NUHW NATIONAL UNION OF HEALTHCARE WORKERS

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June 28, 2019

Shelley Rouillard, Director
Dan Southard, Deputy Director—Office of Plan Monitoring
Jennifer E. Marsh, Attorney III—Office of Enforcement
James A. Willis, Senior Counsel
Department of Managed Health Care
980 9th Street, Suite 500
Sacramento, CA 95814-2725

RE: KAISER PERMANENTE ENFORCEMENT MATTER NO: 11-543; VIOLATIONS AT KAISER'S SAN FRANCISCO PSYCHIATRY DEPARTMENT

Dear Ms. Rouillard, Mr. Southard, Ms. Marsh and Mr. Willis:

On behalf of the National Union of Healthcare Workers ("NUHW"), I am writing to provide the Department of Managed Health Care ("DMHC") with evidence of Kaiser Permanente's ("Kaiser") noncompliance with California law and the DMHC's Cease and Desist Order issued on June 24, 2013 regarding Kaiser's substandard mental health services.

Specifically, this complaint pertains to Kaiser's San Francisco Psychiatry Department, which is among the largest of Kaiser's mental health clinics in Northern California. At this location, Kaiser is reportedly committing violations of California laws that are having especially severe and dangerous impacts on child and adolescent enrollees. Kaiser's San Francisco clinic, which is responsible for delivering care to tens of thousands of enrollees in the San Francisco area, is located at the following address:

Kaiser Permanente San Francisco
4141 Geary Boulevard
San Francisco, CA 94115

As this letter details, Kaiser's San Francisco Psychiatry Department does not have sufficient numbers of non-physician behavioral health providers to deliver timely and clinically appropriate care to Kaiser's enrollees. In particular, child and teen enrollees are waiting days and weeks beyond the 10-business day standard to receive initial non-urgent diagnostic appointments delivered by non-physician licensed behavioral health clinicians. Furthermore, child and adolescent patients are waiting excessive amounts of time for care following their delayed diagnostic appointments. Specifically, these patients are waiting excessive amounts of time for both individual and group treatment appointments in violation of clinical appropriateness standards and professionally recognized standards of practice. These practices violate state law and place vulnerable enrollees at risk.

I. Apparent Violations

A. Inadequate Provider Network: Kaiser regularly provides NUHW with data regarding the numbers of internal non-physician behavioral health therapists at each of its clinic sites due to NUHW's collective-bargaining relationship with Kaiser. According to these records, the number of therapists providing treatment to child and adolescent patients at Kaiser's San Francisco clinic has declined since 2016 even as the number of Kaiser enrollees utilizing the clinic's behavioral health services increased by 16.4% from 2016 through June of 2018.

Last month, 11 non-physician clinicians described the clinic's provider-network problems in a group letter to Kaiser's managers and executives. The letter, attached as Exhibit A, reads in part as follows:

> "As you know, the Child and Family Team-Psychiatry, San Francisco has been understaffed for nearly 2 years and our child population and demand for services has increased. We haven't had a manager to help us for over 1.5 years, and the interim managers have very little clinical child experience. As a result, staff have been leaving and programs have dissolved… To provide perspective, we wanted to illustrate the staffing discrepancies between [Kaiser's] Oakland and Richmond Child Teams and SF Child Team. According to the latest information provided to us by the Employer [i.e. Kaiser], there are 25.425 FTEs on Oakland and Richmond's child team, 15 counseling intern/externs/pre and post docs providing service to the children/families in the EBA area [Note: "EBA" refers to Kaiser's East Bay service area]. The IOP ["Intensive Outpatient Program"] and ED ["Emergency Department"] programs in EBA have separate, dedicated programs. In contrast, San Francisco child team has 9.7 FTEs, 0 counseling intern/externs/ pre and post docs. Please note that two staff in SF are budgeted through IOP, and another is an ED specialist, therefore less than 7 FTE are available to provide outpatient care for the general child/family population. San Francisco child team will have additional losses when our eating disorder specialist and a full-time generalist is on leave this summer. **The EBA ratio is approximately 1 therapist for every 2900 children/families. Including the counseling intern/externs/ pre and postdocs, there is 1 therapist for every 1,700 children/families in the EBA area. In San Francisco, however, there is approximately 1 therapist for every 4,300 children/teens** who are covered under Kaiser Health Plans in San Francisco County." [Emphasis in original]

Kaiser's managers and executives are fully aware of these problems. During the past two years, therapists have repeatedly complained in both written and verbal form regarding the clinic's inadequate network of therapists and the resulting failure to deliver timely and clinically appropriate care to patients. On May 23, 2019, eleven licensed therapists who practice on the clinic's Child and Family Team signed and delivered the letter in Exhibit A to Kaiser managers after reading the letter aloud to Laura Peterson (Assistant Medical Group Administrator) and Noel Legoboru (Director of BHM) during a departmental meeting. On May 24, 2019, therapists sent the letter by e-mail to six clinic managers and Kaiser executives, including Janet Liang

(President of Kaiser's Northern California Region). Since then, none of them has taken any apparent steps to address the problems, which continue unabated.

