



QUALITY IMPROVEMENT COMMITTEE

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

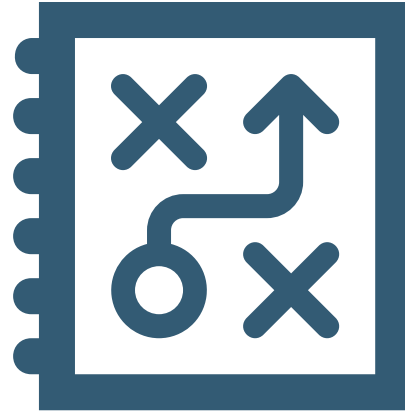
ANNOUNCEMENTS & ACTION ITEMS

Announcements

- Submitted Milestone Deadlines for CalAIM Payment Reform, Data Exchange and Doc Redesign:
 - Sept 30, 2022
- Annual County Monitoring Activities Attestation/Data:
 - Submitted November 3, 2022
- 274 Expansion: Begin sending Solano data to DHCS Live system this month.
- Universal Screen & Transition tools go Live 01/01/2023

Action Items

- None 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

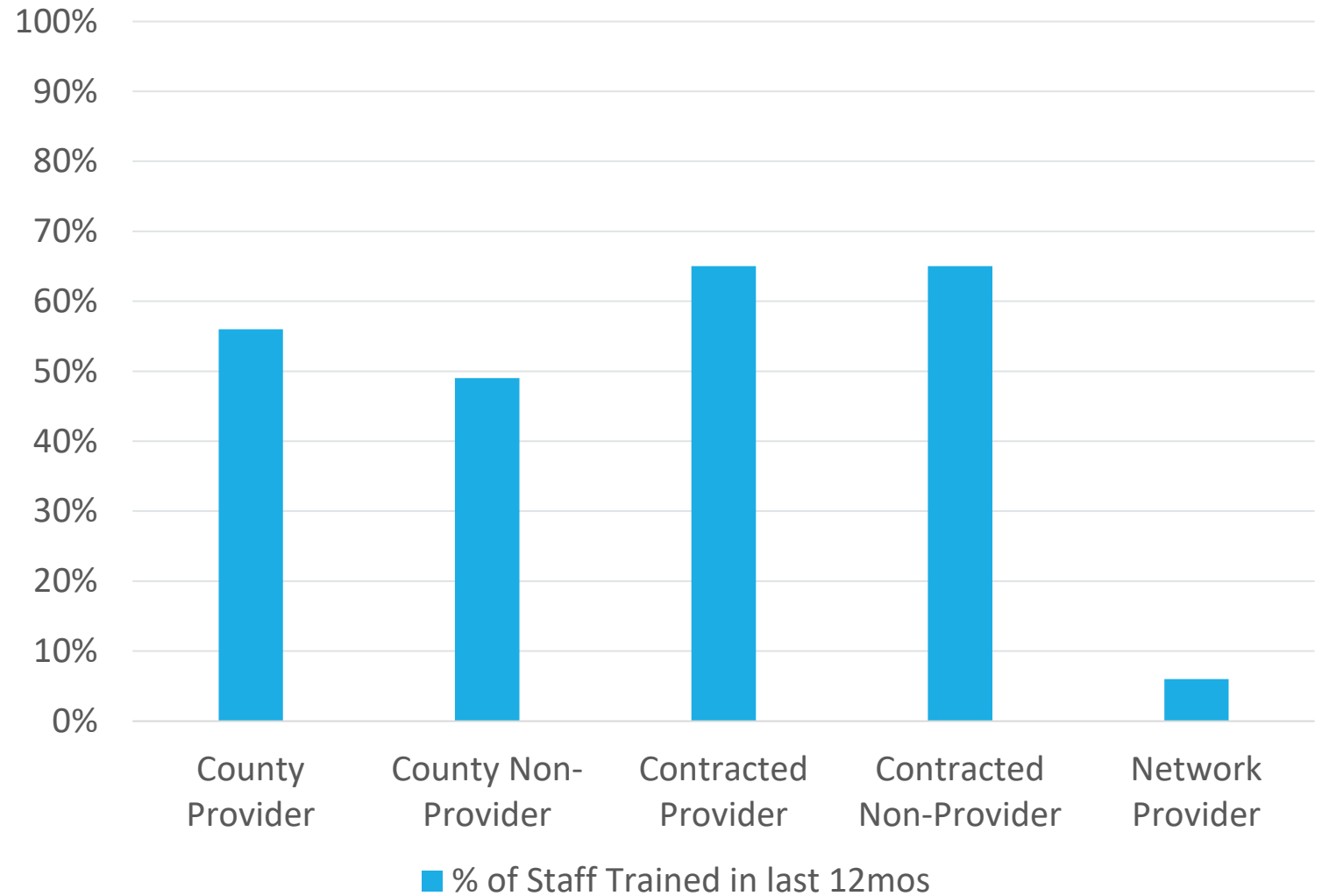


I. CULTURAL DIVERSITY & EQUITY

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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.



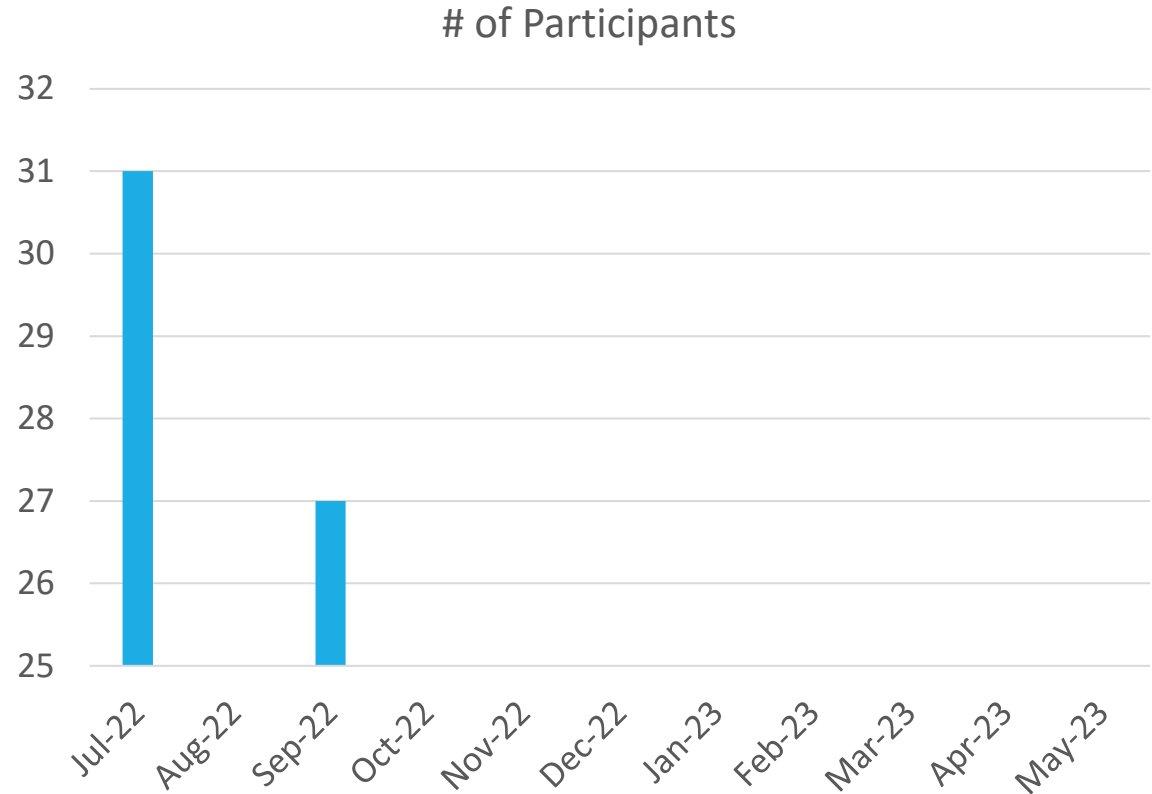
I. CULTURAL DIVERSITY & EQUITY

Diversity & Equity Committee Updates:

I. Diversity & Equity Plan Annual Update 2023 (In Progress)

- SCBH Mission & Vision statements updated and incorporated CLAS
- Targeted outreach for hiring and career pipeline Solano Community College
- CLAS related trainings and awareness campaigns
- Cultural Broker Survey
- Equity Data Dashboard is still progress
- Administered the Workforce Equity Survey
- 3rd cohort of Dr. Hardy Clinical Supervision starting in January

