QUALITY IMPROVEMENT COMMITTEE

Solano County Behavioral Health

November 9, 2023

1:30pm – 3:30pm

ANNOUNCEMENTS

❖ **Payment Reform Continues to Move Forward**
- ○ Solano County continues to work with multiple departments internally as well as a consultant to determine next steps
- ○ QA is working on developing a training for next month to discuss updates from the past few months

❖ **Piloting of Patient Portal**
- ○ Thank you to the programs working closely with QA to explore myHealthPointe and how to best utilize within the system

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
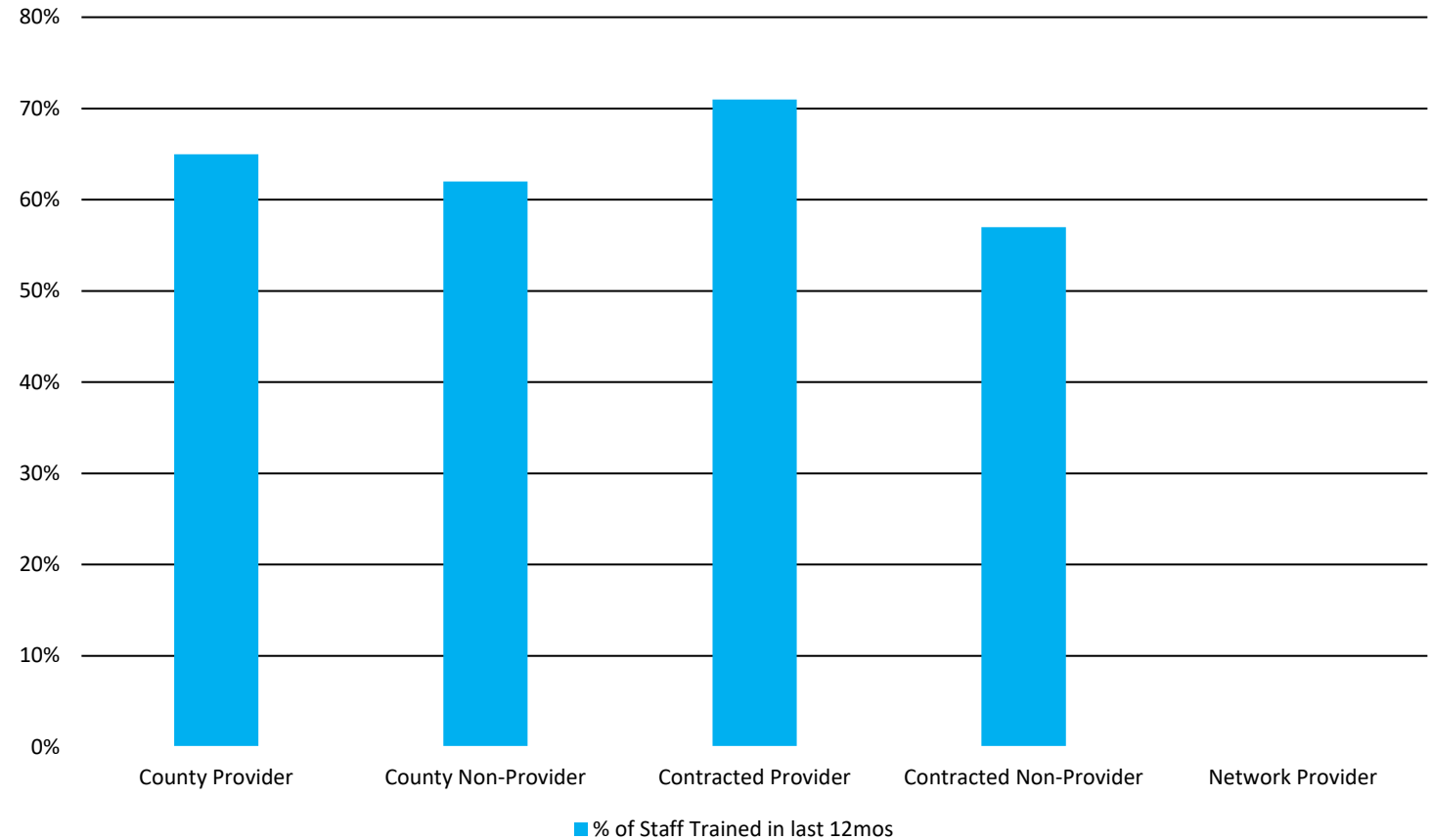
VIII. Quality Improvement

I. CULTURAL DIVERSITY & EQUITY
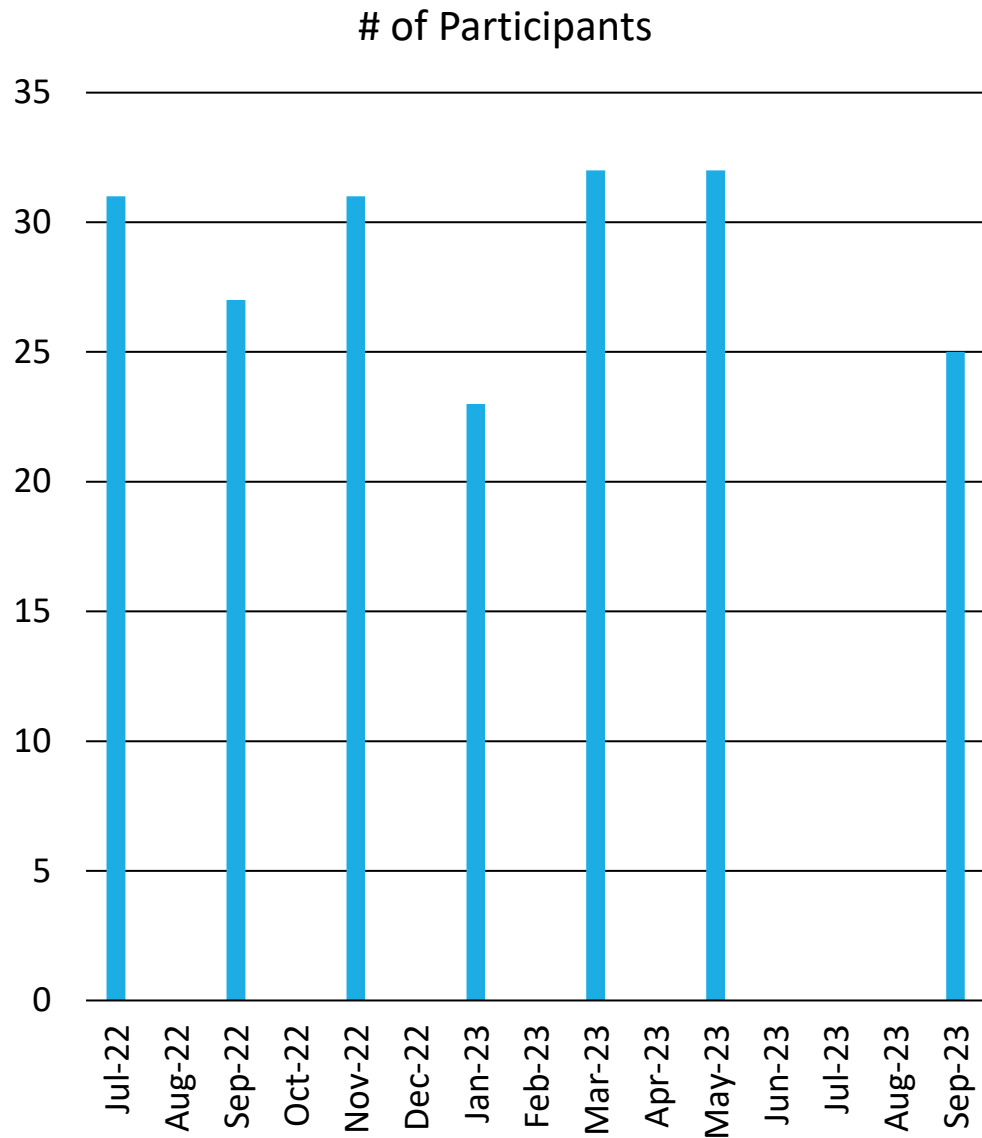
I. CULTURAL DIVERSITY & EQUITY

AG-1: System wide Cultural Competence Training

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

System-Wide Diversity & Equity Training

Legend: ■ % of Staff Trained in last 12mos

Categories: County Provider, County Non-Provider, Contracted Provider, Contracted Non-Provider, Network Provider

