

THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
ACTION AGENDA SUMMARY

DEPT: BEHAVIORAL HEALTH & RECOVERY SERVICES BOARD AGENDA # *B-2
Urgent Routine X AGENDA DATE June 12, 2001
CEO Concurs with Recommendation YES X NO 4/5 Vote Required YES NO X
(Information Attached)

SUBJECT:

APPROVAL OF BUSINESS PLAN FOR STANISLAUS BEHAVIORAL HEALTH
CENTER FOR FISCAL YEAR 2000/2001

STAFF
RECOMMEN-
DATIONS:

APPROVE THE BUSINESS PLAN FOR STANISLAUS BEHAVIORAL HEALTH
CENTER FOR FISCAL YEAR 2000/2001

FISCAL
IMPACT:

The financial plan for Stanislaus Behavioral Health Center was approved in the County Budget submission as well as the Mid-year Budget adjustment. The Business Plan represents no additional fiscal impact.

BOARD ACTION AS FOLLOWS:

No. 2001-419

On motion of Supervisor Caruso , Seconded by Supervisor Simon
and approved by the following vote,
Ayes: Supervisors: Mayfield, Blom, Simon, Caruso, and Chair Paul
Noes: Supervisors: None
Excused or Absent: Supervisors: None
Abstaining: Supervisor: None

- 1) X Approved as recommended
- 2) Denied
- 3) Approved as amended

Motion:

Christine Ferraro

ATTEST: CHRISTINE FERRARO TALLMAN, Clerk

By: Deputy

File No.

APPROVAL OF BUSINESS PLAN FOR STANISLAUS BEHAVIORAL HEALTH CENTER FOR
FISCAL YEAR 2000/2001

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DISCUSSION: Stanislaus Behavioral Health Center, located at 1501 Claus Road, Modesto, provides 24-hour psychiatric inpatient services for adults, older adults, adolescents and children. Also located on the premises are a partial day hospital program and a psychiatric clinic.

Stanislaus Behavioral Health Center, purchased by Stanislaus County in 1994, is part of behavioral health services offered by the Department of Mental Health. The facility also contracts with most private insurance companies and provides services for both the public and private sector. In 1997, with the closure of Stanislaus Medical Center, Stanislaus Behavioral Health Center became licensed under the operating licensure of Doctor's Medical Center. The two hospitals continue to implement a successful integration.

Stanislaus Behavioral Health Center faces challenges in several areas this year. They include continuing to increase revenues to stay ahead of increasing costs of doing business, recruiting and retaining employees in a highly competitive environment and complying with a host of externally imposed requirements.

Primary business goals for fiscal year 2000/2001 continue to stress maintenance of existing quality services while placing a greater emphasis on organizational development. Stanislaus County leadership has subscribed to principles in the Malcolm Baldrige National Quality Award Criteria, which provides a template for measuring organizational excellence. Toward that end, the Stanislaus Behavioral Health Center Business Plan is organized according to Baldrige criteria.

Leadership

Stanislaus Behavioral Health Center's leadership takes direction from a variety of sources. Organizationally it is directed by both Stanislaus County through its Behavioral Health and Recovery Services and Doctor's Medical Center. A challenging task is the alignment of the facility's vision and mission statement with the visions and missions of its parent and partner organizations. Additionally a variety of key regulatory organizations direct much of the work of the leadership team. These organizations include the Joint Commission on the Accreditation of Hospitals (JCAHO), the California Department of Health Services, the California Department of Mental Health and the federal Health Care Financing Administration.

A key objective for this year is the recruitment of new administrator.

DISCUSSION: **Strategic Planning**
(Continued)

Market area, growth and unique clients by region, ethnicity and age were analyzed. A situation analysis defined business strategies.

Customer and Market Focus

Specific objectives in this area include increased community awareness, enhanced community partnerships, customer service training and improved patient satisfaction tools.

Information and Analysis

Specific goals address the need for better tools in collecting data, analyzing trends, monitoring progress and reporting results. We have developed a Balanced Scorecard of key measures of performance that we continue to refine.

Human Resource Development and Management

This is a challenging area during because of nursing shortages and competition among health care providers for qualified employees. Employees must be regarded as customers. Objectives in this area include staff development in several areas, improving employee satisfaction and recruiting and retaining qualified staff.

Process Management

We will continue the focus on training of management and Quality Improvement Council members in a process management model developed the Stanislaus County CEO Care Unit as well as meeting the Quality Management requirements of Doctor's Medical Center and JCAHO.

Business Results

Business objectives specifically pertain to increased revenue, increased contracts and identified financial targets. We have targeted an increase in our patient census and corresponding revenues.

Stanislaus Behavioral Health Center's leadership philosophy, market analysis, market position, and objectives for fiscal year 2000/2001 are included in the Business Plan.

APPROVAL OF BUSINESS PLAN FOR STANISLAUS BEHAVIORAL HEALTH CENTER FOR
FISCAL YEAR 2000/2001

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POLICY

ISSUES:

Approval of the Stanislaus Behavioral Health Center Business Plan for fiscal year 2000/2001 supports Board priorities of promoting efficient government operation, achieving multi-jurisdictional cooperation and ensuring a safe and healthy community.

STAFFING

IMPACT:

The Business Plan has no impact on staffing.

Stanislaus Behavioral Health Center



Strategic Business Plan FY 2000 - 2001

Larry B. Poaster, Ph.D.
Director
Behavioral Health & Recovery Services

Dan Souza, L.C.S.W.
Hospital Administrator

April 2001

Stanislaus County Board of Supervisors

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I. Overview and Introduction

Facility History

Focus for FY 2000-2001

Business Assumptions

Financial Targets

I. Overview and Introduction

A. Facility History

Stanislaus Behavioral Health Center (SBHC) is located at 1501 Claus Road in Modesto. The facility provides three primary services: (1) 24-hour psychiatric inpatient services for older adults, adults, children and adolescents; (2) a partial hospital (day hospital) program; and (3) a psychiatric clinic located on the premises, which provides clients with outpatient services, such as medication management and transition to outpatient care.