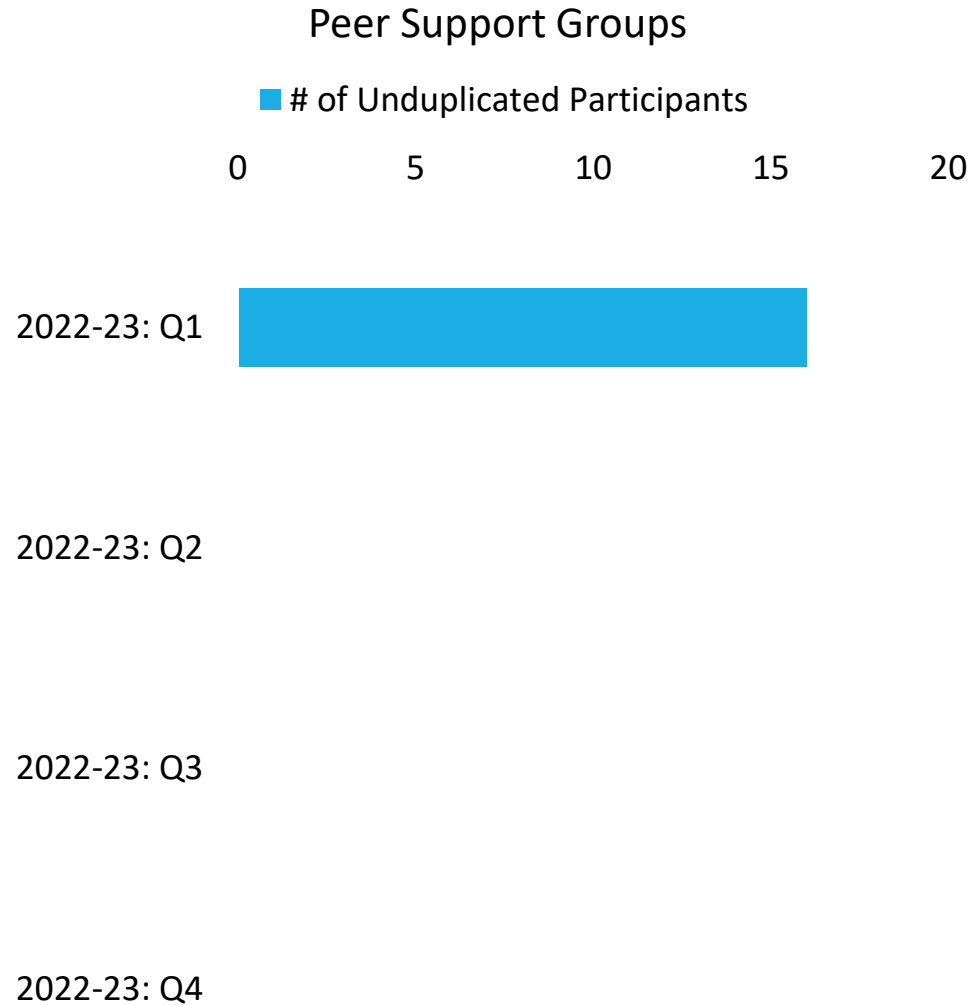
- 2023
 - “How to Talk Effectively about Racism” training video with Dr. Hardy had 192 views
 - Kicked off the statewide ICCTM Learning Collaborative on Oct 18th training all CA counties and Solano will be mentoring





II. WELLNESS & RECOVERY

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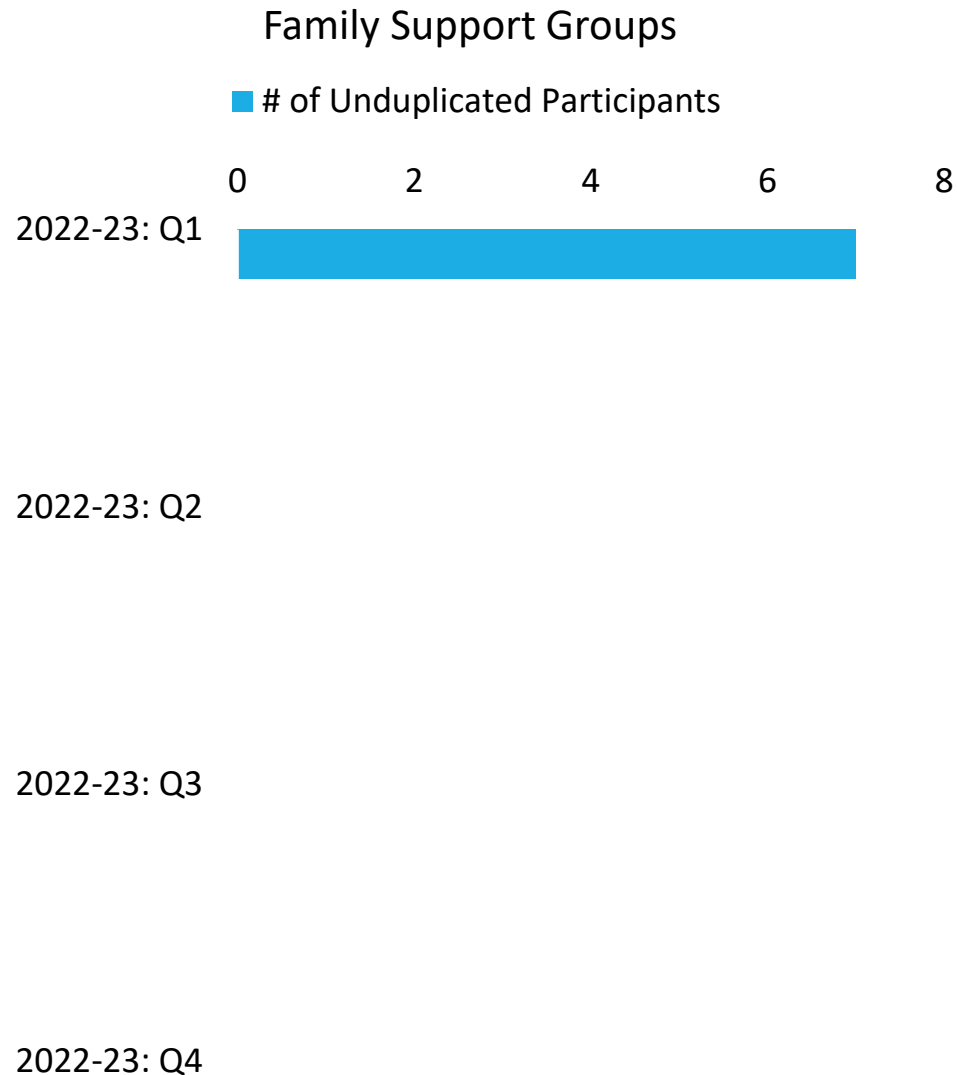


AG-1: Provide Support Groups to Adult and Family community members to better support their understanding of their or their loved one's BH challenges and learn effective ways to cope and seek support.

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.

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.

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- Increase the % of unduplicated participants who respond positively to the quarterly "Quality of Life Outcome Tool" survey items.



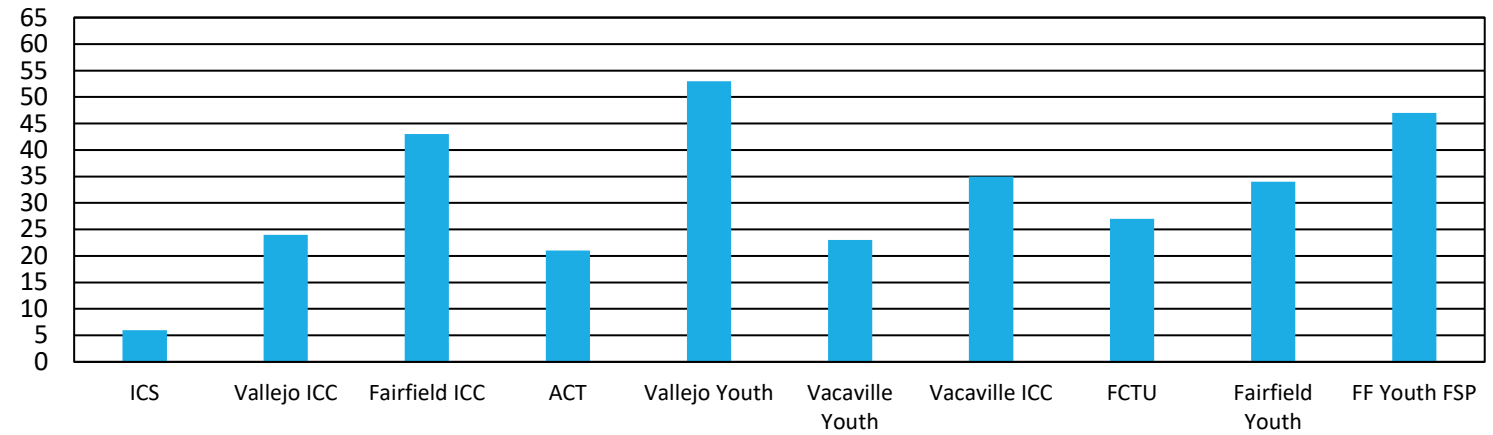
III. BENEFICIARY SATISFACTION & PROTECTION