B. Failure to Deliver Timely Initial Appointments: An essential part of Kaiser's behavioral health services is to conduct initial evaluations of its patients in order to accurately diagnose their conditions and develop effective treatment plans, which are delivered in subsequent individual and group treatment appointments. Kaiser's non-physician behavioral health therapists are the licensed providers principally responsible for performing these initial diagnostic assessments.

Due to the San Francisco clinic's inadequate provider network, child and adolescent patients are not receiving initial non-urgent diagnostic appointments with a non-physician behavioral health therapist within 10 business days as required by California's timely access regulations. These violations have grown worse during the past two years, according to clinicians and Kaiser's internal records.

During a one-week period from April 8, 2018 to April 14, 2018, Kaiser's San Francisco clinic provided timely non-urgent initial appointments to only 48% of the child and adolescent patients who required such appointments (11 of 23 patients), according to a PowerPoint presentation delivered by the Chair of the Chiefs of Psychiatry and Addiction Medicine in Kaiser's Northern California Region. The PowerPoint presentation, entitled "2018 MH Priorities: Update to Chiefs of Psychiatry," is contained in Exhibit B and the relevant data is located in the second slide entitled "Access." The PowerPoint presentation apparently was delivered by the Chair of the Chiefs of Psychiatry and Addiction Medicine in Kaiser's Northern California Region during a meeting of the Chiefs of Psychiatry from each of Kaiser's medical center service areas across the region. According to the presentation, the meeting took place on April 24, 2018.

As far as current conditions, non-physician clinicians report that child and adolescent patients' wait times for initial diagnostic "intake" appointments have grown worse during the past two years and that today many of these patients commonly wait 4-6 weeks for such appointments, according to clinicians' letter of May 23, 2019 (Exhibit A).

Therapists' observations are corroborated by access data that Kaiser provided to NUHW due to its collective-bargaining relationship. According to this data, the clinic's access performance declined from 2016 through June of 2018. During the first six months of 2018, the clinic failed to provide timely non-urgent initial appointments to 33% of its child and adolescent patients.

Child patients' excessive wait times for initial diagnostic appointment have been exacerbated by a new workflow implemented by Kaiser's managers in an apparent effort to conceal the clinic's excessive appointment wait times and its inadequate provider network. Historically, Kaiser's San Francisco clinic and Kaiser's other clinics across California have scheduled child and adolescent patients to receive initial non-urgent diagnostic appointments during an in-person appointment of 90 minutes (coded internally as an "NCF6"). During these appointments, a non-physician clinicians met with a child patient and their parent/legal guardian (together and separately) in order to diagnose the child's condition and develop a treatment plan for future care. If clinically indicated, subsequent appointments were scheduled to provide treatment to the child.

In recent months, however, Kaiser's managers implemented a new workflow for patients younger than 12 years of age by which Kaiser divides this process into two separate appointments that are spaced weeks apart and delivered by two separate therapists. The new workflow functions as follows: Kaiser schedules the child's parent/legal guardian to participate in a 30-minute "parent only" telephone appointment with a non-physician clinician within 10 business days (these appointments are coded as "TCINs" or "TCONs"). The child, who is the plan enrollee, does not participate in this telephone appointment. Weeks later, both the child and their parent/guardian attend a 60-minute in-person diagnostic appointment with a second non-physician clinician to perform a diagnostic assessment of the child patient. As a result of this new elongated workflow, each child enrollee typically must wait 4-6 weeks for their diagnostic assessment appointment. Not only does this "two-step" assessment process violate California's timely access regulation, it also delays the commencement of treatment appointments for the patient.

In their letter of May 23, 2019 to Kaiser's managers and executives, clinicians describe the impact of this new workflow on child enrollees as follows:

> "Finally, the pilot project of managers, TCIN's, while touted as being able to 'help' intake access, has made things worse. Appointment wait times to see a provider has increased to 4-6 weeks and most patients arrive to the meetings confused and angry at having had to divulge personal information about their families to a stranger who did not follow up with them, and then had to **wait OVER A MONTH** to talk to someone in person.
>
> "Below we've included examples of the types of complaints we hear daily:
>
> "-I didn't understand why I had to talk to the person on the phone about my family and then talk to a different person a month later.
>
> "-I only talked to the phone person because I thought I would get in faster, but then I had to wait over a month. My child's problems have only gotten worse.
>
> "-We have done everything Kaiser asked, and still no one helped us. No one has seen my daughter before today. We had to go to the ED [Emergency Department] twice while waiting for an appointment.
>
> "-I don't understand why it is so hard to get help at Kaiser SF. I waited on the phone for almost an hour, and had to talk to two people, and no one helped me before I saw you today. What do you mean that I can't see you for a month and that there are no groups for my 9 year old."

C. Failure to Deliver Clinically Appropriate Care: In addition to violating child and adolescent patients' right to access timely initial diagnostic appointments, the clinic's inadequate provider network is also depriving many such patients of clinically appropriate treatment appointments, both individual and group, following their diagnosis.