All services offered on the 10-acre campus are provided within a safe and secure setting. All services are provided by a multidisciplinary team consisting of a psychiatrist, internist, nurse, mental health clinician, activity therapist, substance abuse counselor, and mental health workers.

The facility was purchased by Stanislaus County on April 30, 1994, and began accepting patients on that same date. SBHC staff currently consists of 187 employees (full time and part time), and a medical staff of 22 physicians.

B. Focus for FY 2000-2001

In response to customer needs, our business goals for recent years included a strong focus on clinical program development with new alternatives to patient care. We continue to maintain our existing quality services, and have made some specific changes in order to increase utilization of our Partial Hospital Program, and to increase efficiency and financial solvency of our outpatient Psychiatric Clinic. We continue our efforts in business development and quality customer service. Last fiscal year we initiated an investment in the upgrade of our information systems (as part of the overall Behavioral Health and Recovery Services new Information System Initiative); this continues to be a priority for FY 2000-2001. We also continue our efforts in staff development – specifically, more aggressive recruitment, an increase in training opportunities, a focus on staff empowerment, and an emphasis on cultural competency. Our goals for FY 2000-2001 include a significant focus on recruitment efforts, as we add staff in order to: (1) accommodate a consistently high census, (2) increase bilingual staff for clinical and clerical positions, and (3) recruit additional psychiatrists.

Our primary business goals for FY 2000-2001 reflect a continued emphasis on organizational development. Stanislaus County leaders have subscribed to the principles outlined in the Malcolm Baldrige National Quality Award Criteria, which

provide a template for measuring organizational excellence. The SBHC Strategic Business Plan is outlined according to the seven Baldrige criteria, and overlays with the goals and critical success factors stated in our Department’s Strategic Plan.

Baldrige Criteria	BHRS Critical Success Factors
Leadership	Organization
Strategic Planning	Strategic Planning
Customer and Market Focus	Access Through Systems of Care That Promote Recovery
	Cultural Competency
	Promotion and Prevention
Information and Analysis	Informed Decision Making
Human Resource Development and Management	Human Resources
Process Management	Quality
	Community Partnerships
Business Results	Customer Satisfaction
	Fiscal Responsibility

Our leadership philosophy, market analysis, market position, and specific goals and objectives for this fiscal year are contained in the sections that follow.

C. Business Assumptions

Our Business Plan is developed in response to the following key business strategies pertaining to industry trends and directives of Stanislaus County’s Behavioral Health and Recovery Services (BHRS).

1. Behavioral Health and Recovery Services, including SBHC, will continue to subscribe to the practice of treating clients at the lowest level of care appropriate to meet a client’s needs. This is good clinical practice, consistent with the policy of third party payers and allows BHRS to use limited sales tax funding in the most cost-effective manner.
2. There will be a continued commitment to providing quality psychiatric services to the community and to spreading the fixed cost of the hospital to as many payers as possible. SBHC will review reimbursement patterns, and determine the best strategy for increased referral/admission activity. This includes an analysis of private sector business, and opportunities for partnering with neighboring counties.
3. We will continue to do market research on customer requirements and satisfaction. This is regarded as an ongoing effort. Assessment of customer needs is conducted continuously using a variety of methods, with feedback and requirements elicited from all customer groups. Customer feedback and requirements will serve as the basis of quality improvement and business planning.

4. SBHC's Strategic goals will be aligned with that of the overall BHRS including commitment to cultural competency, customer and employee satisfaction and quality service.
5. Stanislaus County will continue to partner with Doctor's Medical Center.
6. SBHC will continue to use Baldrige Healthcare Criteria to achieve performance excellence.

D. Financial Targets

Inpatient

	Actual		Actual		Actual		Financial
	FY95/96		FY96/97		FY97/98		Target
	FY95/96		FY96/97		FY98/99		FY 00/01
Patient Days	16,360	14,931	14,559	15,176	19,415	20,472	
Average Daily Census	44.82	40.91	39.89	41.58	53.05	56.09	
Staffing (Average FTE)	102.58	98.98	99.98	99.20	100.00	152.25	
FTE's Per Occupied	2.30	2.40	2.50	2.39	1.89	2.71	
Gross Revenue	\$13,906,000.00	\$12,961,350.00	\$18,671,917.50	\$21,246,400.00	\$27,181,000.00	\$28,660,156.00	
Disallowances	\$5,751,280.00	\$4,020,500.00	\$9,716,634.86	\$11,459,179.71	\$15,377,824.00	\$15,503,835.00	
Net Operating Revenue	\$8,154,720.00	\$8,940,850.00	\$8,955,282.64	\$9,787,220.29	\$11,803,176.00	\$13,156,321.00	
Net Revenue Per Patient Day	\$498.45	\$598.81	\$615.10	\$644.91	\$607.94	\$642.66	
Staff Cost	\$4,665,662.00	\$4,359,874.00	\$4,186,623.27	\$5,047,908.48	\$5,555,286.00	\$6,660,461.32	
Operating Cost	\$2,656,362.00	\$2,875,063.00	\$2,197,358.24	\$2,131,487.63	\$2,287,907.00	\$2,822,096.08	
Administrative Cost -**	\$1,666,869.00	\$1,483,916.00	\$2,457,318.88	\$2,496,491.59	\$3,147,113.00	\$3,425,605.60	
Total Cost	\$8,988,893.00	\$8,718,853.00	\$8,841,300.39	\$9,675,887.70	\$10,990,306.00	\$12,908,163.00	
Cost Per Patient Day	\$549.44	\$583.94	\$607.27	\$637.58	\$566.07	\$630.54	
Net Income From IP Operations	(\$834,173.00)	\$221,997.00	\$113,982.25	\$111,332.59	\$812,870.00	\$248,158.00	
** Administrative Cost includes:							