I. CULTURAL DIVERSITY & EQUITY

of Participants

Diversity & Equity Committee Updates:
- *New* Online Participation Agreement Form
- Next Meeting will be held on November 14th from 10am-12pm
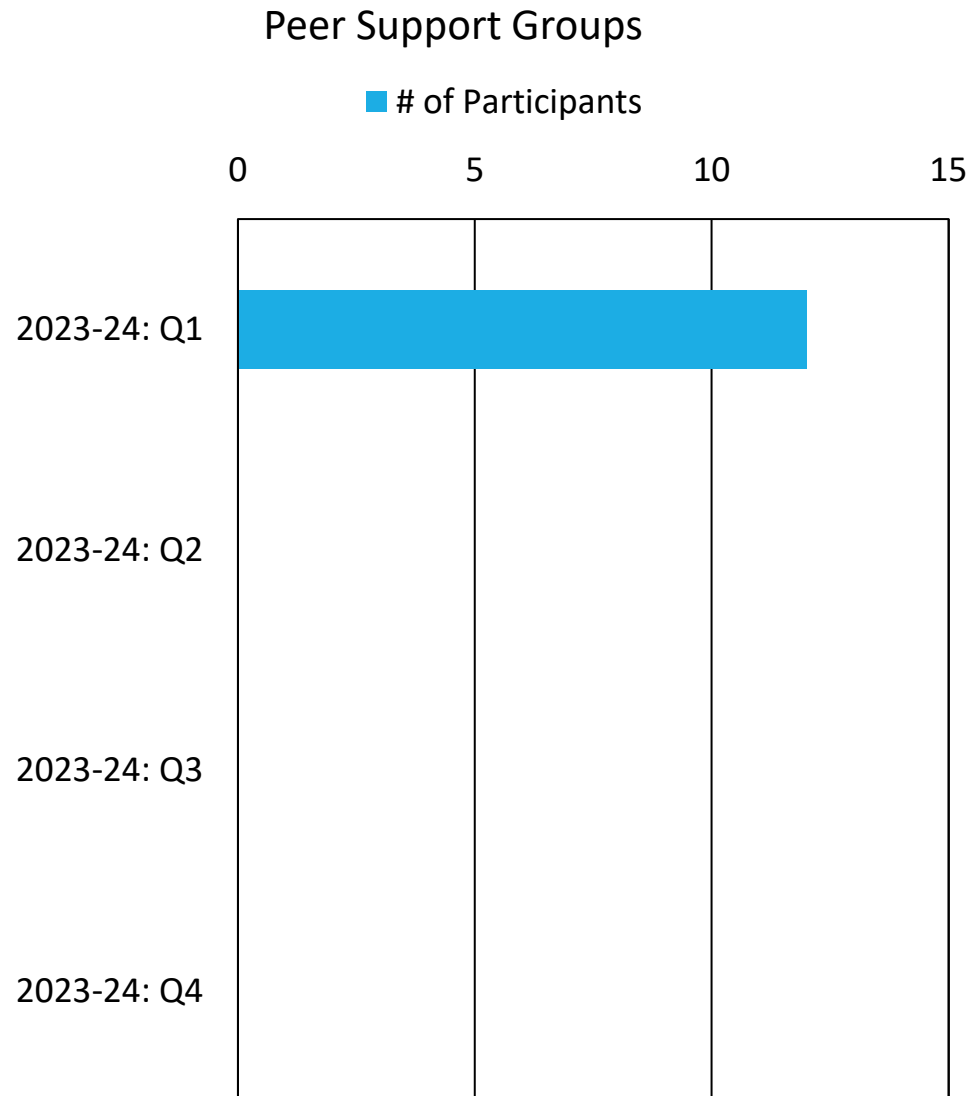- Annual Plan Update due 12/31

Additional SCBH Diversity & Equity Efforts:
- Completed ICCTM Statewide Learning Collaborative which included mentoring Fresno, Kern, Marin and Los Angeles Counties
- Pending RFP for Stigma Reduction and Discrimination Reduction Services
- BHP Diversity & Inclusion Approaches to Service Delivery Monthly Meeting

II. WELLNESS & RECOVERY

Peer Support Groups
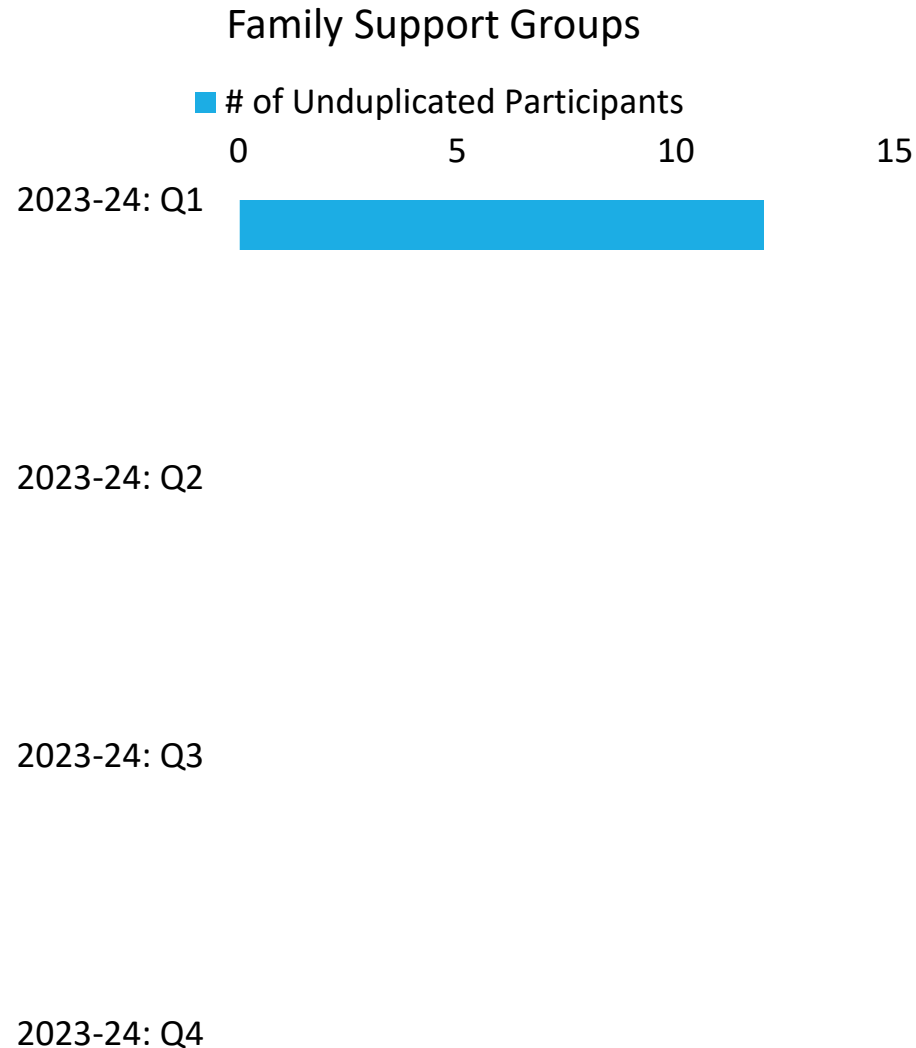
# of Participants

II. WELLNESS & RECOVERY

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.