With respect to individual treatment appointments, most therapists report that their patients—even those with complex and acute conditions—must wait 4-6 weeks between individual treatment appointments with a non-physician behavioral health therapist.

The clinic's chronic understaffing problems also affect patients' capacity to access group therapy sessions. Specifically, the availability of group therapy for the clinic's patients has declined by 70% during the past four months, according to clinicians.

In their letter of May 23, 2019, the clinic's non-physician therapists describe the impact on enrollees in the following manner (Exhibit A):

> "Due to lack of staffing, burnout, and management's refusal to allow for planning, the group therapy options for our general outpatient patients have decreased by 70% in the last 4 months. The return access is poor and we see individual patients every 4-6 weeks. Without weekly groups to support treatment goals, our ability to manage our caseloads has worsened and patient care is suffering. This is becoming a safety issue for our patients and our practice as licensed therapists. We demand that Kaiser SF increase its budget and staffing for Child and Family clinicians so that the clinic can provide adequate patient care."

II. California Law: The aforementioned practices and conditions violate at least three broad areas of California laws and regulations enforced by the DMHC: (1) provider network adequacy standards, (2) clinical appropriateness standards and (3) timely access rules.

A. Provider Network Adequacy Standards: California law requires Kaiser to "establish and maintain provider networks, policies, procedures and quality assurance monitoring systems and processes" in order to ensure that enrollees have access to timely and appropriate behavioral health services. Among other requirements, California law requires HMOs to accurately track, measure, monitor, and document the capacity and availability of its provider network as well as maintain a Quality Assurance Program that takes effective action when deficiencies are detected (Rule 1300.67.2.2(c)(1); Rule 1300.67.2.2(c)(5); and Rule 1300.67.2.2(d)).

In March of 2013, the DMHC cited and fined Kaiser $4 million for violating these and other standards and furthermore ordered it to "cease and desist" from committing further violations (DMHC, "Routine Medical Survey of Kaiser Foundation Healthcare Plan, Inc. Behavioral Health Services," March 18, 2013). The DMHC noted, for example, the following in its March 2013 investigatory findings: "Access and Availability of Services: The Plan does not sufficiently monitor the capacity and availability of its provider network in order to ensure that enrollee appointments are offered within the regulatory timeframes."

Today, at its San Francisco clinic, Kaiser is once again violating these standards and committing especially dangerous violations. Kaiser's failure to provide appropriate treatment to patients at its San Francisco clinic is especially notable given that, for years, Kaiser and the DMHC have been aware of this clinic's inability to provide timely appointments to its patients. Since 2011, NUHW has submitted at least six complaints to the DMHC regarding chronic understaffing problems at

the clinic and patients' excessive appointment wait times. The following are the most recent and most dated complaints submitted by NUHW. Please let me know if you do not have copies of these materials.

- On October 4, 2018, a manger of Kaiser's Psychiatry Department in San Francisco sent an email to the clinic's approximately 20-member Triage Team acknowledging that the clinic is failing to provide non-urgent diagnostic appointments to all its child and adolescent patients within 10-business days as mandated by California's Timely Access Regulation. Source: NUHW's letter to DMHC and attachments, October 18, 2018.

- On September 27, 2011, Marion Lim Yankowitz, the Director of Kaiser's San Francisco Psychiatry Department, sent an email to the Psychiatry Department's clinicians reporting that "access for new adult appointments continues to be around 21 days" and instructing "all adult therapists need to put in for additional NAI4s in October." Source: NUHW's complaint filed with the DMHC in November of 2011 (see "Care Delayed, Care Denied," p. 10).[1]

Notably, the clinic's illegally lengthy appointment wait times currently endured by its child patients are similar, if not longer, than those endured by the clinic's adult patients in 2011.

B. Clinical Appropriateness Standards: Rule 1300.67.2.2(c)(1) states: "Plans shall provide or arrange for the provision of covered health care services **in a timely manner appropriate for the nature of the enrollee's condition consistent with good professional practice.** Plans shall establish and maintain provider networks, policies, procedures and quality assurance monitoring systems and processes sufficient to ensure compliance with this **clinical appropriateness standard.**" (emphasis added)

In February 2015, the DMHC cited Kaiser for violating the aforementioned provision (DMHC, "Routine Survey Follow-Up Report of Kaiser Foundation Healthcare plan, Inc. Behavioral Health Services," February 24, 2015). The DMHC cited Kaiser for "significant delays in timeliness" of both initial and return appointments (p. 23). The DMHC concluded that Kaiser's access failures were fundamentally rooted in its failure to have sufficient numbers of mental health providers available for patients. For example, the report stated that Kaiser's "monthly access reports suggest that the Plan's current behavioral health provider network remains inadequate to serve the needs of its enrollee population" (p. 26) and that Kaiser's provider network inadequacies "present significant barriers to enrollees who need behavioral health services" (p. 28).

