



QUALITY IMPROVEMENT COMMITTEE

Solano County Behavioral Health
February 10th, 2022
1:30pm – 3:30pm

ANNOUNCEMENTS & ACTION ITEMS

Announcements

- Solano's DHCS Triennial Audit – Results
- EQRO – March 9th
- CalAIM Redesign:
 - Medical Necessity: January 2022
 - Documentation : July 2022
- Network Adequacy -
 - 274 Expansion Go Live – May 2022
 - NACT due to DHCS July 1st
 - QI to begin requesting in mid-May '22

Action Items

- No Action Items at this time



QUALITY ASSESSMENT & PERFORMANCE IMPROVEMENT PLAN

QUALITY ASSESSMENT & PERFORMANCE IMPROVEMENT PLAN

- I. Cultural Diversity & Equity
- II. Wellness & Recovery
- III. Beneficiary Satisfaction & Protection
- IV. Beneficiary Outcomes & System Utilization
- V. Service Timeliness & Access
- VI. Performance Improvement Projects
- VII. Program Integrity
- VIII. Quality Improvement

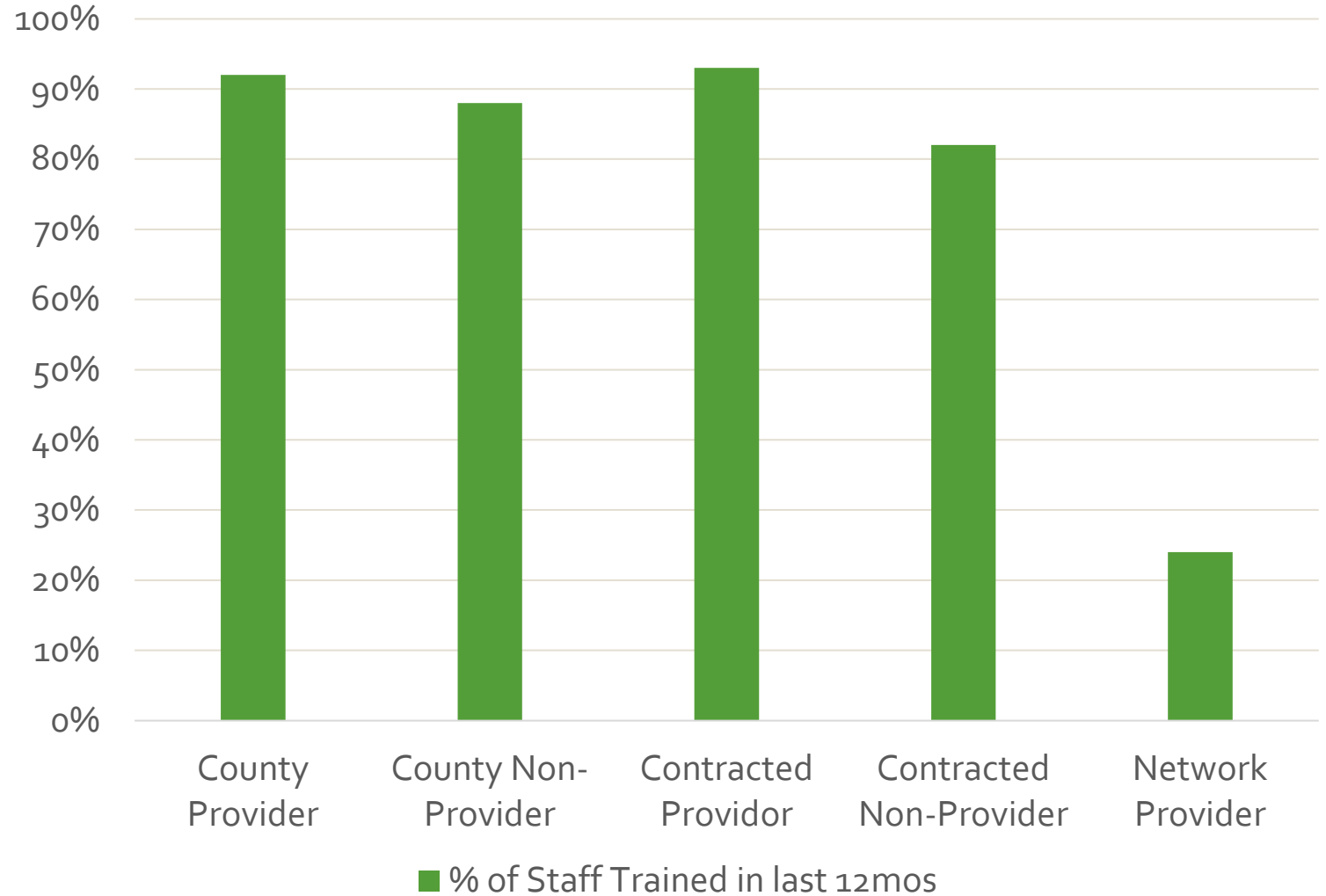


I. CULTURAL DIVERSITY & EQUITY

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AG-1: System wide Cultural Competence Training

Goal: Monitor annual training and work toward 100% training compliance for providers and non-providers.

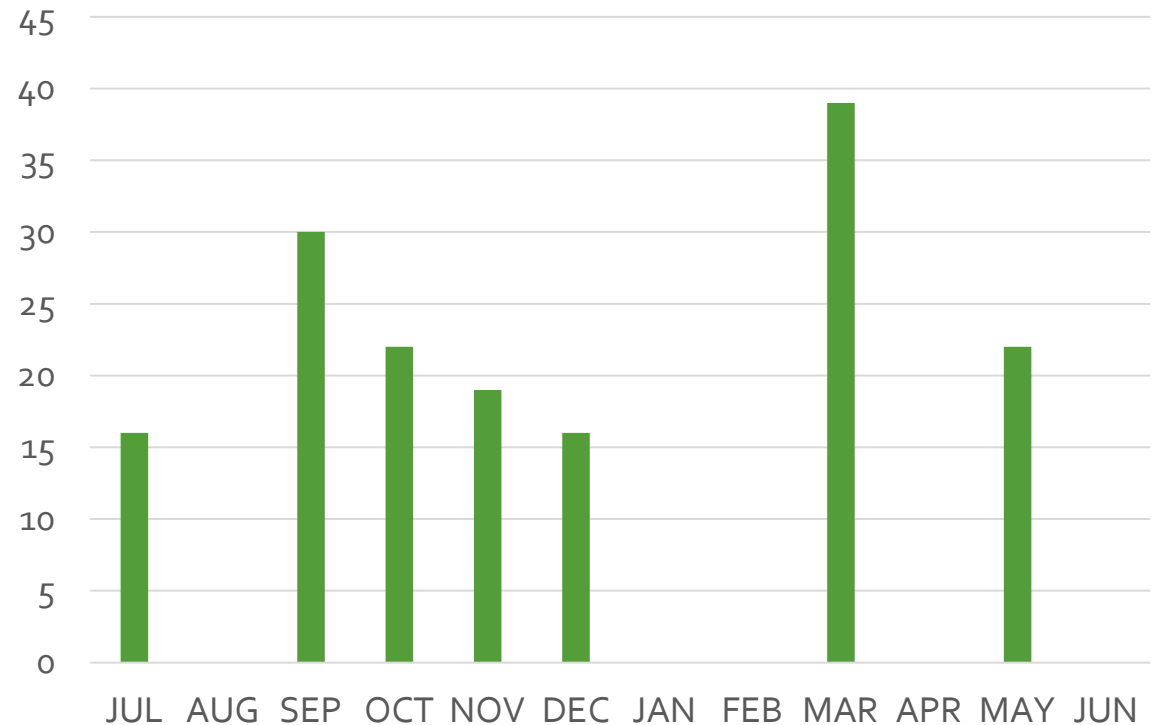


I. CULTURAL DIVERSITY & EQUITY

Diversity & Equity Committee Updates:

- I. Finalizing Annual Update
- II. Voted to change meetings to bimonthly for 2022
- III. Appointed Committee Co-Chair (Caleb Harvey, Seneca)
- IV. Developing equity dashboard to establish disparity reduction goal

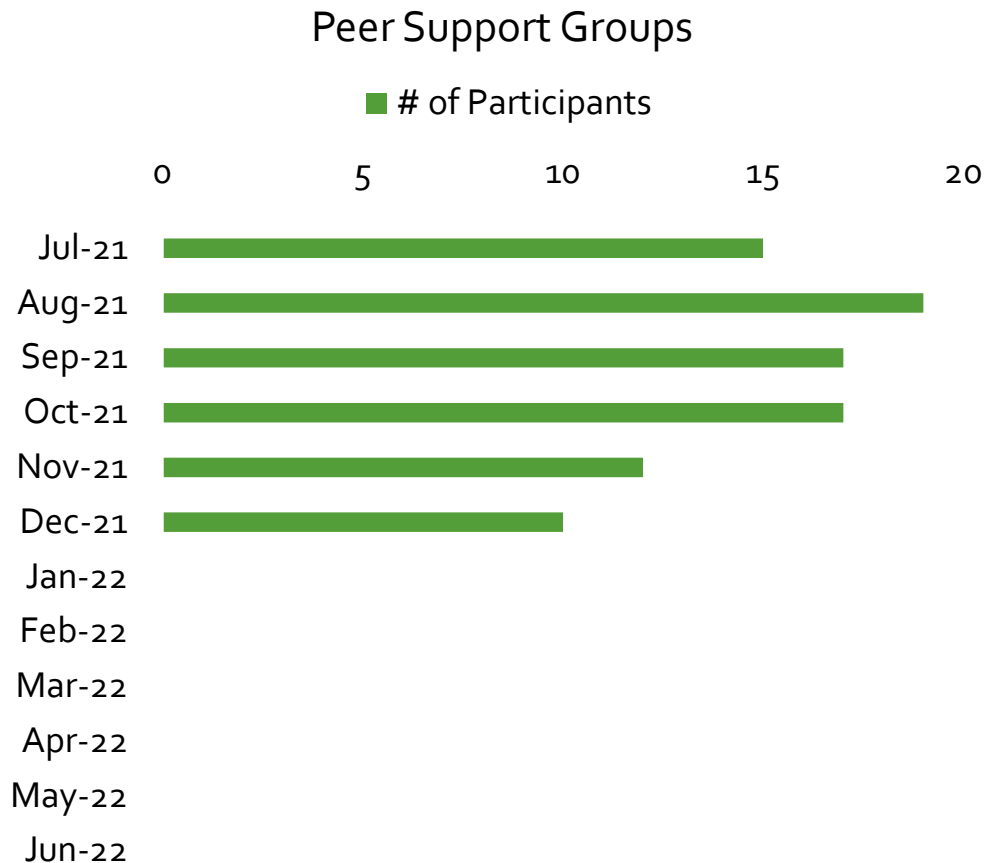
of Participants





II. WELLNESS & RECOVERY

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AG-1: Provide Support Groups to Adult and Family community members to better support their understanding of their or their loved one's BH challenges and learn effective ways to cope and seek support.

Goal:

- Increase the # of total unique group members who participate quarterly.
- Increase the % of unduplicated participants who respond positively to the quarterly "Quality of Life Outcome Tool" survey items.

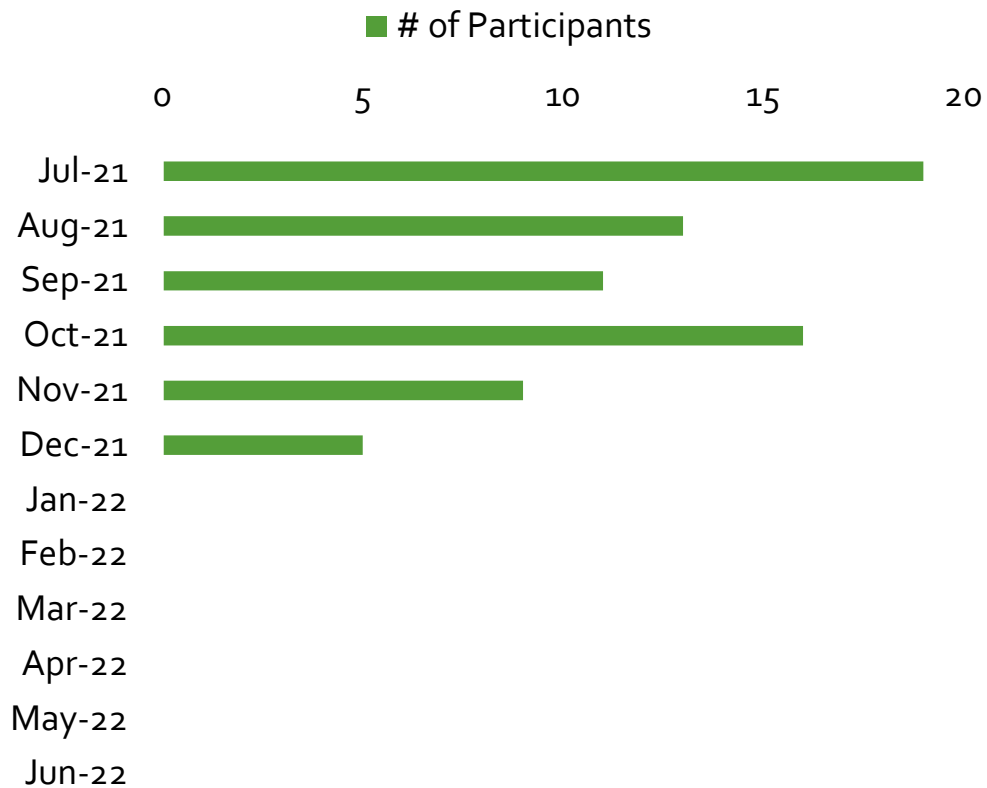
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Family Support Groups





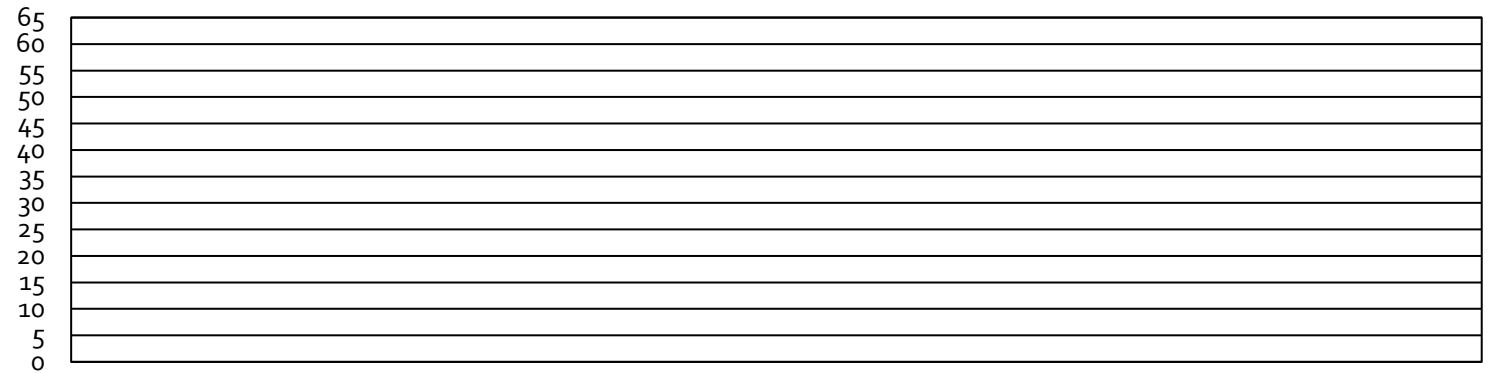
III. BENEFICIARY SATISFACTION & PROTECTION