Partial Hospitalization Program

	Actual	Actual	Actual	Financial
	FY97/98 *	FY98/99	FY99/00	Target
				FY 00/01
Patient Days	598	1,060.5	346	370
Average Daily Census	3.30	4.24	1.37	1.46
Staffing (Average FTE)	1.25	1.29	N/A	N/A
Gross Revenue	\$149,500.00	\$265,125.00	\$86,500.00	\$92,500.00
Disallowances	\$46,865.00	\$90,759.87	\$32,050.00	\$31,383.00
Net Operating Revenue	\$102,635.00	\$174,365.13	\$54,450.00	\$61,117.00
Net Revenue Per Patient Day	\$171.63	\$164.42	\$157.37	\$165.18
Staff Cost	\$56,514.00	\$76,453.35	\$44,200.00	\$45,000.00
Operating Cost	\$0.00	\$10,947.16	\$3,285.00	\$3,318.00
Administrative Cost	\$0.00	\$0.00	\$0.00	\$0.00
Total Cost	\$56,514.00	\$87,400.51	\$47,485.00	\$48,318.00
Cost Per Patient Day	\$94.51	\$82.41	\$137.24	\$130.59
Net Income From IP Operations	\$46,121.00	\$86,964.62	\$6,965.00	\$12,799.00
* 49 Weeks of Operation				

Psychiatric Clinic

	Actual	Actual	Actual	Financial
	FY97/98	FY98/99	FY99/00	Target
				FY 00/01
Patient Days	N/A	N/A	N/A	N/A
Average Daily Census	N/A	N/A	N/A	N/A
Staffing (Average FTE)	1.76	2.03	2.00	2.00
Gross Revenue	\$334,565.50	\$408,752.00	\$509,732.00	\$311,329.00
Disallowances	\$181,760.26	\$119,226.99	\$187,729.00	\$28,565.00
Net Operating Revenue	\$152,805.24	\$289,525.01	\$322,003.00	\$282,764.00
Net Revenue Per Patient Day	N/A	N/A	N/A	N/A
Staff Cost	\$137,159.50	\$301,306.52	\$209,103.00	\$151,984.00
Operating Cost	\$53,454.46	\$144,584.99	\$114,822.00	\$162,963.00
Administrative Cost	\$0.00	\$0.00	\$0.00	\$0.00
Total Cost	\$190,613.96	\$445,891.51	\$323,925.00	\$314,947.00
Cost Per Patient Day	N/A	N/A	N/A	N/A
Net Income From IP Operations	(\$37,808.72)	(\$156,366.50)	(\$1,922.00)	(\$32,183.00)

II. FY 2000 – 2001 Outline of Goals

- A. Leadership
BHRS Strategic Goal: Organization
 - 1. Mission and Vision
 - a. Stanislaus Behavioral Health Center
 - b. Stanislaus County
 - c. Doctor's Medical Center
 - 2. Recruit Hospital Administrator

- B. Strategic Planning
BHRS Strategic Goal: Strategic Planning
 - 1. Market Area
 - 2. Competitive Analysis
 - 3. SWOT (Strengths/Weaknesses/Opportunities/Threats) Analysis

- C. Customer and Market Focus
BHRS Strategic Goals: Cultural Competency, Promotion & Prevention, Access
 - 1. Community Awareness
 - 2. Community Partnerships
 - 3. Customer Service

- D. Information and Analysis
BHRS Strategic Goal: Informed Decision Making
 - 1. MIS System
 - 2. Customer Satisfaction Computerized Reports
 - 3. New Dashboard Report

- E. Human Resource Development and Management
BHRS Strategic Goal: Human Resources
 - 1. Staff Development
 - 2. Employee Satisfaction and Retention
 - 3. Recruitment

F. Process Management
BHRS Strategic Goal: Quality, Community Partnerships

Continuous Quality Improvement

G. Business Results
BHRS Strategic Goal: Fiscal Responsibility, Customer Satisfaction

1. Increased Revenue
2. Increased/Updated Contracts
3. Customer Satisfaction

A. Leadership

Mission and Vision Statements

SBHC Leadership takes direction from a variety of larger organizations. SBHC is part of Behavioral Health and Recovery Services (BHRS), which in turn is part of the public services managed by Stanislaus County. Additionally SBHC is licensed under and an integral part of Doctor's Medical Center of Modesto. Doctor's Medical Center contracts with BHRS to manage SBHC. The statements listed below emphasize a commitment to customer service, quality care, and meeting the needs of a diverse community. These concepts are aligned with the mission of our parent and partner organizations.

(a) Stanislaus Behavioral Health Center

Our mission is to provide compassionate care and quality treatment through the provision of innovative services.

Our vision:

- Develop a public-private partnership for providing patient care and community education services to Stanislaus County residents
- Provide culturally sensitive and age appropriate services
- Promote behavioral health care within the community by providing education and training activities
- Develop a service delivery system which allows us to utilize department and community resources for the provision of a coordinated continuum of behavioral health care

(b) Stanislaus County

Our vision: A county that is respected for its service in the community and is known as the best in America.

Our mission:

- Serve the public interest in an efficient, cost effective manner
- Promote the public health, safety, welfare and the local economy
- Provide excellent customer service
- Explore and create new possibilities and partnerships

(c) Doctor's Medical Center

Stanislaus Behavioral Health Center officially came under the operating licensure of Doctor's Medical Center on December 1, 1997. There is an ongoing and successful integration of the two facilities.

DMC mission: "To be recognized as the foremost health care facility in Central California, the yardstick against which all other health care facilities are measured for the provision of high quality, cost effective, state of the art medical services in a compassionate, caring manner responsive to the needs of the community."

There are two specific Strategic Goals that fall under the first Baldrige criteria of Leadership: (1) Review of SBHC vision and mission; and (2) Successfully recruit and hire a new SBHC Administrator.