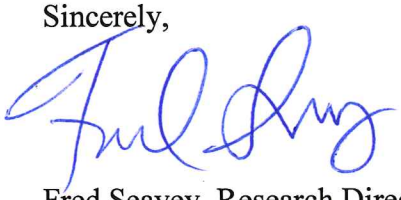
C. Timely Access Regulations: Rule 1300.67.2.2(c)(5) ("Standards for Timely Access to Care") requires that each health plan, "in addition to ensuring compliance with the clinical appropriateness standard," must "ensure that its contracted provider network has adequate capacity and availability of licensed health care providers to offer enrollees appointments that

[1] The full "Care Delayed, Care Denied" report is accessible online as a PDF from the following web address: https://nuhw.org/wp-content/uploads/2014/01/CareDelayedCareDenied.pdf

meet the following timeframes: …(E) Non-urgent appointments with a non-physician mental health care provider: within ten business days of the request for appointment…"

III. Request to DMHC: NUHW requests that the DMHC immediately investigate the conditions documented in this letter due to their urgency and serious effects on Kaiser's Child and adolescent enrollees. Furthermore, NUHW calls on the DMHC to employ its full statutory authority to compel Kaiser to comply with the DMHC's 2013 Cease and Desist Order as well as California's laws and regulations, especially given Kaiser's repeated and continuing violation of standards for which the DMHC cited it as many as six years ago. We urge the DMHC to employ its complete array of enforcement tools, including fines, penalties and sanctions.

Sincerely,



Fred Seavey, Research Director

Exhibit A

From: Chaya Rivka L Mayerson <Chaya-Rivka.L.Mayerson@kp.org>
Subject: electronic letter concerning the child team-SF
Date: May 24, 2019 10:05:19 AM PDT
To: SFO PSYCH CHILD ONLY-KPNC-SFO <SFOPSYCHCHILDONLY@kp.org>, Angela J Liang <Angela.J.Liang@kp.org>, Noel Legorburu <Noel.S.Legorburu@kp.org>, Laura Peterson <Laura.Peterson@kp.org>, "Wayne W. Li" <Wayne.W.Li@kp.org>, "Mikyong X. Wessel" <Mikyong.X.Wessel@kp.org>, Nicole Colao-Vitolo <Nicole.Colao-Vitolo@kp.org>, "Kathleen O. Hardisty" <Kathleen.O.Hardisty@kp.org>, "Raquel X. Garcia" <Raquel.X1.Garcia@kp.org>, Tomoko Kunita <Tomoko.Kunita@kp.org>, Ann Tran <Ann.Tran@kp.org>, "spage@nuhw.org" <spage@nuhw.org>, "Aaron S. Conroy" <Aaron.S.Conroy@kp.org>, Tarrah D Wauson <Tarrah.D.Wauson@kp.org>, Cindy Herrera <Cindy.X.Herrera@kp.org>
Cc: Janet-Liang-President-KPNC <Janet-Liang-President-KPNC@kp.org>, David Chou <David.Chou@kp.org>, "gtegenkamp (nuhw.org)" <gtegenkamp@nuhw.org>

This letter was read aloud by SF child team members to Laura Peterson and Noel Legorburu yesterday May 23, 2019 to detail management, staffing and service difficulties experienced on the team. Our union representatives have encouraged us to distribute to SF managers, NUHW SF stewards, BMS, as well as SF medical director and Kaiser executive, Janet Liang. Thank you for your attention to our ongoing crisis in San Francisco Child Team.

Dear Managers,

As you know, the Child and Family Team- Psychiatry, San Francisco has been understaffed for nearly 2 years and our child population and demand for services has increased. We haven't had a manager to help us for over 1.5 years, and the interim managers have very little clinical child experience. As a result, staff have been leaving and programs have dissolved. Due to lack of staffing, burnout, and management's refusal to allow for planning, the group therapy options for our general outpatient patients have decreased by 70% in the last 4 months. The return access is poor and we see individual patients every 4-6 weeks. Without weekly groups to support treatment goals, our ability to manage our caseloads has worsened and patient care is suffering. This is becoming a safety issue for our patients and our practice as licensed therapists. We demand that Kaiser SF increase its budget and staffing for Child and Family clinicians so that the clinic can provide adequate patient care.

To provide perspective, we wanted to illustrate the staffing discrepancies between Oakland and Richmond Child Teams and SF Child Team. According to the latest information provided to us by the Employer, there are 25.425 FTEs on Oakland and Richmond's child team, 15 counseling interns/externs/pre and post docs providing service to the children/families in the EBA area. The IOP and ED programs in EBA have separate, dedicated programs. In contrast, San Francisco child team has 9.7FTEs, 0 counseling interns/externs/pre and post docs. Please note that two staff in SF are budgeted through IOP, and another is an ED specialist, therefore less than 7FTE are available to provide outpatient care for the general child/family population. San Francisco child team will have additional losses when our eating disorder specialist and a full-time generalist is on family leave this summer. **The EBA ratio is approximately 1 therapist for every 2900 children/families**. **Including the counseling intern/externs/pre and postdocs, there is 1 therapist for every 1,700 children/familes in the EBA area.** In San Francisco, however, there is approximately **1 therapist for every 4,300 children/teens** who are covered under Kaiser Health Plans in San Francisco County. This discrepancy is unacceptable.