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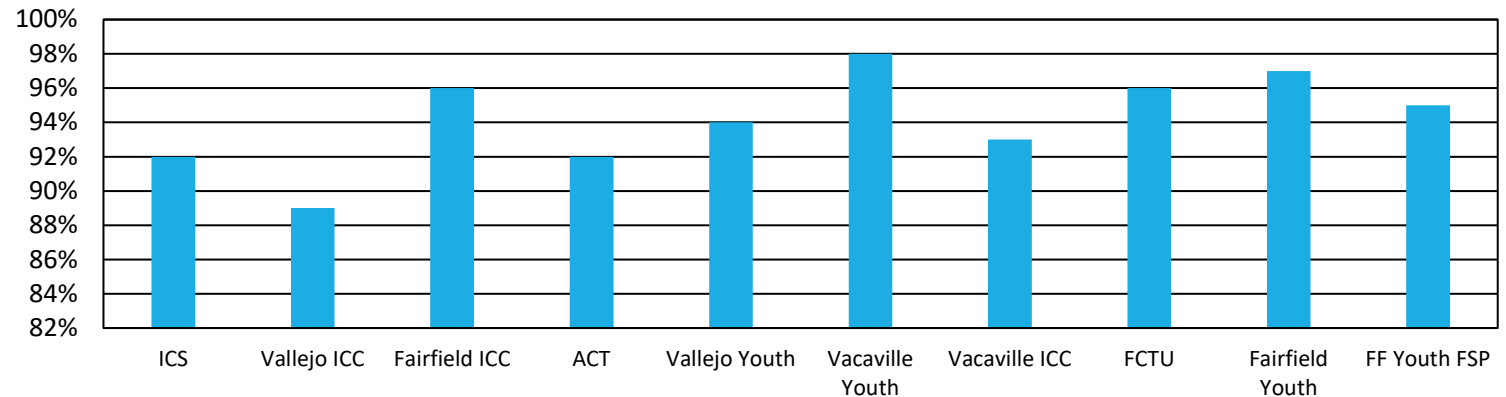
AG-1: Solano MHP will review survey data from our semiannual Solano MHP Service Verification/Consumer survey to begin to look at survey results per program. Each program will be challenged to set a program specific goal for improvement targeting baseline data from Consumer survey. Post intervention measurement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

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?	94%	4%	1%	1%
2. Did the staff listen carefully to you?	95%	2%	1%	1%
3. Did the staff show respect for what you had to say?	95%	3%	1%	1%
4. Did you feel the staff was respectful of your race/ethnicity?	95%	4%	1%	1%
5. Did you feel the staff was respectful of your religion/spirituality?	94%	3%	1%	3%
6. Did you feel the staff was respectful of your sexual orientation/gender identity?	94%	3%	1%	2%
	Yes	No, but I'd like one	I don't need one	Not Answered
7. Was an interpreter/bilingual staff provided?	18%	1%	77%	4%
If yes,	Yes, definitely	Yes, somewhat	No	Not Answered
8. Did the interpreter/bilingual staff meet your needs?	95%	3%	0%	2%
	Yes, definitely	Yes, somewhat	No	Not Answered
9. Do you feel better?	68%	25%	2%	5%
10. Would you recommend our services to others?	80%	8%	3%	9%



IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION

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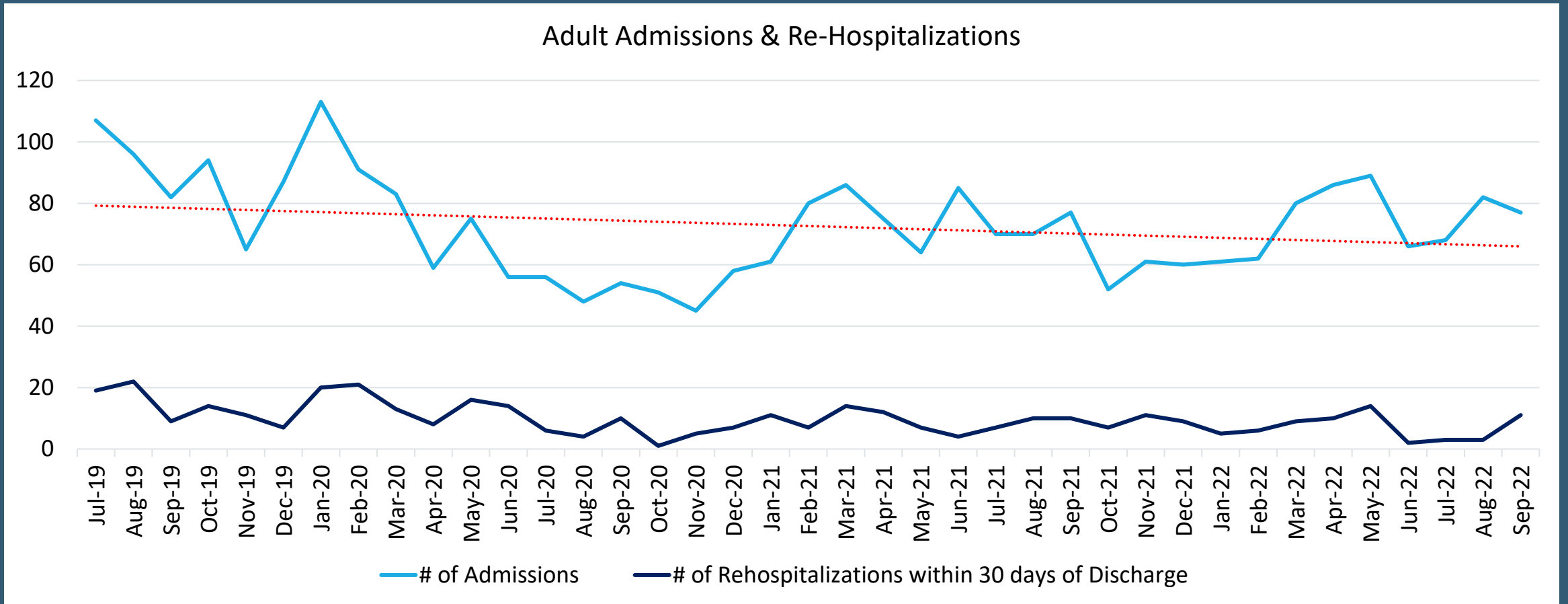
AG-2: Maintain or improve the following hospital-related measures.

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	
Jul.	68	68	3	4.4%
Aug.	82	82	3	3.6%
Sept.	77	64	11	14.3%
Total	227	214	17	7.45%

IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION



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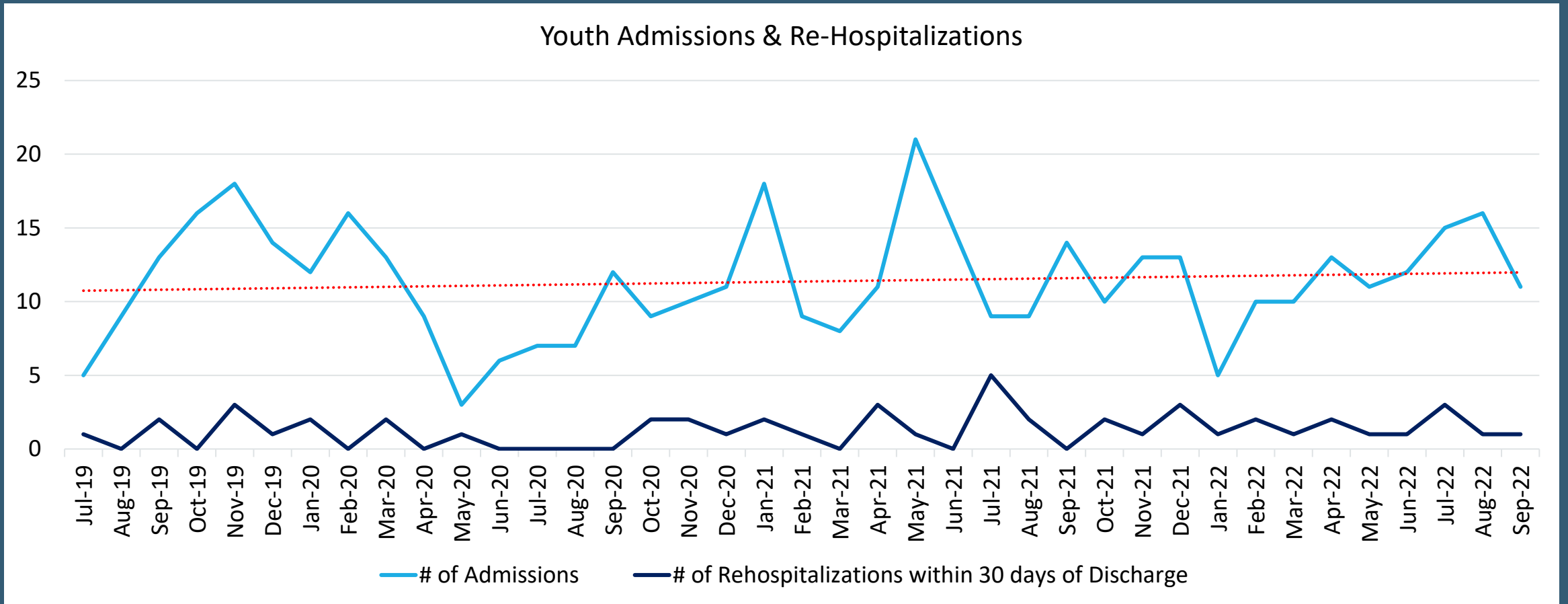
AG-3: Maintain or improve the following hospital-related measures.