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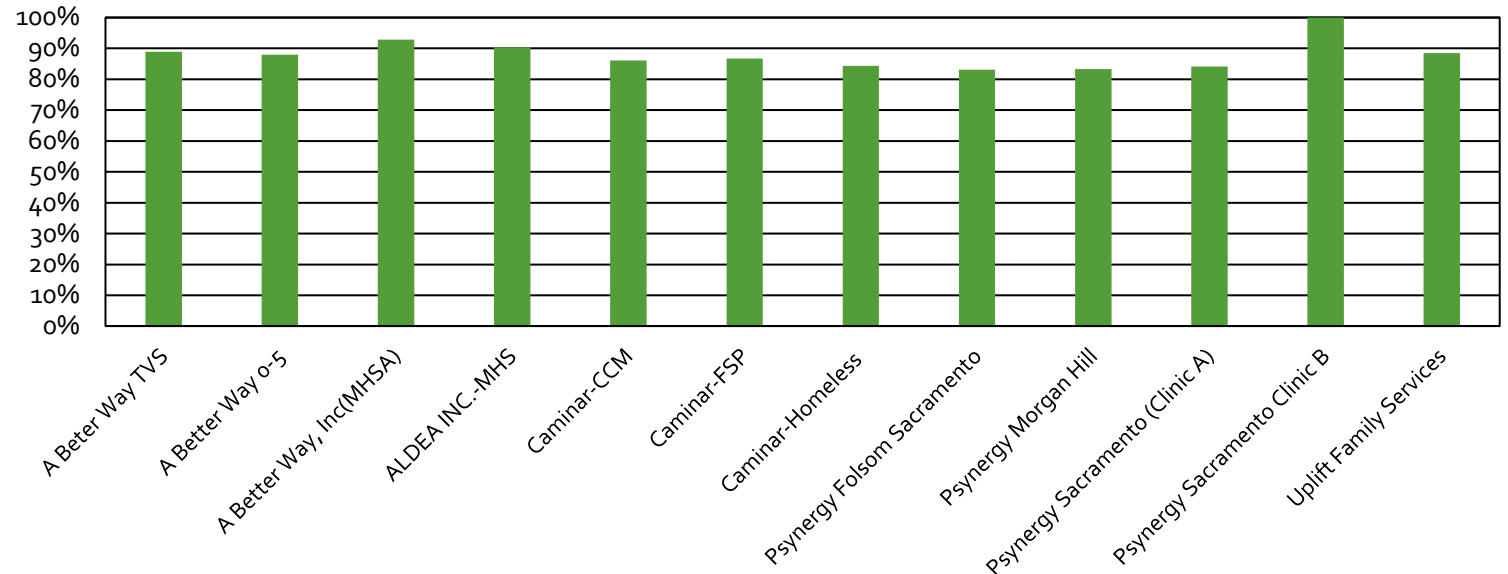
AG-1: Solano MHP will review survey data from our semiannual Solano MHP Service Verification/Consumer survey to begin to look at survey results per program. Each program will be challenged to set a program specific goal for improvement targeting baseline data from Consumer survey. Post intervention measurement will be compared with baseline data.

Goal: Solano MHP County & Contracted programs will each identify an area of Consumer Satisfaction to improve, develop an intervention & goal to address the area of improvement, & demonstrate improvement from baseline to post-intervention measure.

of Surveys Completed



Satisfaction Score



III. Beneficiary Satisfaction & Protection

Question	Yes, definitely	Yes, somewhat	No
1. Did the staff explain things in a way that was easy to understand?	94%	5%	0%
2. Did the staff listen carefully to you?	95%	4%	1%
3. Did the staff show respect for what you had to say?	95%	5%	0%
4. Did you feel the staff was respectful of your race/ethnicity?	97%	2%	0%
5. Did you feel the staff was respectful of your religion/spirituality?	96%	4%	0%
6. Did you feel the staff was respectful of your sexual orientation/gender identity?	95%	4%	1%
	Yes	No, but I'd like one	I don't need one
7. Was an interpreter/bilingual staff provided?	9%	1%	90%
If yes,	Yes, definitely	Yes, somewhat	No
8. Did the interpreter/bilingual staff meet your needs?	95%	0%	5%
	Yes, definitely	Yes, somewhat	No
9. Do you feel better?	78%	16%	1%
10. Would you recommend our services to others?	88%	7%	1%



IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION

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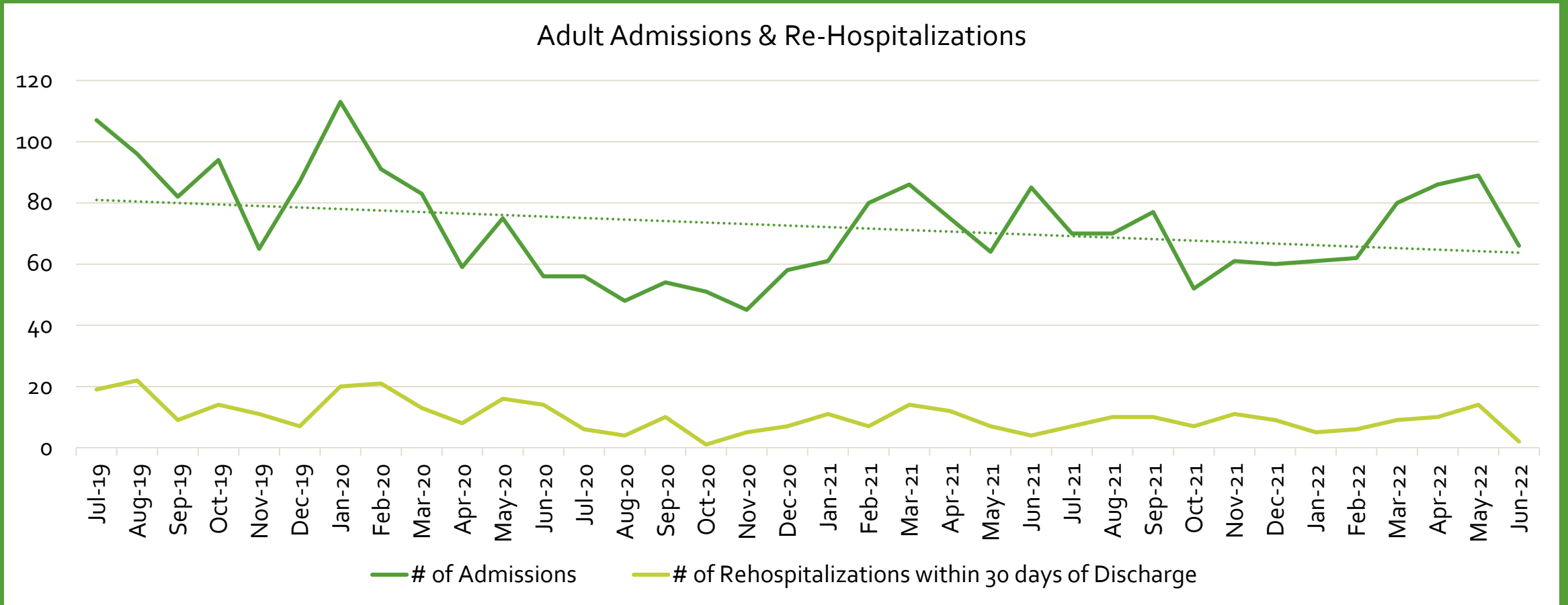
AG-2: Maintain or improve the following hospital-related measures.

Goal:

- Maintain a monthly average of less than 84 total hospitalizations
- Maintain an average of 17% or less of clients re-hospitalized within 30 days of discharge.

Month	Total Adult Inpatient Hospitalizations	Total Adult Discharges	Total #/% Adult Rehospitalizations w/in 30 days of discharge	
Oct	52	51	7	13%
Nov	61	61	11	18%
Dec	60	60	9	15%
Total	173	172	27	15%

IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION



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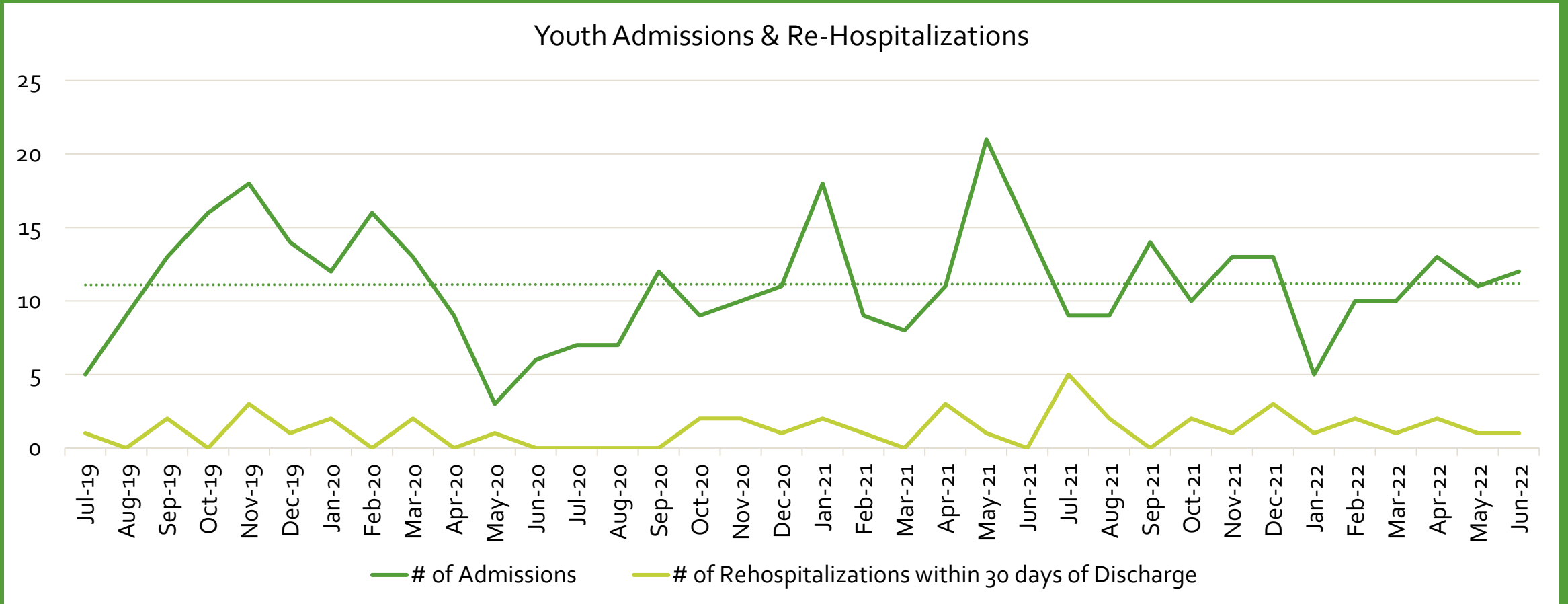
AG-3: Maintain or improve the following hospital-related measures.

Goal:

- Maintain a monthly average of less than 11 total hospitalizations
- Maintain an average of 10% or less of clients re-hospitalized within 30 days of discharge.

Month	Total Child Inpatient Hospitalizations	Total Child Discharges	Total #/% Child Rehospitalizations w/in 30 days of discharge	
Oct	10	11	2	20%
Nov	13	12	1	7%
Dec	13	15	3	23%
Total	36	38	6	17%

IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION



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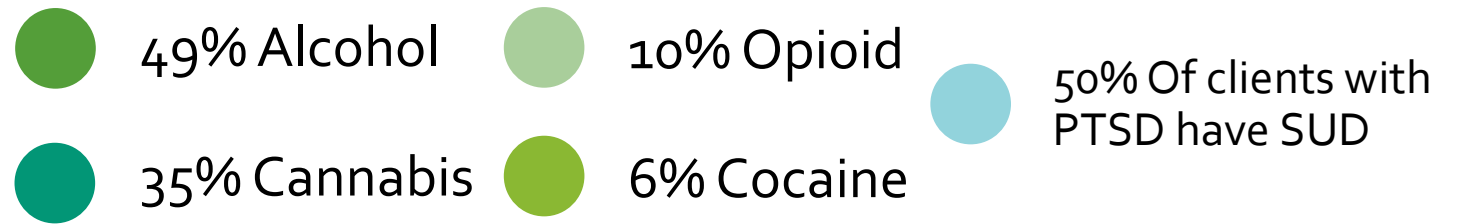
AG-4: Expand system of care to become co-occurring capable to serve & improve outcomes for individuals with multiple complex conditions.

Goal:

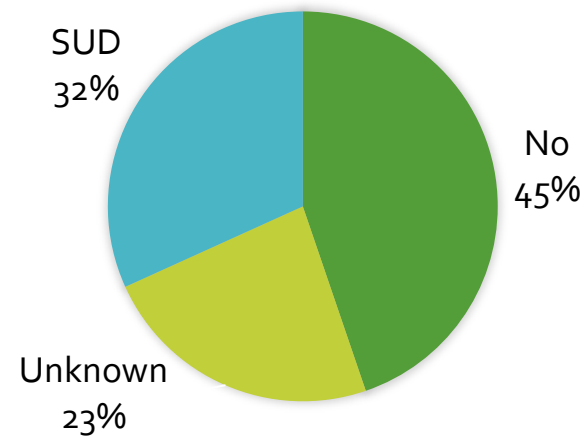
1. Track the # of clients with co-occurring diagnoses engaged in and receiving treatment.
2. Increase the # of staff cross-trained within the mental health & substance use teams.
3. Develop mechanisms to support integration.