Regarding the access for intake appointments, we would like to reiterate that the intake access was **RARELY** a problem before the staffing and management shortages in the last 2 years. In 2018 intake access fluctuated, and Golee told us that we were often within DMHC standards. At the worst times, patients waited 3 weeks for an intake appointment. The changes in triage, intake process, and mostly short staffing explained much of the problems; also, there were significant problems regarding transfers. For example, we noted to Laura in December 2018 that during a 4-5 week period there were 18 transfer appointments, which was the same number that we were "short" for new appointments. This was a management oversight, and there has been an emphasis on controlling for transfers in the last 2 months. Finally, the pilot project of managers, TCIN's, while touted as being able to "help" intake access has made things worse. Appointment wait times to see a provider has increased to 4-6 weeks and most patients arrive to the meetings confused and angry at having had to divulge personal information about their families to a stranger who did not follow up with them, and then had to **wait OVER A MONTH** to talk to someone in person.

Below we've included examples of the types of complaints we hear daily:

-I didn't understand why I had to talk to that person on the phone about my family and then talk to a different person a month later.

-I only talked to the phone person because I thought I would get in faster, but then I had to wait over a month. My child's problems have only gotten worse.

-We have done everything Kaiser asked, and still no one helped us. No one has seen my daughter before today. We had to go to the ED twice while waiting for an appointment.

-I don’t understand why it is so hard to get help at Kaiser SF. I waited on the phone for almost an hour, then had to talk to two people, and no one helped me before I saw you today. What do you mean that I can’t see you for a month and that there are no groups for my 9year old.

-My teen isn’t suicidal, but 1x/month appt aren’t enough.

-Kaiser used to be better like 5-8 years ago, but now things are worse.

Thank you for your quick response to the safety issues of our patients and staff. Thank you, too for responding within a week about increasing staffing levels for the Child and Family team as well as the ED and IOP staffing needs for the remainder 2019 and for the upcoming 2020 year.

Sincerely,

Child and Family Team, Department of Psychiatry, San Francisco:
Barry Forrest LCSW
Liliana Hernandez MFT
Christin Mullen MFT
Chaya RIvka Mayerson PsyD
David Meshel PhD
Christina Kyskan PhD
James Beauford PhD
Nan Santiago MFT
Alicia Cruz MFT (IOP)
Kathryn Brown MFT (IOP)
Sarah Phillips, LCSW (ED)

Exhibit B

2018 MH Priorities

Update to Chiefs of Psychiatry

April 24, 2018

ACCESS

TPMG Operational Timeliness of Access Report – MH/BH
Regional View / Facility Level
Weekly View: 04/08/2018 to 04/14/2018