Family Support Groups

■ # of Unduplicated Participants

	0	5	10	15
2023-24: Q1				
2023-24: Q2				
2023-24: Q3				
2023-24: Q4				

II. WELLNESS & RECOVERY

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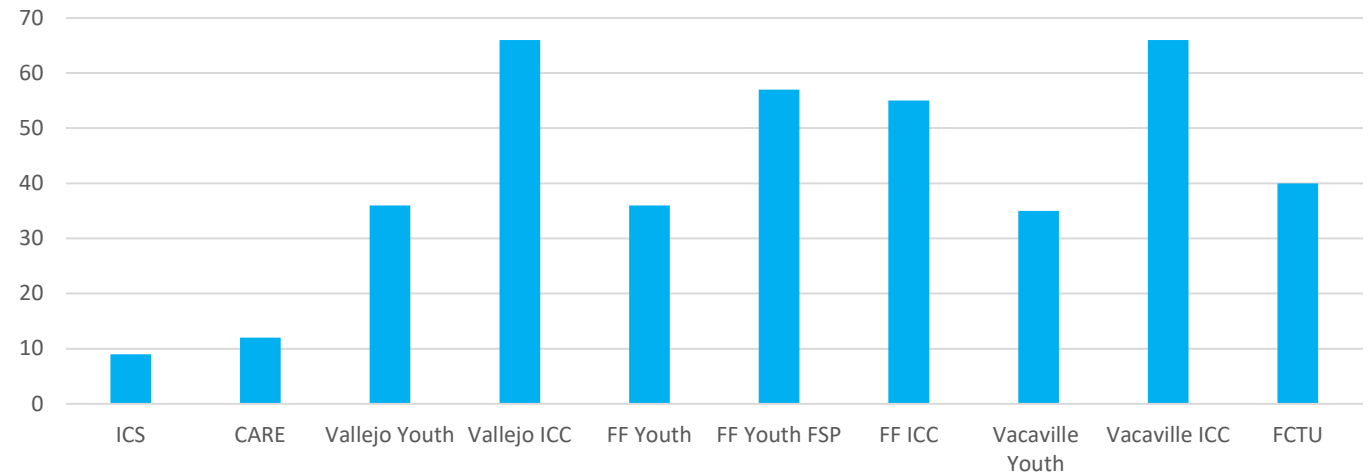
III. BENEFICIARY SATISFACTION & PROTECTION
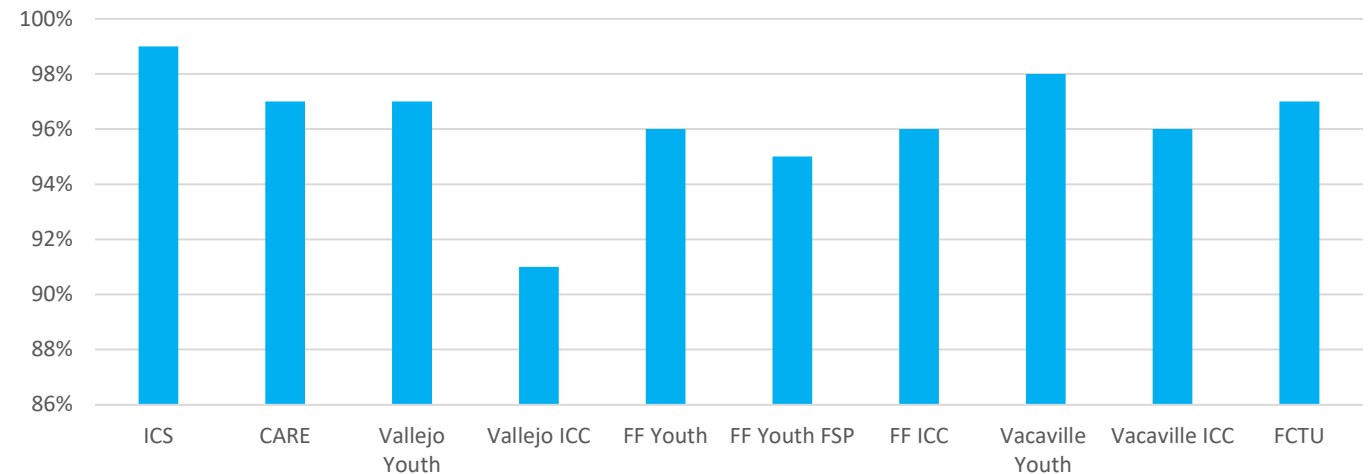
III. BENEFICIARY SATISFACTION & PROTECTION

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

FY 2023-2024

III. Beneficiary Satisfaction & Protection

Service Verification Client Satisfaction Survey Question	Yes, definitely	Yes, somewhat	No	Not Answered
1. Did the staff explain things in a way that was easy to understand?	93%	6%	1%	1%
2. Did the staff listen carefully to you?	96%	3%	1%	1%
3. Did the staff show respect for what you had to say?	96%	2%	1%	1%
4. Did you feel the staff was respectful of your race/ethnicity?	95%	3%	--	1%
5. Did you feel the staff was respectful of your religion/spirituality?	94%	3%	--	2%
6. Did you feel the staff was respectful of your sexual orientation/gender identity?	94%	1%	1%	3%
	Yes	**No, but I'd like one**	**I don't need one**	**Not Answered**
7. Was an interpreter/bilingual staff provided?	8%	3%	84%	4%
If yes,	**Yes, definitely**	**Yes, somewhat**	**No**	**Not Answered**
8. Did the interpreter/bilingual staff meet your needs?	8%	1%	2%	4%
	Yes, definitely	**Yes, somewhat**	**No**	**Not Answered**
9. Do you feel better?	65%	27%	2%	6%
10. Would you recommend our services to others?	81%	8%	2%	9%

III. PROBLEM RESOLUTION

QA is working on developing data points to track and examine regarding problem resolution.

DHCS has identified several categories to capture grievances that are submitted to the BHP.

This slide presents the number of grievances submitted per category in Q1 FY23-24.

DHCS Category	Number This Quarter
Related to Customer Service	3
Related to Case Management	5
Access to Care	1
Quality of Care	12
County (Plan) Communication	0
Payment/Billing Issues	0
Suspected Fraud	0
Abuse, Neglect, or Exploitation	0
Lack of Timely Response	0
Denial of Expedited Appeal	0
Filed for Other Reasons	0

