



QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PLAN EVALUATION

CALENDAR YEAR 2023

The Quality Improvement Plan is a required element of the Quality Assessment and Performance Improvement (QAPI) Program, as specified by DHCS contract, Exhibit A Attachment 5 (relevant sections: 2A), and by Cal. Code Regs., Tit. 9, § 1810.440(a)(5) and 42 C.F.R. § 438.416(a)

PURPOSE AND INTRODUCTION

Sonoma County Department of Health, Behavioral Health Division (DHS-BHD) is committed to a culture of continuous quality improvement, in support of our goal to offer high quality behavioral healthcare services to Sonoma County beneficiaries. The Quality Assessment and Performance Improvement (QAPI) program, within DHS-BHD, serves as the unifying structure for quality improvement and quality assurance across the specialty mental health system. **The purpose of the QAPI Work Plan is to promote continuous improvement in the quality of behavioral health services provided to Specialty Mental Health Plan beneficiaries in Sonoma County.** Through the QAPI Work Plan, DHS-BHD will implement quality improvement activities that:

- Ensure service delivery is consumer-focused, clinically appropriate, cost effective, data-driven, and culturally responsive;
- Increase the capacity of DHS-BHD leadership and QAPI staff to track key indicators addressing beneficiary outcomes, program development, and system change;
- Support decision-making based on performance improvement measures; and
- Increase quality of beneficiary services across the Mental Health Plan.

MISSION, VISION, AND VALUES

The mission of the Department of Health Services, Behavioral Health Division (DHS-BHD) is to promote recovery and wellness to Sonoma County residents.

DHS-BHD embraces a recovery philosophy that promotes the ability of a person with mental illness and/or a substance use disorder to live a meaningful life in a community of their choosing, while striving to achieve their full potential. The principles of a recovery-focused system include: *

- Self-Direction
- Individualized and Person-Centered Care
- Empowerment and Shared Decision-Making
- Holistic Approach that Encompasses Mind, Body, Spirit, and Community
- Strengths-Based
- Peer Support
- Focus on Respect, Responsibility, and Hope.

DHS-BHD fosters a collaborative approach by partnering with clients, family members, and the community to provide high quality, culturally responsive services. **Services are provided in all languages.** DHS-BHD directly administers specialty mental health treatment services to Sonoma County residents whose mental health needs are determined to be medically necessary as defined by CCR Title 9 and W&I Code 5600.

**adapted from the Substance Abuse and Mental Health Services Administration (SAMHSA)*

LINKS TO DHS STRATEGIC PLAN

DHS-BHD QAPI Work Plan objectives and activities align with and support the Sonoma County Department of Health Services (DHS) Strategic Plan in the following ways:

DHS Strategic Plan Goal 1: All residents and community environments are healthy and safe	
DHS Objective and Strategy: Improve quality of life outcomes by advancing cross-sector partnerships, networks, collaboration, and community engagement to improve community and individual determinants of health	QAPI Work Plan Alignment: The Quality Improvement Committee is comprised of DHS-BHD Leadership, Staff, Community Providers, Clients, and Family Members of Clients; this cross-sector team collaborates to improve community and individual determinants of behavioral health
DHS Strategic Plan Goal 2: Individuals, families, and communities access high quality and coordinated services for health, recovery, well-being, and self-sufficiency	
DHS Objective and Strategy: Increase access to safety net services by strengthening coordination of services with emphasis on high-need residents	QAPI Work Plan Alignment: A total of three QI workplan objectives address increasing access to mental health services (1-3); four QI workplan objectives (4-8) are designed to improve accessibility of services.
DHS Strategic Plan Goal 3: The Department of Health Services is a high achieving, high functioning organization	
DHS Objective and Strategy: Build a highly competent, effective, and engaged workforce by improving communication and collaboration	QAPI Work Plan Alignment: Objective 10 addresses the goal of enhancing workforce skills and training in the area of providing culturally responsive services to Sonoma County Medi-Cal beneficiaries.

More information on the DHS Strategic Plan can be found at this link: <https://healthstrategicplan.sonomacounty.ca.gov/>

Cultural Responsiveness is critical to promoting equity, reducing health disparities and improving access to high-quality behavioral health services that are delivered in a manner which is respectful of and responsive to the needs of diverse clients. In support of this value, the QI Plan aligns with the Cultural Competence Plan by monitoring client satisfaction survey results pertaining to cultural responsiveness of staff, which then inform improvement goals for the service system. The QI Team analyzes and disseminates these results to Division Leadership, the Ethnic Services, Inclusion & Training Coordinator, and the Quality Improvement Committee to assist in identifying disparities and developing strategies toward cultural responsiveness.

DHS-BHD QUALITY IMPROVEMENT PROGRAM

Quality is an organization-wide commitment in which all members of the system play a vital role. The Quality Improvement team within QAPI delineates the structure and methods used to monitor and evaluate quality improvement. A division-wide array of teams and committees exist in partnership with QI, and provide overall structure for quality management as well as oversight responsibilities of DHS-BHD. To accomplish objectives of the QI workplan, QI collaborates closely with Responsible Partners within several organizational units and committees, including:

- Division Management Team (DMT)
- Quality Assessment & Performance Improvement Section (QAPI)
- Quality Improvement Unit within QAPI Section
- Quality Improvement Committee (QIC) and various QIC workgroups
- Behavioral Health Plan Administration (BHPA)
- Sentinel Events Committee
- Credentialing Committee
- Quality Improvement Project Workgroups

QUALITY IMPROVEMENT PROCESS

The QI Unit utilizes a variety of tools and resources to assess system performance issues and plan quality interventions and projects. The over-arching process utilized is the Plan-Do-Study-Act (PSDA) Model for Quality Improvement.

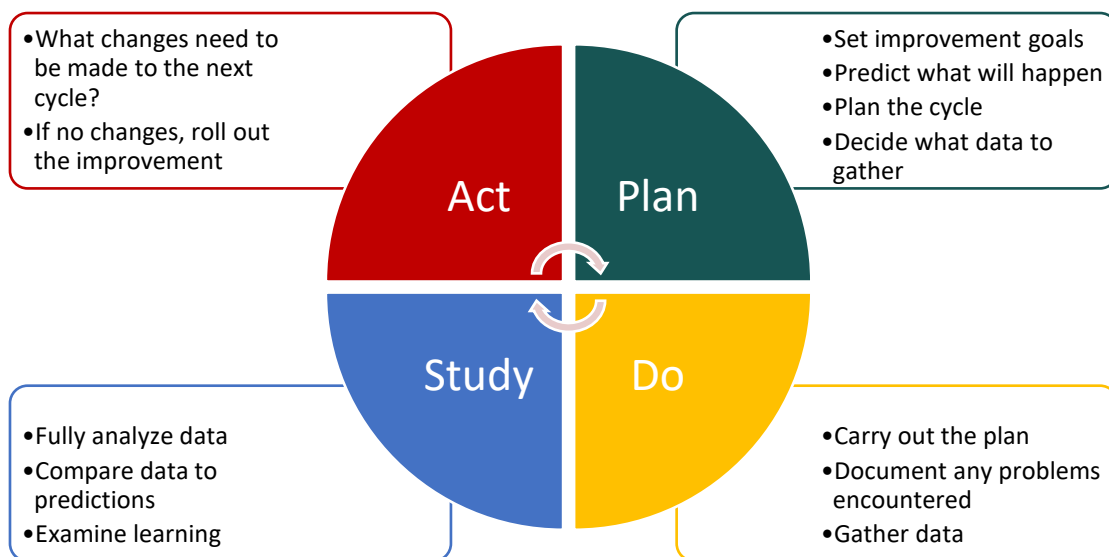
PLAN-DO-STUDY-ACT MODEL FOR QUALITY IMPROVEMENT

Plan: Investigate the current situation, fully understand the nature of any problem to be solved, and develop potential solutions to the problem.

Do: Implement the action plan on a test basis.