Data for FY 2020/2021

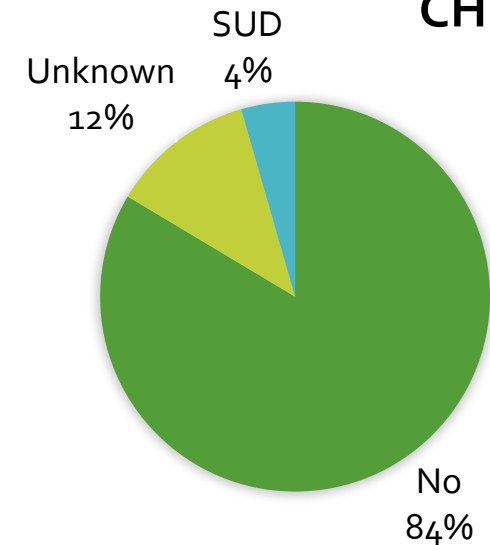
Breakdown by SUD type:



ADULT



CHILD





V. SERVICE ACCESS & TIMELINESS

YOUTH SERVICES

Access, Timeliness, Engagement & Retention

V. SERVICE ACCESS & TIMELINESS

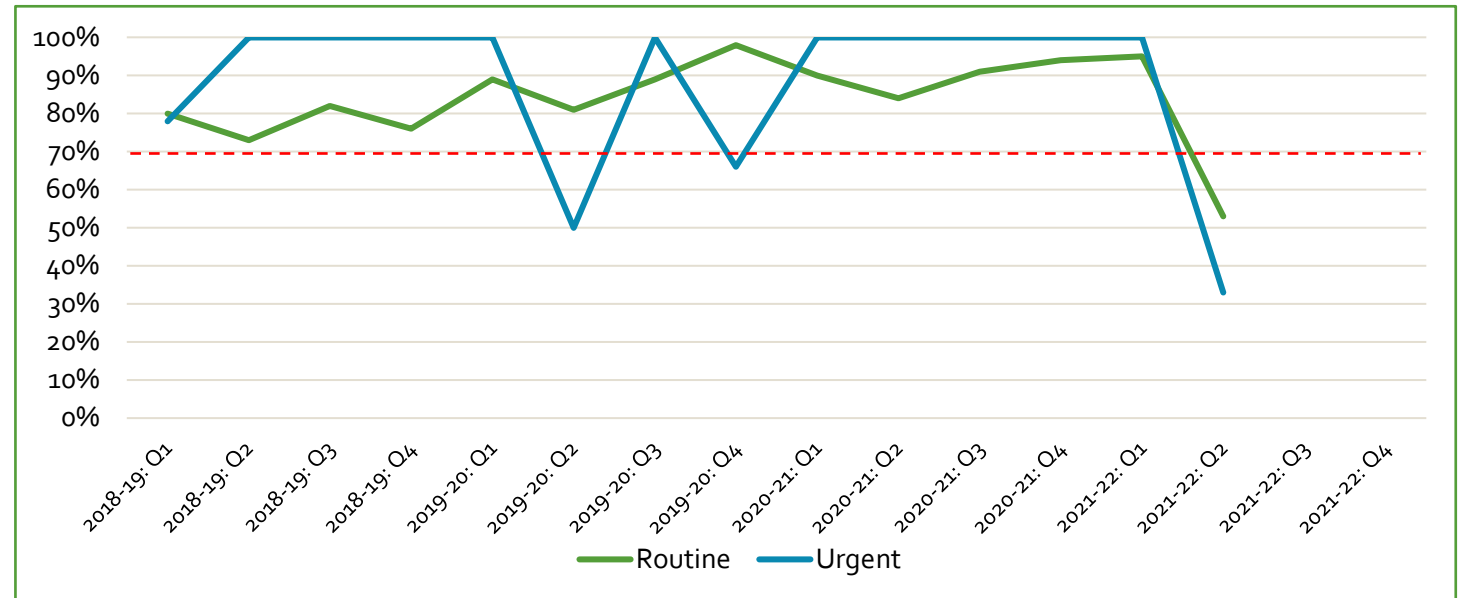
AG-1: Service request to first offered Assessment appointment in Youth System of Care

Goal:

1. For routine requests
 - a. 80% of service requests will be offered an assessment appointment within 10 business days
 - b. Average of 10 business days or less from assessment completion date to first offered treatment appointment
2. For urgent requests
 - a. 80% of service requests will be offered an assessment appointment within 48 hours
 - b. Average of 48 hours or less from service request to actual Ax

Youth System of Care

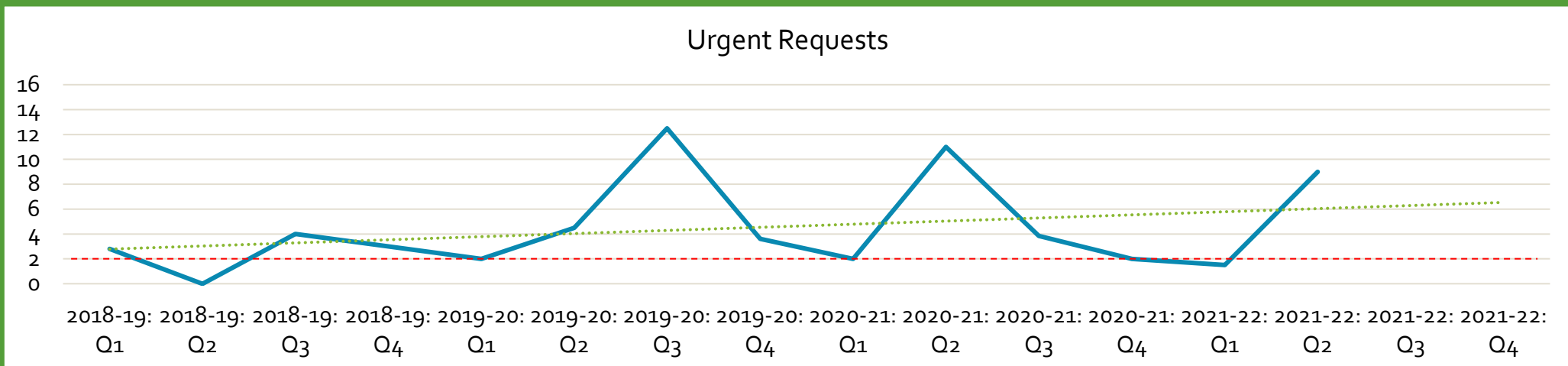
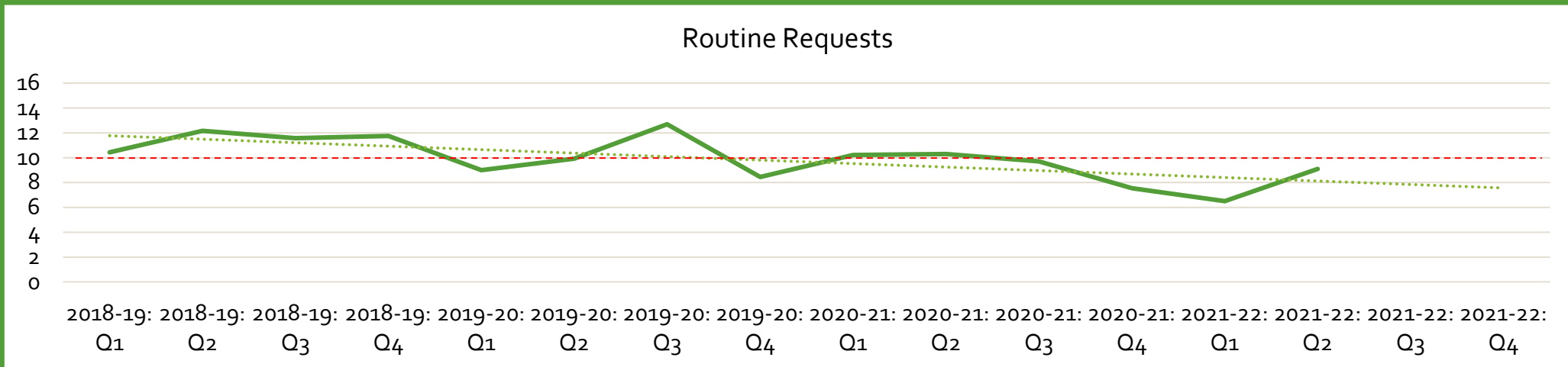
Request Type	Avg. # of Bus. Days from Service Request to 1 st Offered Ax Appt	Avg. # of Bus. Days from Ax Completion to 1 st Offered Tx Appt
Routine	9.1	4.8
Urgent	7	9
Total	9.1	4.9



V. SERVICE ACCESS & TIMELINESS

Youth System of Care

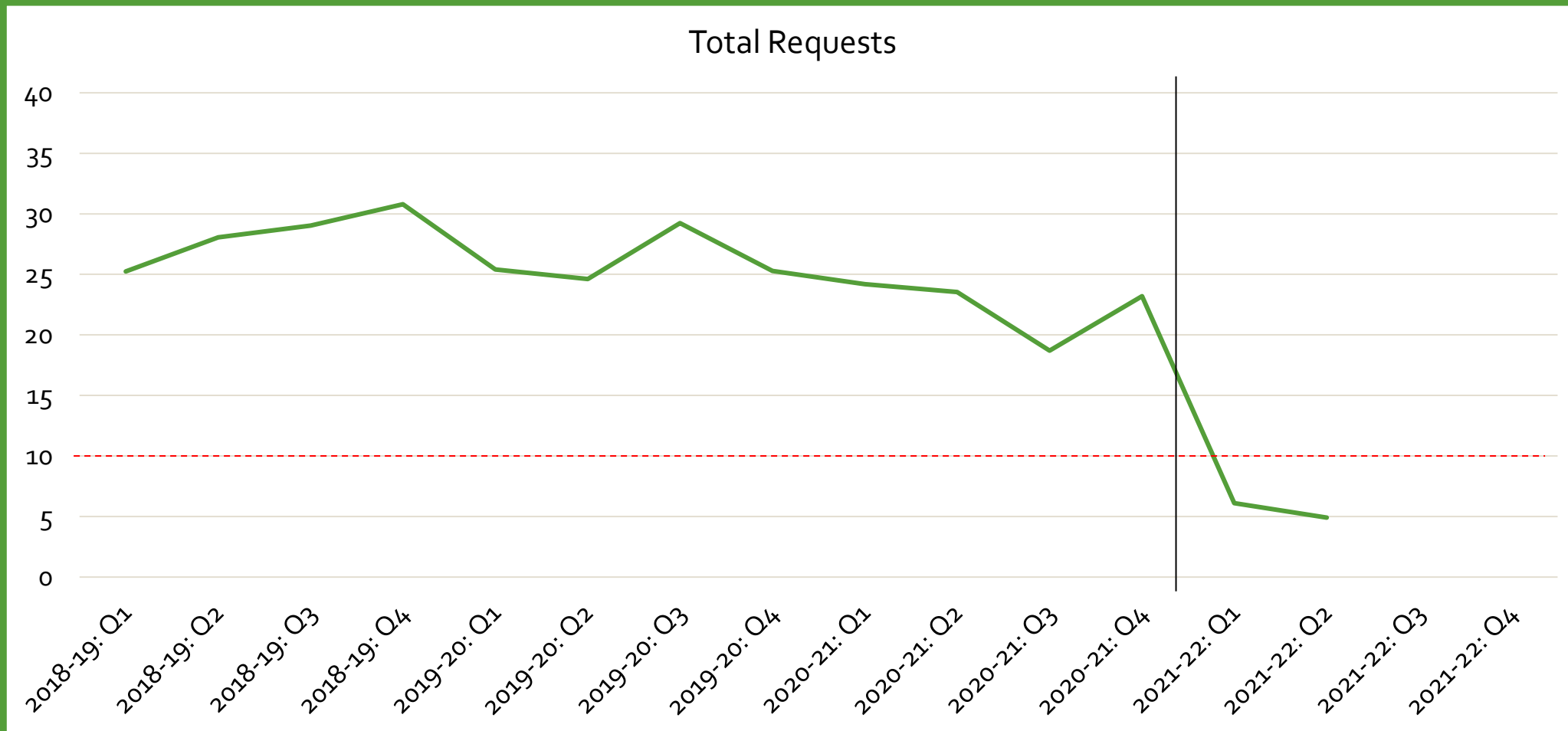
Average Number of Business Days from Service Request to 1st Offered Assessment Appointment



V. SERVICE ACCESS & TIMELINESS

Youth System of Care

Average Number of Business Days from Assessment Completion to 1st Offered Treatment Appointment



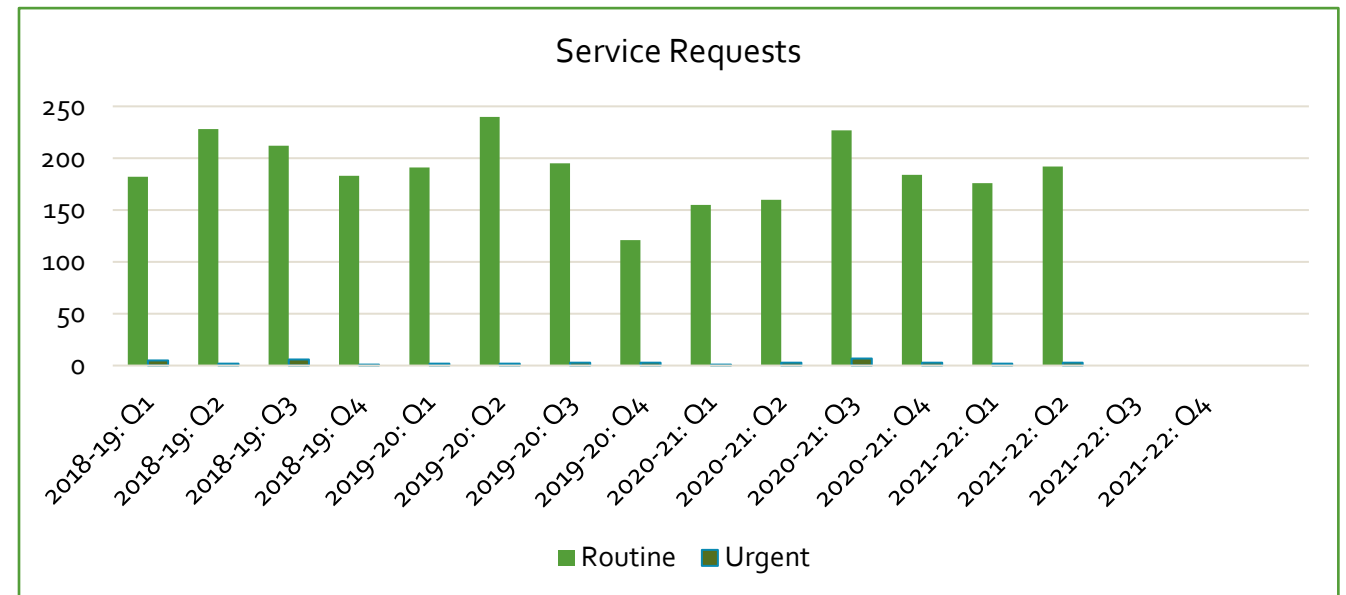
V. SERVICE ACCESS & TIMELINESS

AG-4: Maintain or improve the following engagement & attrition measures for the Youth System of Care.