FY 2023-2024

IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION

IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION

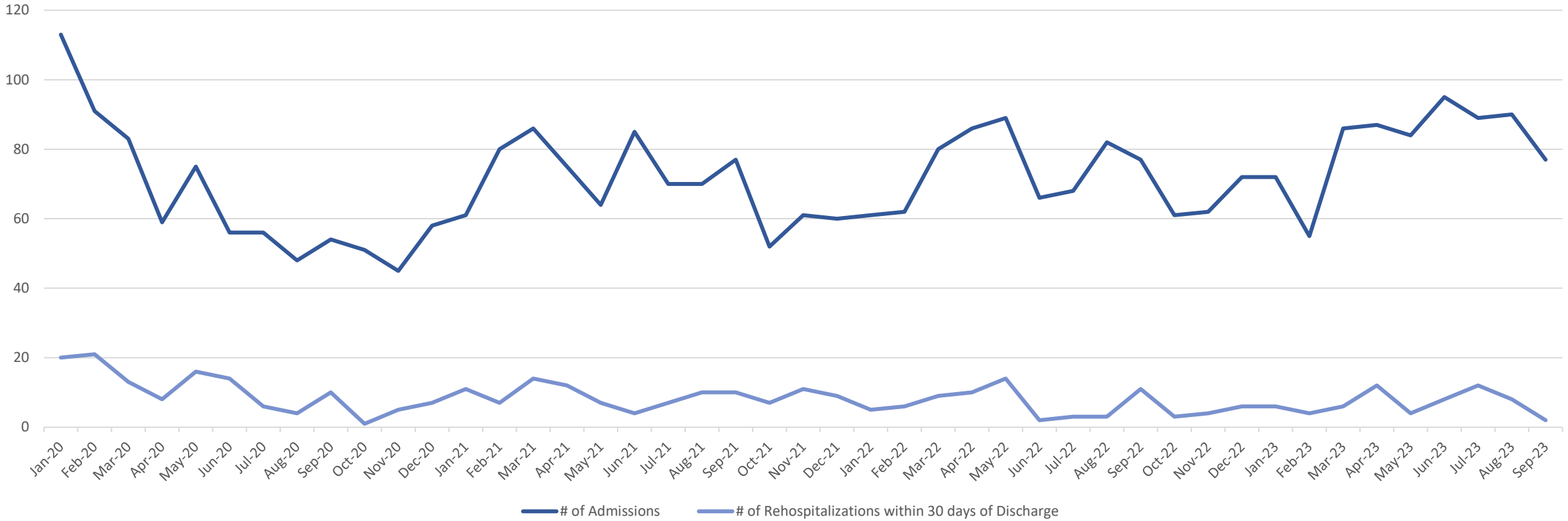AG-2: Maintain or improve the following hospital-related measures.

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	
July	89	86	12	13%
August	90	90	8	9%
Sept.	77	62	2	3%
Total	256	238	22	8%

IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION

Adult Admissions & Re-Hospitalizations

— # of Admissions   — # of Rehospitalizations within 30 days of Discharge

IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION

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	
July	9	9	1	11%
August	15	15	5	33%
Sept.	11	9	2	18%
Total	35	33	8	20%

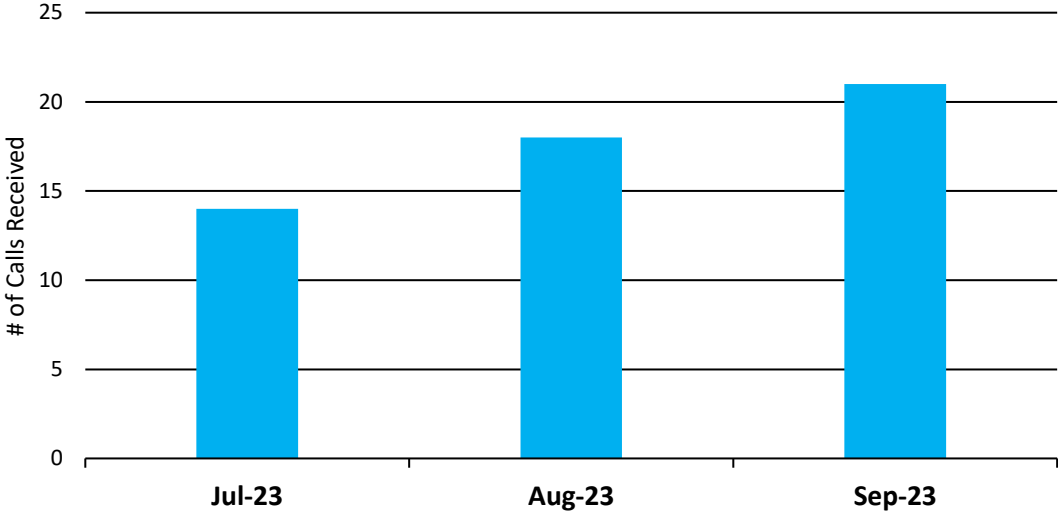# IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION

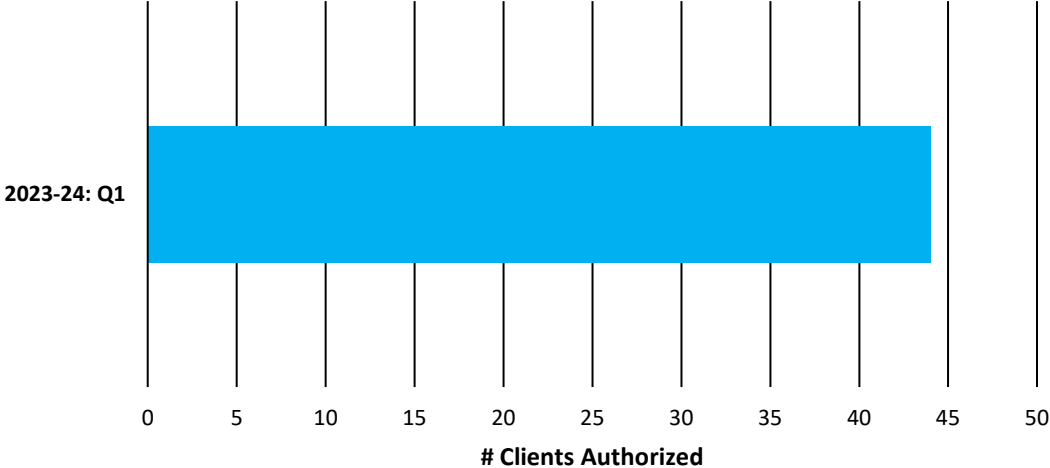Youth Admissions & Re-Hospitalizations
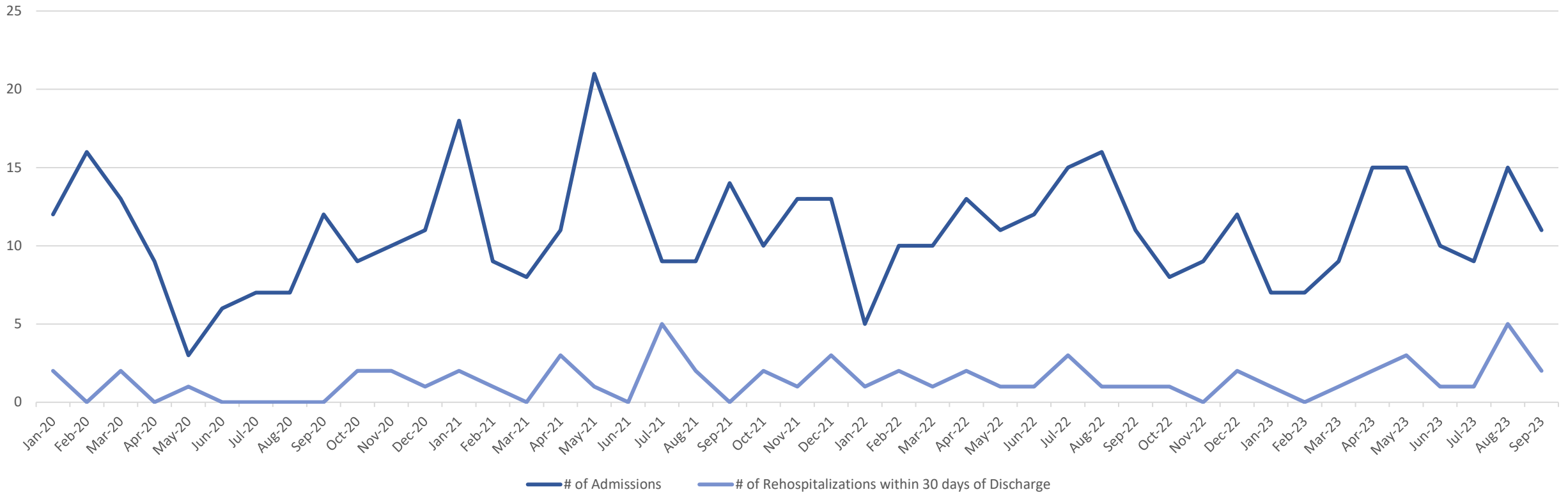
IV. CO-OCCURRING CARE