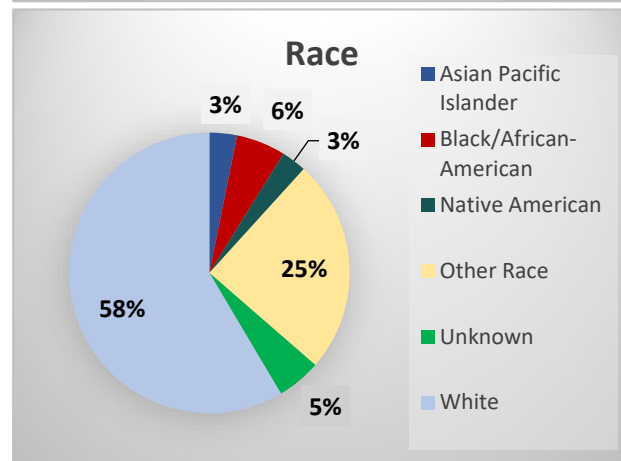
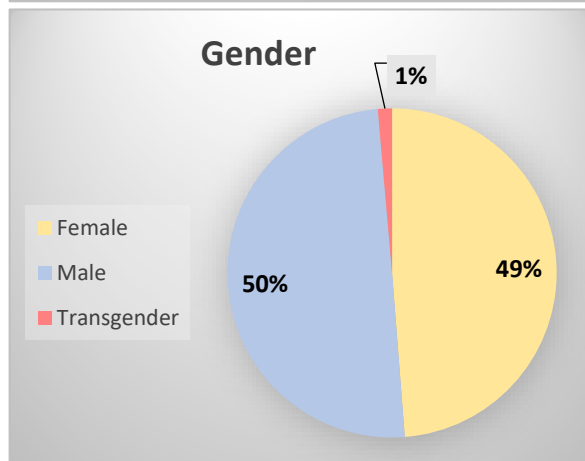
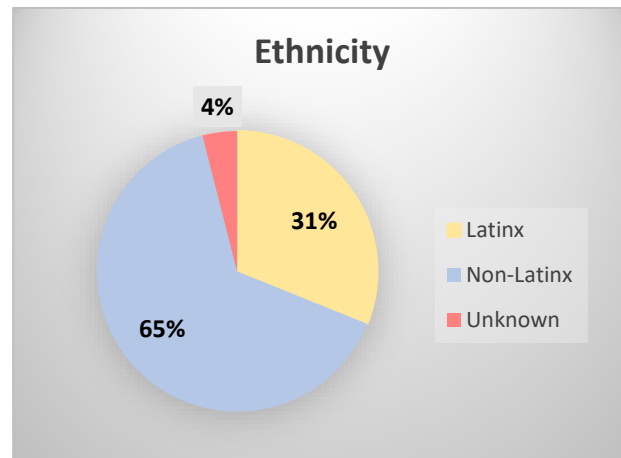
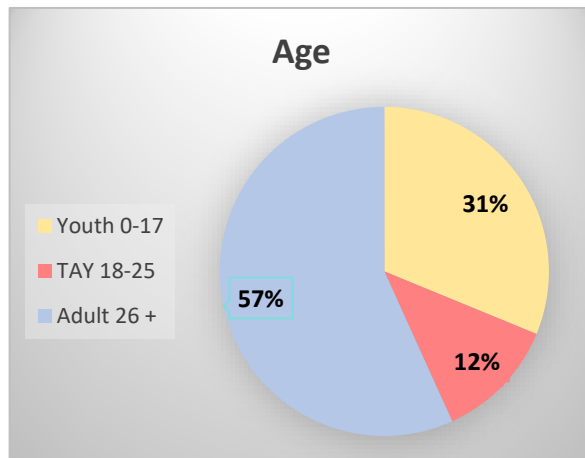
Study: Compare data results of the new process with those of the previous one.

Act: Decide, based upon the data, whether to adopt the new process, make slight changes to the process, or to abandon the process and start over. For decisions to adopt or adapt the improvement process, monitor the gains going forward. For decisions to abandon the process, determine a new course.



FY 22-23 DEMOGRAPHICS MHP BENEFICIARIES SERVED

AGE	UNIQUE BENEFICIARIES	PERCENT
Youth (0-17)	1,189	31.21%
TAY (18-25)	458	12.02%
Adult (26+)	2,163	56.77%
RACE		
Asian Pacific Islander	121	3.18%
Black/African American	216	5.67%
Native American	110	2.89%
Other Race	939	24.65%
Unknown	194	5.09%
White	2,230	58.53%
ETHNICITY		
Latinx	1,185	31.10%
Non-Latinx	2,473	64.91%
Unknown	152	3.99%
GENDER		
Female	1,858	48.77%
Male	1,899	49.84%
Transgender	53	1.39%
GRAND TOTAL	3,810	100%



GEOGRAPHIC LOCATION OF MHP BENEFICIARIES SERVED

North 7.30%

City	# of Clients
Cloverdale	75
Fulton	7
Geyserville	6
Healdsburg	75
Windsor	110

Central 58.34%

City	# of Clients
Santa Rosa	2216

East 4.81%

City	# of Clients
Glen Ellen	19
Kenwood	3
Sonoma	157

Coastal 0.19%

City	# of Clients
Bodega Bay	5
Jenner	2
Sea Ranch	2

West County 6.62%

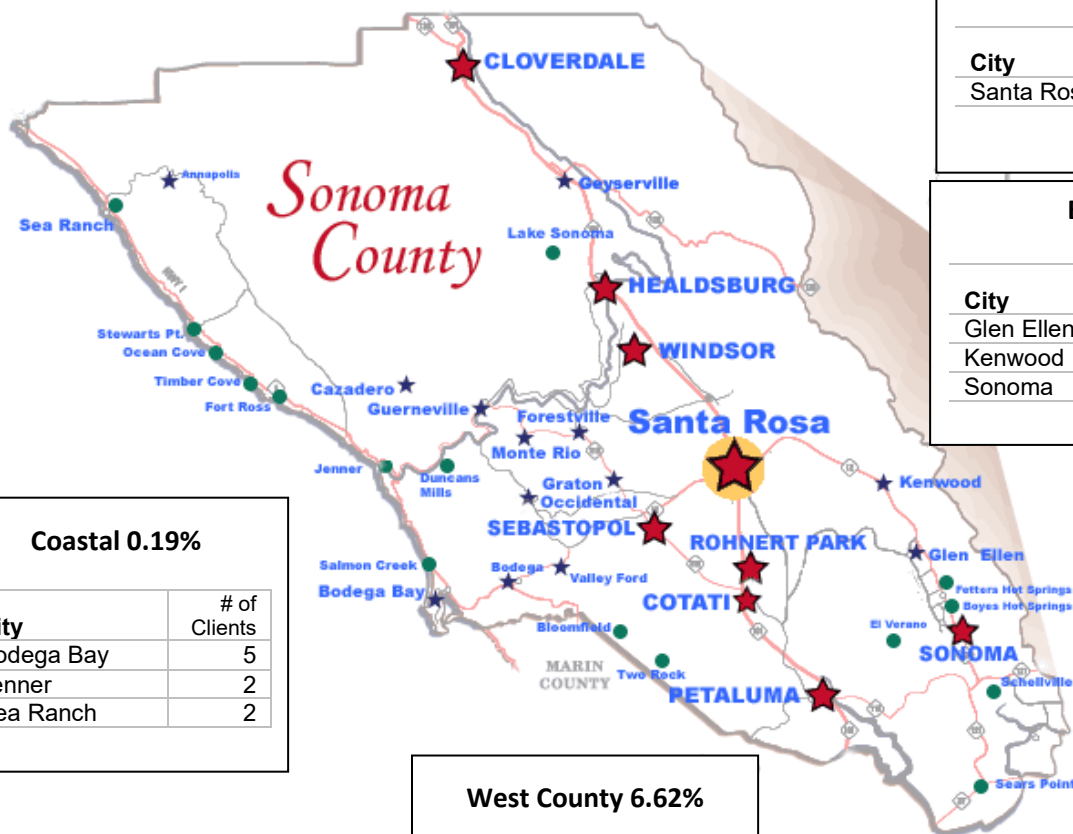
City	# of Clients
Camp Meeker	1
Cazadero	2
Forestville	34
Graton	3
Guerneville	61
Monte Rio	7
Occidental	5
Rio Nido	3
Sebastopol	131

South 16.72%

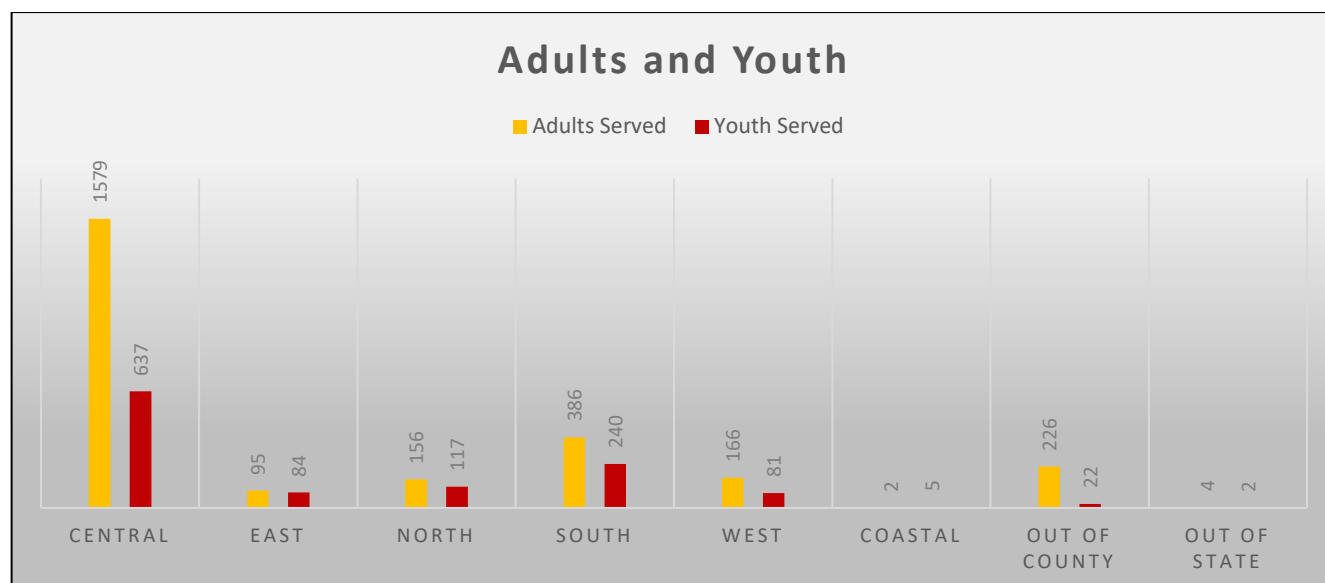
City	# of Clients
Cotati	54
Penngrove	13
Petaluma	276
Rohnert Park	283