Goal:

1. For routine requests
 - a. 60% of service requests will result in an Ax
 - b. 45% of service requests will result in a Tx service
2. For urgent requests
 - a. 85% of service requests will result in an Ax
 - b. 60% of service requests will result in a Tx service

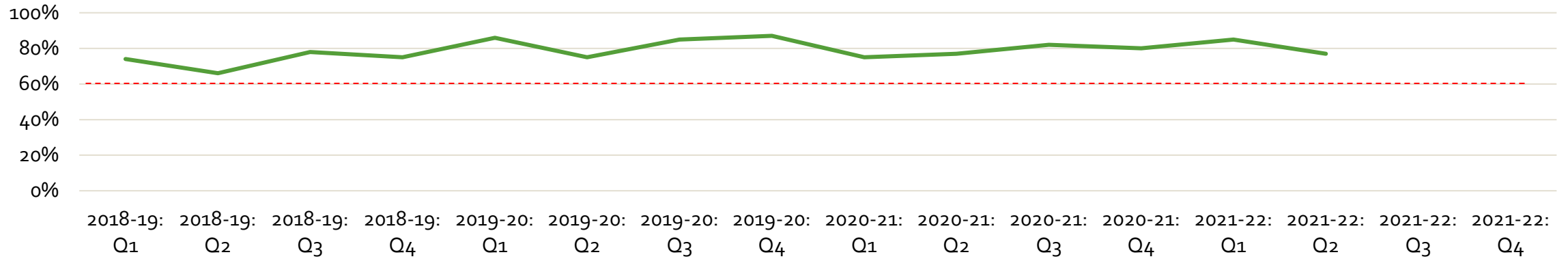
Youth System of Care	Routine Requests	Urgent Requests	Totals
Total Service Requests	192	3	195
Received Ax (%)	77%	100%	77%
Received Ax (#)	148	3	151
Received Tx (%)	42%	66%	42%
Received Tx (#)	82	2	84



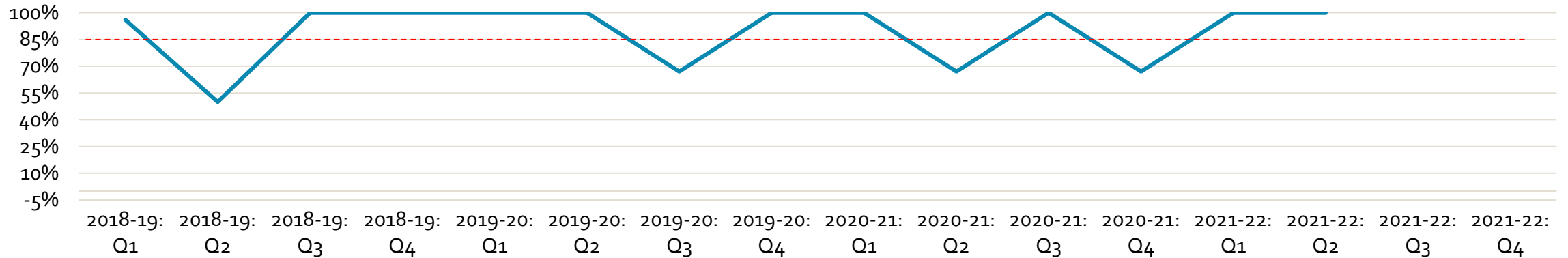
V. SERVICE ACCESS & TIMELINESS

Youth Services - Percentage of Service Requests with a Completed Assessment

Routine Requests



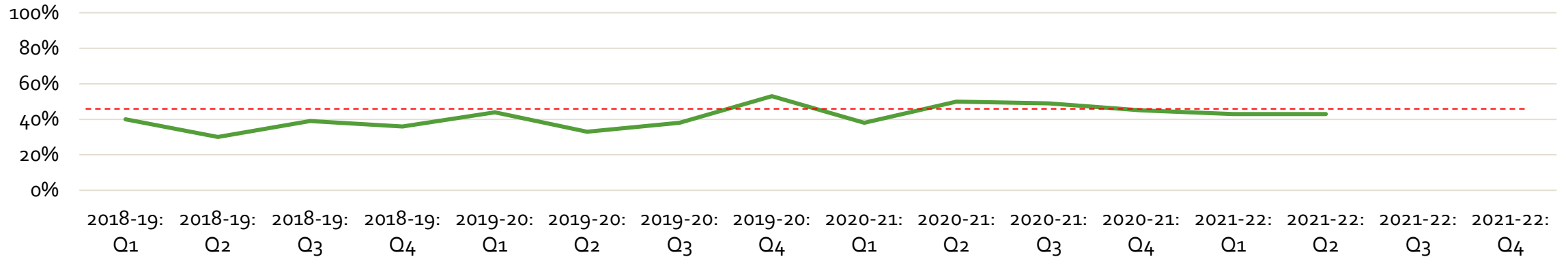
Urgent Requests



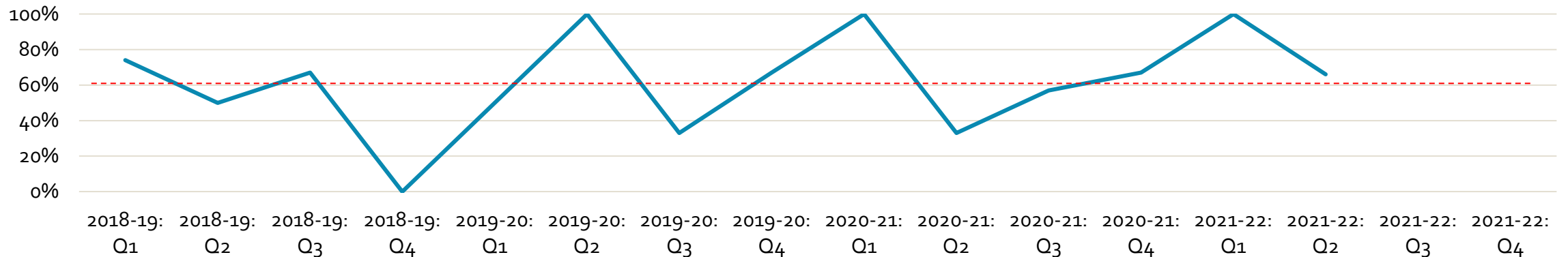
V. SERVICE ACCESS & TIMELINESS

Youth Services - Percentage of Service Requests with a Treatment Service

Routine Requests



Urgent Requests



V. SERVICE ACCESS & TIMELINESS

- Youth Engagement to Intake Assessment and Initial Treatment Appt.

Youth System of Care	Routine Requests	Urgent Requests	Totals
Total Service Requests	192	3	195
% Didn't Show For Ax	23%	0%	23%
% Received Ax	77%	100%	77%
# Received Ax	148	3	151
Declined Tx	4	1	5
Didn't Meet Medical Necessity	8	0	8
# of clients who need Tx	136	2	138
% Received Tx	60%	100%	60%
# Received Tx	82	2	84

ADULT SERVICES

Access, Timeliness, Engagement & Retention

V. SERVICE ACCESS & TIMELINESS

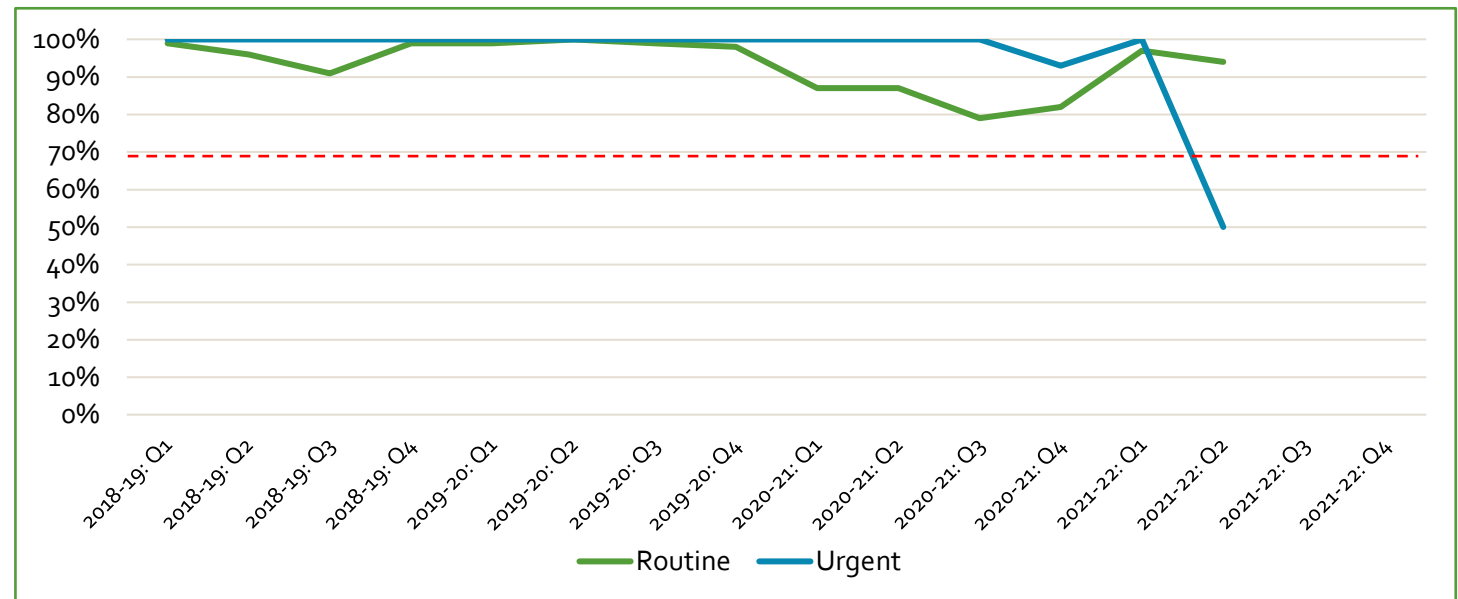
AG-2: Service request to first offered Assessment appointment in Adult System of Care

Goal:

1. For routine requests
 - a. 80% of service requests will be offered an assessment appointment within 10 business days
 - b. Average of 15 business days or less from assessment completion date to first offered treatment appointment
2. For urgent requests
 - a. 80% of service requests will be offered an Ax within 48 hours
 - b. Average of 48 hours or less from service request to actual Ax

Adult System of Care

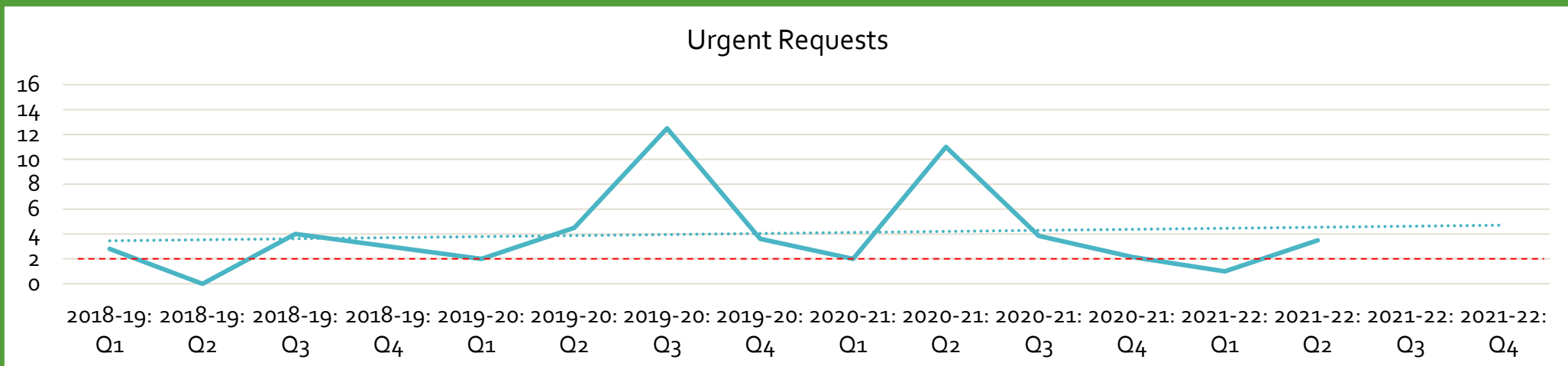
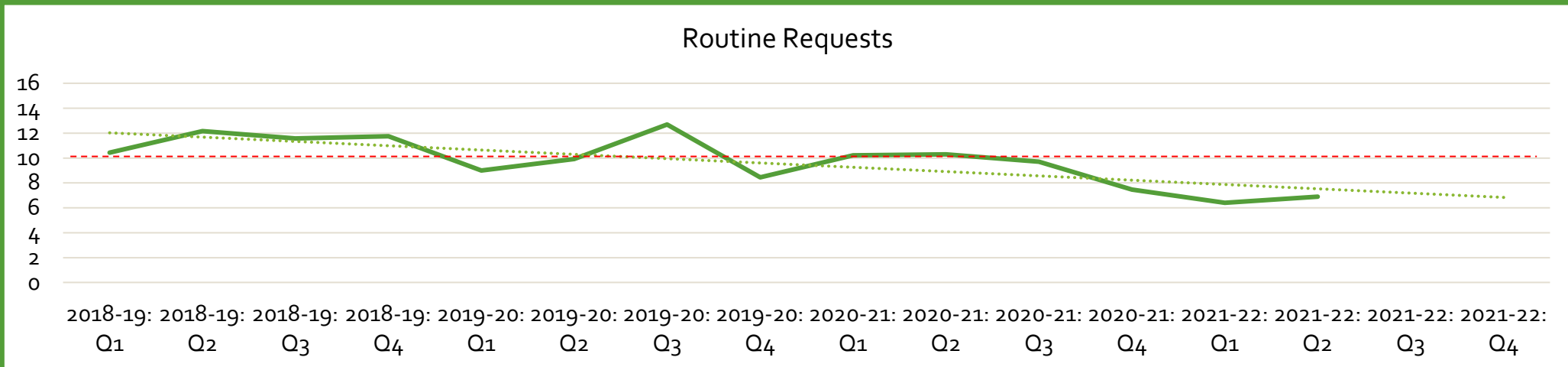
Request Type	Avg. # of Bus. Days from Service Request to 1 st Offered Ax Appt	Avg. # of Bus. Days from Ax Completion to 1 st Offered Tx Appt
Routine	6.9	5.4
Urgent	3.5	3.3
Total	6.9	5.4