- Under Construction

Calls Referred to SUD Services

Non-Medical SABG Services

V. SERVICE ACCESS & TIMELINESS
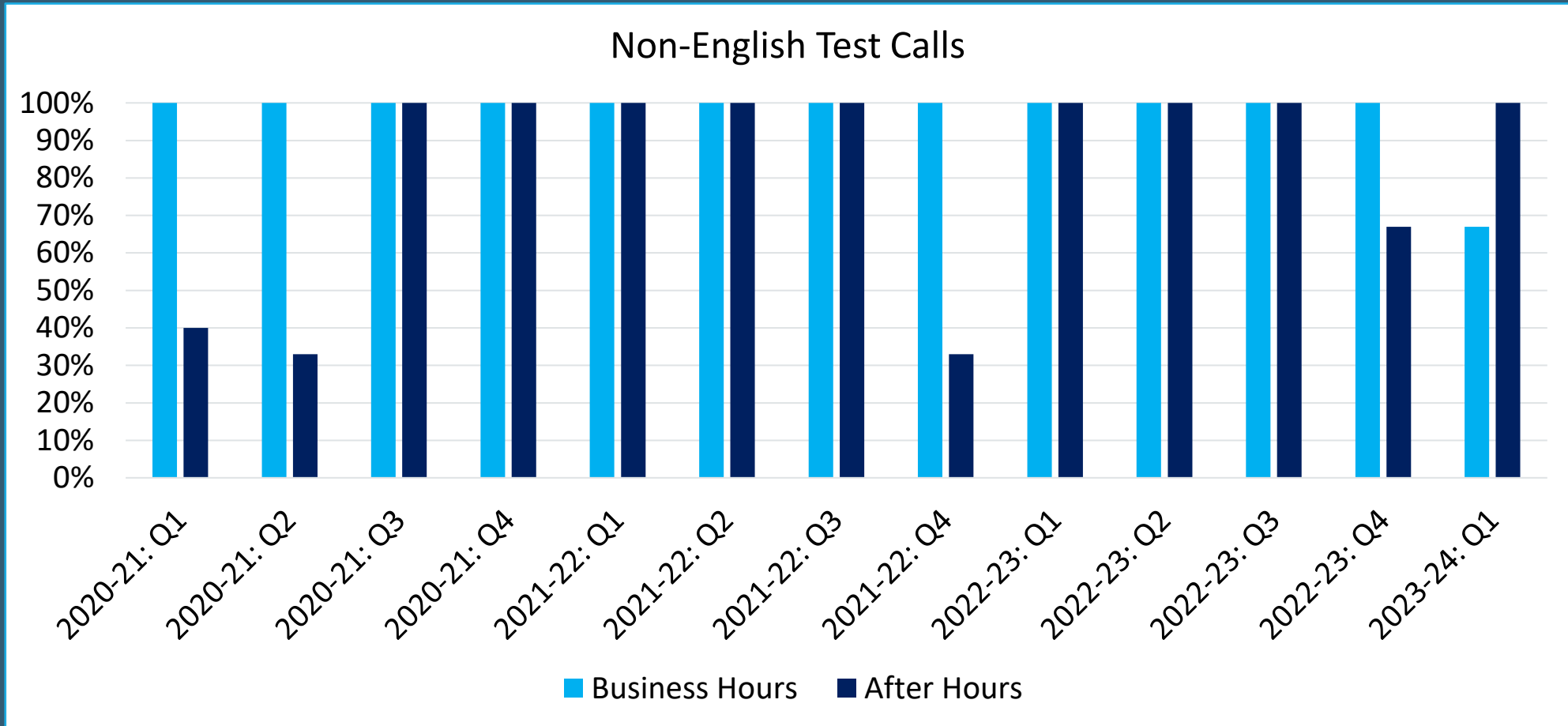
V. SERVICE ACCESS & TIMELINESS
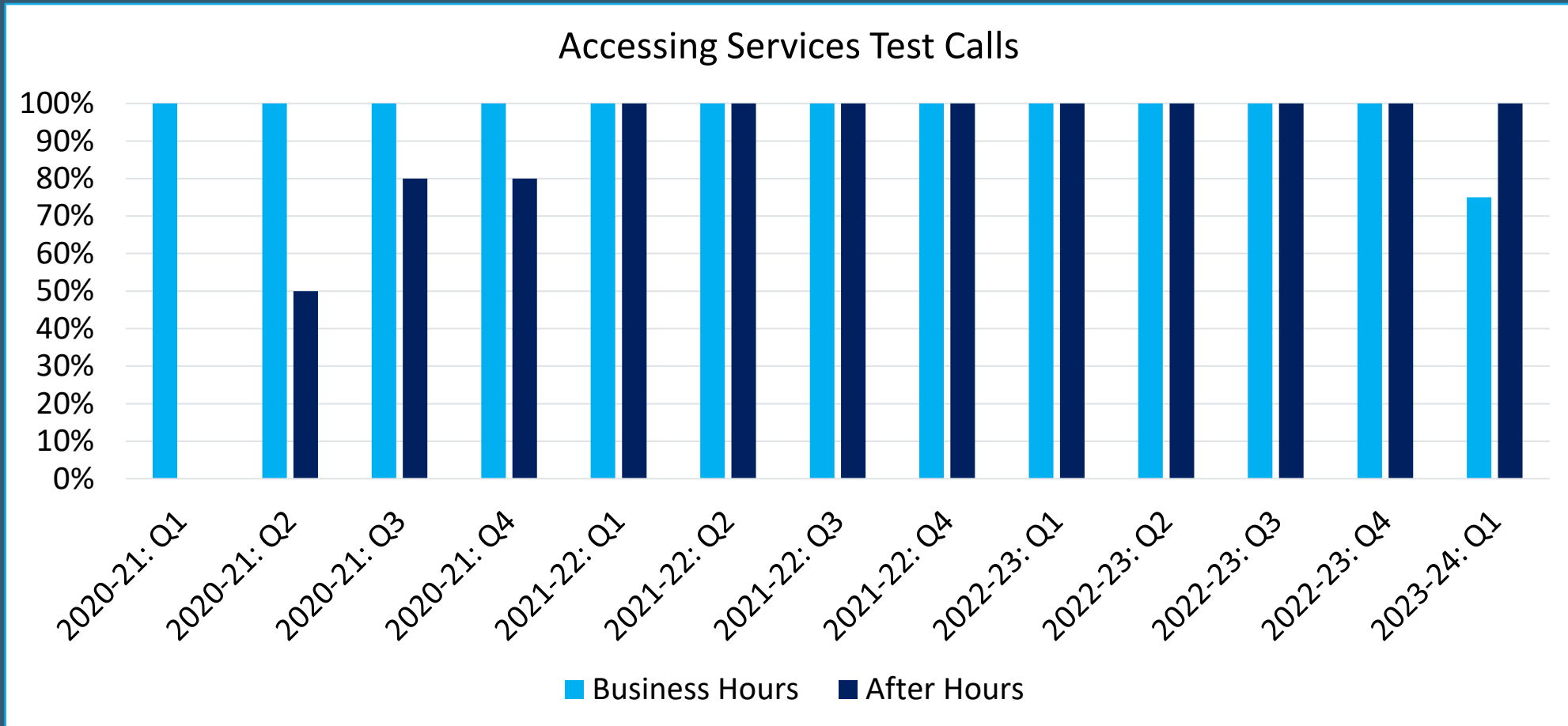
AG-5: Access test call performance