Out of County 6.01%

City	# of Clients
Out of County	248
Out of State	6

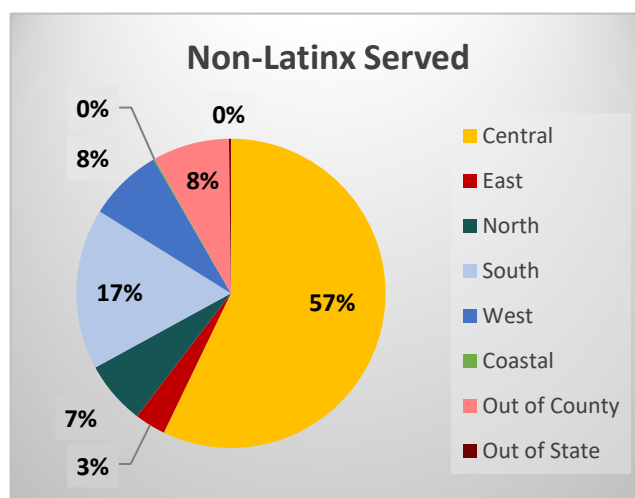
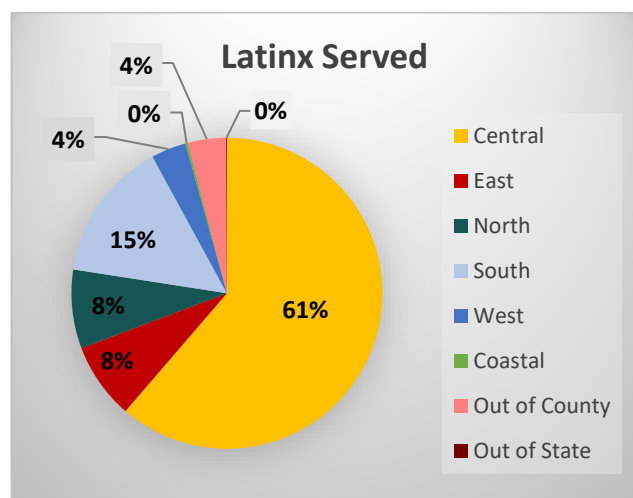


AGE GROUP MHP BENEFICIARIES BY REGION OF RESIDENCE



In most regions of the county, the number of youth served increased. The total number of youth served ($n=1,189$) increased by 15% over last fiscal year, while the number of Transitional Age Youth (TAY) (458) increased by 10%. Adults served (2,163) increased by 8% in comparison to last year. A higher percentage of youth served resided in the Central part of Sonoma County. As consistent in previous years, adults were over 10 times more likely to be served out-of-county than youth.

ETHNICITY OF MHP BENEFICIARIES BY REGION OF RESIDENCE



The ethnicity analysis of beneficiaries served revealed a growing trend seen in previous years. Latinx clients are significantly more likely to be served in the Youth System of Care--approximately 50% of the youth served in FY22-23 identified as Latinx, versus 23% for adults. In FY21-22, 525 Latinx youth were served, whereas a total of 595 Latinx youth were served in FY22-23. Finally, in terms of region of residence, Latinx beneficiaries are less likely to live in the West County area, and somewhat more likely to live in the East, North, South and Central/Santa Rosa areas.

MHP BEHAVIORAL HEALTH NETWORK

Program	Contracted or County Operated	Unique Beneficiaries Served	Admissions During FY 22-23	Discharges During FY 22-23
<i>Access Team Adult</i>	County	577	513	419
<i>Adult Med Support</i>	County	252	153	38
<i>Adult Services</i>	County	530	65	104
<i>Alternative Family Services</i>	Contractor	12	4	3
<i>Buckelew Collaborative Treatment Recovery Team</i>	Contractor	109	36	31
<i>Buckelew Forensic Assertive Community Tx</i>	Contractor	16	3	8
<i>Buckelew Programs ISHP</i>	Contractor	12	1	1
<i>Buckelew Sonoma County Independent Living</i>	Contractor	127	32	12
<i>Buckelew TAY Sonoma County Independent Living</i>	Contractor	22	9	14
<i>Community Mental Health Clinic Cloverdale</i>	County	47	12	11
<i>Community Mental Health Clinic Guerneville</i>	County	69	13	19
<i>Community Mental Health Clinic Petaluma</i>	County	142	30	24
<i>Community Mental Health Clinic Sonoma</i>	County	40	10	3
<i>Collaborative Treatment Recovery</i>	County	321	128	176
<i>Crisis Stabilization Unit</i>	County	732	1.101	1.107
<i>Community Service Network Bridges MH Services</i>	Contractor	22	20	14
<i>Community Service Network Opportunity House</i>	Contractor	65	65	64
<i>Forensic Assertive Community Treatment</i>	County	58	18	22
<i>Family Advocacy Stabilization Support Team</i>	County	362	190	209
<i>Foster Youth Team</i>	County	252	197	178
<i>Integrated Recovery Team</i>	County	60	12	27
<i>Lifeworks – Therapeutic Behavioral Services</i>	Contractor	81	68	55
<i>Older Adult Team</i>	County	61	13	11
<i>Social Advocates Youth Tamayo Village</i>	Contractor	7	2	5
<i>Social Advocates Youth Therapy Clinic</i>	Contractor	98	69	38
<i>Seneca – Kuck Outpatient</i>	Contractor	106	56	73
<i>Seneca – Wikiup Wraparound</i>	Contractor	116	74	86
<i>SonomaWorks</i>	County	93	57	65
<i>Telecare Sonoma Assertive Community Treatment</i>	Contractor	72	16	11
<i>TLC Outpatient Services Program</i>	Contractor	38	12	8
<i>Transitional Age Youth</i>	County	59	11	29
<i>Transitional Recovery</i>	County	218	45	37
<i>Victor Treatment Center – Santa Rosa</i>	Contractor	17	10	11
<i>Youth Family Services Juvenile Hall</i>	County	80	74	62
<i>Youth Family Services Valley of Moon</i>	County	43	38	38
<i>Youth Access</i>	County	502	437	451
<i>Youth and Family</i>	County	7	2	6
<i>Youth Med Support</i>	County	237	125	86

SECTION I. PERFORMANCE MONITORING ACTIVITIES

DHS-BHD Quality Improvement staff work closely with QAPI staff and other stakeholders to monitor the following activities on a regular basis to ensure meaningful improvement in clinical care and beneficiary service:

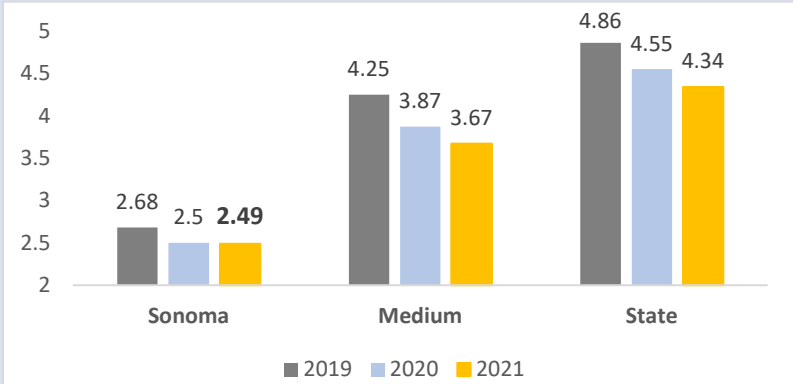
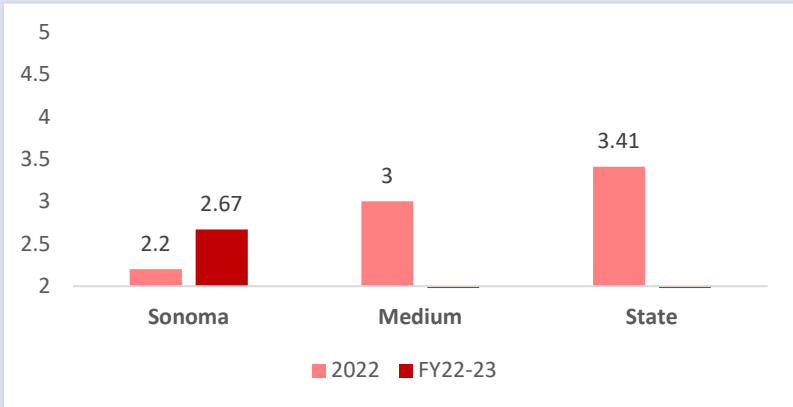
Area Monitored	Data Reviewed	Responsible Partners	CY 2023 Objectives
Accessibility of Services	Timeliness service data, Beneficiary Access Call Database, Optum Call logs, Quarterly Test Call Reports	Quality Improvement;	DHS-BHD will regularly evaluate timeliness and accessibility of service performance across the system, and will address quality or performance issues within the QAPI workplan using actions steps for remediation.
Appeals & Expedited Appeals	Grievance & Appeals Log	Quality Assurance; Quality Improvement	DHS-BHD will continue monitoring appeals and analyzing trends.
Beneficiary Grievances	Grievance & Appeals Log	Quality Assurance; Quality Improvement	DHS-BHD will continue monitoring grievances and analyzing trends.
Clinical Records Review	Federal, State, and County Audit reports, Utilization Review (authorization findings)	Quality Assurance; Utilization Review (pre-billing audits & post training spot-checks); Auditing & Monitoring	DHS-BHD will monitor and evaluate the appropriateness and quality of services through periodic service audits and chart reviews. DHS-BHD will incorporate compliance feedback from state and federal audits.
Medication Monitoring	Medication Monitoring Peer Review Tracking Log; JV220 tracking log	Medical Director; FYT Psychiatry staff & Psychotropic Oversight Committee; Quality Improvement	DHS-BHD continue to monitor effectiveness and quality of medications, including medication practices. DHS-BHD will consolidate SB1291 medication monitoring metrics in implementation of SmartCare E.H.R.
Performance Monitoring	CANS/ANSA Outcomes, Consumer Perception Survey	Quality Improvement; System of Care Section Managers, Clinical Specialists, QAPI	DHS-BHD will consolidate CANS/ANSA data into a common electronic platform for improved outcome analysis across MHP system. DHS-BHD will conduct an annual CPS survey in accordance with state requirements
Provider Appeals	Provider Appeals Log	Quality Assurance	DHS-BHD will continue to monitor provider appeals.
Sentinel Events	Incident Report Database	Section Managers, Medical Director, Quality Improvement	DHS-BHD will continue to regularly monitor sentinel events, and continue to meet monthly for the purpose of analyzing sentinel events for quality improvement purposes.

SECTION II. QUALITY IMPROVEMENT ACTIVITIES

Quality Improvement works closely with System of Care section leaders, program managers, and other quality improvement stakeholders across the system to assess performance, monitor QI efforts for previously identified performance issues, and target areas of improvement within Sonoma County's mental health service delivery system. The following table outlines the Quality Improvement Objectives for this year based on review and analysis of MHP system performance.

DOMAIN	NO.	OBJECTIVE	STATUS	PAGE
ACCESS TO CARE	1	Increase overall MHP penetration rate above baseline of 2.49% by 1/1/24.	Met	12
	2	Increase Latino/Hispanic/Latinx penetration rate to 2.0% or more by 1/1/24.	Partially Met	13
	3	For Medi-Cal beneficiaries with Emergency Department visits for mental health conditions, increase the percentage of follow-up mental health service connections from 53% to 58% within 7 days, and from 66% to 71% in 30 days	Not Met	14
ACCESSIBILITY OF SERVICES	4	Decrease the average length of time from initial request to first offered psychiatry appointment to 15 business days or less.	Not Met	15
	5	Decrease the average length of time from initial request to first offered mental health appointment to 10 business days or less.	Not Met	16
	6	95% of <u>urgent</u> initial requests originating from <u>Access Line</u> , will receive services within 48 hours or less.	Not Met	17
	7	At least 50% of Adult post-hospital discharge follow-up appointments will be scheduled within 7 calendar days of inpatient discharge.	Not Met	18
BENEFICIARY SATISFACTION	8	Improve understanding of beneficiary satisfaction and preferences for telehealth and in-person services	Met	19
CLINICAL CARE	9	Reduce High-Cost Beneficiary (HCB) count by 10% and HCB utilization of Crisis Stabilization Unit (CSU) by 20% over a 2-year period; Reduce HCB average actionable ANSA scores items by 15%. (Clinical PIP)	In Progress	20

CULTURAL RESPONSIVENESS	10	At least 70% of all direct service clinical staff in the Sonoma County MHP network will attend a cultural responsiveness training by January 30, 2024.	Partially Met	21
SERVICE CAPACITY	11	Increase the peer provider FTE positions allocated throughout the service system by 50% over FY21-22 numbers.	Not Met	22
	12	Decrease vacancy rate for BH county workforce from 27% to less than 15%.	Met & In Progress	23

OBJECTIVE 1	ACTION STEPS	PERFORMANCE INDICATOR & BASELINE	RESPONSIBLE PARTNERS																
ACCESS TO CARE Increase MHP overall penetration rate above CY 2021 baseline of 2.49% over a 12-month period.	Overall MHP Penetration Rate <ul style="list-style-type: none">• Increase capacity to provide SMHS services to more Sonoma County Medi-Cal beneficiaries through the following:<ul style="list-style-type: none">○ Reduce county direct staff vacancy rate from 27% to 15%○ Increase MHP contract capacity for SMHS direct services over FY22-23 levels.• Expand Access screening staff from 1.5 to 4.0 FTE to facilitate behavioral health screenings and assessment appointments from point of initial beneficiary phone or in-person contact to Access Line.	Baseline Specialty Mental Health Services (SMHS) Medi-Cal Penetration Rate (Percent)  <table><caption>Baseline Specialty Mental Health Services (SMHS) Medi-Cal Penetration Rate (Percent)</caption><thead><tr><th>Category</th><th>2019</th><th>2020</th><th>2021</th></tr></thead><tbody><tr><td>Sonoma</td><td>2.68</td><td>2.5</td><td>2.49</td></tr><tr><td>Medium</td><td>4.25</td><td>3.87</td><td>3.67</td></tr><tr><td>State</td><td>4.86</td><td>4.55</td><td>4.34</td></tr></tbody></table>	Category	2019	2020	2021	Sonoma	2.68	2.5	2.49	Medium	4.25	3.87	3.67	State	4.86	4.55	4.34	BH Director Program Support Access Manager Adult & Youth Section Managers
Category	2019	2020	2021																
Sonoma	2.68	2.5	2.49																
Medium	4.25	3.87	3.67																
State	4.86	4.55	4.34																
CY 2023 EVAL	ACTIONS ACCOMPLISHED	RESULTS	STATUS																
	<ul style="list-style-type: none">• In November 2023, added new adult outpatient provider, Siyan Clinical Research. Siyan will provide a max capacity of 200 adult patients.• County BH vacancy reduced to 19% (Dec 2023) from 27%. See Objective 12.• In Summer of 2023, expanded Access screening staff from 1.5 to 4.0 FTE to facilitate behavioral health screenings and assessment appointments as planned.	Medi-Cal Penetration Rate (Percent)  <table><caption>Medi-Cal Penetration Rate (Percent)</caption><thead><tr><th>Category</th><th>2022</th><th>FY22-23</th></tr></thead><tbody><tr><td>Sonoma</td><td>2.2</td><td>2.67</td></tr><tr><td>Medium</td><td>3</td><td></td></tr><tr><td>State</td><td>3.41</td><td></td></tr></tbody></table> <p>In FY22-23, MHP served 3,810 unique beneficiaries. This represented a 10% increase from the previous fiscal year (n=3,455). Per QI analysis, of the 3,810 unique clients served in FY22-23, 3,701 were Medi-Cal beneficiaries. Assuming a base of 138,617 Medi-Cal beneficiaries, the penetration rate is 2.67%.</p>	Category	2022	FY22-23	Sonoma	2.2	2.67	Medium	3		State	3.41		Met				
Category	2022	FY22-23																	
Sonoma	2.2	2.67																	
Medium	3																		
State	3.41																		