1. *SBHC Vision and Mission Statements*

Goal: *Review the SBHC vision and mission statements to ensure alignment with mission and vision of BHRS and DMC.*

Strategy	Measurable Outcomes	Responsibility	Timeframe
Review SBHC vision and mission statements to confirm alignment with mission, vision, goals identified by BHRS and DMC.	SBHC vision and mission statements reviewed and updated if necessary.	SBHC Leadership	August 2001

2. *Recruit Hospital Administrator*

Goal: *Hire new hospital administrator with strong business background. (Former SBHC Administrator retired January 2001; Mr. D. Souza is Acting Administrator until the position is filled).*

Strategy	Measurable Outcomes	Responsibility	Timeframe
Recruit for SBHC Hospital Administrator.	Administrator hired.	BHRS Leadership	Position filled by June 1 2001.

B. Strategic Planning

As noted above, customer feedback is an integral part of the SBHC Strategic Business Plan. From a market standpoint, SBHC is in a unique position, providing behavioral healthcare services to both the public and private sectors. Over the past few years, competition has diminished, and recently, SBHC service area has increased to include outlying areas and neighboring counties. There is a continuing critical shortage of psychiatric inpatient beds in northern California due to increased demand and closure of some facilities.

Market area information and growth is summarized below, with a four-year analysis of unique clients seen by region, by ethnicity, and by age. A Competitive Analysis is included with this section, and a Strength-Weaknesses-Opportunities-Threat (SWOT) analysis helps define our business strategies.

1. Market Area

Stanislaus Behavioral Health Center serves a population that represents all residents of Stanislaus County. SBHC also receives a growing number of admissions from neighboring counties. We expect this trend to continue as other behavioral health care programs succumb to the challenges of managed care, shorter lengths of stay, more restricted admission criteria, decreased or eliminated inpatient programs, and pressures from federal healthcare regulations.

Stanislaus Behavioral Health Center has been the only remaining resource in the County to provide inpatient psychiatric treatment since late 1997, when Memorial Hospital closed its psychiatric program. As a county owned facility, SBHC is well positioned to serve the public sector. As noted above, many neighboring counties rely on SBHC for inpatient psychiatric needs. SBHC is often regarded as a “first choice for overflow”, should the “home” county not have enough inpatient beds. Last fiscal year, marketing efforts were focused on solidifying contracts with neighboring counties, and responding to customer needs.

At this time, SBHC is also the only inpatient psychiatric facility available to the private sector within the County. This is particularly true for children’s services. SBHC offers the only child/adolescent inpatient psychiatric unit between Fresno and Sacramento. The Competitive Analysis chart in this section outlines the remaining and neighboring inpatient psychiatric programs.

Stanislaus County’s population continues to grow. The current estimated county population (through 2000) is 441,400. This is in contrast to 427,800 in 1999, a population of 418,500 in 1996, and 375,200 in 1990. The State Department of Finance projects continued population growth for Stanislaus County (estimated population of 518,000 by 2005), including a projected statewide increase in the Hispanic population and in other cultural groups.

The data below reflects SBHC admission activity for all programs (Inpatient, Partial Hospital and Psychiatric Clinic) for the past four fiscal years. Admissions are reported by region, by ethnicity, and by patient age.

SBHC Analysis of Unique Clients Served (by Region)

Region	96/97	97/98	98/99	99/00
Ceres	7.42%	7.19%	6.96%	8.71%
Eastside	7.92%	8.22%	7.52%	7.11%
Modesto	61.61%	59.47%	56.07%	54.73%
Turlock	9.63%	8.68%	8.53%	6.99%
Westside	2.36%	2.09%	2.47%	2.27%
Out of County	9.22%	12.22%	12.67%	17.88%
Unknown	1.80%	2.09%	5.76%	2.27%
	100%	100%	100%	100%

Additional market analysis indicates the growth of diverse ethnic populations in the County. SBHC subscribes to BHRS’ commitment to Cultural Competency and the Department’s plans to address the special needs of different cultural groups. SBHC will continue to conduct customer needs assessments and offer community education programs that are specific and sensitive to the needs of unique populations. All SBHC literature is now available in Spanish, and we have increased the number of bilingual and bicultural staff. Multilingual and multicultural positions have been added to staff roster, and recruitment efforts for multilingual, multicultural staff are a top priority.

SBHC Analysis of Unique Clients Served (by Ethnicity)

	96/97	97/98	98/99	99/00
Asian	1.40%	1.26%	2.79%	1.98%
African American	4.58%	5.60%	5.26%	5.64%
Caucasian	75.88%	73.71%	74.67%	72.62%
Hispanic	13.88%	13.83%	12.91%	15.09%
Native American	0.40%	0.46%	0.93%	0.89%
Other	0.90%	0.66%	0.47%	3.75%
Unknown	2.93%	4.45%	2.94%	0.00%
	100%	100%	100%	100%

A final analysis of “SBHC Unique Clients Served” from 1996 through 2000 shows admission activity by patient age.

SBHC Analysis of Unique Clients Served (by Age Group)

The chart below shows “SBHC Unique Clients Served” by age group compared to total clients served over the past four years.

Age	96/97	97/98	98/99	99/00
Less than 13	97	146	191	232
13 - 17	380	431	438	557
18 - 59	2664	2704	2811	3060
60+	164	196	323	279
Total	3305	3477	3763	4128

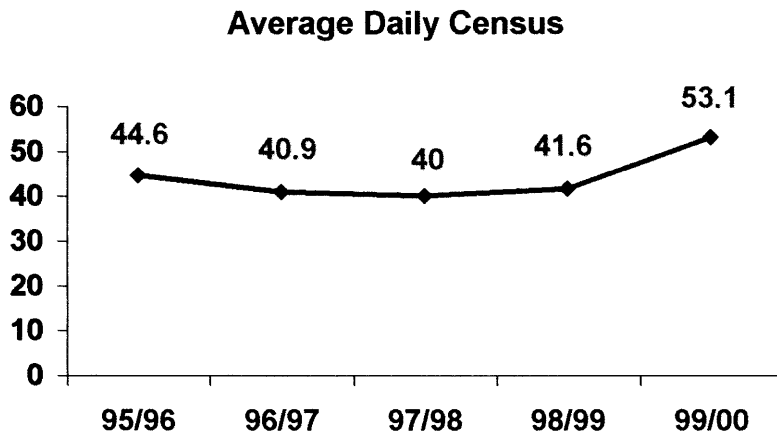
There is a significant increase (21%) in numbers of children seen who are under 13. This data may reflect more recent efforts in educating teachers and families about earlier detection and intervention for at-risk children. On a national level, there is a heightened sensitivity to the issue of school violence. This too may be a contributing factor to the rise in hospitalization of younger children. The overall increase in children and adolescents receiving services at SBHC may also be due to the decrease in competition and the overall shortage of adolescent beds in Northern California.

