a voluntary PES/ED visit	2	7	1	-86%
12.05 Non-suicidal self-injury	0	1	0	-100%
12.06 Grave Disability resulting in a psychiatric hold	0	0	0	0%
12.07 Acute exacerbation of behavioral health symptoms (e.g., agitated, disorganized, dysregulated, intoxicated)	5	10	6	-40%
12.08 Run away (excluding 24-hour care settings)	8	3	0	-300%
<b>TOTAL</b>	<b>31</b>	<b>31</b>	<b>19</b>	<b>-39%</b>

## **System Issues and Recommendations**

Under the direction of Quality Management and Regulatory Affairs, the Risk Management Committee oversees the investigation and review of adverse events as reported through the Quality of Care Reporting System with particular attention to matters that may affect the provision of care to behavioral health members. As such, the duties of the committee are to identify both general trends and specific cases of potential risk in the clinical aspects of member care and safety, and to recommend corrections or interventions to reduce risk.

The committee also conducts *critical incident reviews*, which involve a focused review process reserved for significant adverse events and are routinely conducted for all incidents involving member suicide or member behavior resulting in the death of another person. These reviews are conducted for purposes of quality improvement on both program and system levels. The findings, along with program-specific feedback, are communicated to the involved program and to various members of BHS's leadership team. The identification of any broader system barriers through this review process that negatively impacted the provision of appropriate behavioral health services and ultimately the wellbeing of members served are communicated to the appropriate Quality Improvement forum when indicated.

The Risk Management Committee identified the following system issues/recommendations during FY 23-24 through its various review processes and member complaint investigations:

### **Service Delivery/Accessibility**

- A pattern of premature discharges from the hospital because family was consistently available to receive the member home;
- A language barrier as the guardian did not always understand the communications with the hospital;
- Golden Gate Regional Center, which provides services to individuals with developmental disabilities, refused referrals due to the complexity of the member's symptoms, including mental health;
- Increased acuity of members presenting at the outpatient level of care;
- Too few acute psychiatric beds;
- Limited language capacity across the mental health continuum of care;
- Caretaker burnout;
- Members who are transferred to out-of-county facilities, such as assisted living facilities, lose access to needed mental health and substance use disorder services which help ensure their stability; and
- Increased number of members appealing adverse benefit determinations subsequent to new triage protocols.

### **Coordinated Care**

- Too few locked/contained settings providing the necessary supervision of members and serving as a bridge between State Hospitals and community settings;
- To better ensure collaboration and coordination among treatment providers, it is recommended that programs routinely request signed Releases of Information (ROI) at the onset of treatment and update as needed, particularly when members are receiving concurrent substance use and mental health treatments;
- Improve communication and coordination between Emergency Departments and community providers; and
- Difficulty negotiating the challenges of maintaining continuity of care inherent in split care treatment in the context of members' rights and preferences.

### **Staff/Training Needs**

- BHS providers could benefit by educational trainings on the co-morbidities of members presenting with cognitive impairments (e.g., developmental disabilities, dementia, traumatic brain injury) including how to best manage problem behaviors (e.g., agitation, disinhibition);
- Standard outpatient mental health programs lack the necessary staffing to provide a more flexible and responsive approach to the varying needs of the members served;
- Inconsistent or absent staffing of sheriffs at provider sites which erodes a sense of safety among members and providers;
- Suggest review, and revision if needed, of the Acknowledgment of Receipt of Materials form to ensure that documents are current and available to members upon request;
- Standard outpatient mental health programs lack the necessary staffing to provide weekly individual therapy for those members who require this level of care; and
- To promote clearer guidance in contract monitoring in regard to adverse incidents, it is recommended that the department review the current templates for contracts/amendments and Memorandums of Understanding/ Agreement and consider the inclusion of standardized language to better address the myriad of quality and training issues that can arise. Establishing such guardrails within the language of our formal agreements can help mitigate potential risks, manage facility and staff expectations, and better facilitate future investigations (e.g., digital images/videos of members, staff use of personal devices at work, HIPAA and privacy issues, professional boundaries, mandated reporting).

### **Medication**

- BHS should consider developing guidelines pertaining to the monitoring of adherence and response to antipsychotics;
- Recommend the revision of the Safer Prescribing of Stimulant and Non-Stimulant Medication Guideline to encourage, as best practice, documentation in the EHR of the guideline's key elements; and
- Pattern of medication errors involving methadone dosing in a variety of residential settings.