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 Quarter
Language(s) Tested: **Spanish and Tagalog**	B	3	2	67%	100%
	A	3	3	100%	100%
Info provided for accessing SMHS (including getting an Ax)	B	4	3	75%	100%
	A	6	6	100%	100%
Info provided for treating an urgent condition	B	1	1	100%	100%
	A	--	--	--	100%
Info provided for Problem Resolution/ Fair Hearing	B	1	1	100%	--
	A	--	--	--	100%
Logging calls	B	6	6	100%	100%
	A	6	4	67%	83%

V. SERVICE ACCESS & TIMELINESS

Non-English Test Calls

Legend: Business Hours, After Hours

V. SERVICE ACCESS & TIMELINESS

Accessing Services Test Calls

Legend: Business Hours, After Hours

V. SERVICE ACCESS & TIMELINESS

Treating Urgent Conditions Test Calls

V. SERVICE ACCESS & TIMELINESS

Problem Resolution Test Calls

V. SERVICE ACCESS & TIMELINESS

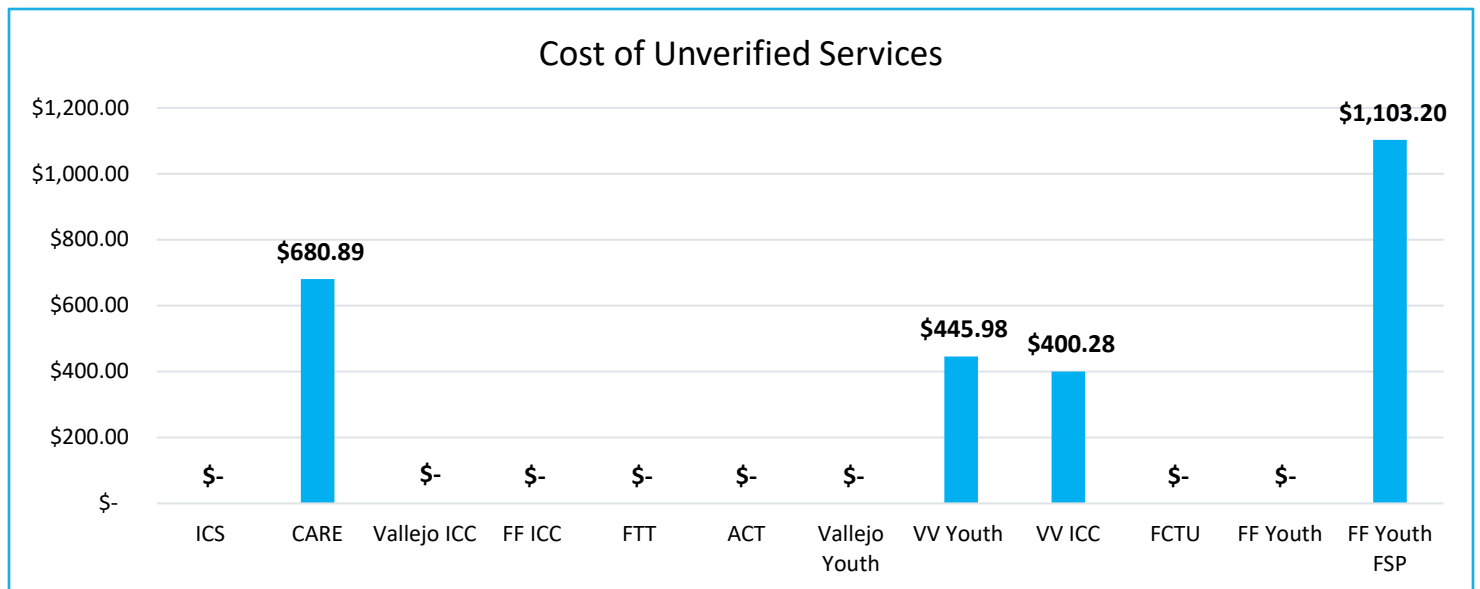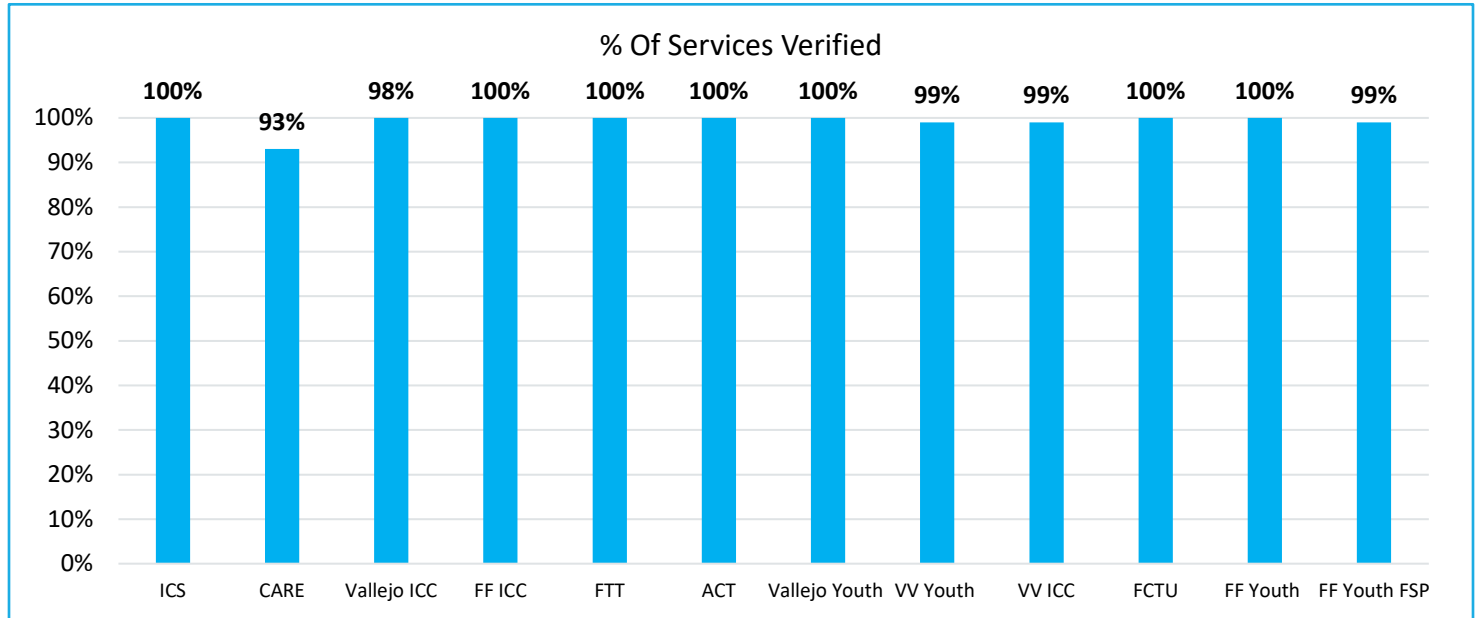

Logging of Test Calls

VII. PROGRAM INTEGRITY

VII. PROGRAM INTEGRITY

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 23/24 baseline: 93%)

% Of Services Verified

Program	% Verified
ICS	100%
CARE	93%
Vallejo ICC	98%
FF ICC	100%
FTT	100%
ACT	100%
Vallejo Youth	100%
VV Youth	99%
VV ICC	99%
FCTU	100%
FF Youth	100%
FF Youth FSP	99%

Cost of Unverified Services

Program	Cost
ICS	$-
CARE	$680.89
Vallejo ICC	$-
FF ICC	$-
FTT	$-
ACT	$-
Vallejo Youth	$-
VV Youth	$445.98
VV ICC	$400.28
FCTU	$-
FF Youth	$-
FF Youth FSP	$1,103.20