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	
Jul.	15	15	3	20%
Aug.	16	16	1	6.2%
Sept.	11	11	1	9.1%
Total	42	42	5	11.8%

IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION





V. SERVICE ACCESS & TIMELINESS

YOUTH SERVICES

Access, Timeliness, Engagement & Retention

V. SERVICE ACCESS & TIMELINESS

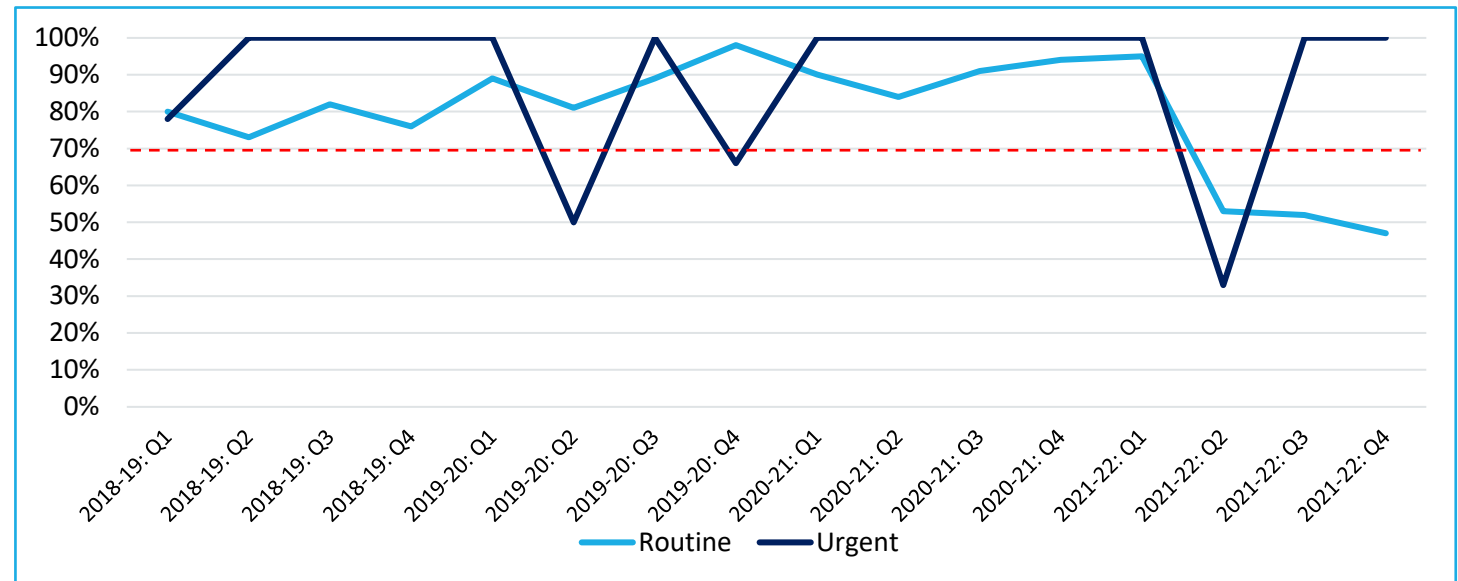
AG-1: Service request to first offered Assessment appointment in Youth System of Care

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

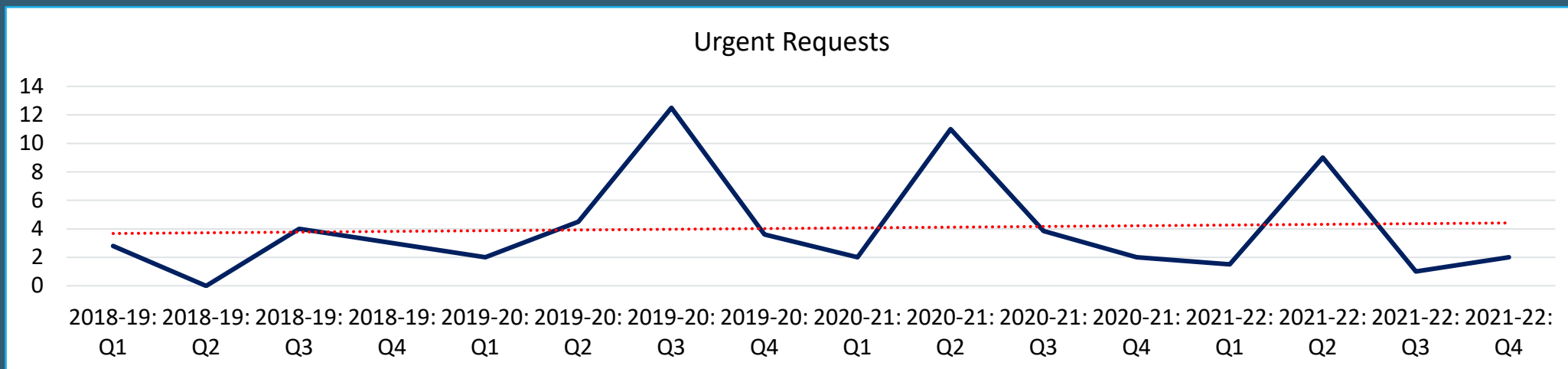
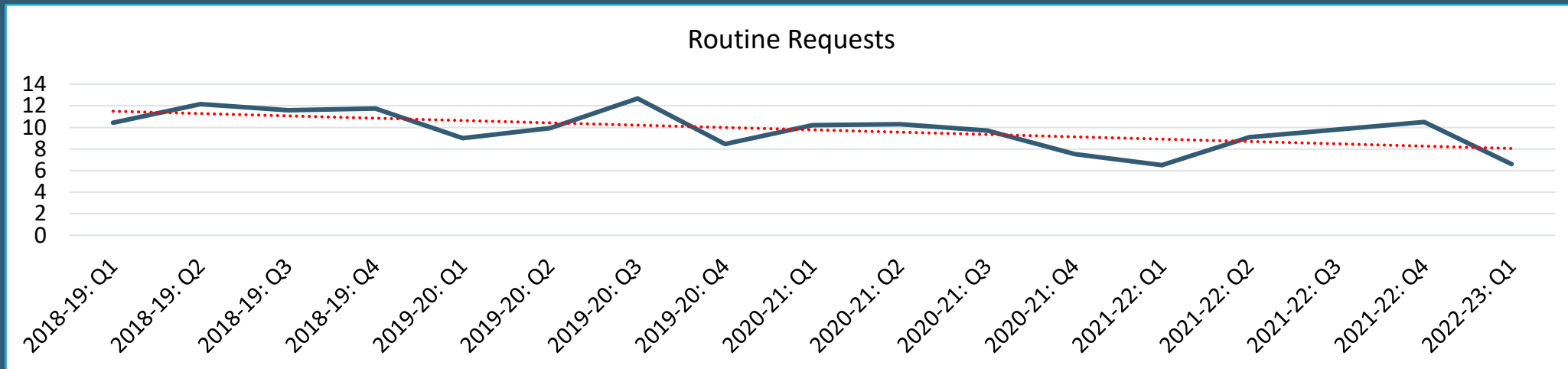
Request Type	Avg. # of Bus. Days from Service Request to 1 st Offered Ax Appt	Avg. # of Bus. Days from Ax Completion to 1 st Offered Tx Appt
Routine	6.6	8
Urgent	N/A	N/A
Total	6.6	8