V. SERVICE ACCESS & TIMELINESS

Adult System of Care

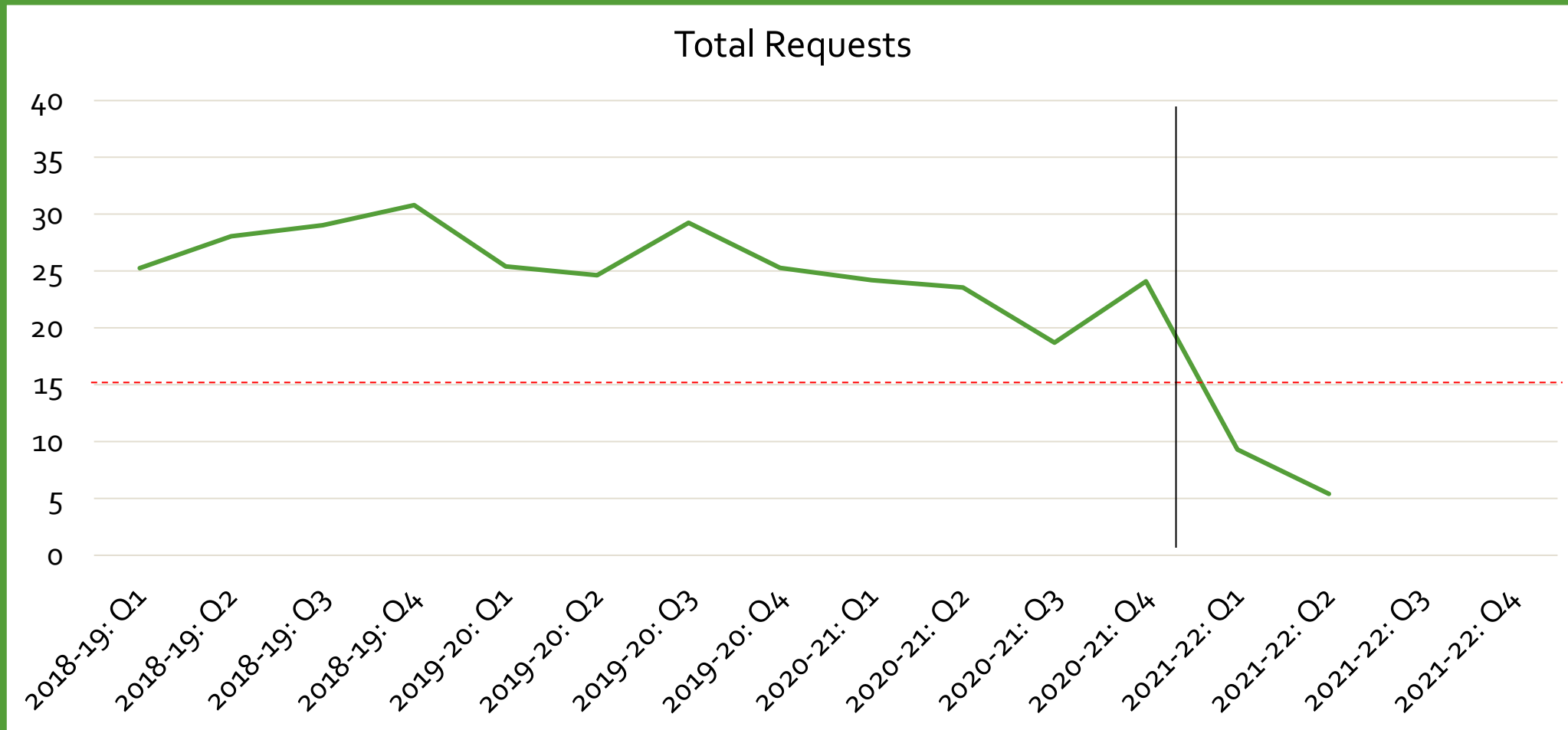
Average Number of Business Days from Service Request to 1st Offered Assessment Appointment



V. SERVICE ACCESS & TIMELINESS

Adult System of Care

Average Number of Business Days from Assessment Completion to 1st Offered Treatment Appointment



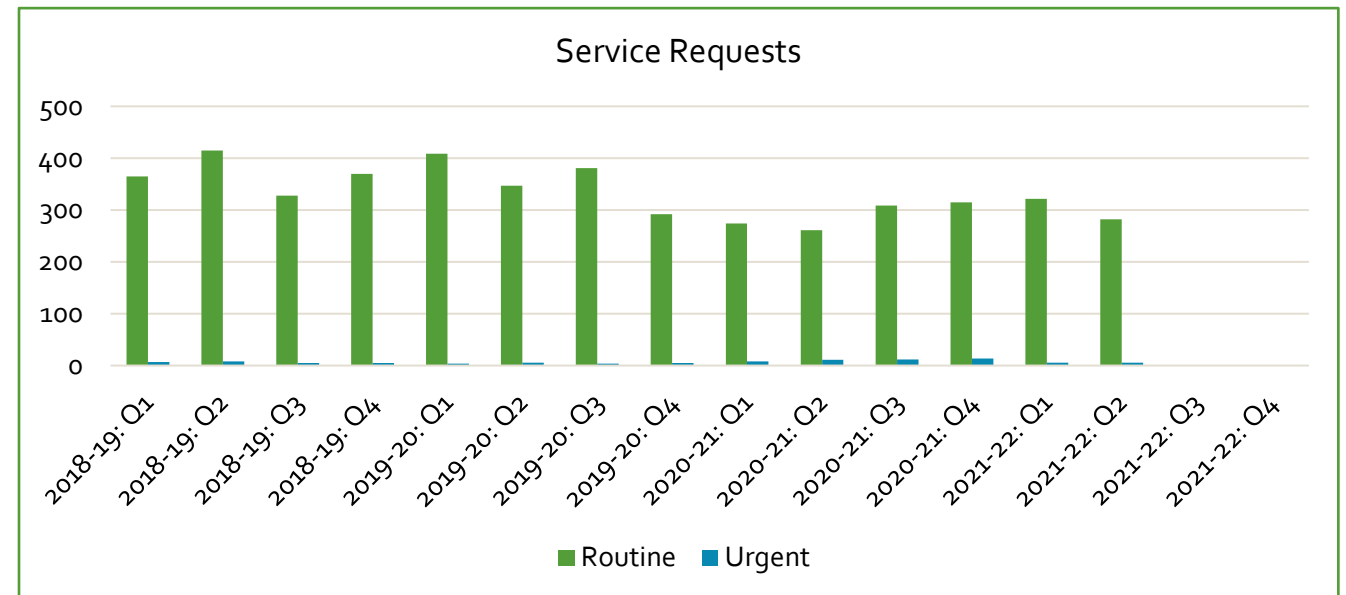
V. SERVICE ACCESS & TIMELINESS

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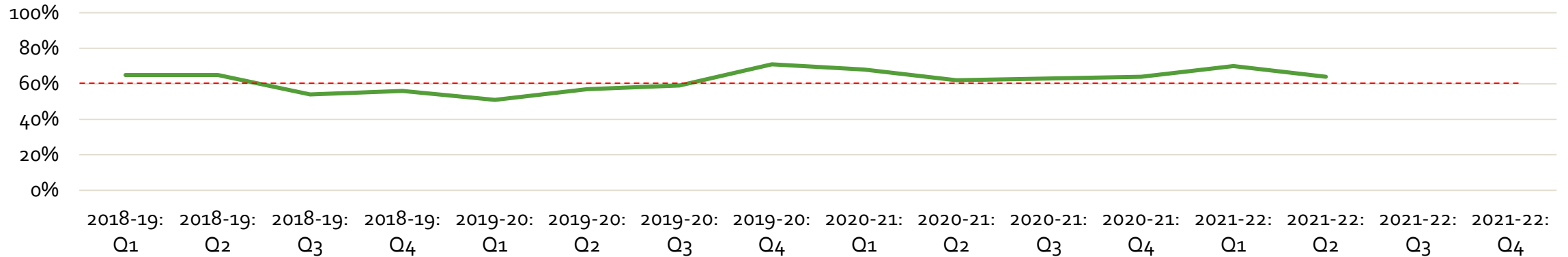
Adult System of Care	Routine Requests	Urgent Requests	Totals
Total Service Requests	282	6	288
Received Ax (%)	64%	83%	64%
Received Ax (#)	180	5	185
Received Tx (%)	37%	66%	37%
Received Tx (#)	106	4	110



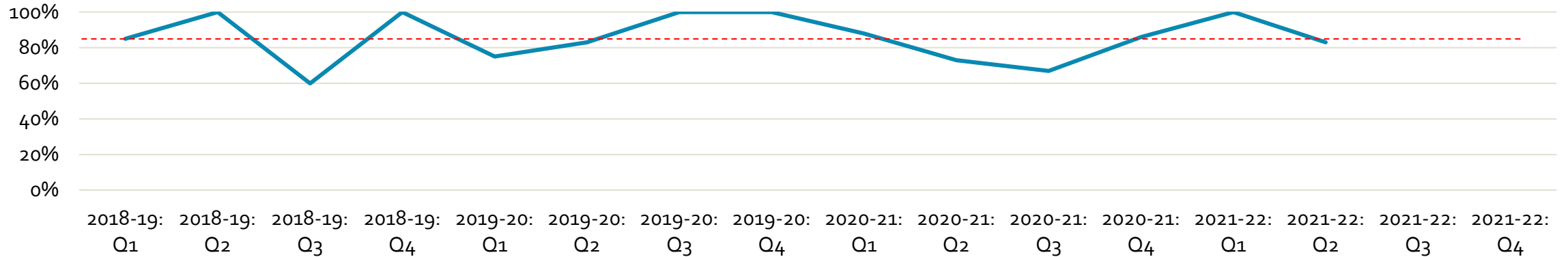
V. SERVICE ACCESS & TIMELINESS

Adult Services - Percentage of Service Requests with a Completed Assessment

Routine Requests



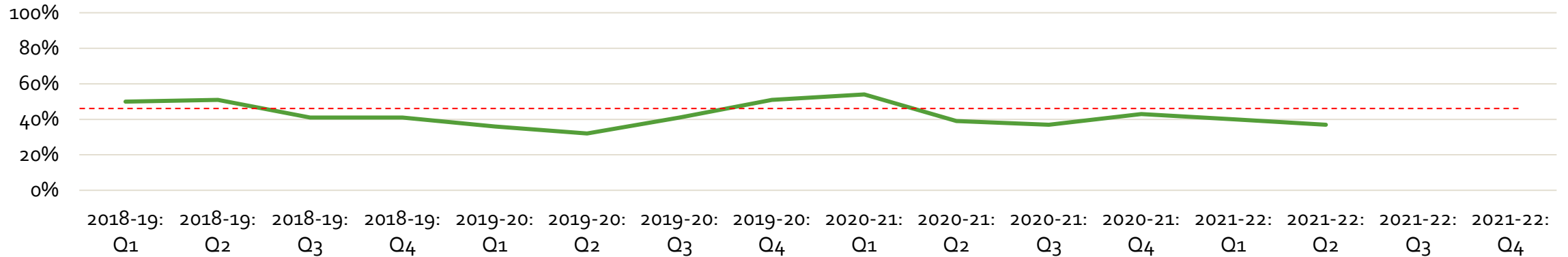
Urgent Requests



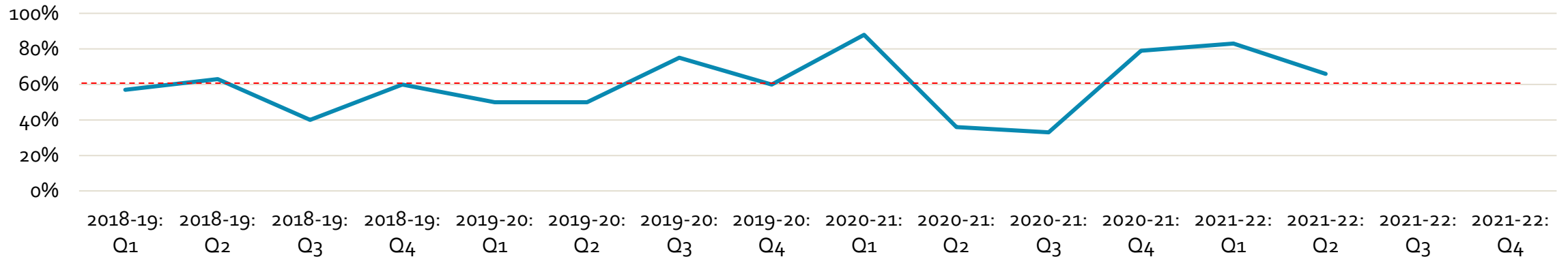
V. SERVICE ACCESS & TIMELINESS

Adult Services - Percentage of Service Requests with a Treatment Service

Routine Requests



Urgent Requests



V. SERVICE ACCESS & TIMELINESS

- Adult Engagement to Intake Assessment and Initial Treatment Appt.

Adult System of Care	Routine Requests	Urgent Requests	Totals
Total Service Requests	282	6	288
% Didn't Show For Ax	36%	17%	36%
% Received Ax	64%	83%	73%
# Received Ax	180	5	185
Declined Tx	5	0	5
Didn't Meet Medical Necessity	15	0	15
# of clients who need Tx	160	5	165
% Received Tx	66%	80%	73%
# Received Tx	106	4	110

V. SERVICE ACCESS & TIMELINESS

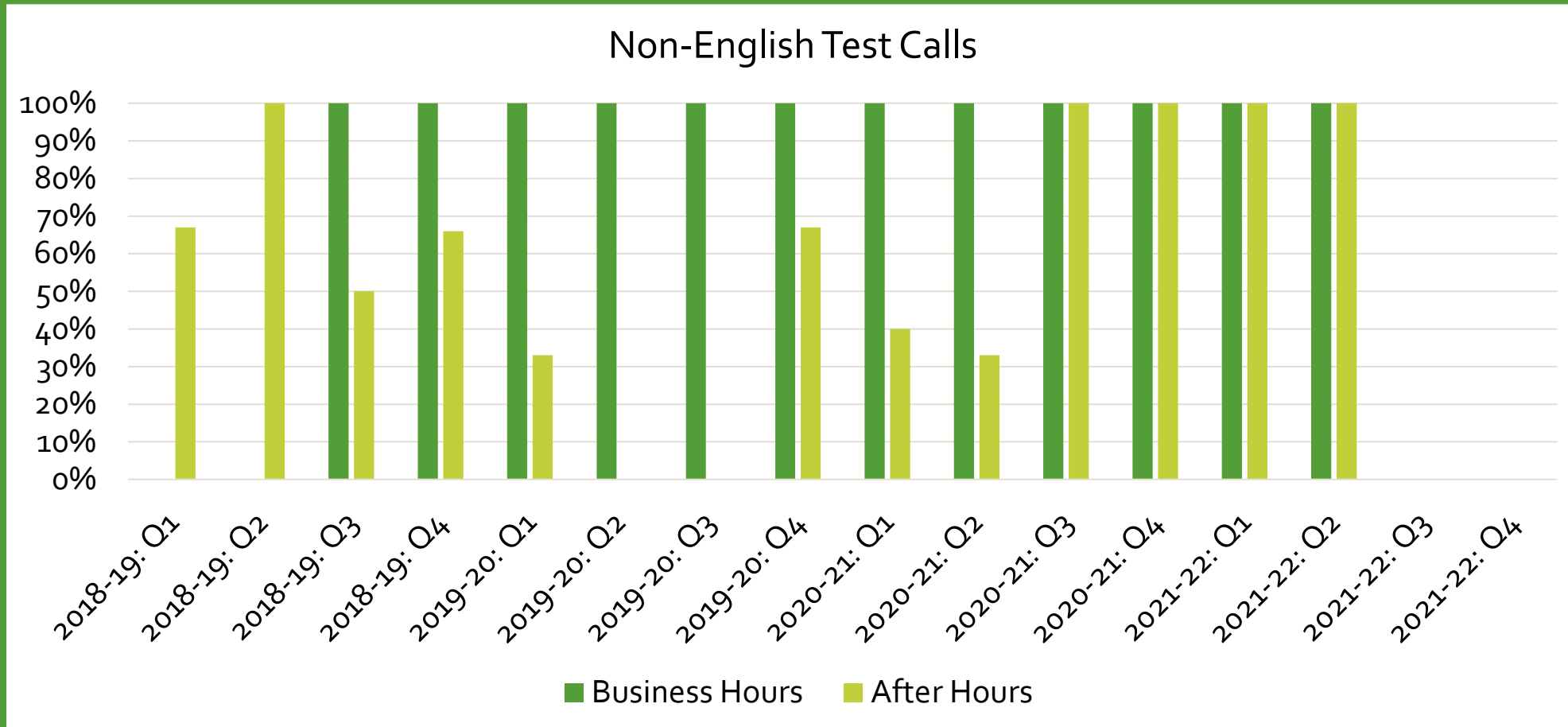
AG-5: Access test call performance

Goal:

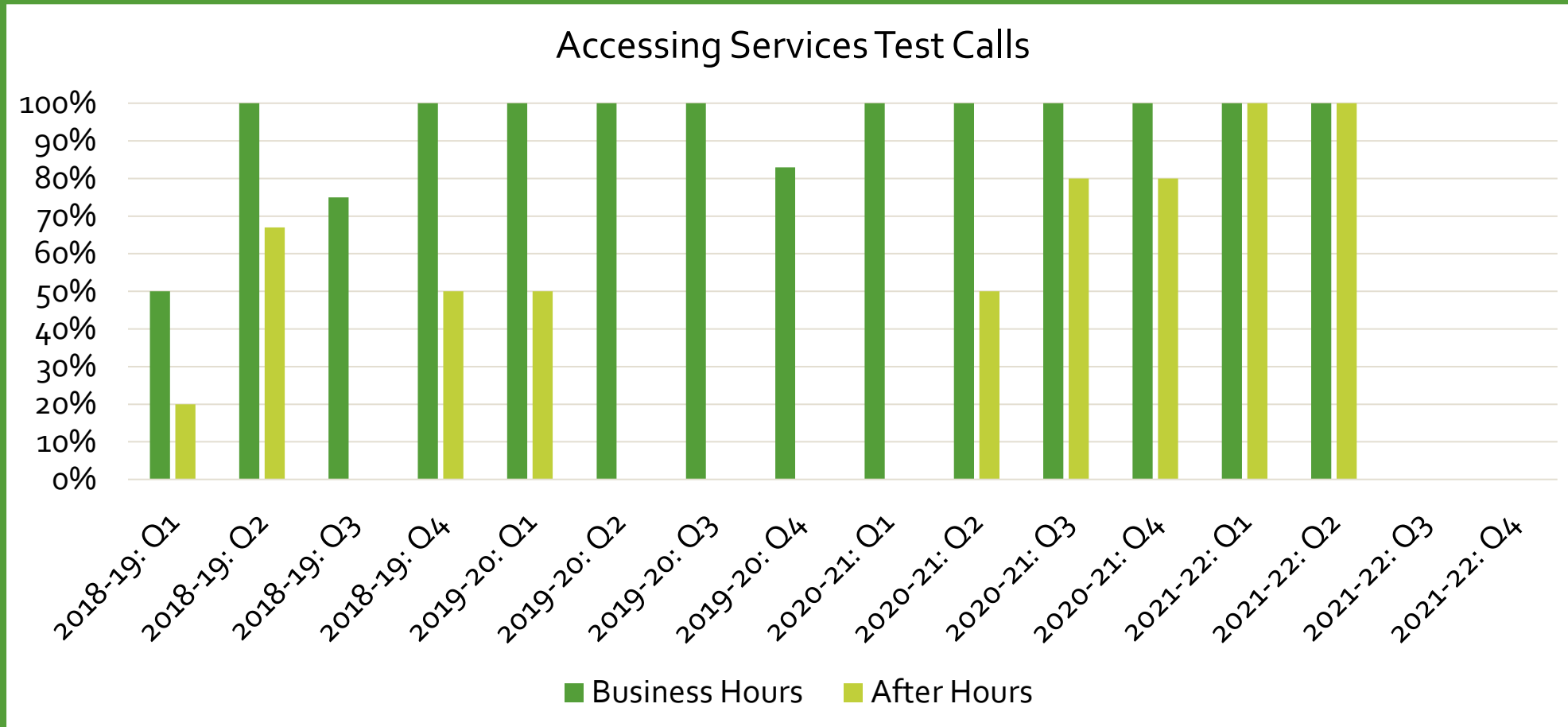
1. Minimum of 4 test calls will be made per month
2. Test for language capabilities
3. Test for appropriate information provided
4. Test for appropriate logging of all calls

	Bus. Hours or After Hours	# of Test Calls	# of Test Calls that Met Standards	% of Test Calls that Met Standards	% of Test Calls that Met Standards Last Year
Language(s) Tested: Spanish	B	3	3	100%	100%
	A	3	3	100%	33%
Info provided for accessing SMHS (including getting an Ax)	B	3	3	100%	100%
	A	6	6	100%	50%
Info provided for treating an urgent condition	B	2	2	100%	100%
	A	0	0	N/A	N/A
Info provided for Problem Resolution/ Fair Hearing	B	1	1	100%	100%
	A	0	0	N/A	N/A
Logging calls	B	5	5	100%	100%
	A	6	4	66.67%	33%

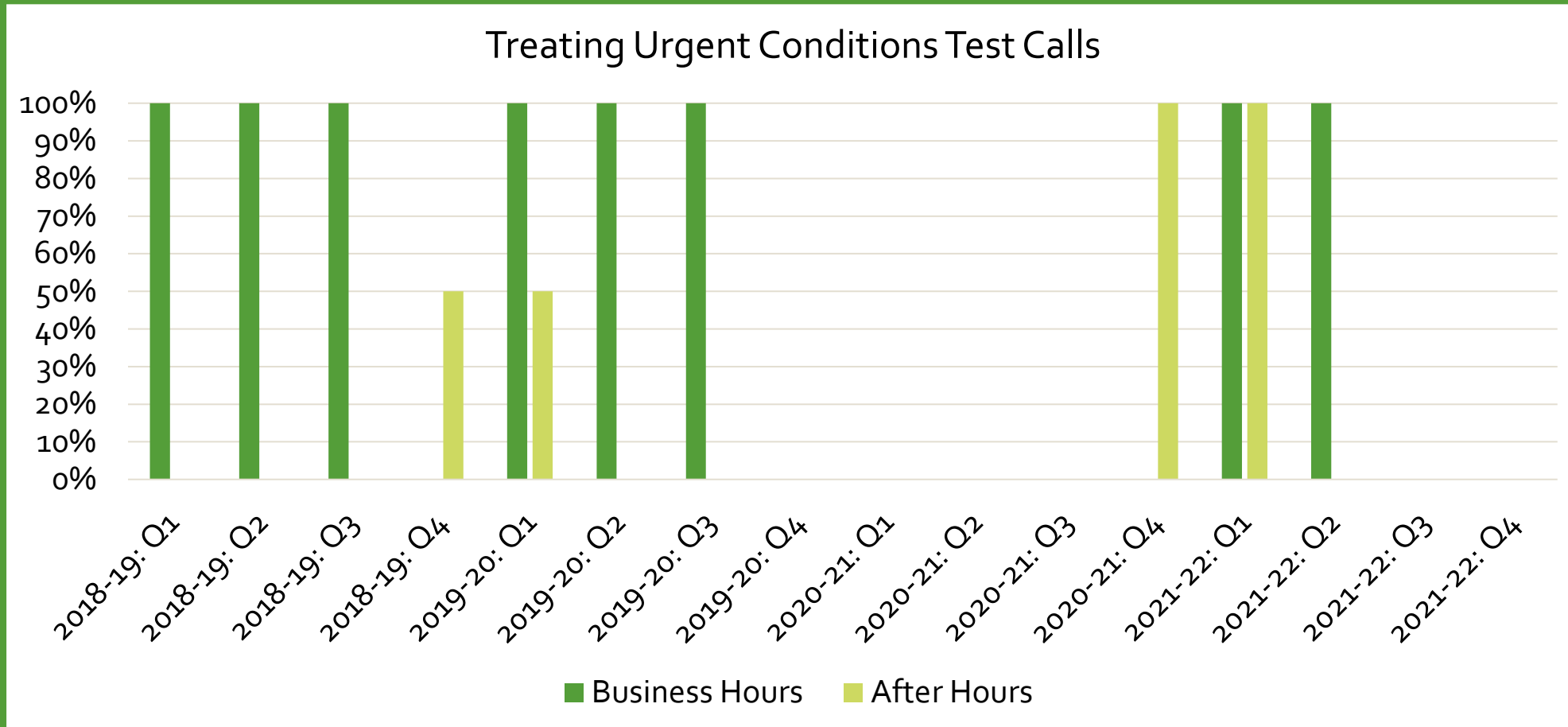
V. SERVICE ACCESS & TIMELINESS



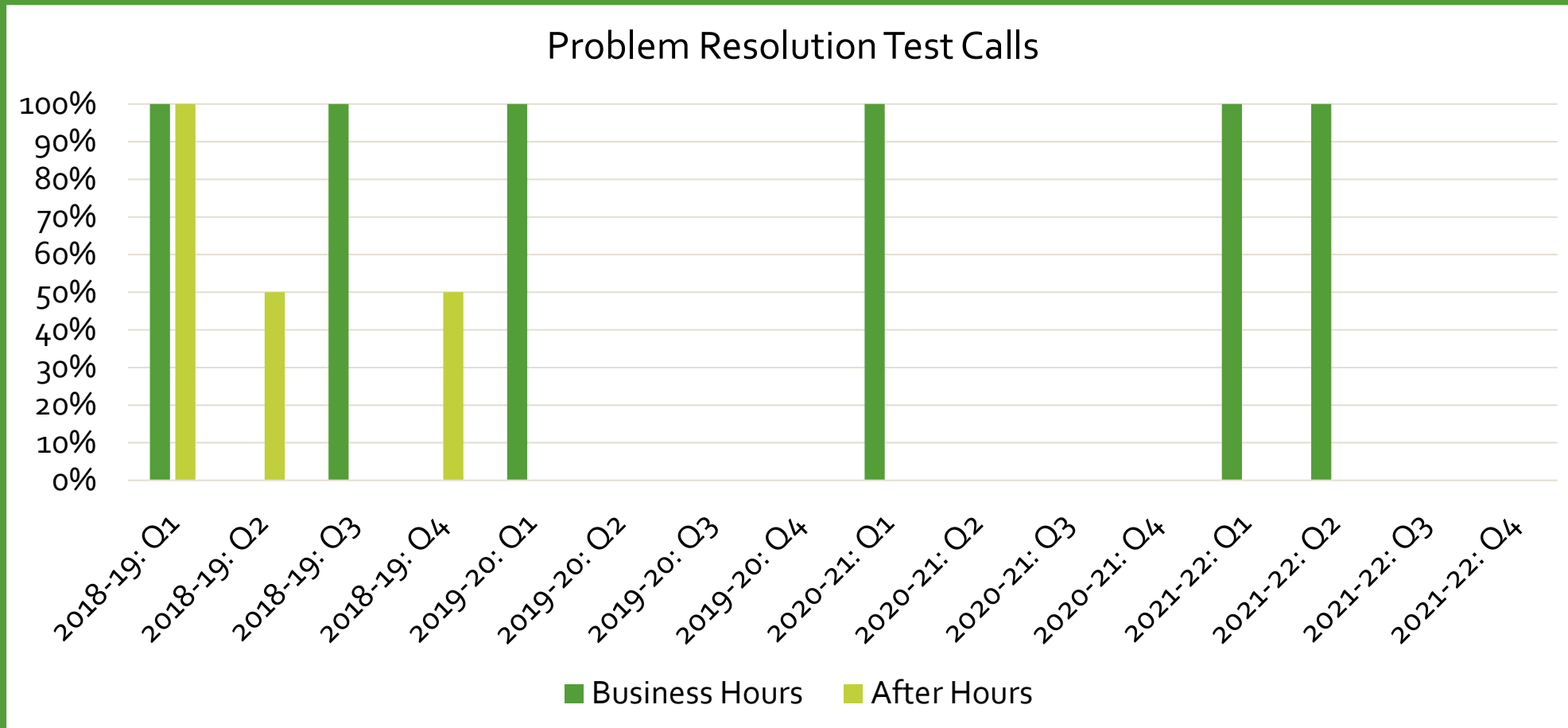
V. SERVICE ACCESS & TIMELINESS



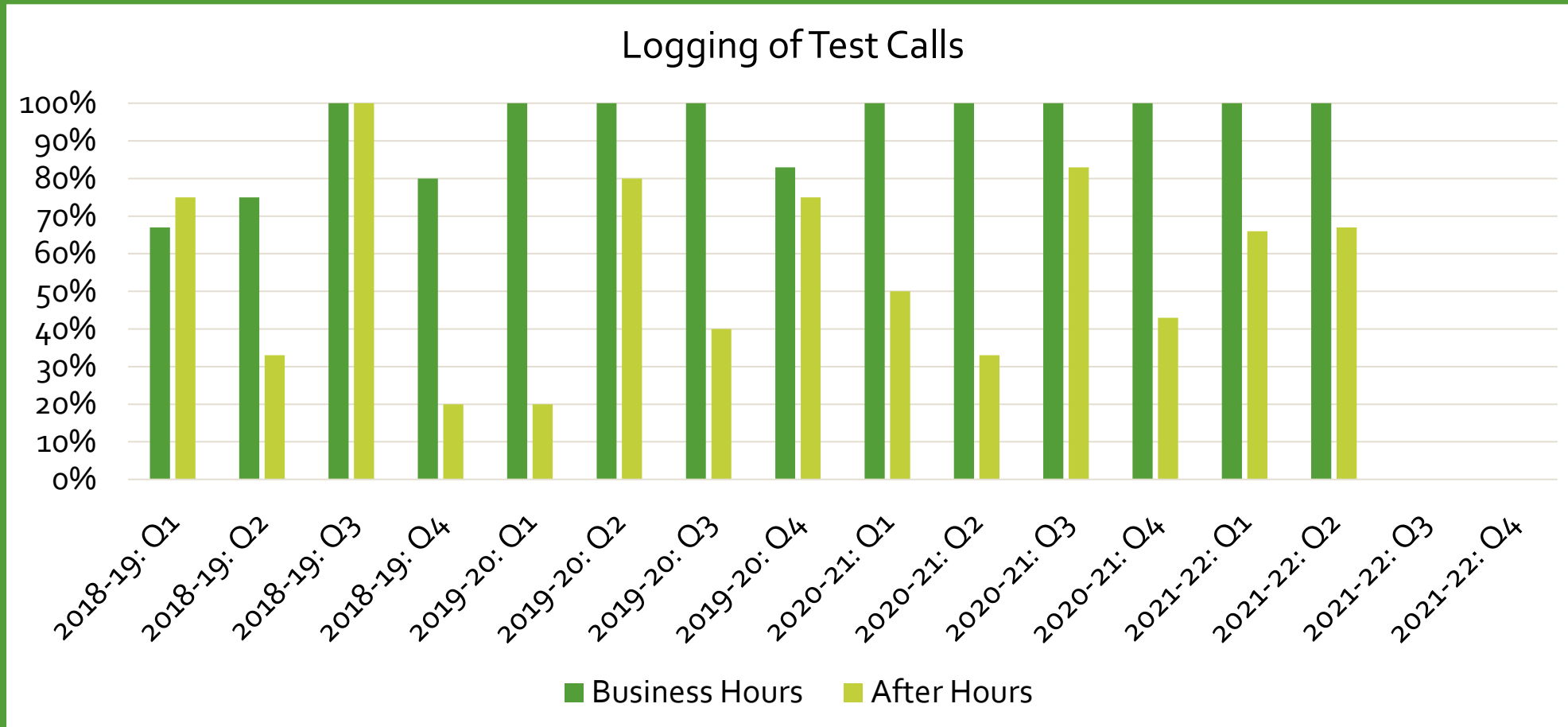
V. SERVICE ACCESS & TIMELINESS



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V. SERVICE ACCESS & TIMELINESS