Appt Type: NEW:ALL

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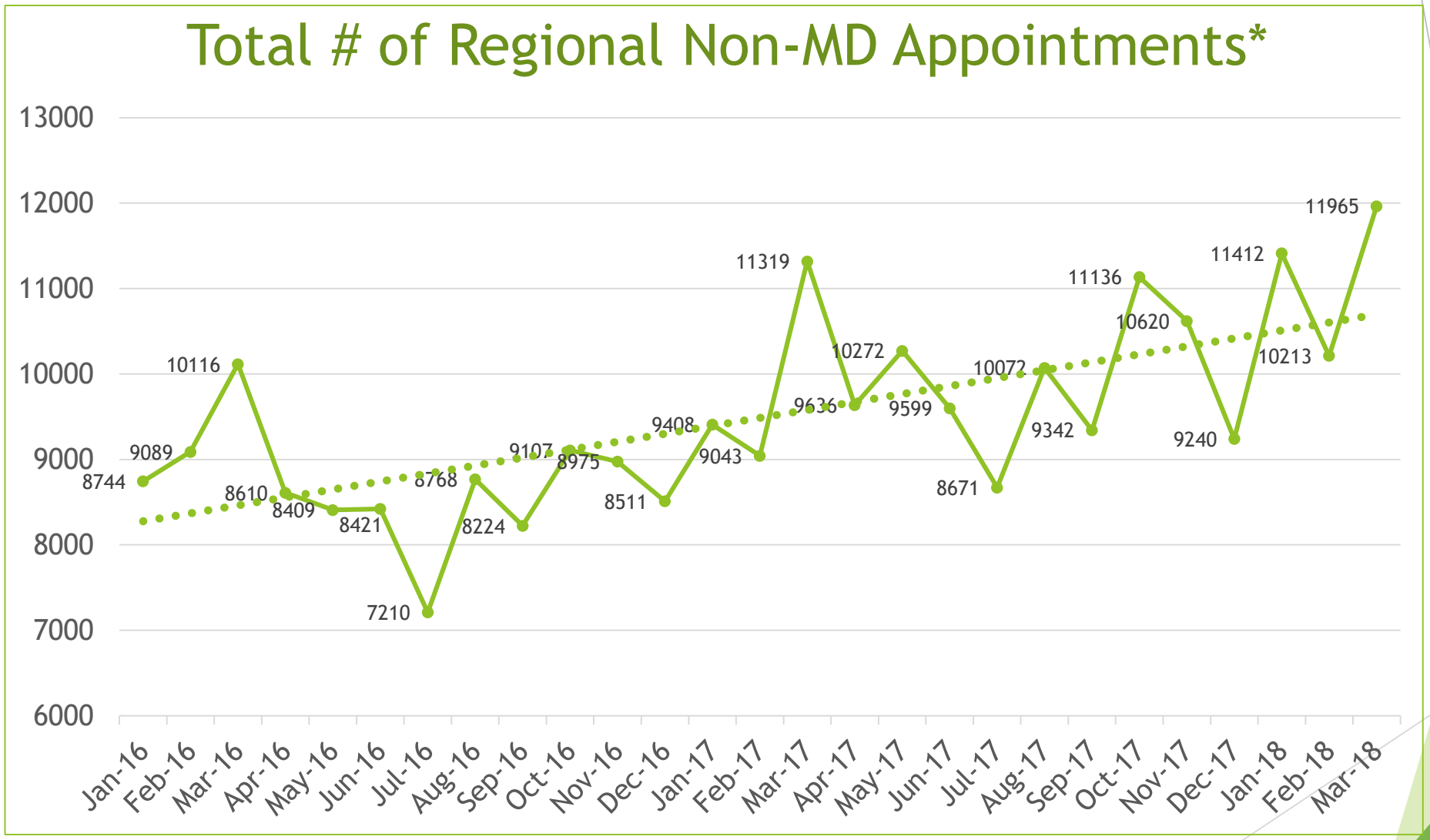
	Physician													Non-Physician										
	Adult				Child				CDS					Adult				Child				CDS				
fac_name	Number of Apptr	# of Apptr within 15 Business Days (ITS)	% of Apptr within 15 Business Days (ITS)	Average Days Wait in Business Days (ITS)	Number of Apptr	# of Apptr within 15 Business Days (ITS)	% of Apptr within 15 Business Days (ITS)	Average Days Wait in Business Days (ITS)	Number of Apptr	# of Apptr within 15 Business Days (ITS)	% of Apptr within 15 Business Days (ITS)	Average Days Wait in Business Days (ITS)	Total % of Apptr within 15 Business Days	Number of Apptr	# of Apptr within 10 Business Days (ITS)	% of Apptr within 10 Business Days (ITS)	Average Days Wait in Business Days (ITS)	Number of Apptr	# of Apptr within 10 Business Days (ITS)	% of Apptr within 10 Business Days (ITS)	Average Days Wait in Business Days (ITS)	Number of Apptr	# of Apptr within 10 Business Days (ITS)	% of Apptr within 10 Business Days (ITS)	Average Days Wait in Business Days (ITS)	Total % of Apptr within 10 Business Days
Threshold for review/action	80%*				80%*				80%*					80%*				80%*				80%*				
CVL-MAN	4	4	100%	10.25	0	0	n/a	n/a	0	0	n/a	n/a	100%	14	10	71%	6.43	2	1	50%	11.00	11	11	100%	4.09	81%
CVL-MOD	17	17	100%	8.47	0	0	n/a	n/a	0	0	n/a	n/a	100%	57	40	70%	6.37	17	9	53%	7.12	0	0	n/a	n/a	66%
CVL-STK	8	7	88%	8.50	1	1	100%	3.00	0	0	n/a	n/a	89%	56	50	89%	2.39	12	11	92%	3.33	0	0	n/a	n/a	90%
CVL-TRA	7	7	100%	4.71	0	0	n/a	n/a	0	0	n/a	n/a	100%	14	5	36%	11.86	7	5	71%	5.57	0	0	n/a	n/a	48%
DSA-ANT	10	8	80%	12.90	0	0	n/a	n/a	0	0	n/a	n/a	80%	54	42	78%	6.15	19	8	42%	13.11	2	2	100%	8.00	69%
DSA-PLS	3	2	67%	11.00	0	0	n/a	n/a	0	0	n/a	n/a	67%	56	46	82%	6.09	23	22	96%	4.39	4	4	100%	4.00	87%
DSA-WCR	16	15	94%	7.94	0	0	n/a	n/a	0	0	n/a	n/a	94%	72	57	79%	7.65	27	19	70%	9.22	24	24	100%	2.50	81%
EBA-OAK	49	27	55%	11.29	3	3	100%	3.67	0	0	n/a	n/a	58%	134	97	72%	7.53	39	18	46%	10.95	27	26	96%	5.44	71%
EBA-RCH	12	11	92%	9.75	1	1	100%	9.00	0	0	n/a	n/a	92%	55	46	84%	5.55	26	24	92%	4.54	2	2	100%	1.00	87%
FRS-FRS	44	44	100%	2.41	7	7	100%	6.57	0	0	n/a	n/a	100%	40	37	93%	5.68	16	12	75%	8.44	11	11	100%	3.27	90%
GSA-FRE	2	2	100%	8.00	0	0	n/a	n/a	0	0	n/a	n/a	100%	32	31	97%	6.16	5	4	80%	6.20	0	0	n/a	n/a	95%
GSA-SLN	0	0	n/a	n/a	0	0	n/a	n/a	0	0	n/a	n/a	n/a	0	0	n/a	n/a	2	1	50%	12.50	0	0	n/a	n/a	50%
GSA-UNC	18	16	89%	7.22	1	1	100%	5.00	0	0	n/a	n/a	89%	56	31	55%	9.30	36	31	86%	6.89	14	14	100%	4.57	72%
NSA-NAP	0	0	n/a	n/a	0	0	n/a	n/a	0	0	n/a	n/a	n/a	0	0	n/a	n/a	3	0	0%	14.67	0	0	n/a	n/a	0%
NSA-VAC	17	17	100%	11.18	1	1	100%	13.00	0	0	n/a	n/a	100%	54	29	54%	8.80	21	5	24%	11.48	7	7	100%	1.86	50%