A 14% decrease is seen in the older adult population served. This year SBHC stopped promoting the Senior track. New outpatient programs for older adults have been added to the County’s services. These additional service options may contribute to the drop in older clients requiring hospitalization.

SBHC services encompass treatment programs for all age groups. Medical staff includes psychiatrists who are Board Certified in both general psychiatry and in specialties such as child psychiatry or geriatric psychiatry. Last fiscal year SBHC hired a new child psychiatrist, increasing the medical staff to 16 psychiatrists, plus an additional 6 contracted psychiatric residents for weekend on call duty.

Marketing efforts pertain to all programs, including Partial Hospitalization. Outreach activities are targeted to pediatricians, primary care physicians, agencies, schools, law enforcement, and a wide range of community groups, including selected cultural communities. The SBHC Strategic Goals outlined in this report include continued efforts in community outreach, with special emphasis on cultural competency and recruitment of multilingual and multicultural staff. We strive to provide quality services and easy access to all community groups – reaching all regions, all ages, and all ethnic populations.

The final chart below shows SBHC's Average Daily Census over the past 5 years. The data indicates a consistent increase in census, reflecting program expansion and successful business development results. Year-to-date census data supports the projection that census will remain consistently high.



2. Competitive Analysis

Hospital	# of beds	Types of services	Partial Programs	Outpatient Programs	Misc. Services
St. Joseph's Stockton	11 adult 16 gero 8-11 CD	Inpt adult Geropsych Adult detox inpt	Yes Adult/adol CD	At St. Dominic in Manteca (outpt psych for ages 5+)	24-hr assessment service
San Joaquin County Dept. of Mental Health	28 adult	PHF Adult psych Dual Diag MD Psych Unit	Yes Adult Child Older Adult	12 beds, 23 hour unit	Seeking private sector business; current Kaiser contracts (Bay Area and Sacramento)
Merced County Dept of Mental Health	16	PHF Adult only (secure, alarmed)	No	No	No
Tuolumne General Hospital (Tuolumne County)	16	Adults only	No (KingsView outpt may add to contract)	Not at THG; county contract with KingsView	Perinatal A&D
Fresno Community Hospital	32 – part of acute care hospital	Adults only	No	No	Acute detox
Cedar Vista Hospital (Fresno)	61 total	Adult Adolescent/child Chemical Dependency	Yes	Yes	Clinical Trial participation
Sutter General Sacramento	71 total	40-open adult 11 locked adult 20 for 7-17 yr old	Yes	No	3 day detox
Behavioral Healthcare Corp (BHC) Sierra Vista, Sacramento	60 total	37 adult 13 for 12-18 10 for CD, 21 day adults	Yes	No	21 day CD
Behavioral Healthcare Corp (BHC) Heritage Oaks, Sacramento	72 (4 seclusion)	18 adult/geropsych 18 adolescent 36 adult	Yes	No	Geropsych No CD ECT
Tulare County Kaweah Delta Hospital	34 adult 10 adult-locked	Inpt adult Geropsych 3-10mo. Rehab	No	CD only (one MD)	Possible future addition of children's unit

3. *SWOT (Strengths/Weaknesses/Opportunities/Threats) Analysis*

Strengths

1. **Geographic Assets and Facility**
 - a. Growing county population
 - b. Close, accessible to all medical surgical facilities
 - c. Quick access to emergency medical care
 - d. Beautiful 10-acre campus; well maintained
2. **Market Coverage and Contract Status**
 - a. Contracts with several neighboring counties
 - b. Contracts with most private health insurance plans
 - c. Favorable, low risk financial agreements with BHRS and local Mental Health Medi-Cal Plan
 - d. Ability to partner with other agencies; collaborative relationships encouraged
 - e. Part of department wide services (BHRS); highly collaborative relationship with Outpatient Systems of Care
3. **Medical and Clinical Staff**
 - a. High levels of full time staff retention resulting in a well trained and experienced workforce
 - b. Recent addition of child psychiatrist to medical staff
 - c. Multicultural and multilingual staff part of clinical, clerical and medical staff
 - d. Experienced clinical staff, many with 20+ years of experience in direct patient care
 - e. All programs staffed by multidisciplinary teams
 - f. Clinical staff cross trained in mental health and substance abuse treatment
 - g. Mandatory customer service training offered to all staff.

Weaknesses

1. **Market Area and Private Sector**
 - a. Private sector business is dictated by behavioral health benefits offered by private insurance companies via employers. Stanislaus County has a higher percentage of unemployed population than do neighboring populated regions, such as the Bay Area.
 - b. Behavioral health benefits are not offered by all employers.
 - c. Limited number of large employers in this region compared to other areas of comparable size and population.
2. **Staffing Challenges**
 - a. Dependence on large number of part time and nursing registry staff to meet variable staffing needs with high turnover of part time staff.
 - b. Dependence on Locum Tenens psychiatrists to fully meet our medical staffing needs.
 - c. Large limited English speaking population requires bilingual professional staff which are in limited supply.

3. Intake Procedure

Currently all SBHC intake activity is conducted via Emergency Services, which is part of the Managed Care sector of Behavioral Health and Recovery Services, and not directly administered by SBHC. BHRS has plans for an Access Redesign, but that is a broader goal and also not under SBHC's control. Until Access Redesign is implemented, SBHC does not have a mechanism to track referral and inquiry calls for analysis or follow up. The lack of direct admission protocol is also a handicap in marketing to the private sector.