# Appendix D: FY 24-25 Annual Grievance & Appeal Report

## Overall View

### Number and Breakdown of Total Complaints:

- A total of 74 complaints were filed across Behavioral Health Services during FY 24-25, a **decrease of 13%** from the overall count in FY 23-24. Of these were:
  - 67 grievances and 7 appeals.
  - No expedited grievances or expedited appeals.
- **Fair Hearings:** One fair hearing was conducted in FY 24-25 and dismissed after the claimant withdrew his case.
- **Specific to system of care:**
  - 67 grievances and 5 appeals were filed within the *Adult/Older Adult* system of care .
  - 2 appeals were filed within the *Children, Youth & Families* system of care.
  - No grievances or appeals were filed in the *Private Provider Network*.
- No system issues were identified during the grievance/appeal review processes.

Figure 1: Total Number of Complaints Over Time

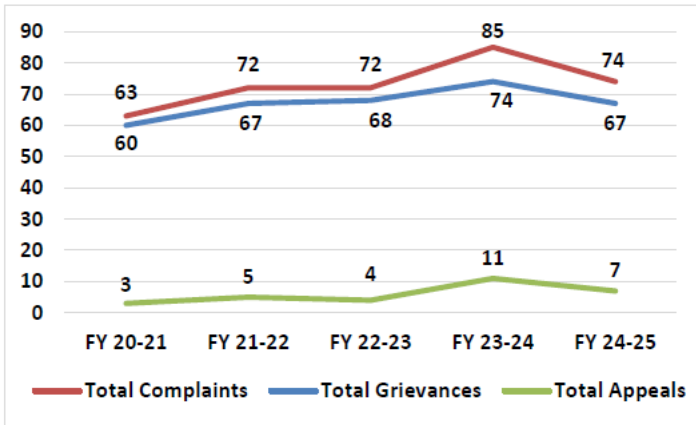


Figure 2: Total Number of Complaints by System of Care FY 24-25

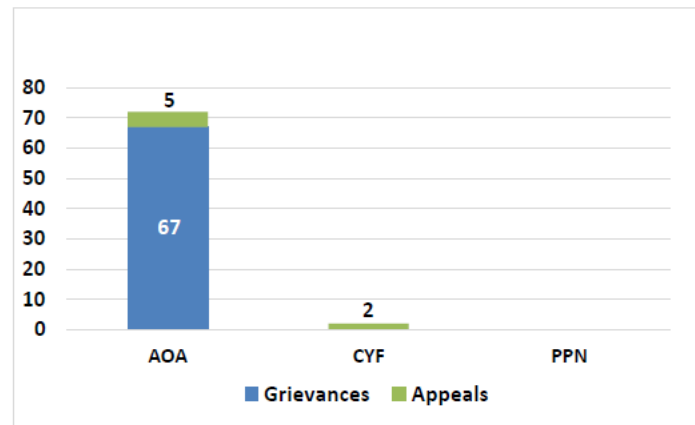


Figure 3: Total Number of Appeals by Level of Care FY 24-25

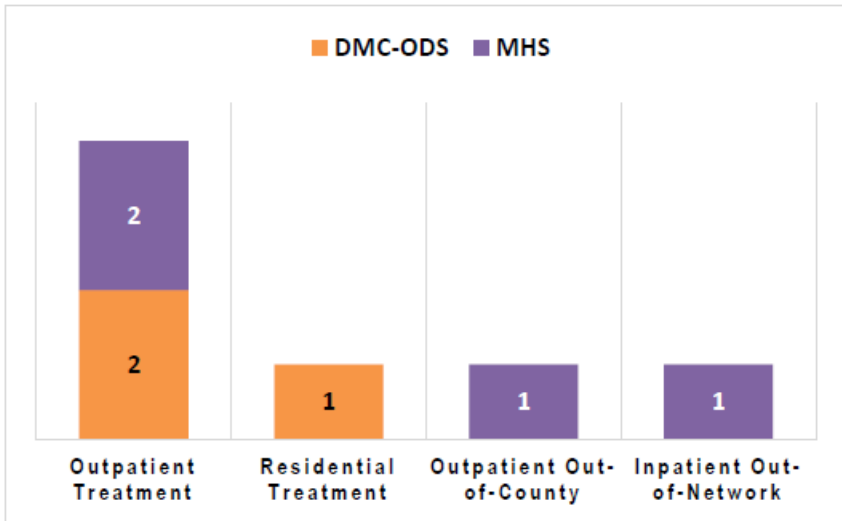
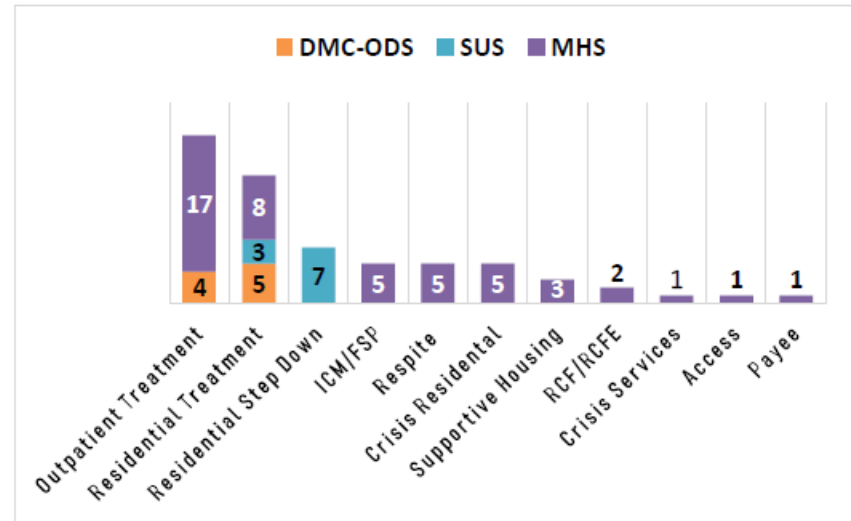


Figure 4: Total Number of Grievances by Level of Care FY 24-25



See **Figures 5 and 6** below for overall gender and ethnicity breakdown.

Figure 5: Total Number of Complaints (DMC, SUS & MHS) by Gender

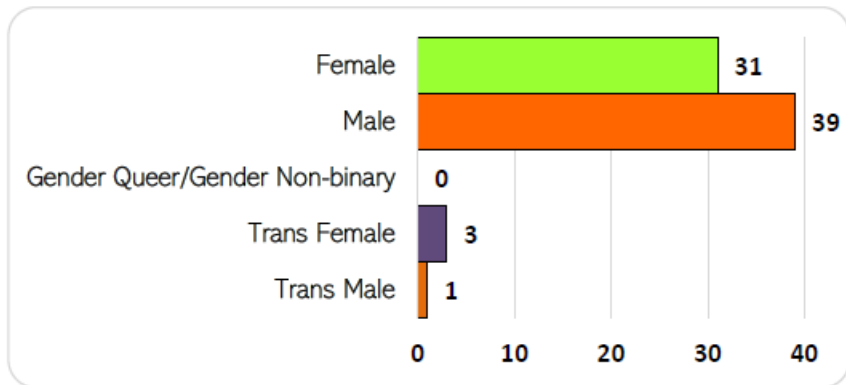
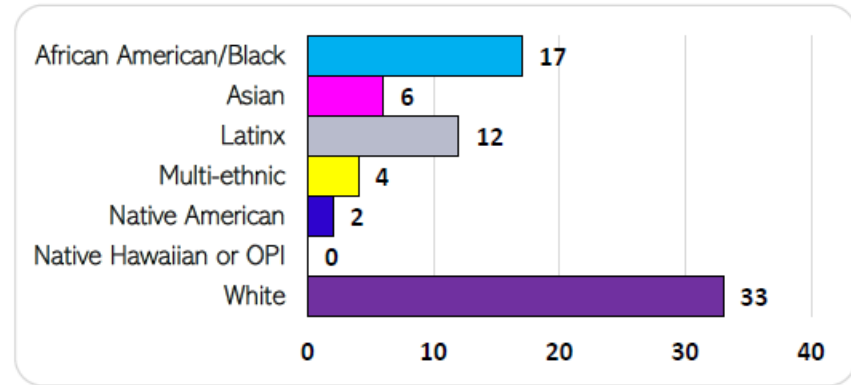