OBJECTIVE 2	ACTION STEPS	PERFORMANCE INDICATOR & BASELINE	RESPONSIBLE PARTNERS
ACCESS TO CARE a. Increase Latino/Hispanic/Latinx penetration rate to 2.0% or more over a 12-month period. b. Increase number of Adult Latino/Hispanic/Latinx beneficiaries served to over 977 served in FY 21-22	Latino/Hispanic/Latinx Penetration Rate <ul style="list-style-type: none"> Conduct Mental health SMHS outreach to Latinx communities across Sonoma County Improve H.R. hiring announcements, recruitment events to recruit and increase bi-lingual staff Conduct 4-5 MHSA Listening Sessions in Sonoma Latinx communities to inform Latinx MH outreach plan Provide cultural humility trainings that specialize in Latinx cultural for clinical care Analyze state MMEF files and SMHS service data to assess for upstream data issues with Medi-Cal ethnicity data 	1. Latino/Hispanic Sonoma County MHP Penetration Rates 3-year trend <ul style="list-style-type: none"> 1.28% (CY 2021, per EQRO) 665/51,799 1.85% (FY 21-22, per QI analysis) 977/52,694 2. % Latino/Hispanic/Latinx clients served in MHP: <ul style="list-style-type: none"> 21% (CY 2021, per EQRO) 3. % Latino/Hispanic/Latinx Sonoma County MediCal Eligible Pop <ul style="list-style-type: none"> 40% (CY 2021, per EQRO) 	BH Director QI Manager MHSA Manager ESI&T Coordinator
CY 2023 EVAL	ACTIONS ACCOMPLISHED	RESULTS	STATUS
	<ul style="list-style-type: none"> Conducted 2 MHSA Listening Sessions focused on Latinx communities (one for adults, one for youth) Provided two culturally responsive trainings to 58 staff on 2/2/23 and 3/29-3/30/23, sponsored by National Latino Behavioral Health Association. Trainings addressed needs of mono-lingual staff who use interpreters, and bi-lingual staff who occasionally interpret. Conducted outreach to Latinx communities via Sonoma's Charla Comunitaria on 7/13/23. 	a. Latino/Hispanic Sonoma County MHP Penetration Rates 3-year trend <ul style="list-style-type: none"> 2.00% (FY 22-23, per QI analysis) 1,155/56,477 b. % Latino/Hispanic/Latinx Medi-Cal clients served in MHP: <ul style="list-style-type: none"> (FY 22-23) 1,155 Latinx Medi-Cal clients served, 565 of whom were adults. c. % Latino/Hispanic/Latinx Sonoma County MediCal Eligible Pop <ul style="list-style-type: none"> 56,477 (Average Hispanic Eligible Medi-Cal FY22-23) 	Partially Met

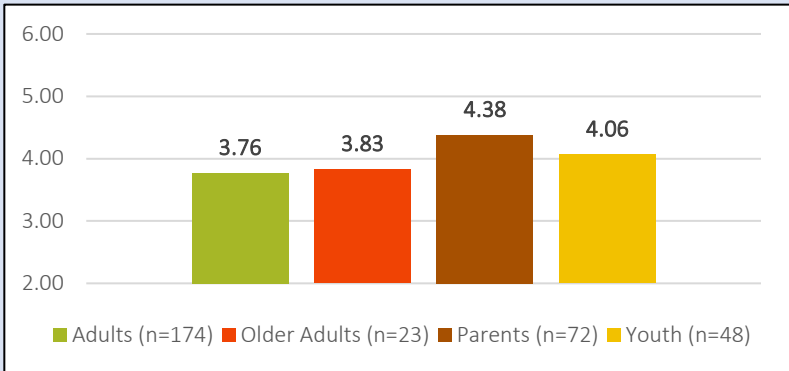
OBJECTIVE 3	ACTION STEPS	PERFORMANCE INDICATOR & BASELINE	RESPONSIBLE PARTNERS												
ACCESS TO CARE For beneficiaries with Emergency Department visits for mental health conditions, increase percentage of follow-up mental health service connections from 53% to 58% within 7 days; from 66% to 71% in 30 days by 9/1/23	Mental Health Follow-Up from E.D. (FUM) <ul style="list-style-type: none">In partnership with Hospital EDs, implement Access Care Navigator intervention for E.D.s to facilitate outpatient MH (& SUD) follow-up appointments.Implement data exchange with Partnership MCP to assess performance with this metric	CY 2021 Baseline FUM Performance 30 Days & 7 Days  <table><caption>CY 2021 Baseline FUM Performance Data</caption><thead><tr><th>Metric</th><th>CA</th><th>National</th><th>Sonoma</th></tr></thead><tbody><tr><td>FUM 30</td><td>61%</td><td>54%</td><td>66%</td></tr><tr><td>FUM 7</td><td>49%</td><td>40%</td><td>53%</td></tr></tbody></table>	Metric	CA	National	Sonoma	FUM 30	61%	54%	66%	FUM 7	49%	40%	53%	QI Manager Adult Section Mgr Acute & Forensics Section Mgr Hospital EDs Partnership MCP
Metric	CA	National	Sonoma												
FUM 30	61%	54%	66%												
FUM 7	49%	40%	53%												
CY 2023 EVAL (Rev. Objective 3)	ACTIONS ACCOMPLISHED	RESULTS	STATUS												
At least 58% of Medi-Cal beneficiaries who receive the FUM intervention due to an ED admission for a mental health condition will receive a follow-up mental health service within 7 days of discharge; 71% will receive mental health follow-up within 30 days of discharge.	<ul style="list-style-type: none">Intervention implemented with the ED Care Navigation training of hospital social work staff on 6/19/23, and 8/25/23. Another training planned for 2/8/24. Check-in meetings held with Access staff on 7/19/23, and hospital managers on 7/26/23.One page flier for hospital E.R. cubicles developed and distributed to hospitals.Anticipated utilization of the service has been much lower than expected. Since “go live” on 6/26/23, the county logged a total of 6 calls from Emergency Departments related to ED Care Navigation (as of January 4, 2024).	Of the 6 FUM referrals from Emergency Department, 2 resulted in follow-up appointments. Of those, 1 met the 7-day standard, and both met the 30-day standard.  <table><caption>CY 2023 FUM Performance Data (Sonoma n=2)</caption><thead><tr><th>Metric</th><th>Sonoma (n=2)</th></tr></thead><tbody><tr><td>FUM 30</td><td>100%</td></tr><tr><td>FUM 7</td><td>50%</td></tr></tbody></table>	Metric	Sonoma (n=2)	FUM 30	100%	FUM 7	50%	Not Met						
Metric	Sonoma (n=2)														
FUM 30	100%														
FUM 7	50%														