4. Lack of Tools for Data Capture

Note: The lack of data tools is being addressed with the purchase and implementation of a new Department wide software system. This is a priority BHRS goal for FY 2000-2001.

Opportunities

1. Current Market and Competitive Climate

The high demand and limited number of acute psychiatric beds in Northern California provides the opportunity for maintaining a high census and profitability. SBHC is the only psychiatric inpatient facility in Stanislaus County and operates the only child adolescent facility between Sacramento and Fresno.

2. Contracting and Marketing

a. All programs emphasize quality of care; continuous quality improvement, and full continuum of care. These criteria meet many requirements for Continuous Quality Improvement stipulated by health plans and key third party payers.

b. Ongoing commitment to program development and program expansion allows for increased/updated contracting opportunities.

c. High percentage of customer satisfaction results in opportunity to market and secure contracts with private sector.

d. Economy of scale: higher census allows for more efficient cost management.

3. Training

- a. Opportunity to provide customer service training to all staff to improve customer service.
- b. Opportunity to recruit and train behavioral healthcare professionals (clinical social workers, marriage and family therapists, nurses, LVN's and clinical psychologists) to ensure well trained staff.

4. Diverse Multicultural and Multilingual Populations

Multilingual and multicultural staff available to serve non-English speaking clients; information and communication sources are available in multiple languages. This results in an opportunity to market to and to provide services to limited-English speaking persons.

Threats

1. Staffing and Recruitment

- a. Highly competitive recruiting environment for bilingual staff.
- b. Highly competitive recruiting environment for nurses.
- c. Highly competitive recruiting environment for psychiatrists.
- d. Recruitment challenges above result in higher staffing costs and the risk of inability to meet regulatory and accreditation standards and staffing ratios adequate to meet patient needs.
- e. Increased labor costs due to staff shortages.

2. Regulations

- a. New federal Medicare regulations that threaten our Medicare Certification and partnership with Doctor's Medical Center.
- b. A more restrictive regulatory environment with associated increased costs and risks.

3. Market and Business Implications

- a. Impact of Managed Care continues trend in diminishing lengths of stay and negatively impacts the bottom line, even when offset by high census and increased admissions.
- b. The increasingly limited number of available placement slots in State Hospitals, IMD's and local Residential Care facilities threatens (a) our financial situation by leading to large number of administrative days, and (b) our ability to admit emergency patients because of a lack of available beds.
- c. Loss of experienced administrator with extensive financial management experience.
- d. Increased utilization by Stanislaus County residents may result in reduction of out-of-county business. This would cause a negative financial impact on BHRS and possibly SBHC.

C. Customer and Market Focus

In keeping with Baldrige principles and our corresponding Strategic Goals, Stanislaus Behavioral Health Center and Behavioral Health and Recovery Services place a high priority on customer service. Customer feedback is elicited from internal and external customers on an ongoing basis. Internal customers (staff, contractors, colleagues, providers, partners) and external customers (clients, community residents, referral sources) are surveyed via a variety of mechanisms. These feedback vehicles include:

- Employee satisfaction surveys
- Patient and family questionnaires
- Patient feedback forms on all units
- Suggestion boxes on all units and reception area
- Face-to-face meetings with referral sources
- CME needs assessment survey and event evaluations
- Community seminar feedback forms
- Survey tools for best practices projects
- Staff meetings
- Employee evaluations
- Patient community meetings

Customer feedback is critical to our overall Strategic Business Plan. The SBHC Strategic goals and objectives for FY 2000-2001 listed throughout this report are the direct result of our elicitation, interpretation, and response to customer needs. Specific goals in the area of Customer and Market Focus pertain to: (1) community awareness, (2) community partnerships, and (3) improved customer satisfaction.

I. Community Awareness

Goal: SBHC will continue community education programs and maintain media relations to elicit positive PR and ensure public awareness of SBHC services.

	Strategy	Measurable Outcomes	Responsibility	Timeframe
1	Community seminar program continued on quarterly basis	Attendance at hospital sponsored community seminars to reach 50+	Community Relations	Quarterly
2	Maintain media relations	3 press releases submitted by fiscal year end	Community Relations	Ongoing
3	Media relations, track clippings, speaker requests	Receive press coverage 5 times by fiscal year end	Community Relations	Fiscal Year End
4	Promotion project via Access Redesign steering committee	Promote 800# for all incoming calls	BHRS Access Redesign Committee	August/September 2001

2. *Community Partnerships*

Goal: SBHC will continue collaborative relationships with other providers and community groups to improve access to all customers.

	Strategy	Measurable Outcomes	Responsibility	Timeframe
1	SBHC presence at health fairs, inter-agency events, County fair, recruitment fairs, International Festival	Participate in 5 county-wide community events with other county agencies	Leadership Community Relations HR	Ongoing
2	Collaborative preparation for JCAHO focus survey, integration of DMC and SBHC QI indicators, policies, and procedures	Successful JCAHO focus survey with DMC	SBHC Leadership Administration Medical Records	Ongoing Survey date tbd
3	SBHC staff on Access Redesign public information subcommittee, community response to include SBHC feedback	Participate in Access Redesign Community Meetings	Community Relations	October 2000
4	Increase awareness of SBHC services to Hispanic communities	SBHC information presented at 2 community meetings targeted to Hispanic community	Community Relations	Ongoing

3. *Improved Customer Satisfaction*

(a) Customer Service Training –

Goal: SBHC staff will receive customized training in customer service to reinforce staff commitment to customer service excellence; principles reinforced in performance evaluations.