VI. PERFORMANCE IMPROVEMENT PROJECTS

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AG-1: Federal & State requirements stipulate that an MHP shall have two (2) active & ongoing Performance Improvement Projects (PIP)

PIP #1: Mobile Crisis Services

Measurements:

1. Individuals Stabilized
2. Holds by Law Enforcement
3. Satisfaction Rating

Over the next two years, the Adult and Child populations of Solano County will receive mobile crisis services in addition to/in lieu of law enforcement response in order to improve mental health stabilization services as measured by an increase of individuals stabilized, decrease in 5150 holds written by law enforcement, and satisfaction survey results demonstrating high quality of mobile crisis intervention (open to revision).

Quarter	Individuals Stabilized	Holds by Law Enforcement	Satisfaction Rating



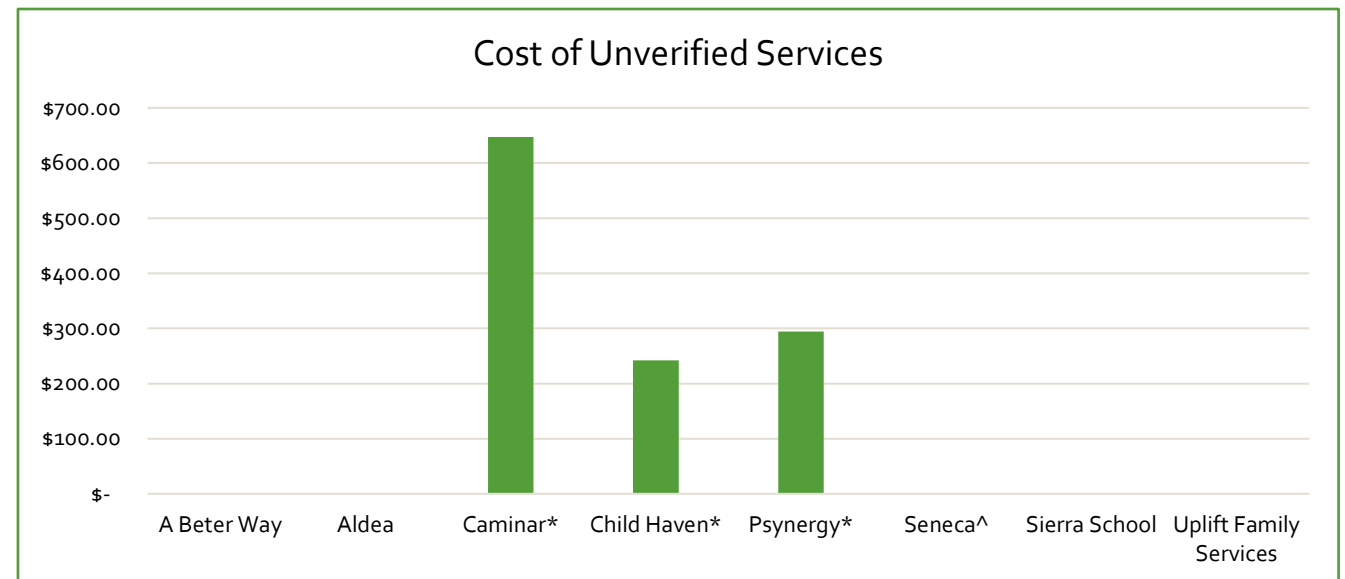
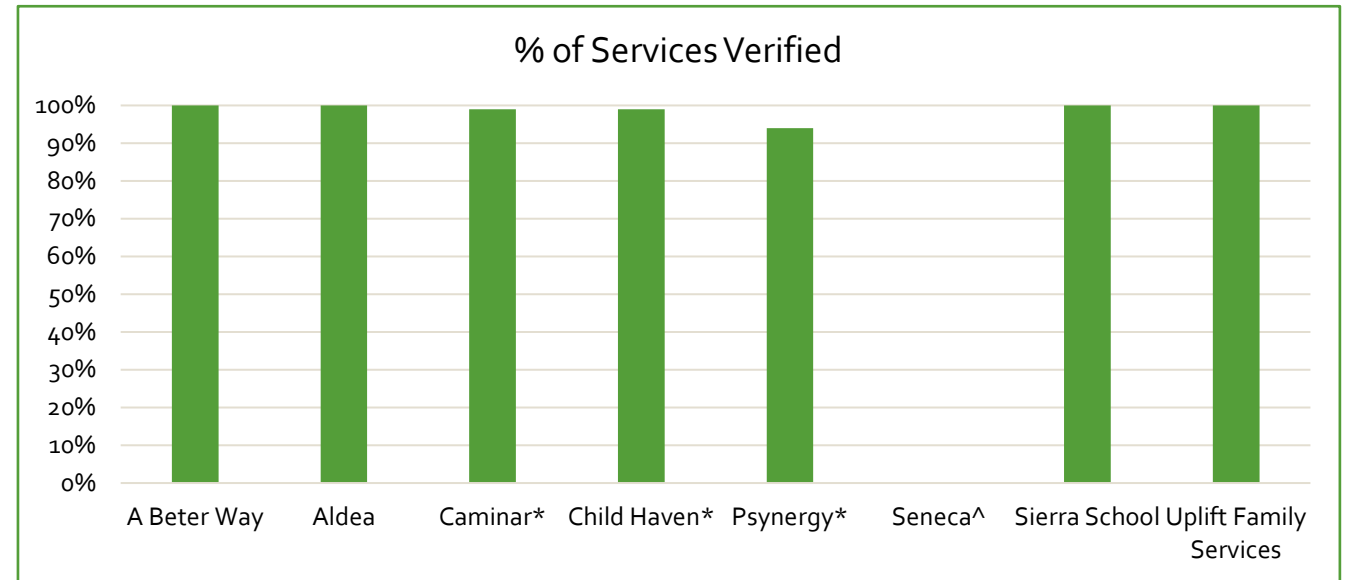
VII. PROGRAM INTEGRITY

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AG-3: Service Verification

Goal: The MHP will achieve 90%-100% accountability for each service identified during the sampling period (services not verified will be repaid).

- Measurement 1: 100% of all applicable programs will participate in the Service Verification process
- Measurement 2: 90% - 100% of services will be verified during the Service Verification week (FY 18/19 baseline: 93%)



*Pending final report

^Review in progress



VIII. QUALITY IMPROVEMENT

VII. QUALITY IMPROVEMENT

AG-1: Annual Utilization Review Audits

Goal: The following processes are in place to monitor provider compliance with CCR Title 9 documentation standards:

1. At least 90% of UR Audit Reports will be submitted within 60 days after the audit alert period
2. At least 90% of reviewed programs requiring a CAP will submit one that meets QI standards within prescribed timelines

VII. QUALITY IMPROVEMENT

Audit Season FY 2021/22

What will stay the same:

- At least one primary chart per provider
- Supplemental chart review
- Site review

VII. QUALITY IMPROVEMENT

Audit Season FY 2021/22

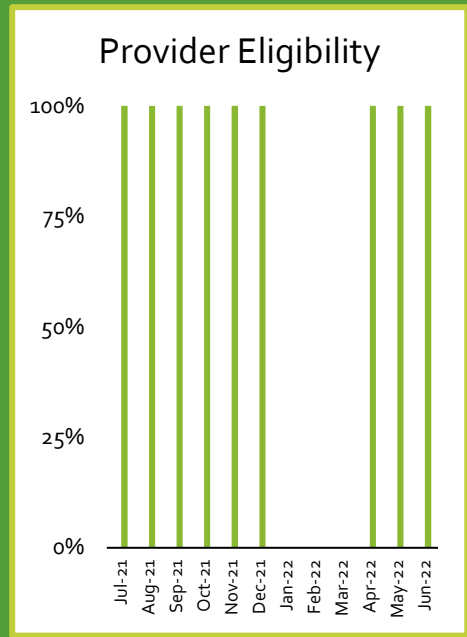
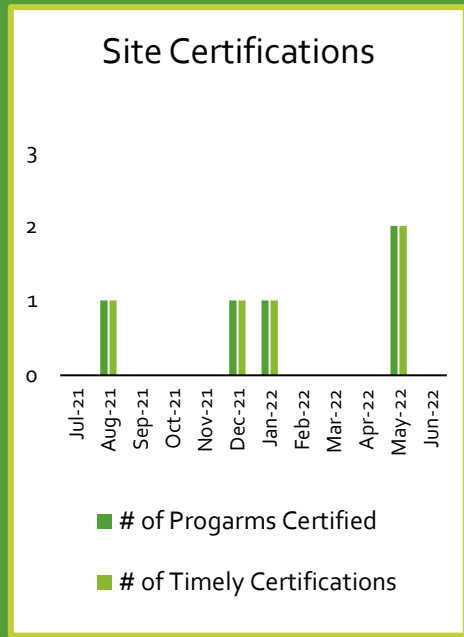
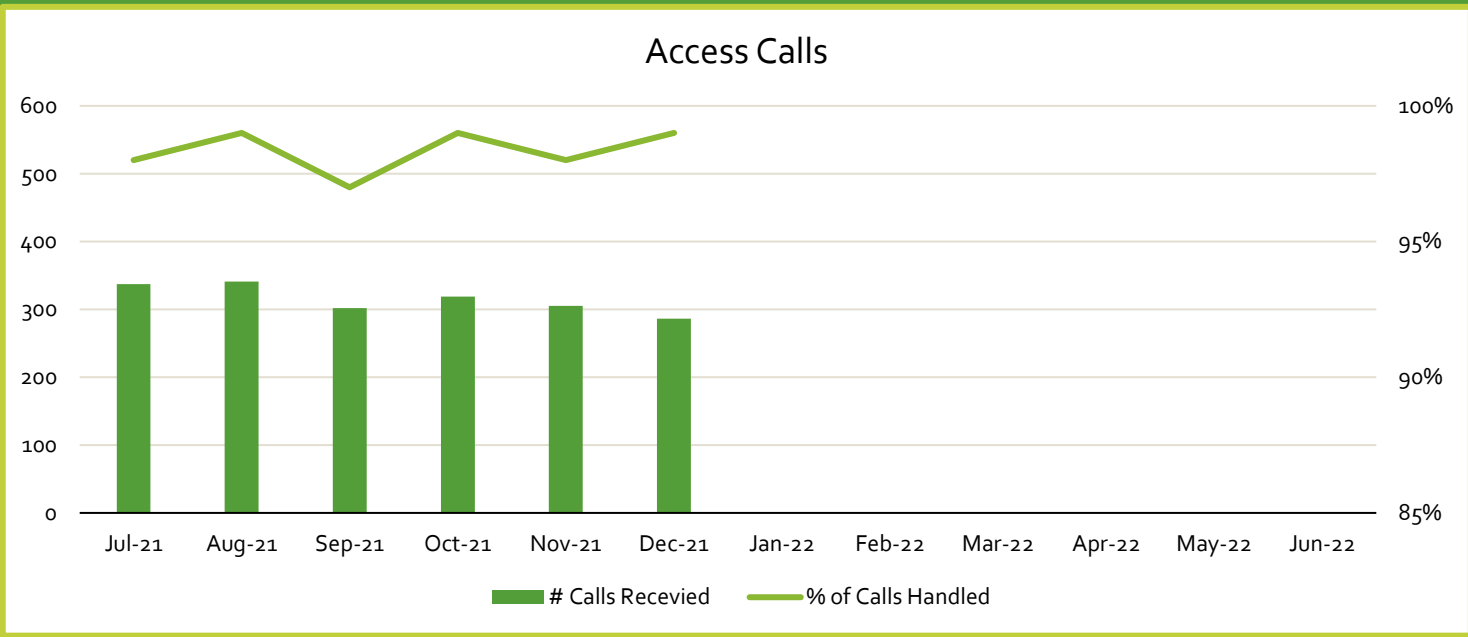
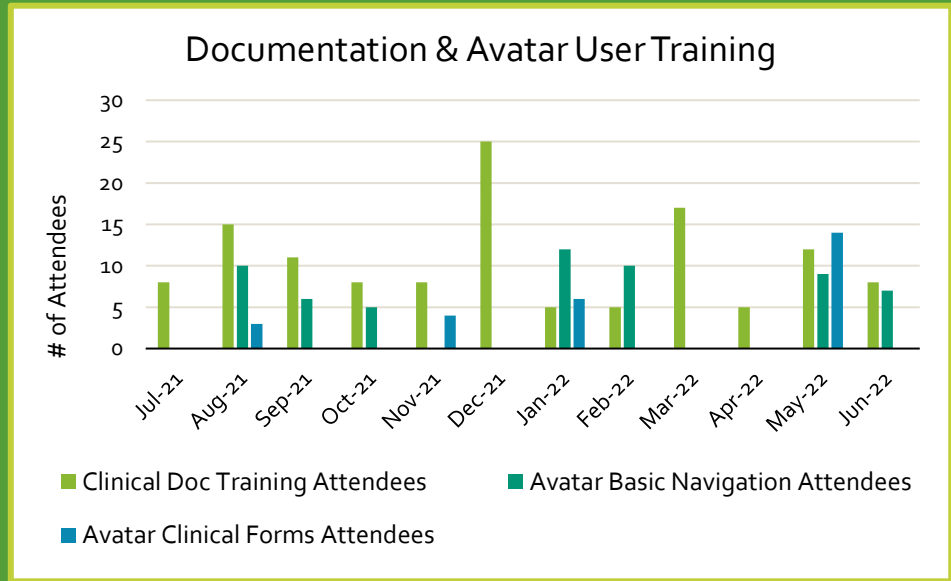
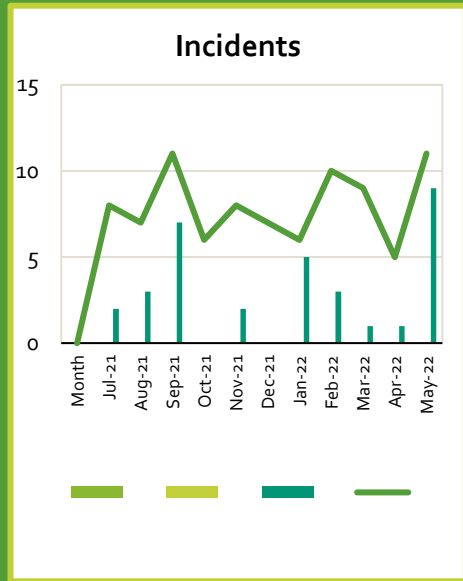
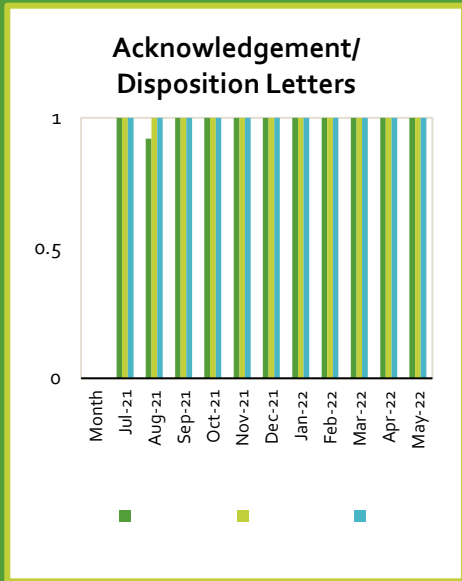
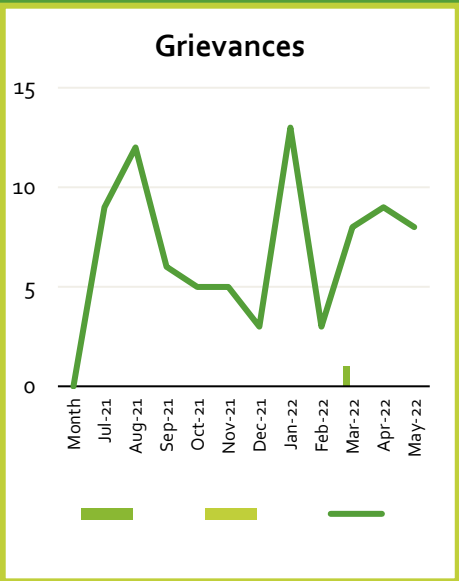
CalAIM will be bringing changes to documentation over the next year