VIII. QUALITY IMPROVEMENT

VII. QUALITY IMPROVEMENT

AG-1: Annual Utilization Review Audits

Goal: The following processes are in place to monitor provider compliance with CalAIM and 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 QA standards within prescribed timelines

VII. QUALITY IMPROVEMENT

AG-1: Annual Utilization Review Audits

Contracted Programs

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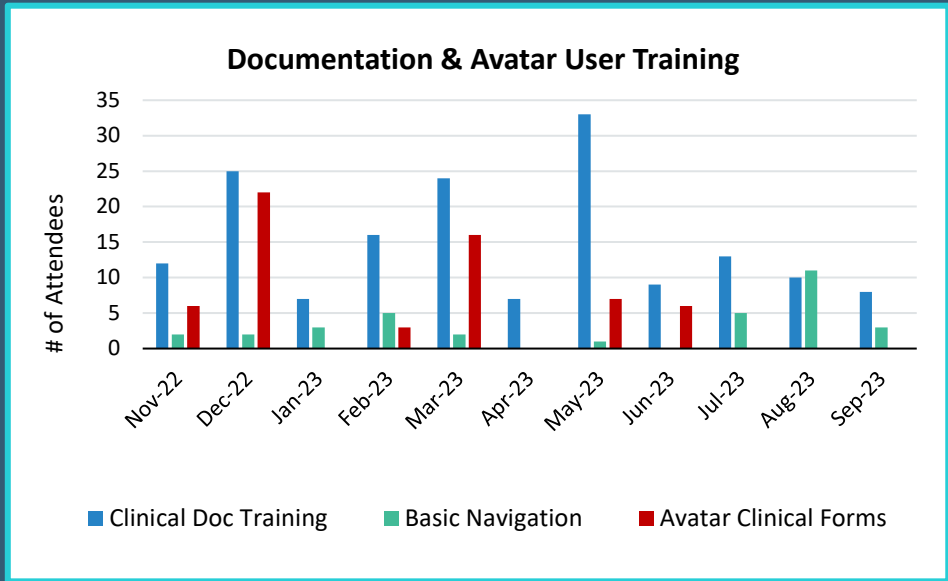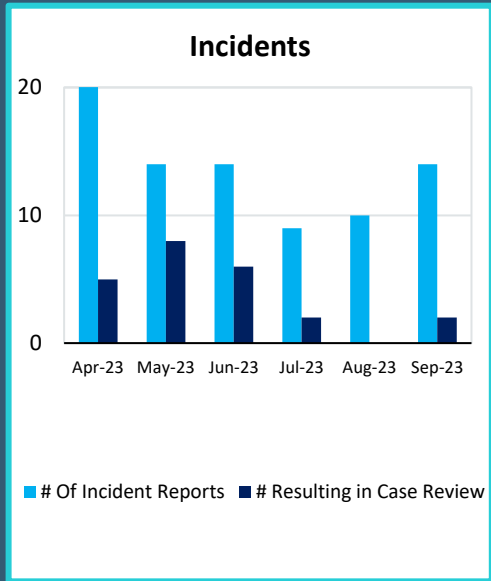2. At least 90% of reviewed programs requiring a CAP will submit one that meets QA standards within prescribed timelines

Program	Days to Complete Report (60 days or less)	Required a CAP	Days to Submit a CAP (45 days or less)	CAP Resolution Status

QUALITY IMPROVEMENT DASHBOARD

Grievances

of Problem Resolution Issues

Acknowledgement/ Disposition Letters

- Ack Letters in Compliance
- Dis. Letters in Compliance

Incidents

- # Of Incident Reports
- # Resulting in Case Review

Documentation & Avatar User Training

of Attendees

- Clinical Doc Training
- Basic Navigation
- Avatar Clinical Forms

Access Calls

- # Calls Recevied

Site Certifications

- # of Progarms Certified
- # of Timely Certifications

Provider Eligibility

- % of Staff Verified

Pathways to Wellbeing (Katie A. Subclass)

Categories:
- # Referred to MHP
- # Assessed & Referred for Services
- # of Clients Identified as Katie A. Subclass
- # of Clients Who Received a CFT Meeting
- # of Clients Who Declined Services
- # of Clients AWOL
- # of Clients Awaiting Response
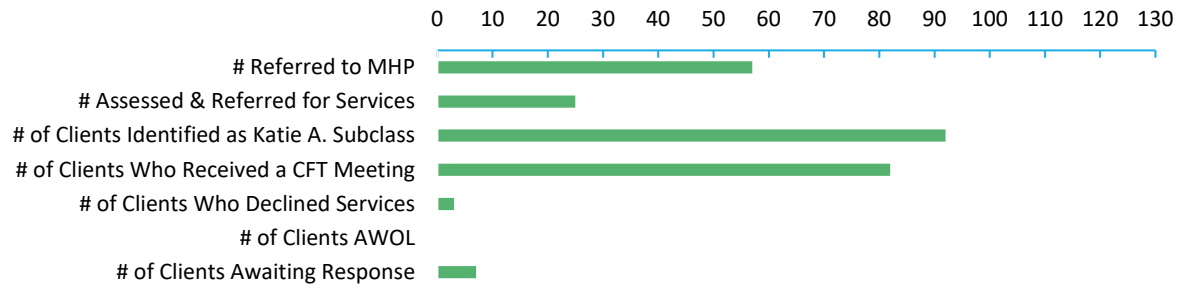
Pathways to Wellbeing (Non-Subclass)

Legend: County, CBO

Categories:
- # of Pathways Clients Identified
- % of Clients Offered ICC Services
- Accepted
- % Accepting ICC Who Are Assigned an ICC Coordinator
- % For Whom a CFT Meeting Occurred or is Scheduled
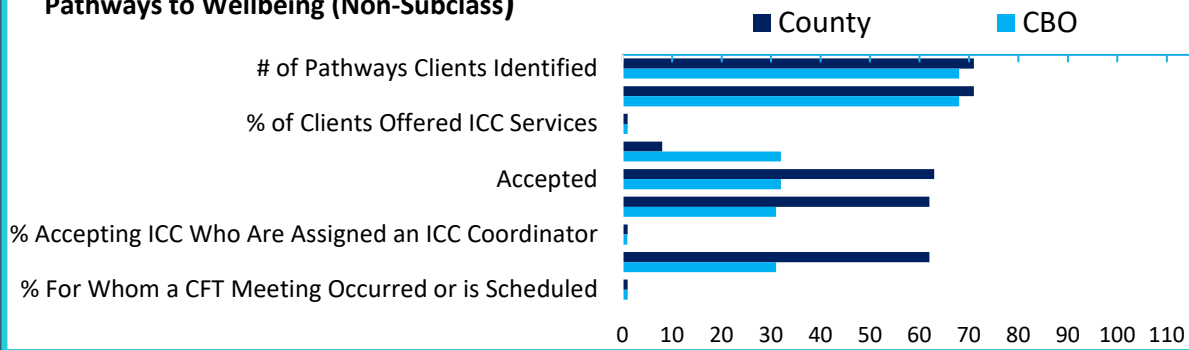
Compliance Training (# of Staff in Attendance)