Figure 6: Total Number of Complaints (DMC, SUS & MHS) by Ethnicity



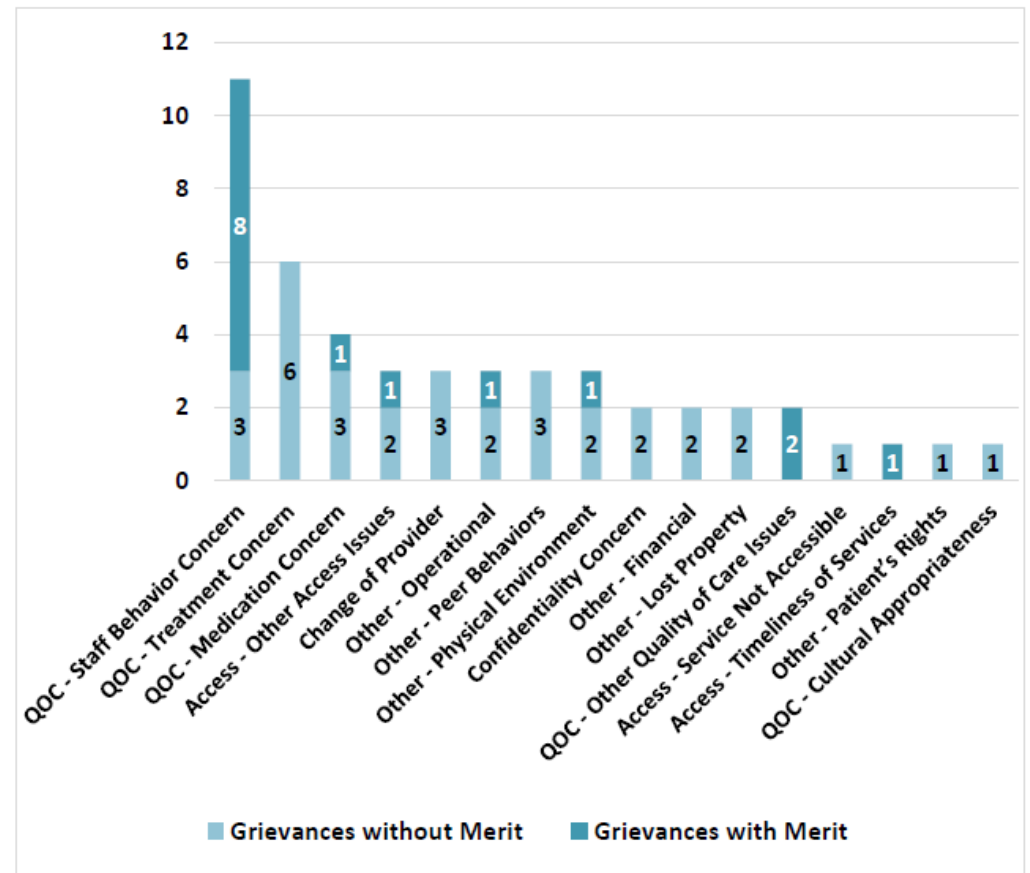
## **Total Number and Breakdown of Mental Health Services Complaints:**

- **52** MHS complaints were filed across Behavioral Health Services during FY 24-25: 48 grievances (4 less than last year or a **decrease of 8%**), 4 appeals (**1 less** than the previous year), and 1 fair hearing which was dismissed because the claimant withdrew his case (**Figure 15**).
  - MHS complaints made up **70%** of total complaints received in FY 24-25, a **decrease of 9%** compared to FY 23-24.
  - All 48 grievances and 2 of the appeals pertained to the *Adult/Older Adult* system of care; the remaining 2 appeals pertained to the *Children, Youth & Families* system.
- **By category:**
  - The greatest number of grievances were *Staff Behavior Concern* (11), followed by *Treatment Concern* (6), *Medication Concern* (4), *Other Access Issues* (3), *Change of Provider* (3), *Operational* (3), *Peer Behavior* (3), *Physical Environment* (3), *Confidentiality Concern* (2), *Financial* (2), *Lost Property* (2), *Other Quality of Care Issues* (2), *Service Not Accessible* (1), *Timeliness of Services* (1), *Patient's Rights* (1), and *Cultural Appropriateness* (1).
  - All 3 requests for *Change of Provider* were granted; however, none of the 3 requests were found to have merit.
- **By program type or level of care:** 17 grievances pertained to Outpatient Services, 8 grievances pertained to Residential Treatment, 5 grievances pertained to each of ICM/FSP, Respite and Crisis Residential, 3 grievances pertained to Supportive Housing, 2 grievances pertained to RCF/RCFE, and 1 grievance pertained to each of Crisis Services, Access, and Payee.
- **Of the 48 grievances filed:** 15 grievances were found to have merit categorized as 8 *Staff Behavior Concern* (3 pertaining to Outpatient Services, 3 to Residential Treatment, and 2 to Respite), 2 *Other Quality of Care Issues* (1 pertaining to RCF/RCFE, and 1 to Crisis Residential), and 1 each to *Other Access Issues* (Access), *Timeliness of Services* (Outpatient Services), *Operational* (Crisis Residential), *Physical Environment* (Respite), and *Medication Concern* (Respite).
- **Of the 4 appeals filed:** all appeals were upheld (i.e., no merit), with 1 pertaining to *Financial Liability* (Outpatient, Out-of-County), 1 pertaining to *Payment Denial* (Inpatient, Out-of-Network), and 2 pertaining to *Termination* (both CYF Outpatient Services).