In efforts to adjust to this we have updated our audit process for this fiscal year

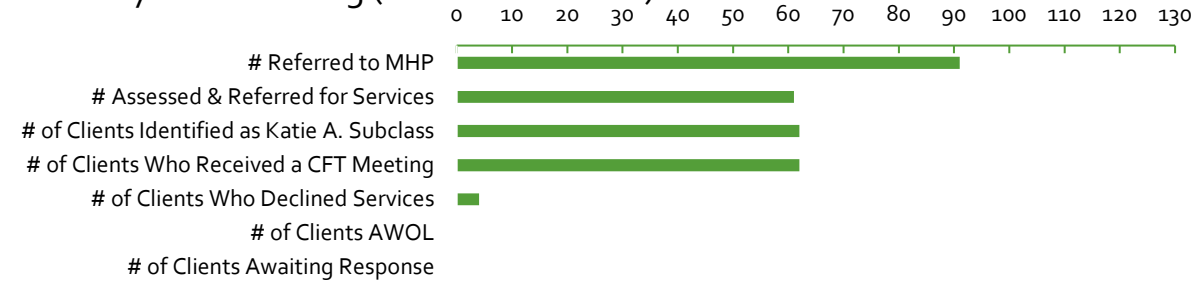
- Audits will begin in early 2022
- A random sampling of Contractor and County programs will be selected
- We will audit by RU, not by program
- 1 month of services will be audited instead of 2 months
- Audits will continue to be remote. Programs will be asked to submit all audit documentation to the audit team.



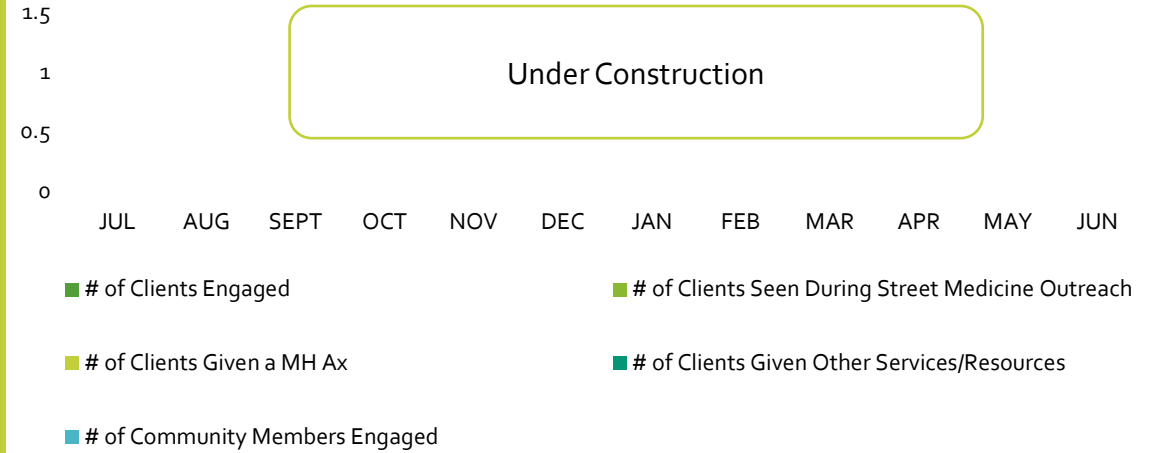
QUALITY IMPROVEMENT DASHBOARD



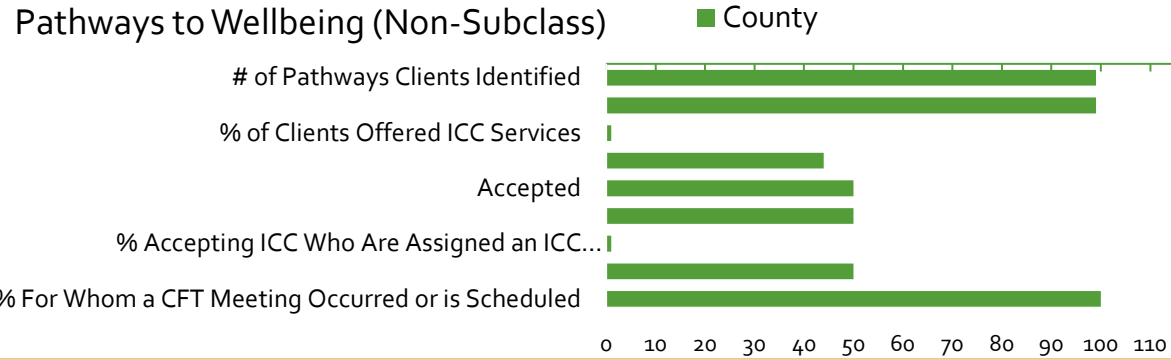
Pathways to Wellbeing (Katie A. Subclass)



HOPE (Homeless Outreach)



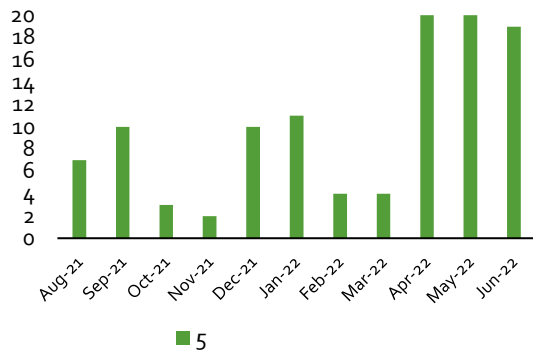
Pathways to Wellbeing (Non-Subclass)



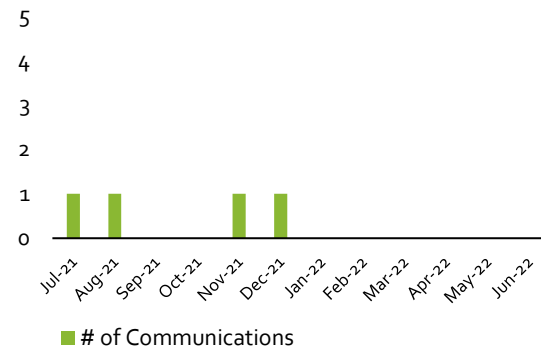
Youth Medication Monitoring



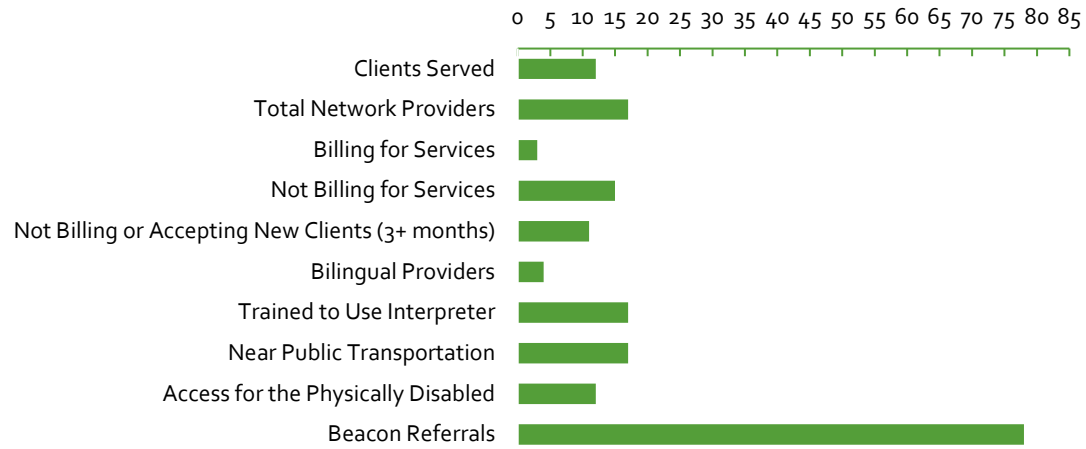
Compliance Training



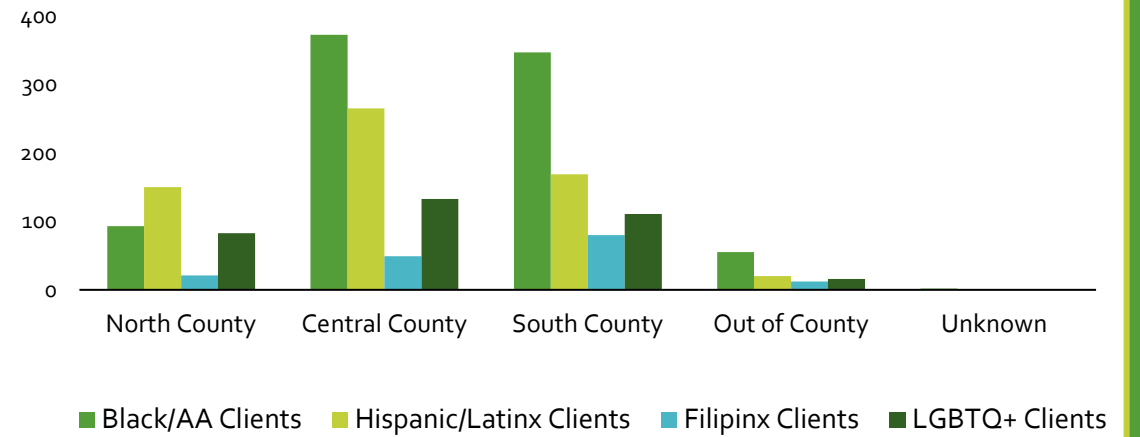
Compliance Training



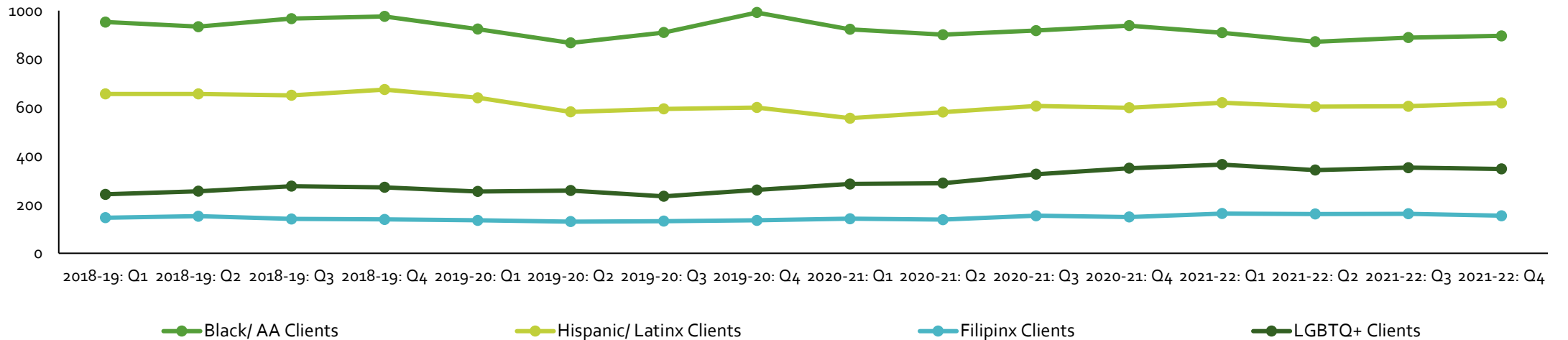
Managed Care Provider Network



Regional Utilization by Cultural Group



Total Utilization by Cultural Group



NEXT MEETING:

Quality Improvement Committee
FY 2021 – 2022: Quarter 2
Thursday May 12th, 2022
1:30pm – 3:30pm

Solano County Mental Health
Quality Improvement
(707) 784-8323

QualityImprovement@SolanoCounty.com