NSA-VAL	20	20	100%	7.70	0	0	n/a	n/a	0	0	n/a	n/a	100%	40	33	83%	6.33	18	4	22%	10.06	18	18	100%	1.67	72%
NVL-DAV	0	0	n/a	n/a	0	0	n/a	n/a	0	0	n/a	n/a	n/a	0	0	n/a	n/a	2	1	50%	7.00	0	0	n/a	n/a	50%
NVL-FOL	0	0	n/a	n/a	0	0	n/a	n/a	0	0	n/a	n/a	n/a	65	62	95%	6.55	16	13	81%	7.75	7	6	86%	6.43	92%
NVL-RCO	0	0	n/a	n/a	0	0	n/a	n/a	0	0	n/a	n/a	n/a	11	4	36%	11.27	9	8	89%	8.00	0	0	n/a	n/a	60%
NVL-ROS	0	0	n/a	n/a	0	0	n/a	n/a	0	0	n/a	n/a	n/a	154	128	83%	16.54	45	38	84%	7.44	1	0	0%	13.00	83%
NVL-SAC	0	0	n/a	n/a	0	0	n/a	n/a	27	27	100%	0.00	100%	155	143	92%	5.06	32	29	91%	8.25	44	43	98%	0.91	93%
RWC-RWC	26	15	58%	13.42	2	1	50%	20.50	1	1	100%	1.00	59%	37	23	62%	8.11	13	10	77%	5.77	5	5	100%	2.60	68%
RWC-SMM	0	0	n/a	n/a	0	0	n/a	n/a	0	0	n/a	n/a	n/a	0	0	n/a	n/a	2	2	100%	5.50	0	0	n/a	n/a	100%
SCL-CMB	7	5	71%	10.86	2	2	100%	8.00	0	0	n/a	n/a	78%	16	2	13%	13.75	6	0	0%	15.67	0	0	n/a	n/a	3%
SCL-MIL	7	6	86%	8.43	0	0	n/a	n/a	0	0	n/a	n/a	86%	23	20	87%	8.26	7	5	71%	8.43	0	0	n/a	n/a	83%
SCL-MTN	7	2	29%	18.57	0	0	n/a	n/a	0	0	n/a	n/a	29%	17	17	100%	6.00	0	0	n/a	n/a	0	0	n/a	n/a	100%
SCL-SCH	35	32	91%	9.43	0	0	n/a	n/a	0	0	n/a	n/a	91%	55	19	35%	9.45	18	6	33%	10.89	30	29	97%	2.43	52%
SFO-SFO	37	8	22%	16.38	0	0	n/a	n/a	0	0	n/a	n/a	22%	90	74	82%	6.37	23	11	48%	10.48	26	26	100%	4.27	80%
SJO-GIL	3	3	100%	7.67	0	0	n/a	n/a	0	0	n/a	n/a	100%	10	3	30%	8.10	3	3	100%	5.33	0	0	n/a	n/a	92%
SJO-SCZ	0	0	n/a	n/a	0	0	n/a	n/a	0	0	n/a	n/a	n/a	2	1	50%	8.50	3	2	67%	16.67	1	1	100%	9.00	67%
SJO-STR	5	5	100%	12.80	2	2	100%	7.50	3	3	100%	4.67	100%	101	99	98%	5.35	32	29	91%	9.38	21	21	100%	3.19	97%
SJO-SVM	8	8	100%	8.00	1	1	100%	8.00	1	1	100%	2.00	100%	6	5	83%	7.33	1	1	100%	10.00	0	0	n/a	n/a	86%
SJO-WTV	2	2	100%	8.50	0	0	n/a	n/a	0	0	n/a	n/a	100%	15	14	93%	7.73	2	2	100%	9.00	0	0	n/a	n/a	94%
SRF-PET	14	13	93%	8.21	2	2	100%	11.50	0	0	n/a	n/a	94%	22	17	77%	6.18	6	4	67%	11.83	0	0	n/a	n/a	75%
SRF-SRF	20	19	95%	9.60	5	5	100%	7.80	3	1	33%	11.67	89%	26	19	73%	6.04	11	9	82%	6.45	15	14	93%	0.80	81%
SRO-RPK	6	5	83%	14.17	0	0	n/a	n/a	0	0	n/a	n/a	83%	0	0	n/a	n/a	0	0	n/a	n/a	0	0	n/a	n/a	n/a
SRO-SMW	23	18	78%	9.74	0	0	n/a	n/a	0	0	n/a	n/a	78%	20	10	50%	12.55	32	26	81%	8.06	4	4	100%	2.75	71%
SRO-SRO	23	9	39%	14.09	1	1	100%	9.00	0	0	n/a	n/a	42%	30	17	57%	10.37	15	8	53%	10.13	5	5	100%	4.60	60%
SSC-ELG	10	9	90%	9.30	1	1	100%	1.00	0	0	n/a	n/a	91%	10	10	100%	5.70	13	4	31%	10.46	0	0	n/a	n/a	61%
SSC-SSC	14	13	93%	6.86	0	0	n/a	n/a	0	0	n/a	n/a	93%	73	71	97%	4.67	33	14	42%	9.94	6	6	100%	1.33	81%
SSF-SSF	11	11	100%	8.27	0	0	n/a	n/a	0	0	n/a	n/a	100%	57	55	96%	4.75	18	15	83%	5.72	9	7	78%	6.22	92%
REG-REG	485	380	78%	9.85	30	29	97%	8.77	35	33	94%	1.49	80%	1729	1373	79%	7.59	615	414	67%	8.57	294	286	97%	3.10	79%