OBJECTIVE 4	ACTION STEPS	PERFORMANCE INDICATOR & BASELINE	RESPONSIBLE PARTNERS															
ACCESSIBILITY OF SERVICES Decrease average length of time from initial request to first offered psychiatry appointment to meet standard of 15 business days or less.	Psychiatry Appointment Timeliness <ul style="list-style-type: none">Adopt team-based model of psychiatry caseloads used in previous years.Conduct monthly monitoring of psychiatry caseloads to optimize capacity, and adjust within parameters of caseload max standards (230 adults; 130 youth per FTE).Hire additional 1.0 FTE scheduling staff within Adult ServicesAdult Med Clinic scheduling staff to adopt one scheduling system using the new Streamline E.H.R.	Average length of time (business days) from initial request to first offered psychiatry appointment - Baseline Performance (FY21-22) <ul style="list-style-type: none">Baseline Performance (FY21-22) <table><thead><tr><th></th><th>All</th><th>Adult</th><th>Children's</th><th>Foster Care</th></tr></thead><tbody><tr><td>Average length of time from first request for service to first offered psychiatry appointment (in business days)</td><td>18.48 days (mean)</td><td>19.99 days (mean)</td><td>17.08 days (mean)</td><td>18.48 days (mean)</td></tr><tr><td></td><td>18 days (median)</td><td>21 days (median)</td><td>14 days (median)</td><td>14 days (median)</td></tr></tbody></table>		All	Adult	Children's	Foster Care	Average length of time from first request for service to first offered psychiatry appointment (in business days)	18.48 days (mean)	19.99 days (mean)	17.08 days (mean)	18.48 days (mean)		18 days (median)	21 days (median)	14 days (median)	14 days (median)	Medical Director Adult Section Mgr Youth Section Mgr Acute & Forensics Section Manager QI Manager
	All	Adult	Children's	Foster Care														
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	18 days (median)	21 days (median)	14 days (median)	14 days (median)														
CY 2023 EVAL	ACTIONS ACCOMPLISHED	RESULTS	STATUS															
	<ul style="list-style-type: none">In October 2023, psychiatry providers began to be assigned to specific teams. In process of formulating plan to transition existing MD caseloads to new team-based assignment.Adult Med Clinic scheduling staff adopted one common scheduling system using Streamline E.H.R. effective 7/1/23.In Spring 2023, Adult System hired SCSS to coordinate between psychiatry and CBO providers for scheduling and care coordination. This position is now vacant due to staff transfer, currently recruiting.In process of rolling out text-based psychiatry scheduling reminders to clients through SmartCare.	Average length of time (business days) from initial request to first offered psychiatry appointment (FY 22-23) <table><thead><tr><th></th><th>All</th><th>Adult</th><th>Children's</th><th>Foster Care</th></tr></thead><tbody><tr><td>Average length of time from first request for service to first offered psychiatry appointment (in business days)</td><td>20.62 days (mean)</td><td>22.13 days (mean)</td><td>19.23 days (mean)</td><td>27.18 days (mean)</td></tr><tr><td></td><td>19 days (median)</td><td>21 days (median)</td><td>14 days (median)</td><td>26 days (median)</td></tr></tbody></table>		All	Adult	Children's	Foster Care	Average length of time from first request for service to first offered psychiatry appointment (in business days)	20.62 days (mean)	22.13 days (mean)	19.23 days (mean)	27.18 days (mean)		19 days (median)	21 days (median)	14 days (median)	26 days (median)	Not Met
	All	Adult	Children's	Foster Care														
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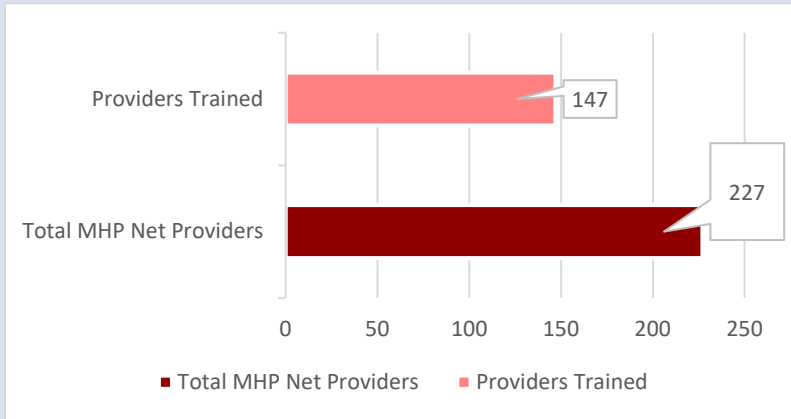
OBJECTIVE 5	ACTION STEPS	PERFORMANCE INDICATOR & BASELINE	RESPONSIBLE PARTNERS															
ACCESSIBILITY OF SERVICES Decrease average length of time from initial request to first offered mental health appointment to meet standard of 10 business days or less.	MH Appointment Timeliness (Non-Psychiatry) <ul style="list-style-type: none">Improve MH assessment front-end throughput by increasing back-end provider FTE capacity, prioritizing youth system.Conduct monthly monitoring and reporting of MH appointment timeliness to BH administrationImplement one common E.H.R. intake system to track requests and offered appointments across BH network.	Average length of time (business days) from initial request to first offered MH appointment - Baseline Performance (Sept-Nov 2022) <table><tr><th></th><th>All</th><th>Adult</th><th>Children’s</th><th>Foster Care</th></tr><tr><td>Average length of time from first request for service to first offered MH appointment (in business days)</td><td>21.47 days (mean)</td><td>12.27 days (mean)</td><td>25.82 days (mean)</td><td>4.78 days (mean)</td></tr><tr><td></td><td>14 days (median)</td><td>13 days (median)</td><td>16 days (median)</td><td>3 days (median)</td></tr></table>		All	Adult	Children’s	Foster Care	Average length of time from first request for service to first offered MH appointment (in business days)	21.47 days (mean)	12.27 days (mean)	25.82 days (mean)	4.78 days (mean)		14 days (median)	13 days (median)	16 days (median)	3 days (median)	BH Director Adult Section Mgr Youth Section Mgr QI Manager
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CY 2023 EVAL	ACTIONS ACCOMPLISHED	RESULTS	STATUS															
	<ul style="list-style-type: none">Implemented SmartCare E.H.R. intake system to track requests and offered appointments across BH network.QI unit conducted monthly monitoring of MH appointment timeliness and reported in venues such as DMT, BHPA, and QIC.Senior Client Support Specialist hired within Youth Access, October 2023, to provide timely first appointment capacity for non-assessment type services (e.g. case management, crisis intervention).	Average length of time (business days) from initial request to first offered MH appointment - Baseline Performance (FY 22-23) <table><tr><th></th><th>All</th><th>Adult</th><th>Children’s</th><th>Foster Care</th></tr><tr><td>Average length of time from first request for service to first offered MH appointment (in business days)</td><td>16.37 days (mean)</td><td>10.62 days (mean)</td><td>20.34 days (mean)</td><td>7.35 days (mean)</td></tr><tr><td></td><td>12 days (median)</td><td>11 days (median)</td><td>16 days (median)</td><td>4 days (median)</td></tr></table>		All	Adult	Children’s	Foster Care	Average length of time from first request for service to first offered MH appointment (in business days)	16.37 days (mean)	10.62 days (mean)	20.34 days (mean)	7.35 days (mean)		12 days (median)	11 days (median)	16 days (median)	4 days (median)	Not Met
	All	Adult	Children’s	Foster Care														
Average length of time from first request for service to first offered MH appointment (in business days)	16.37 days (mean)	10.62 days (mean)	20.34 days (mean)	7.35 days (mean)														
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OBJECTIVE 6	ACTION STEPS	PERFORMANCE INDICATOR & BASELINE	RESPONSIBLE PARTNERS																									
ACCESSIBILITY OF SERVICES 95% of <u>urgent</u> initial requests originating from <u>Access Line</u> , will receive services within 48 hours or less.	Access Line Urgent Requests for Service <ul style="list-style-type: none">Conduct Adult and Youth Access staff training on criteria for urgent requests, & timely assessment service requirements for urgent requestsExamine and address any workflow barriers that delay initiation of timely assessment services from the point of an urgent initial request.	% of Urgent Requests to Access Line that received services within the Standard of 48 Hours or Less - Baseline Performance (FY 21-22) <table><tr><th></th><th>All</th><th>Adult</th><th>Children’s</th><th>Foster Care</th></tr><tr><td># Urgent Requests</td><td>25</td><td>8</td><td>17</td><td>0</td></tr><tr><td># Served in 48 hrs.</td><td>11</td><td>2</td><td>9</td><td>0</td></tr><tr><td>% Met Standard</td><td>44%</td><td>25%</td><td>53%</td><td>0%</td></tr></table>		All	Adult	Children’s	Foster Care	# Urgent Requests	25	8	17	0	# Served in 48 hrs.	11	2	9	0	% Met Standard	44%	25%	53%	0%	Adult Section Mgr Youth Section Mgr Adult Access Manager Youth Access Manager					
	All	Adult	Children’s	Foster Care																								
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% Met Standard	44%	25%	53%	0%																								
CY 2023 EVAL	ACTIONS ACCOMPLISHED	CY 2023 EVAL	STATUS																									
	<ul style="list-style-type: none">QI unit performed 20 urgent request test calls to the Access Call Center during CY 2023. QI provided feedback to Youth and Adult Access as to the results and recommendations.An internal Urgent Services workgroup met 10/26/23, 12/22/23, 1/3/24, & 1/11/24 (and continues to meet) to build a common internal operational definition of urgent service requests, and a clear understanding of urgent scheduling protocol and workflow for these types of requests.	% of Urgent Requests to Access Line that received services within the Standard of 48 Hours or Less (FY 22-23) <table><tr><th></th><th>All</th><th>Adult</th><th>Children’s</th><th>Foster Care</th></tr><tr><td># Urgent Requests</td><td>42</td><td>7</td><td>35</td><td>1</td></tr><tr><td># Offered Appt.</td><td>37</td><td>6</td><td>31</td><td>1</td></tr><tr><td># Served in 48 hrs.</td><td>4</td><td>1</td><td>3</td><td>1</td></tr><tr><td>% Met Standard</td><td>10.8%</td><td>16.7%</td><td>9.7%</td><td>100%</td></tr></table>		All	Adult	Children’s	Foster Care	# Urgent Requests	42	7	35	1	# Offered Appt.	37	6	31	1	# Served in 48 hrs.	4	1	3	1	% Met Standard	10.8%	16.7%	9.7%	100%	Not Met
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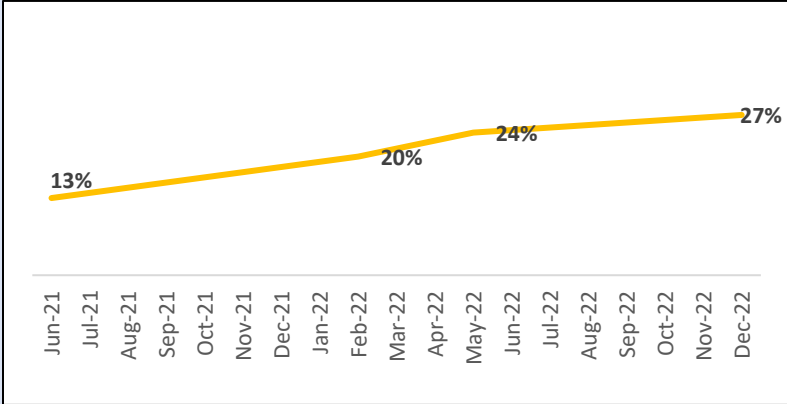
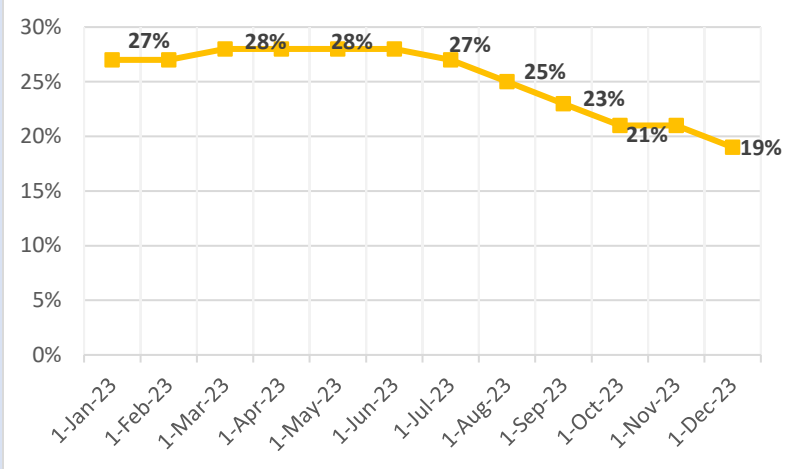
OBJECTIVE 7	ACTION STEPS	PERFORMANCE INDICATOR & BASELINE	RESPONSIBLE PARTNERS										
ACCESSIBILITY OF SERVICES At least 50% of Adult post-hospital discharge follow-up appointments will be scheduled within 7 calendar days of inpatient discharge.	Adult Post-Hospital Follow-Up Appointments <ul style="list-style-type: none">Hire MHRS/SCSS to support tracking, and communication between Hospital Team and Clinical teamsReview and potentially revise scheduling calendar to implement post-hospital dedicated slots for assessors and psychiatristsImplement post-hospital beneficiary engagement letter	Percent of Post-Hospital Follow-Up appointments that met the 7 day post-hospital discharge standard – Baseline Performance (FY 21-22) <table><tr><th>Category</th><th>Percentage</th></tr><tr><td>All</td><td>41.9%</td></tr><tr><td>Adult</td><td>37.5%</td></tr><tr><td>Child</td><td>56.2%</td></tr><tr><td>Foster</td><td>69.2%</td></tr></table>	Category	Percentage	All	41.9%	Adult	37.5%	Child	56.2%	Foster	69.2%	Adult Section Manager Adult Access Team Manager QI Manager (data tracking) Med Clinic Manager
Category	Percentage												
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Adult	37.5%												
Child	56.2%												
Foster	69.2%												
CY 2023 EVAL	ACTIONS ACCOMPLISHED	RESULTS	STATUS										
	<ul style="list-style-type: none">Post-hospital beneficiary engagement letter not implemented.In Spring 2023, Adult System hired SCSS to support tracking and communicate between hospital teams and clinical teams. This position is now vacant due to staff transfer, currently recruiting.Psychiatry post-hospital appointments scheduling functionality added into SmartCare – special color coding for post-hospital appointments.	Percent of Post-Hospital Follow-Up appointments that met the 7 day post-hospital discharge standard (FY 22-23) <table><tr><th>Category</th><th>Percentage</th></tr><tr><td>All</td><td>42.2%</td></tr><tr><td>Adult</td><td>34.6%</td></tr><tr><td>Child</td><td>58.4%</td></tr><tr><td>Foster</td><td>83.3%</td></tr></table>	Category	Percentage	All	42.2%	Adult	34.6%	Child	58.4%	Foster	83.3%	Not Met
Category	Percentage												
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OBJECTIVE 8	ACTION STEPS	PERFORMANCE INDICATOR & BASELINE	RESPONSIBLE PARTNERS															
BENEFICIARY SATISFACTION Improve understanding of beneficiary satisfaction and preferences for telehealth and in-person services	Satisfaction with and Beneficiary preferences related to Telehealth Services <ul style="list-style-type: none">Conduct survey &/or focus groups & key informant interviews to assess beneficiary satisfaction and preferences with telehealth services	n/a - no baseline	QI Manager QI staff															
CY 2023 EVAL	ACTIONS ACCOMPLISHED	RESULTS	STATUS															
	<ul style="list-style-type: none">QI unit collaborated with UCLA to add two Sonoma County specific telehealth questions to annual CPS survey to gauge consumer satisfaction with telehealth. Questions were added to all four Consumer Perception Surveys (CPS) administered in May 2023.Increased CPS survey response rate by 36% over 2022 levelsQI analyzed survey results, and presented report to management and Quality Improvement Committee with findings and recommendations.See Telehealth Analysis Presentation 1.24.24 for more information.	Average Preference for More Telehealth by Age Group:  <table><tr><th>Age Group</th><th>n</th><th>Average Preference</th></tr><tr><td>Adults</td><td>174</td><td>3.76</td></tr><tr><td>Older Adults</td><td>23</td><td>3.83</td></tr><tr><td>Parents</td><td>72</td><td>4.38</td></tr><tr><td>Youth</td><td>48</td><td>4.06</td></tr></table> <ul style="list-style-type: none">Parents are generally the most favorable to telehealth; this group may be the most appropriate for further telehealth expansion.Adults are less positive about telehealth; they receive large amounts of it but are less likely to want more telehealth. Consider more in-person approaches for this group.	Age Group	n	Average Preference	Adults	174	3.76	Older Adults	23	3.83	Parents	72	4.38	Youth	48	4.06	Met
Age Group	n	Average Preference																
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OBJECTIVE 9	ACTION STEPS	PERFORMANCE INDICATOR & BASELINE	RESPONSIBLE PARTNERS																																			
CLINICAL CARE Reduce High Cost Beneficiary (HCB) count by 10% and HCB utilization of CSU by 20% over a 2 year period; Reduce HCB average actionable ANSA scores items by 15%.	Strengths Model Case Management <ul style="list-style-type: none">Expand Strengths Model to additional FSPsConduct Strengths Model Fidelity Review in September 2023Implement Personal Recovery Plan component of Strengths Model interventionConduct preliminary outcome analysis July/August 2023	1. Average ANSA Actionable Item Score for High Cost Beneficiaries: <ul style="list-style-type: none">20.49 (FY FY21-22) 2. Percent of Adult High Cost Beneficiary who utilized Crisis Stabilization Unit (CSU): <ul style="list-style-type: none">41.92% (FY 21-22) 3. Rate of High Cost Beneficiaries by Count: (defined with service costs exceeding \$30,000 per year) <ul style="list-style-type: none">18.11% (FY 21-22) (625/3,455)	Adult Section Manager QI Manager																																			
CY 2023 EVAL (Rev. Objective 9)	ACTIONS ACCOMPLISHED	RESULTS	STATUS																																			
For IRT and TAY FSP clients, reduce High Cost Beneficiary (HCB) count by 10% and HCB utilization of CSU by 20% over a 2 year period; Reduce HCB average actionable ANSA scores items by 15%.	<ul style="list-style-type: none">Strengths Model implemented on two FSP teams--TAY and Integrated Recovery Team (IRT) in August 2022. A third team, Adult Service Team (AST), did not implement as planned. TAY temporarily stopped in intervention August 2023 until fully staffed.Fidelity Review completed for TAY in August 2023; IRT Fidelity Review in process as of this writing (Jan. 2024)Personal Recovery Plan not yet implemented on either team.Preliminary outcome analysis conducted for Year 1 of intervention. Completed 12/2023.Revised outcome objectives and analysis to limit scope of impact to the two programs that implemented Strengths Model (vs. whole system)	<div><div>REVISED BASELINE & OUTCOME PERFORMANCE Year 1</div><table><tr><th></th><th colspan="2">FY 21-22 Baseline</th><th colspan="4">Year 1 (22-23) Strengths Model</th></tr><tr><th></th><th>TAY</th><th>IRT</th><th>TAY</th><th>% Diff</th><th>IRT</th><th>% Diff</th></tr><tr><td>Avg ANSA</td><td>20.1</td><td>21.2</td><td>19.33</td><td>-4%</td><td>21.1</td><td>0%</td></tr><tr><td>CSU Rate</td><td>20.3</td><td>23.4</td><td>20.3</td><td>0%</td><td>31.1</td><td>33%</td></tr><tr><td>HCB Rate</td><td>37.5</td><td>26.2</td><td>28.8</td><td>-23%</td><td>16.4</td><td>-37%</td></tr></table></div> <ul style="list-style-type: none">Lower than expected utilization of the intervention within the 2 teams (TAY and IRT) due to staffing issues; this affects internal validity of outcome measures for Year 1. Staff provided intervention to 14 out of 61 IRT clients, and 17 of 59 TAY clients received the intervention.Increases needed in staffing to implement the intervention to full fidelity, and to maximize anticipated effects of intervention.		FY 21-22 Baseline		Year 1 (22-23) Strengths Model					TAY	IRT	TAY	% Diff	IRT	% Diff	Avg ANSA	20.1	21.2	19.33	-4%	21.1	0%	CSU Rate	20.3	23.4	20.3	0%	31.1	33%	HCB Rate	37.5	26.2	28.8	-23%	16.4	-37%	In Progress
	FY 21-22 Baseline		Year 1 (22-23) Strengths Model																																			
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OBJECTIVE 10	ACTION STEPS	PERFORMANCE INDICATOR & BASELINE	RESPONSIBLE PARTNERS
CULTURALLY RESPONSIVE At least 70% of DHS-BHD staff will attend a cultural responsiveness training by FY 1/1/24.	Staff Cultural Responsiveness Trainings <ul style="list-style-type: none"> Offer at least 4+ cultural responsiveness training opportunities by 1/1/24. Track training attendance and report on goal and attendance progress at the All Staff meetings Make cultural responsiveness trainings available to entire network, including contractors 	36% of DHS-BHD staff completed a cultural responsiveness training sponsored by DHS-BHD in FY21-22. <ul style="list-style-type: none"> (156/431) 36% (FY 21-22) 431 staff workforce – Point in Time (includes entire network). Denominator represents total number of active providers in Provider database on 5/26/22 	ESI&T Coordinator Cultural Responsiveness Committee
CY 2023 EVAL	ACTIONS ACCOMPLISHED	RESULTS	STATUS
	<ul style="list-style-type: none"> A total of 6 trainings offered through Cultural Responsiveness Inclusion and Training Coordinator, 4 of which were available to both contractors and county staff. Training attendance was tracked, however the county did not consistently report on progress toward this goal at All Staff meetings. 	57% of DHS-BHD staff participated in one of the cultural responsiveness trainings sponsored by DHS-BHD in CY 2023. <ul style="list-style-type: none"> (175/306 FTE DHS-BHD employees) For MHP network, a total of 65% (147/227) of direct service network staff participated in one of the county sponsored trainings in CY 2023. Of the total trained, 12% were contracted providers and 88% were county staff 	Partially Met