V. SERVICE ACCESS & TIMELINESS

Youth System of Care

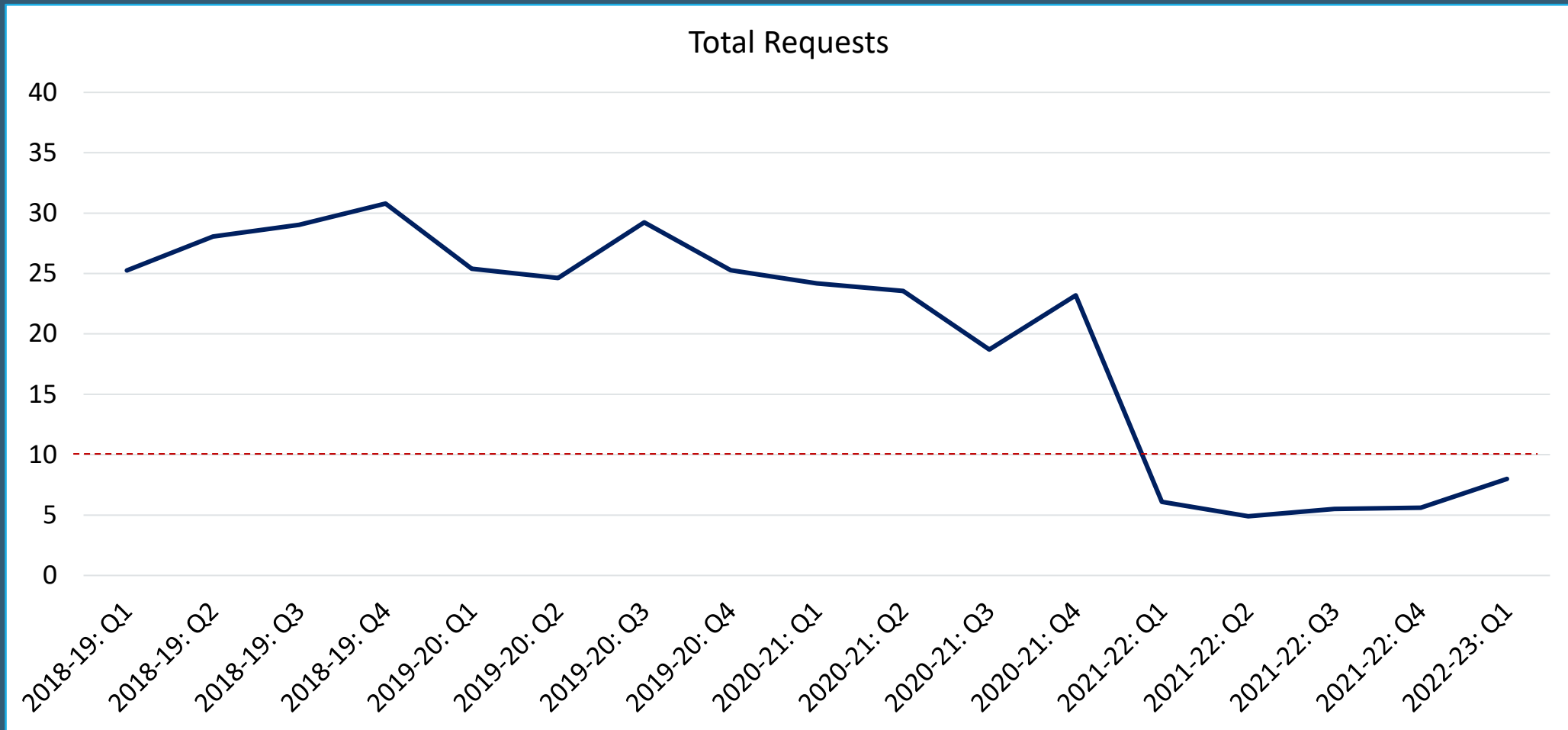
Average Number of Business Days from Service Request to 1st Offered Assessment Appointment



V. SERVICE ACCESS & TIMELINESS

Youth System of Care

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



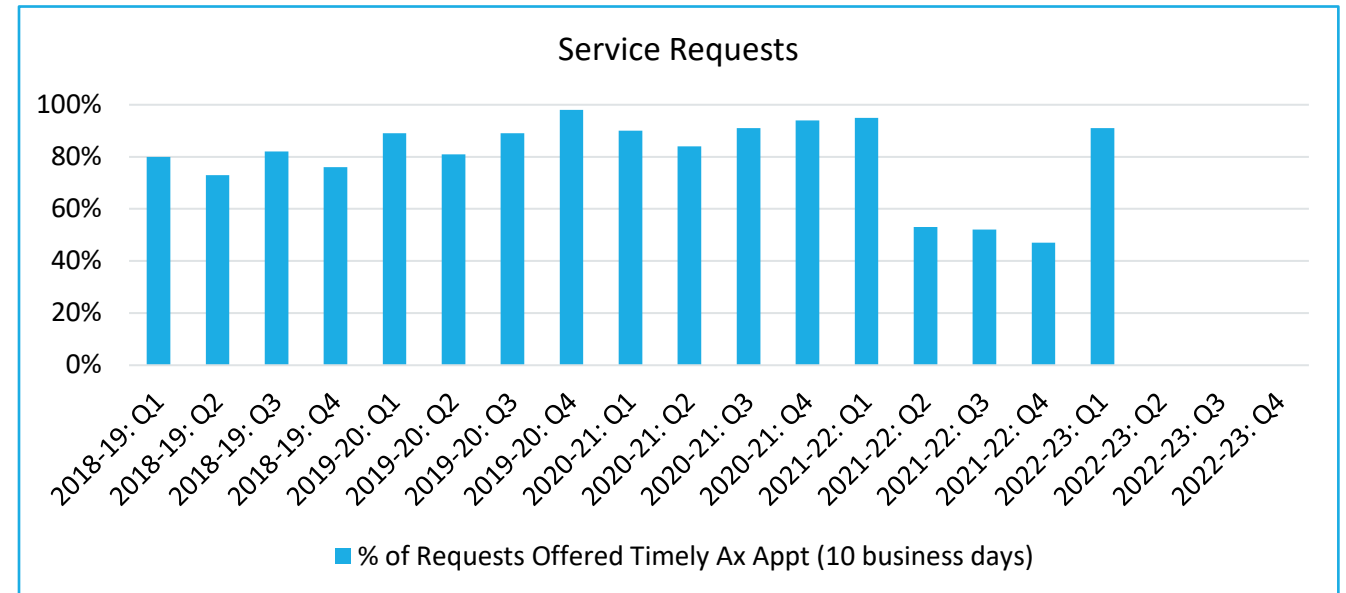
V. SERVICE ACCESS & TIMELINESS

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

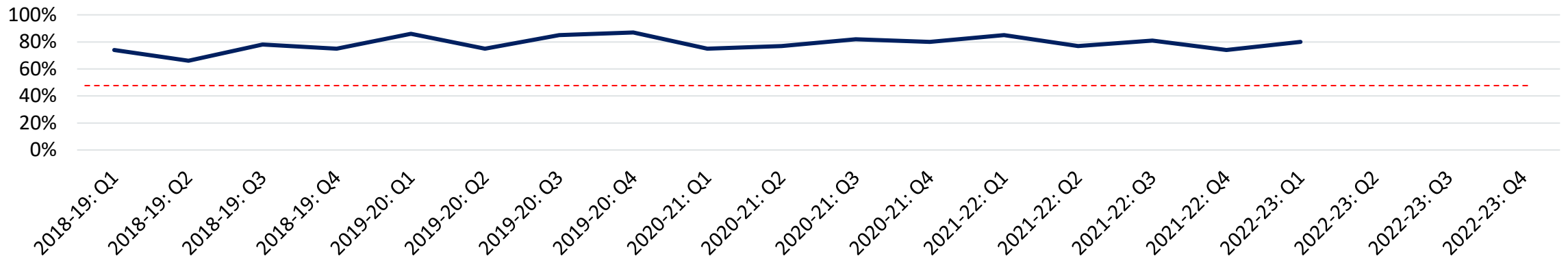
Youth System of Care	Routine Requests	Urgent Requests	Totals
Total Service Requests	172	0	172
Received Ax (%)	80%	N/A	80%
Received Ax (#)	138	N/A	138
Received Tx (%)	51%	N/A	51%
Received Tx (#)	88	N/A	88