	Strategy	Measurable Outcomes	Responsibility	Timeframe
1	Mandatory customized customer service training program developed and scheduled	75% of SBHC staff attend training	Community Relations Assistant Administrator	Training conducted twice (all shifts) by fiscal year end
2	Performance evaluations and interview process modified to include customer service commitment	Customer Service principles integrated with 90% of employee evaluations and 100% of new employees	SBHC Leadership HR	Ongoing
3	Modify SBHC customer service training for adaptation for outpatient programs	Department-wide training program developed using SBHC program as model (Feedback committee's recommendation)	Community Relations Training Committee	September 2001

*(b) Customer Satisfaction Surveys/Tools -
 Goal: SBHC will collect and evaluate customer feedback in the most effective manner and on an ongoing basis.*

	Strategy	Measurable Outcomes	Responsibility	Timeframe
1	Evaluate current survey system and recommend changes. Consider piloting single survey instrument.	Identify single measurable valid survey tool for SBHC patient satisfaction.	Community Relations Clinical Leadership	FYE
2	Incorporate statistical process control with SBHC survey system.	Data prepared for monthly CQI meetings.	Community Relations	FYE
3	Install suggestion boxes; Assign staff feedback representatives; issue client/family surveys; tabulate input from survey form	Staff identified as feedback reps; quarterly reports submitted to Feedback committee assigned to pilot BHRS feedback system.	Community Relations Clinical Leadership	FYE
4	Refine Complaint Response Process	Each complainant receives contact within 10 days – resolution is documented in writing.	Leadership	Ongoing

D. Information and Analysis

Specific goals for FY 2000-2001 address the need for better tools in collecting data, analyzing trends, monitoring progress, and reporting results. SBHC will be participating in an extensive Department-wide investment in updated information systems. Objectives in this area pertain to: (1) MIS System – new computer system and upgrades; (2) Customer Satisfaction computerized reports; and (3) New Dashboard Report.

1. MIS System

Goal: Deploy new MIS System for more efficient business practices and more effective internal communication.

	Strategy	Measurable Outcomes	Responsibility	Timeframe
1	Train SBHC staff in new "ShareCare" software	90% staff demonstrate competency in new software	Administration Leadership Business Office	FYE
2	Deploy necessary hardware	90% of staff will have workstation access	Leadership Administration MIS	FYE
3	Assess staff satisfaction with new software	Survey administered; 70% of staff responding to survey with "satisfied" rating	Administration MIS Business Office manager	FYE

2. *New Dashboard Report*

Goal: Evaluate existing reports and improve usefulness of tool.

	Strategy	Measurable Outcomes	Responsibility	Timeframe
1	Continue to produce SBHC Balanced Score card and identify areas for improvement	12 monthly Balanced Scorecards produced and distributed with key indicators	SBHC Leadership Business Office Administration	July 2000
2	Include Dashboard Report part of CQI meeting agendas	Quality Improvement Council receives 12 dashboard reports	Clinical Leadership	Monthly
3	Include Dashboard Report as part of DMC Board of Governors Report	DMC board receives 12 dashboard reports	Administrator CST assigned to report Community Relations	Monthly

E. Human Resource Development and Management

SBHC regards employees as customers. A strong commitment is made toward staff development and employee satisfaction. Cultural competency is a critical issue in all areas of our Strategic Business Plan. This emphasis is also realized in our training efforts and in our recruitment practices. Specific objectives for FY 2000-2001: (1) Staff Development, (2) Employee Satisfaction and Retention, and (3) Recruitment.

1. Staff Development

Goal: Provide line staff with training, motivation and direction to encourage professional growth and career development.

	Strategy	Measurable Outcomes	Responsibility	Timeframe
1	Improve morale and accountability through empowerment of CST's.	80% of CST's will give high scores on "empowerment" in CST survey	Assistant Administrator	September 2001
2	Provide training to clinical staff on Therapeutic Crisis Intervention Techniques	90% of clinical staff attend training on specialized de-escalation techniques	Assistant Administrator Nurse Manager	Fiscal Year End
3	Mandatory customer service training offered to all shifts.	75% of SBHC staff attend customized customer service training	Management staff Assistant Administrator Community Relations	2 training sessions conducted by FYE
4	SBHC staff to attend "Crossing Cultural Bridges"	40% of SBHC staff will or will have attended "Crossing Cultural Bridges" class	SBHC Leadership BHRS training dept.	Ongoing
5	SBHC staff to attend Cultural Dialog class (level 2 in cultural competency training series)	10% of SBHC staff will attend Cultural Dialog Class	SBHC Leadership BHRS training dept.	Ongoing
6	SBHC staff to attend Baldrige training and Leadership 2000 course	25% of SBHC staff completes Baldrige training; 20% of SBHC staff enrolled in Leadership 2000	SBHC Leadership	Ongoing

2. *Employee Satisfaction and Retention*

Goal: Increase employee job satisfaction and improve employee retention.

	Strategy	Measurable Outcomes	Responsibility	Timeframe
1	Assign and support SBHC staff to BHRS Workgroup that is responding to Staff Satisfaction Survey	SBHC representatives attend 80% of all meetings	SBHC Leadership	3/01 – duration of workgroup
2	Implement recommendations of BHRS Staff Satisfaction Workgroup	Improved scores for SBHC in subsequent BHRS Staff satisfaction survey from initial administration	BHRS Leadership SBHC Leadership	Tbd – targeted date of second survey
3	Survey all full time staff who resign or are transferred	90% of all full time staff who resign or transfer will complete an exit survey	SBHC Leadership HR	Beginning 3/01 and ongoing
4	Interview all full time staff who resign or are transferred	70% of all full time staff who resign or transfer will participate in an exit interview	SBHC Administrator HR	Beginning 3/01 and ongoing
5	Implement tracking of exit interview data	Monthly reports to include trend analysis	HR	Beginning 4/01 and ongoing
6	Survey and identify factors related to turnover in extra help nursing and CST staff	Completed survey on 75% of extra help RN's and CST's who terminate	SBHC Leadership HR	Ongoing Survey 10/01
7	Recognize and celebrate employee accomplishments through support of Employee Recognition Committee and Leadership initiated activities.	80% satisfaction rating on employee satisfaction survey on question related to employee recognition.	SBHC Leadership	Throughout Fiscal Year

3. *Recruitment*

Goal: Fill open positions and maintain consistent, acceptable staffing levels.