Total # of Regional Non-MD Appointments*



*includes outside referrals

C2C

- Positions
  - 10 Hired
    - 6- 40 hour
    - 3- 32 hour
    - 1- 24 hour
    - 6 external, 4 internal
    - 4 LCSW, 2 LMFT, 4 PhD
- Hiring Fair Round II scheduled for Friday, April 27th : 12 candidates for 10 positions
- BHM: II posted
- 8 IACs starting May 29th
- 2 IACs starting June 11th
- Replacing internal positions
- ***Telepsychiatry Center go-live with SFO and SRF on June 4th***

SITE VISITS

- All the site visits have been scheduled.
- Sharon is reaching out to each of you to schedule a prep call
- Data packet for your review that includes
  - The total number of visits from 2016 to current month
  - Access Rates
  - Inpatient and Readmission data
  - MPS
    - Clinician Ave
    - Service and Helpfulness
    - Timeliness and Convenience
  - AOQ & POQ Participation Rates

GSA	11-May
SJO	21-May
SSC	1-Jun
CVL	12-Jun
NVL	29-Jun
DSA	3-Aug
FRS	7-Aug
SFO	10-Aug
SRF	24-Aug
SSF	31-Aug
EBA	14-Sep
NSA	2-Oct
SCL	5-Oct
RWC	26-Oct

MOOD: Feb 2018 Regional Report

QOS - Monthly MOOD and PMOOD Report

Category	Medical Center	Denominator 5Mo.	CQC Significant Improvement 5Mo. Goal 45%	Both Baseline & Last AOQs(PHQ9s) 5Mo.	Baseline AOQs(PHQ9s) 5Mo.	Last AOQs(PHQ9s) 5Mo.	Remission 5Mo.
MOOD	REGION	7,014	34%	67%	81%	71%	18%
MEDICINE MOOD		3,101	38%	67%	83%	72%	20%
PSYCHIATRY MOOD		3,163	35%	74%	90%	77%	17%
OBGYN MOOD		310	32%	64%	73%	73%	17%
OTHER DEPARTMENTS MOOD		440	4%	11%	18%	22%	2%
PMOOD		213	37%	77%	86%	85%	18%

MOOD: February 2018 Report by MC

Category	Medical Center	Denominator 5Mo.	CQC Significant Improvement 5Mo. Goal 45%	Both Baseline & Last AOQs(PHQ9s) 5Mo.	Baseline AOQs(PHQ9s) 5Mo.	Last AOQs(PHQ9s) 5Mo.	Remission 5Mo.
PSYCHIATRY - MOOD BY MC	FRS	128	57%	88%	92%	91%	27%
	CVL	149	48%	83%	90%	86%	21%
	SSF	123	45%	85%	98%	86%	23%
	NVL	400	42%	78%	95%	80%	17%
	SJO	274	39%	76%	93%	79%	21%
	GSA	263	38%	84%	96%	85%	21%
	SSC	191	38%	76%	90%	81%	18%
	SFO	165	36%	73%	90%	76%	19%
	SCL	375	34%	75%	92%	78%	17%
	DSA	267	31%	75%	88%	77%	18%
	SRO	133	29%	67%	88%	70%	14%
	SRF	99	28%	52%	69%	62%	18%
	RWC	117	26%	69%	85%	74%	15%
	EBA	303	20%	63%	82%	68%	10%
	NSA	176	20%	61%	81%	65%	9%

MD Panel Size

- In the process of reviewing the work started by the Chiefs and Directors Subgroup
- Begin work at future Chief's meetings
- Let Linda know if you are interested in leading some of the work.