**Figure 15: MHS Grievance/Appeal Summary FY 24-25**

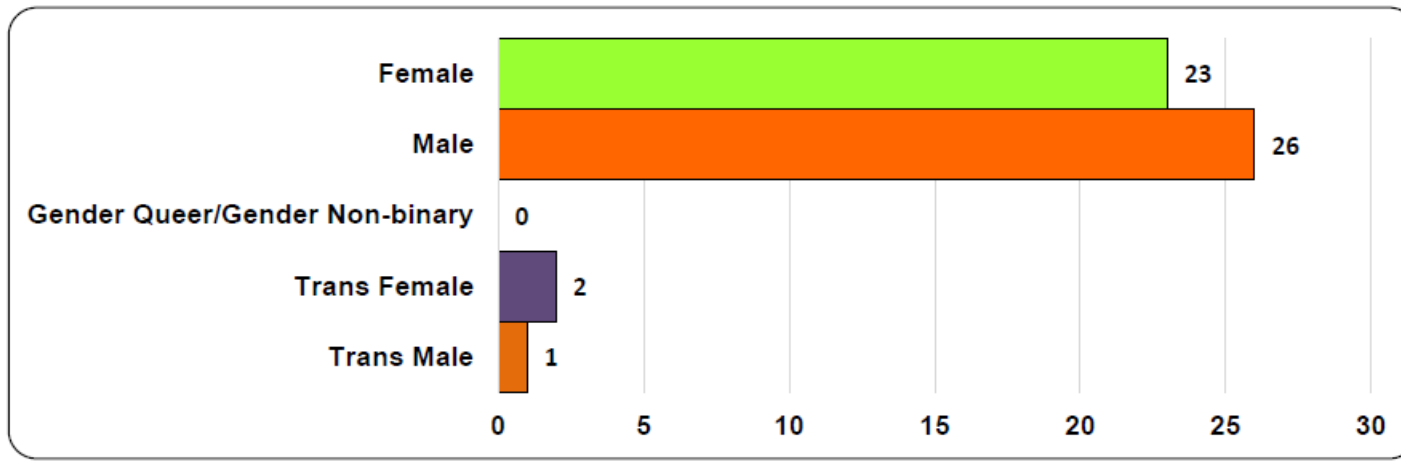
Category	Number	Percent	Merit
Access - Other Access Issues	3	5.8%	1
Access - Service Not Accessible	1	1.9%	
Access - Timeliness of Services	1	1.9%	1
Change of Provider	3	5.8%	
Confidentiality Concern	2	3.8%	
Other - Financial	2	3.8%	
Other - Lost Property	2	3.8%	
Other - Operational	3	5.8%	1
Other - Patient's Rights	1	1.9%	
Other - Peer Behaviors	3	5.8%	
Other - Physical Environment	3	5.8%	1
QOC - Cultural Appropriateness	1	1.9%	
QOC - Medication Concern	4	7.7%	1
QOC - Other Quality of Care Issues	2	3.8%	2
QOC - Staff Behavior Concern	11	21.2%	8
QOC - Treatment Concern	6	11.5%	
Financial Liability	1	1.9%	
Payment Denial	1	1.9%	
Termination	2	3.8%	
Grand Total	52	100%	15
Grievances =	48		
Appeals =	4		
Merit =	15		