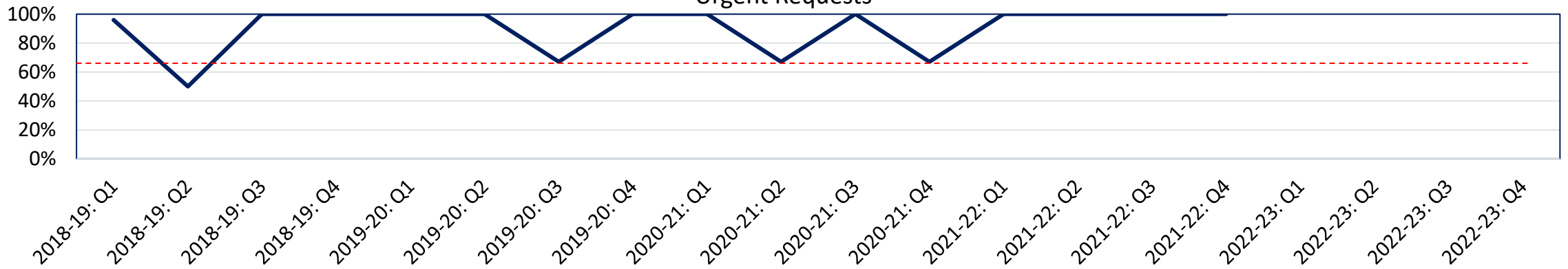
V. SERVICE ACCESS & TIMELINESS

Youth Services - Percentage of Service Requests with a Completed Assessment

Routine Requests

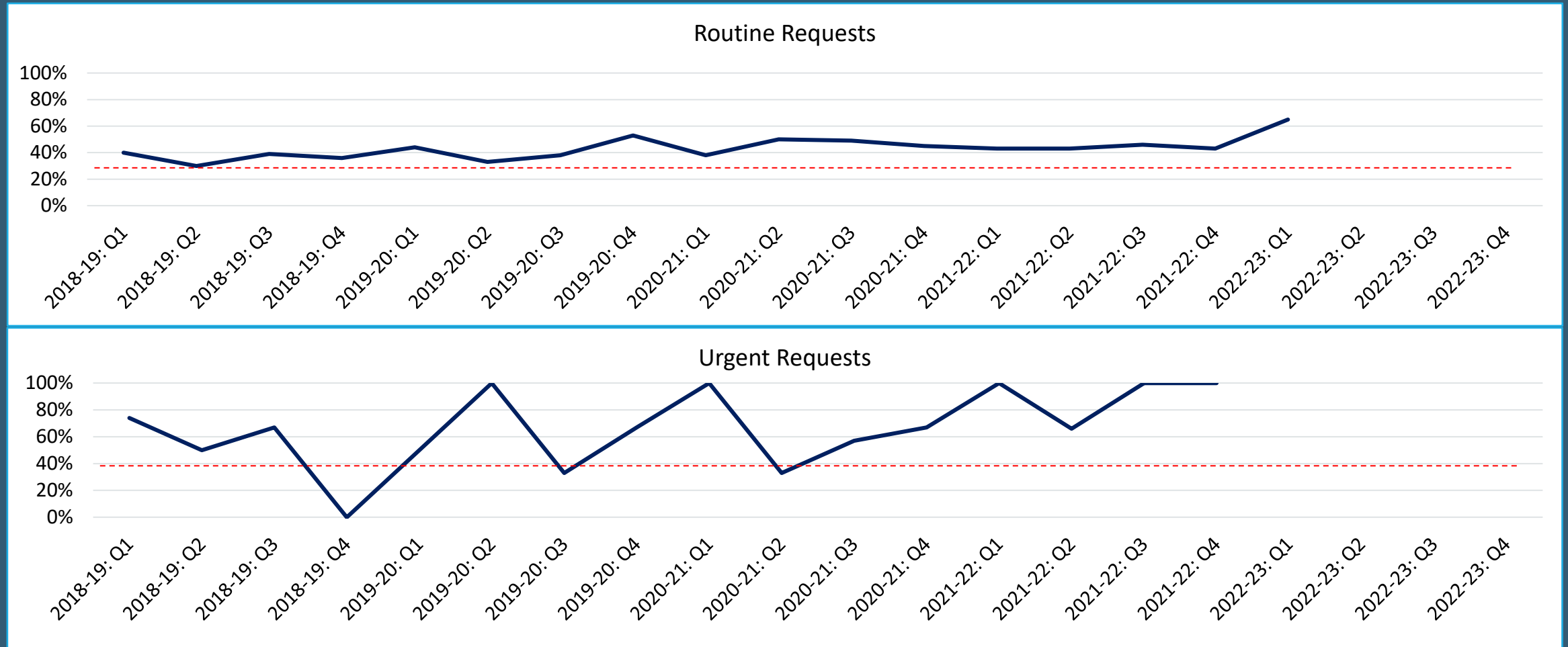


Urgent Requests



V. SERVICE ACCESS & TIMELINESS

Youth Services - Percentage of Service Requests with a Treatment Service



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	172	0	172
% Didn't Show For Ax	20%	N/A	20%
% Received Ax	80%	N/A	80%
# Received Ax	138	N/A	138
Declined Tx	1	N/A	1
Didn't Meet Medical Necessity	2	N/A	2
# of clients who need Tx	135	N/A	135
% Received Tx	65%	N/A	65%
# Received Tx	88	N/A	88

ADULT SERVICES

Access, Timeliness, Engagement & Retention

V. SERVICE ACCESS & TIMELINESS

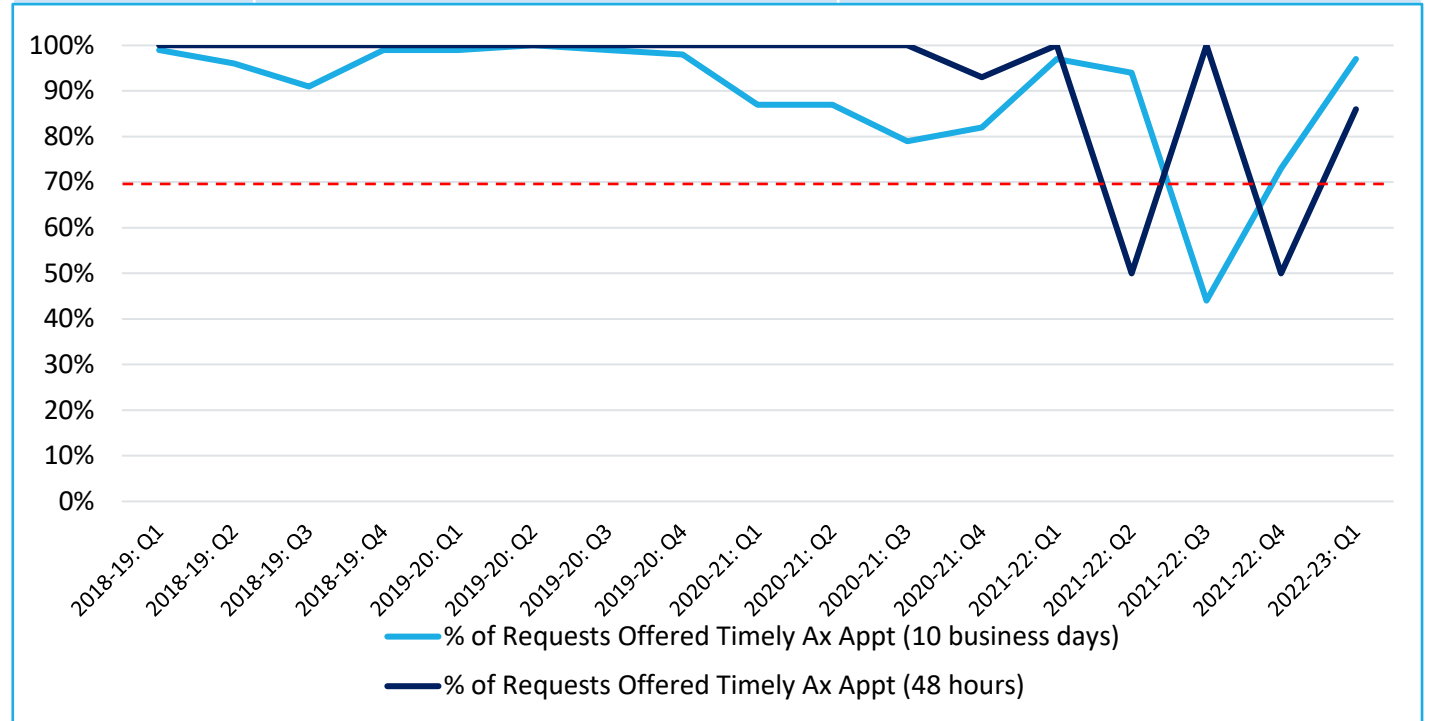
AG-2: Service request to first offered Assessment appointment in Adult System of Care