OBJECTIVE 11	ACTION STEPS	PERFORMANCE INDICATOR & BASELINE	RESPONSIBLE PARTNERS
SERVICE CAPACITY Increase peer provider FTE allocated throughout the service system by 50% over FY21-22 numbers.	Expand Peer Provider Workforce <ul style="list-style-type: none"> Peer Career ladder* within DHS-BHD (July): <ul style="list-style-type: none"> 18 peer Client Support Specialists 1 peer Senior Client Support 1 Patient Care Analyst Develop Peer Council/Stakeholder Group Support West County Peer Certification Training Workforce in working successfully with peer providers 	1. # Peer FTE Currently 25.12 at contractor positions. <ul style="list-style-type: none"> 25.12 FTE (FY 21-22), representing a decrease in peer FTE 2. # Peer County FTE employees (FY 21-22) <ul style="list-style-type: none"> 1.0 FTE peer filled, addition 1.0 FTE in HR process. 	BH Director ESI&T Coordinator MHSA Coordinator
CY 2023 EVAL	ACTIONS ACCOMPLISHED	RESULTS	STATUS
	Expand Peer Provider Workforce <ul style="list-style-type: none"> Established Peer Advisory Council, which has met for the past 6 months. Supported contract provider (West County Community Services) to become a Medi-Cal certified Peer Support Specialist training program. Welcomed the first peer intern into county treatment team internship as part of the peer practicum, a requirement for the peer certification program offered by West County Community Services. Mobile Support Team approved for new peer positions in expanded 24/7 crisis mobile response program. To be hired in 2024. 	1. # Peer FTE Currently 28.38 at contractor positions. <ul style="list-style-type: none"> 28.38 FTE (FY 22-23), represents a 13% increase in contractor peer FTE over last year. 2. # Peer County FTE employees (FY 22-23) <ul style="list-style-type: none"> 2.0 FTE peer filled (Adult System). <p>*Due to MHSA funding cuts in 2023, Sonoma County postponed implementation of the planned Peer Career Ladder positions.</p>	Not Met