Month	# of Staff in Attendance
Feb-23	2
Mar-23	6
Apr-23	16

of Compliance Communications

Month	# of Compliance Communications
Nov-22	2
Dec-22	1
Jan-23	1
Feb-23	2
Mar-23	2
Apr-23	3
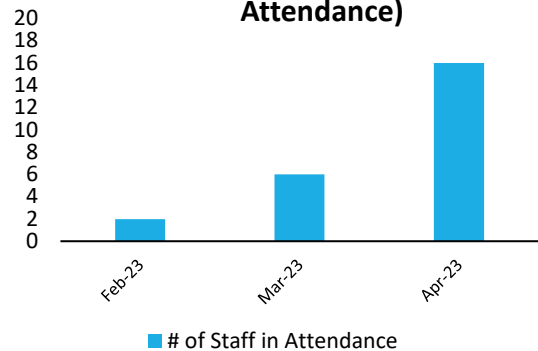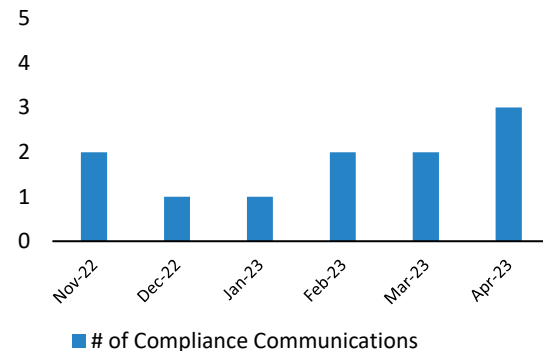
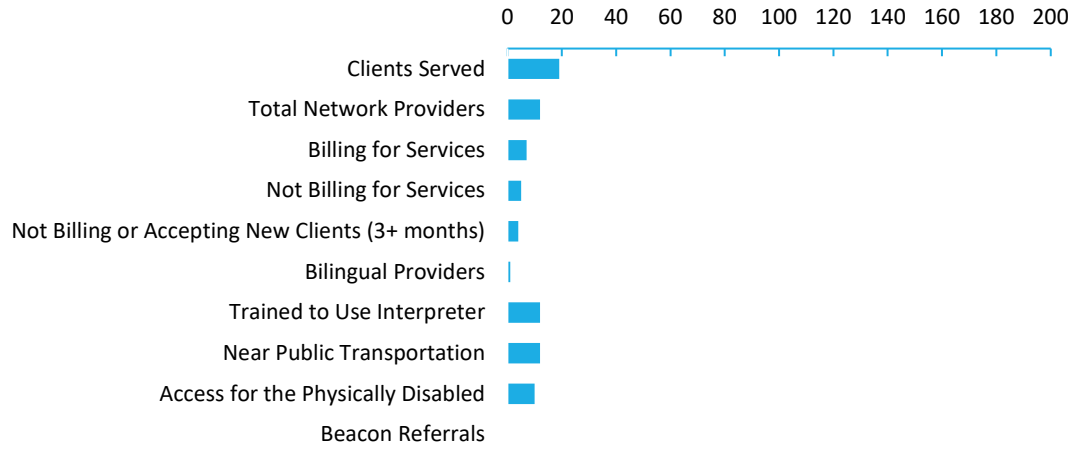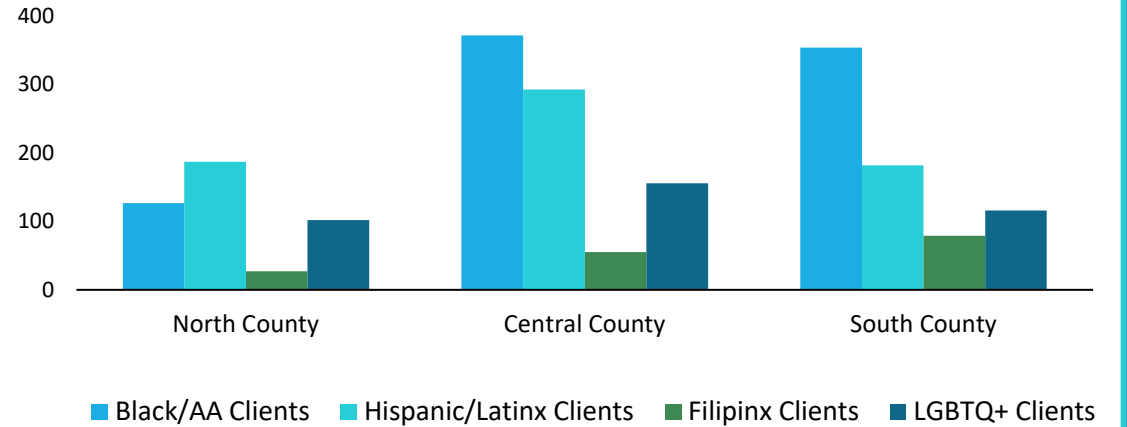## Youth Medication Monitoring

Quarter 1 Population	# of Youth on 1 or More Psychotropic RX	# of Youth Age 0-5 on More Than 1 Psychotropic RX	# of Youth Age 6-11 on More Than 2 Psychotropic RX	# of Youth Age 12-17 on More Than 3 Psychotropic RX	# of Youth on 2 or More Antipsychotic RX
Foster Youth	0	0	0	0	0
Non-Foster Youth	8	0	4	4	8
Totals	8	0	4	4	8

Managed Care Provider Network

	0 20 40 60 80 100 120 140 160 180 200
Clients Served	
Total Network Providers	
Billing for Services	
Not Billing for Services	
Not Billing or Accepting New Clients (3+ months)	
Bilingual Providers	
Trained to Use Interpreter	
Near Public Transportation	
Access for the Physically Disabled	
Beacon Referrals	

Regional Utilization by Cultural Group

- ■ Black/AA Clients
- ■ Hispanic/Latinx Clients
- ■ Filipinx Clients
- ■ LGBTQ+ Clients

Total Utilization by Cultural Group

- ●— Black/ AA Clients
- ●— Hispanic/ Latinx Clients
- ●— Filipinx Clients
- ●— LGBTQ+ Clients
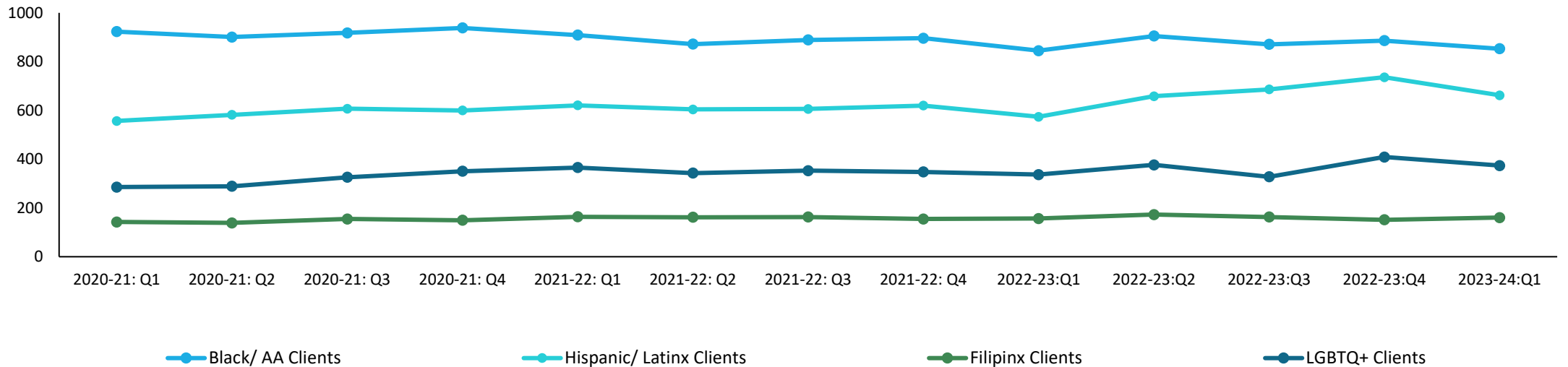
NEXT MEETING:

Quality Improvement Committee
FY 2023-2024: Quarter 2
Thursday February 8, 2023
1:30pm – 3:30pm

Solano County Behavioral Health
Quality Assurance
(707) 784-8323

QualityAssurance@SolanoCounty.com