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

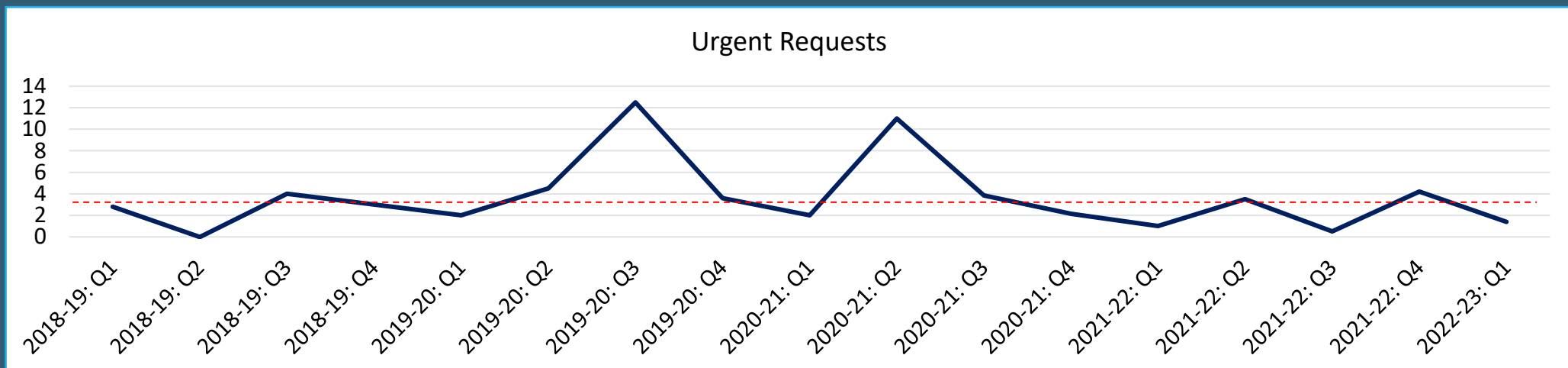
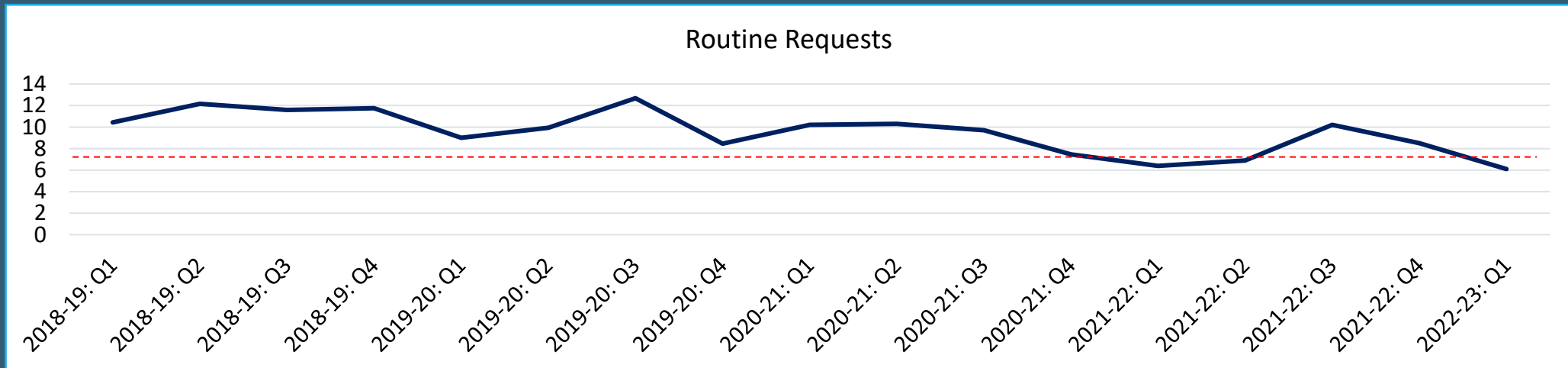
Request Type	Avg. # of Bus. Days from Service Request to 1 st Offered Ax Appt	Avg. # of Bus. Days from Ax Completion to 1 st Offered Tx Appt
Routine	6.1	2.9
Urgent	1.4	2
Total	6	2.9



V. SERVICE ACCESS & TIMELINESS

Adult System of Care

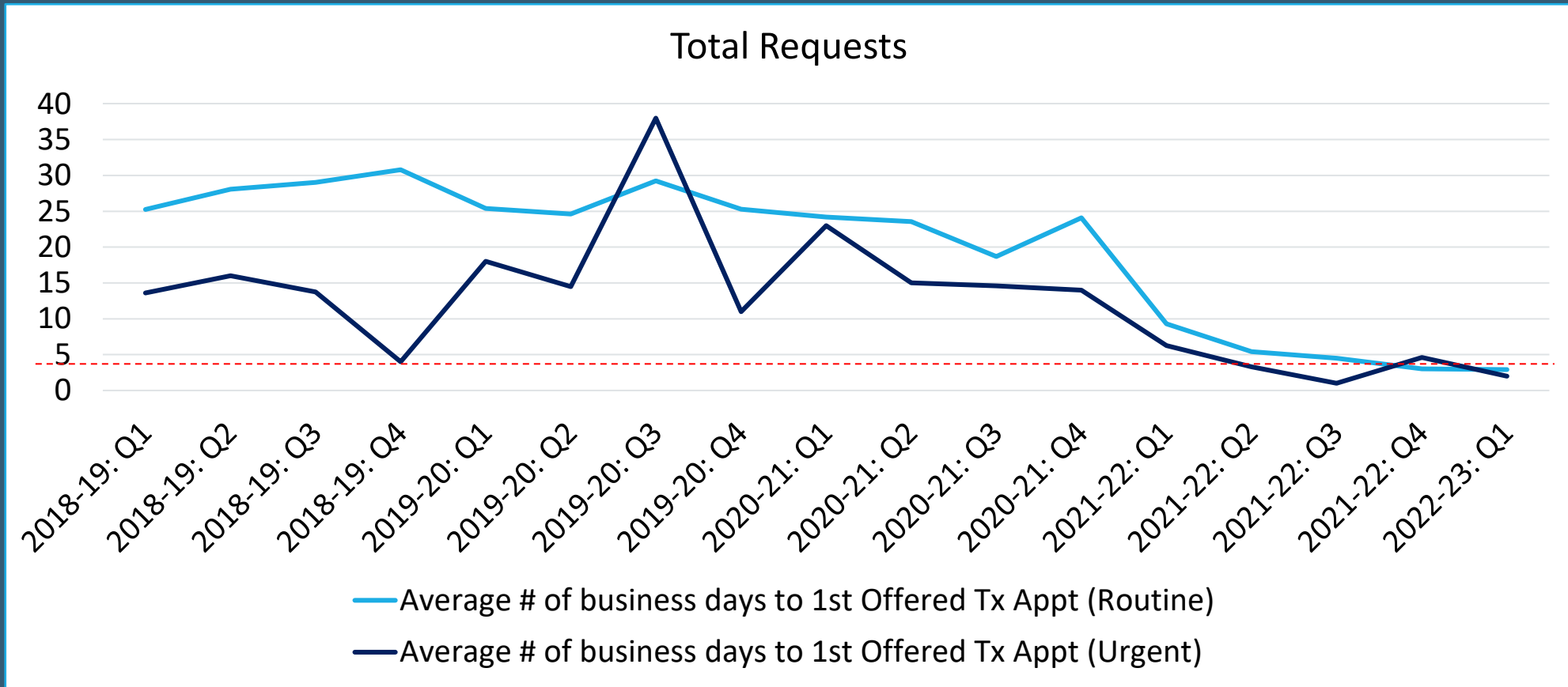
Average Number of Business Days from Service Request to 1st Offered Assessment Appointment