	Strategy	Measurable Outcomes	Responsibility	Timeframe
1	Request authorization for additional full time positions to meet increased census	SBHC staffing ratio to maintain level of 80% FTE's to no more than 20% extra help/agency personnel.	SBHC Leadership HR SBHC managers	Fiscal Year End
2	Increase extra help staffing pool by hiring Certified Nursing Assistants for specified tasks	30% decrease in use of nursing registry staff or CNA's	Nurse Manager	Fiscal Year End
3	Develop recruitment strategies for increased hiring of bilingual CST staff	90% of all shifts on all units will include bilingual (English/Spanish speaking) staff	Leadership HR	Fiscal Year end
4	Participate in job fairs, conferences, professional organization meetings, and community meetings for purposes of recruitment.	Participate in 8 events of which 50% are targeted for multicultural populations.	HR SBHC Management Community Relations	Fiscal Year End

F. Process Management

Continuous Quality Improvement

Goal: Demonstrate commitment to principles of Continuous Quality Improvement (CQI); provide staff with tools to practice CQI.

	Strategy	Measurable Outcomes	Responsibility	Timeframe
1	Continue transition to new Stanislaus County Process Management Model through training and monitoring	50% of all SBHC Departments will identify key processes, collect data and report using Statistical Process Control for a minimum of 3 cycles.	SBHC Leadership Nurse Manager	Fiscal Year End
2	Adapt new Process Management Approach to Doctor's Medical Center requirements	100% compliance with DMC requirements. No complaints or negative feedback regarding plans or reports.	Administrator Quality Assurance Nurse Manager	Fiscal Year End
3	Avoid duplication, rework, and unnecessary reporting in various monitoring activities by reviewing all activities, consolidating reports and standardizing report format.	90% of all QI and other monitoring reports will use same format. Monitoring reports will be consolidated into no more than four overall reports.	Leadership Quality Services Nurse Consultant	June 2001

G. Business Results

We believe that our commitment to our customers and to all of the Baldrige criteria for organizational success will positively impact our bottom line. Business objectives for FY 2000-2001 specifically pertain to: (1) Increased Revenue, (2) Increased/Updated Contracts, (3) Improved Customer Satisfaction.

1. Goal: Increased Revenue

	Strategy	Measurable Outcomes	Responsibility	Timeframe
1	Increase patient days through increased contracts with other counties and health plans.	6% increase in average daily census.	SBHC Leadership Community Relations Business Office	Ongoing efforts; increase noted at fiscal year end.
2	Increase revenue through improved collection processes and increased rates.	SBHC will increase collection of revenue from private insurance companies by 5% in FY 00/01 compared to revenue collections reported for FY99/00.	Business Office	Ongoing efforts; financial results by fiscal year end.
3	Continue strategy of soliciting and encouraging private sector business to offset fixed costs of providing services to public funded clients.	End year with a positive fund balance; and a 5% increase in revenues for FY 00/01 compared to FY 99/00.	Leadership Administrator Business Office	Fiscal Year End

2. Goal: Increased/Updated Contracts

	Strategy	Measurable Outcomes	Responsibility	Timeframe
1	Contracts updated with rates that reflect cost of service.	95% of all existing contracts with private insurance companies and other counties updated to current rates.	Business Office	Ongoing; results by fiscal year end.
2	Improve revenue collection process through implementation of new billing software (Medisoft).	Increase percentage of cost of Psychiatric Clinic supported by third party revenues as compared to 99/00.	Business Office MIS Psychiatric Clinic Coordinator	Ongoing
3	Continue use of existing inpatient programs to support lower census of partial hospital program.	50% growth in revenue after expenses realized for Partial Hospital Program as compared to FY 99/00.	Clinical Leadership PHP Program Coordinator	Ongoing

3. *Goal: Improved Customer Satisfaction*

	Strategy	Measurable Outcomes	Responsibility	Timeframe
1	Improve SBHC customer service.	Overall Patient Satisfaction scores to be at or above 85%	Leadership, CQI team Clinical staff Community Relations	.Fiscal Year End
2	Implement strategies based on staff satisfaction survey	Improved internal staff satisfaction scores	BHRS Leadership SBHC Leadership	Second survey scheduled for 9/01

III. Concluding Comments – Goals for FY 2001-2002

In summary, Stanislaus Behavioral Health Center's goals for the coming year are to increase the amount of business, maintain quality, maintain its relationship with Doctor's Medical Center and have revenues exceed expenses despite the challenges presented by a tight labor market for qualified employees, limits on revenue imposed by managed care and changes in Medicare policy. Some of the key strategies to achieve these goals include marketing as a regional facility to neighboring counties and health plans, assertive and constant recruitment for key personnel categories, renegotiating contracts with health plans to insure current rates more than cover cost of business and improved billing and collection processes.

In the Behavioral Healthcare business, employees are keys to success. Compassionate, competent and dedicated personnel are essential and must be recruited and retained. To that end an organized and extensive, recruitment, training and staff development system has been established and will continue. We must also recognize and celebrate our employees for the outstanding work they do or we will lose them to other facilities in this competitive job market. Additionally we must systematically design our work processes to be customer focused, efficient and effective. We must measure the output and outcomes of these processes to ensure we are meeting our goals and targets. To this end we have begun the process of transitioning our Quality Improvement activities to a new Process Management approach. The Stanislaus County CEO's Care unit staff has assisted with training and technical assistance. Additionally outside training in Statistical Process Control (SPC) has been contracted from CSUS.

Finally with the retirement of an experienced Administrator the facility must recruit a competent and qualified leader for the coming years. A broad-based recruitment is planned to attract applicants for the position. It is anticipated that prior to the end of the fiscal year a new full-time Administrator will be on the job.

IV. Attachments

- (1) CQI Sample Agenda and Report
- (2) SBHC Dashboard Report