OBJECTIVE 12	ACTION STEPS	PERFORMANCE INDICATOR & BASELINE	RESPONSIBLE PARTNERS																																								
SERVICE CAPACITY Decrease DHS-BHD vacancy rate from 27% (Dec 2022) to less than 20% by 1/1/2024; to 13% by 7/1/2024	Staff Vacancy Rate <ul style="list-style-type: none">Temporary/Perm Staffing solutions<ul style="list-style-type: none">Fall '22 RFP temp staffingCalMHSA; Backfill with SCSSRe-evaluation of workforce needs, looking for opportunities & efficienciesPeer workforce expansion (Objective 11)Rebuild relationship with graduate schoolsGraduate School Cohort – 5-7 year work commitment (<i>est. within 2 years</i>)Comprehensive staff training & consultation (Retention)MHP workforce analysis to determine direct service FTE needed to serve Sonoma County’s SMHS needs.	Baseline Performance – DHS-BHD Vacancy Rate: June 21 - Dec 2022  <table><thead><tr><th>Month</th><th>Vacancy Rate</th></tr></thead><tbody><tr><td>Jun-21</td><td>13%</td></tr><tr><td>Jul-21</td><td></td></tr><tr><td>Aug-21</td><td></td></tr><tr><td>Sep-21</td><td></td></tr><tr><td>Oct-21</td><td></td></tr><tr><td>Nov-21</td><td></td></tr><tr><td>Dec-21</td><td></td></tr><tr><td>Jan-22</td><td></td></tr><tr><td>Feb-22</td><td></td></tr><tr><td>Mar-22</td><td>20%</td></tr><tr><td>Apr-22</td><td></td></tr><tr><td>May-22</td><td></td></tr><tr><td>Jun-22</td><td>24%</td></tr><tr><td>Jul-22</td><td></td></tr><tr><td>Aug-22</td><td></td></tr><tr><td>Sep-22</td><td></td></tr><tr><td>Oct-22</td><td></td></tr><tr><td>Nov-22</td><td></td></tr><tr><td>Dec-22</td><td>27%</td></tr></tbody></table>	Month	Vacancy Rate	Jun-21	13%	Jul-21		Aug-21		Sep-21		Oct-21		Nov-21		Dec-21		Jan-22		Feb-22		Mar-22	20%	Apr-22		May-22		Jun-22	24%	Jul-22		Aug-22		Sep-22		Oct-22		Nov-22		Dec-22	27%	BH Director ESI&T Coordinator Section Managers QI Manager
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CY 2023 EVAL	ACTIONS ACCOMPLISHED	RESULTS	STATUS																																								
	<ul style="list-style-type: none">Behavioral Health Job Fair conducted November 2023Hiring bonuses added to most direct service positions April 2023.4-5 additional Job Fairs/Recruitments attended by managers and staffComprehensive staff training conducted – Trauma Informed Care 101, 9/7/23 & 10/19/23 (Retention)Promotional Staff Video Developed November 2023	DHS-BHD Vacancy Rate: Jan 2023 – Dec 2023  <table><thead><tr><th>Month</th><th>Vacancy Rate</th></tr></thead><tbody><tr><td>1-Jan-23</td><td>27%</td></tr><tr><td>1-Feb-23</td><td></td></tr><tr><td>1-Mar-23</td><td>28%</td></tr><tr><td>1-Apr-23</td><td>28%</td></tr><tr><td>1-May-23</td><td></td></tr><tr><td>1-Jun-23</td><td></td></tr><tr><td>1-Jul-23</td><td>27%</td></tr><tr><td>1-Aug-23</td><td></td></tr><tr><td>1-Sep-23</td><td>25%</td></tr><tr><td>1-Oct-23</td><td></td></tr><tr><td>1-Nov-23</td><td>21%</td></tr><tr><td>1-Dec-23</td><td>19%</td></tr></tbody></table>	Month	Vacancy Rate	1-Jan-23	27%	1-Feb-23		1-Mar-23	28%	1-Apr-23	28%	1-May-23		1-Jun-23		1-Jul-23	27%	1-Aug-23		1-Sep-23	25%	1-Oct-23		1-Nov-23	21%	1-Dec-23	19%	Met & In Progress														
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