**Figure 16: MHS Grievances Merit FY 24-25**

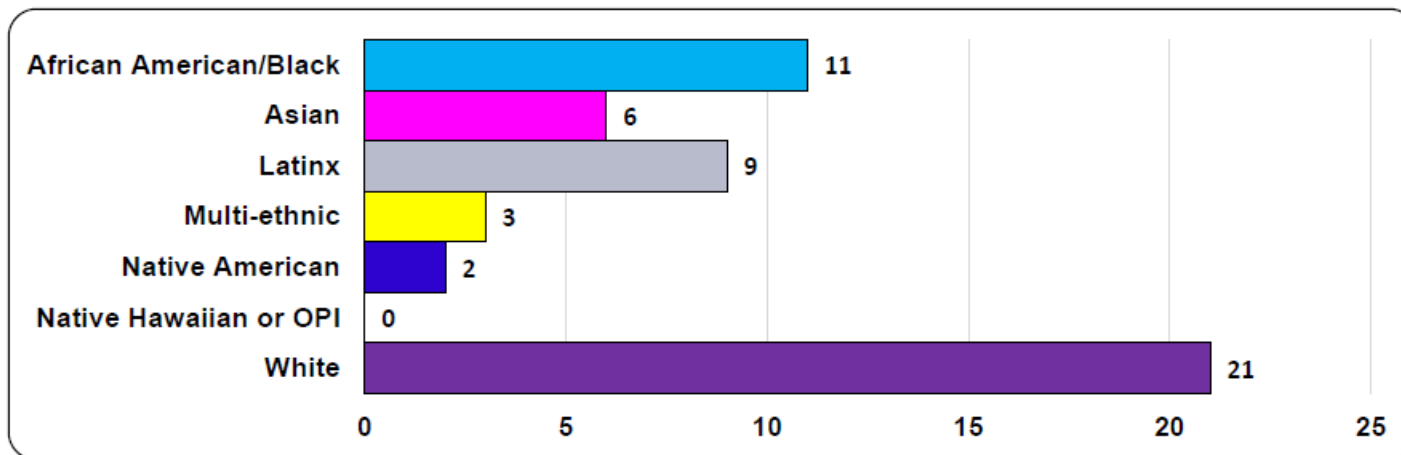


See **Figures 17 and 18** below for MHS gender and ethnic breakdown.

**Figure 17: Total Number of Mental Health Complaints by Gender**



**Figure 18: Total Number of Mental Health Complaints by Ethnicity**



## Appendix E: FY 24-25 Identified Systems Issues

The Risk Management Committee identified the following system issues/recommendations during FY 24-25 through its various review processes and member complaint investigations:

### **Electronic Health Record**

- To continue enhancements to Epic in order to better meet the needs of providers of Behavioral Health Services.
- Not all BHS providers have access to Epic and most BHS providers have lost access to Avatar records, which together creates blind spots in our understanding of our members being served and disruptions to essential continuity of care.
- Medication errors are not updated in the outside MAR after changes in the EHR.

### **Service Delivery/Accessibility**

- Consider housing BHS payee services within SUD/MH programs to maximize treatment outcomes and appropriate collaboration among providers.
- Expand low barrier access to housing, in-home supports, and targeted case management.
- Providing permanent supportive housing in environments where members can thrive.

### **Coordinated Care**

- The need for guidelines to help determine when members are appropriate for BHS payee-only services and how to best manage those members receiving payee services who refuse needed behavioral health services.
- To enhance the effectiveness of BHS payee services by including the unique role of payees as part of a member's treatment team with plans for money management that are clinically driven and developed in close collaboration with other providers of a member's treatment team.
- Ensuring that Emergency Departments appropriately triage and initiate prompt linkage for patients following a non-fatal overdose.
- Assist BHS programs in both enhancing collaboration with existing peer support programs and in developing on-site peer support/navigation resources to help address acute case management needs.

### **Staff/Training Needs**

- Minimize evictions through training staff, including housing case managers, on eviction prevention, protecting housing while members seek residential treatment, creating a more flexible process of transferring across permanent supportive housing sites, and providing permanent supportive housing in environments where members can thrive
- Further training of BHS staff about how to navigate the Epic EHR including its capacity for supporting provider-to-provider communications and the signaling of acute and sub-acute episode openings in real time.
- To provide more system education about contingency management and other evidence-based treatments for methamphetamine abuse.

**Medication**

- To discuss with MUIC the appropriateness of instituting BHS guidelines and/or policy addressing the inherent problems of split-psychiatry services.
- To evaluate opportunities for low barrier access to anti-psychotics to facilitate members' ability to self-manage stimulant- induced psychoses and agitation by providing small supplies of PRN olanzapine.
- To discuss with MUIC the revision of residential policy to address high risk medications in order to mitigate pattern of medication errors in methadone dosing in a variety of residential settings.