V. SERVICE ACCESS & TIMELINESS

Adult System of Care

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



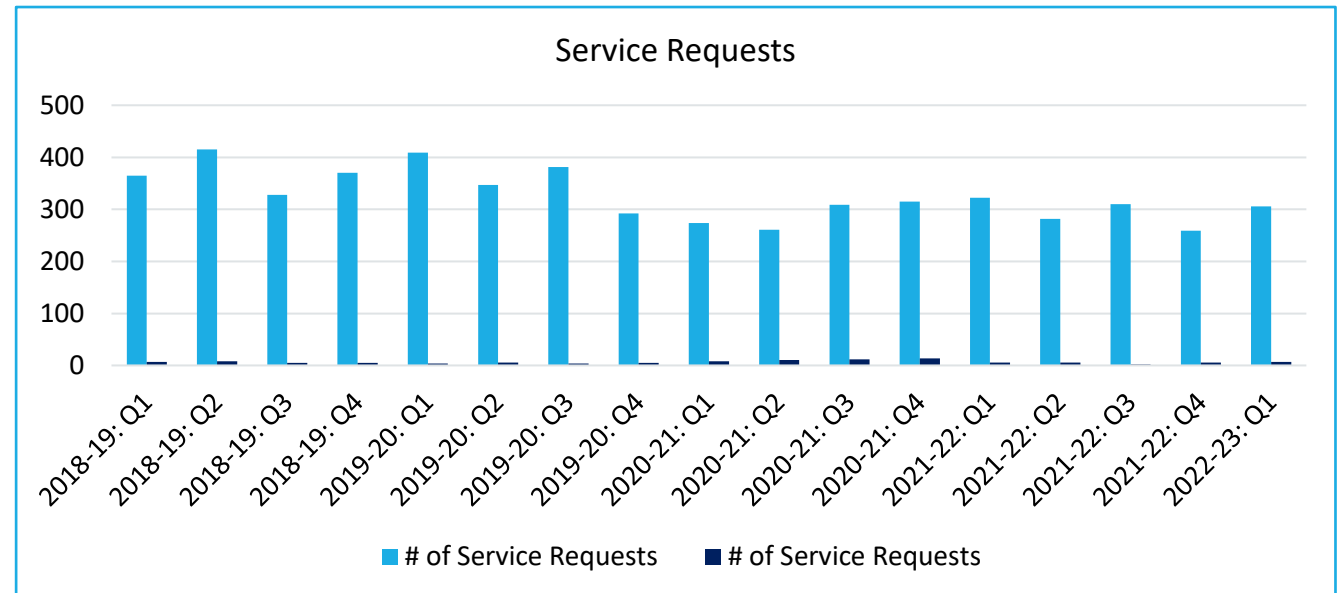
V. SERVICE ACCESS & TIMELINESS

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Goal:

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2. For urgent requests
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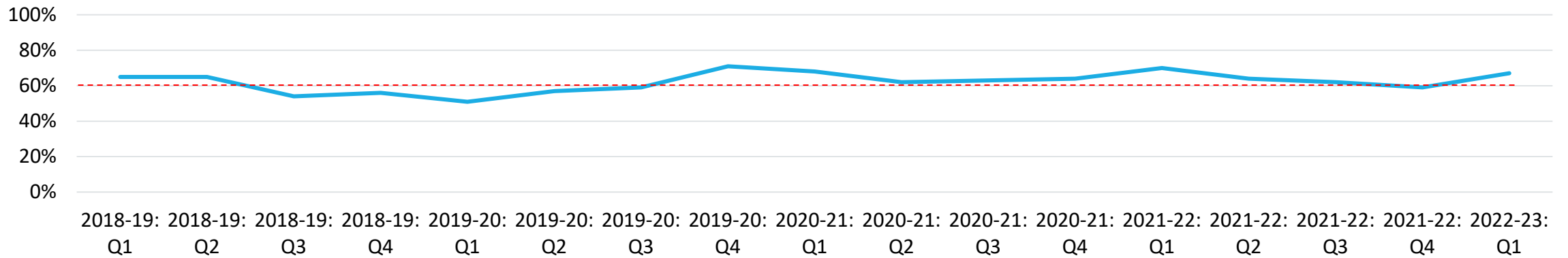
Adult System of Care	Routine Requests	Urgent Requests	Totals
Total Service Requests	306	7	313
Received Ax (%)	67%	42%	66%
Received Ax (#)	206	3	209
Received Tx (%)	48%	42%	48%
Received Tx (#)	149	3	152



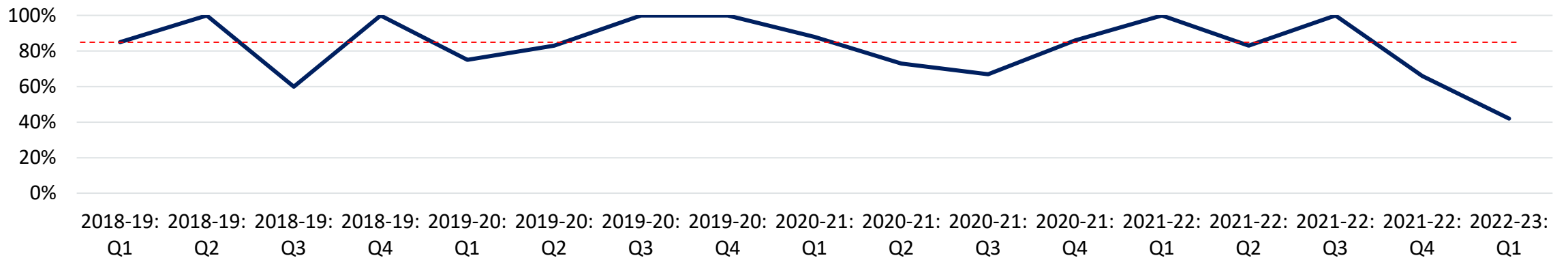
V. SERVICE ACCESS & TIMELINESS

Adult Services - Percentage of Service Requests with a Completed Assessment

Routine Requests



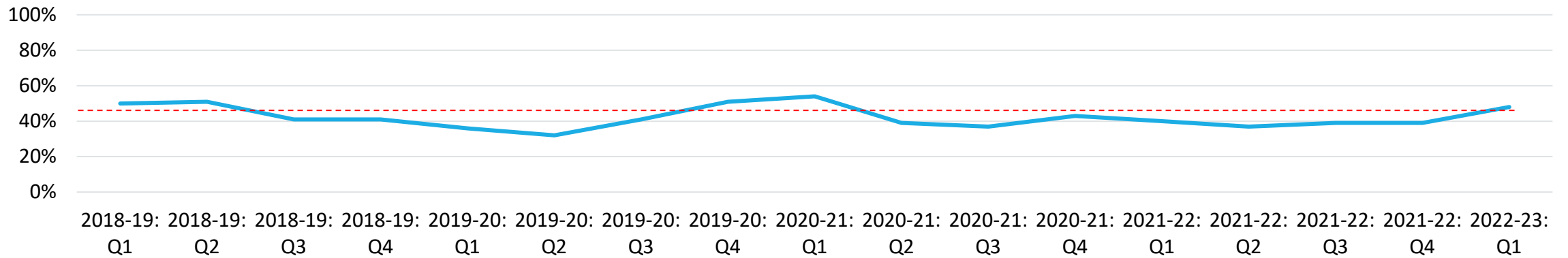
Urgent Requests



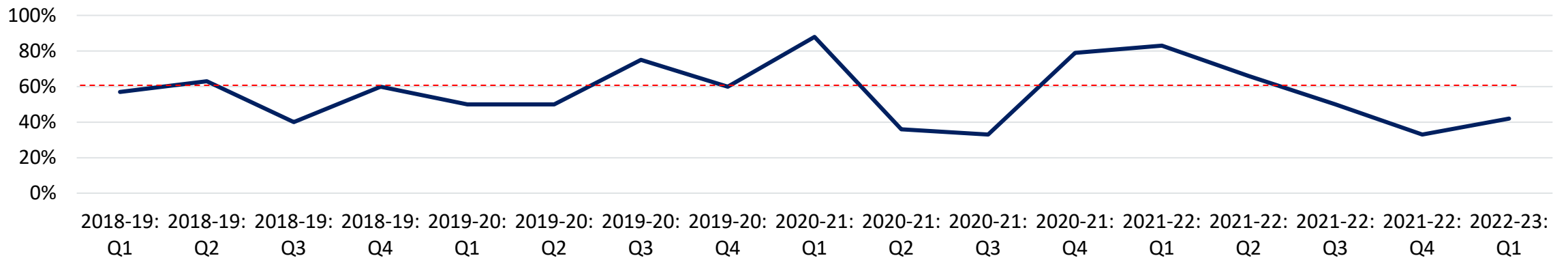
V. SERVICE ACCESS & TIMELINESS

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	306	7	313
% Didn't Show For Ax	33%	58%	34%
% Received Ax	67%	42%	66%
# Received Ax	206	3	209
Declined Tx	2	0	2
Didn't Meet Medical Necessity	7	0	7
# of clients who need Tx	197	3	200
% Received Tx	75%	100%	76%
# Received Tx	149	3	152

V. SERVICE ACCESS & TIMELINESS

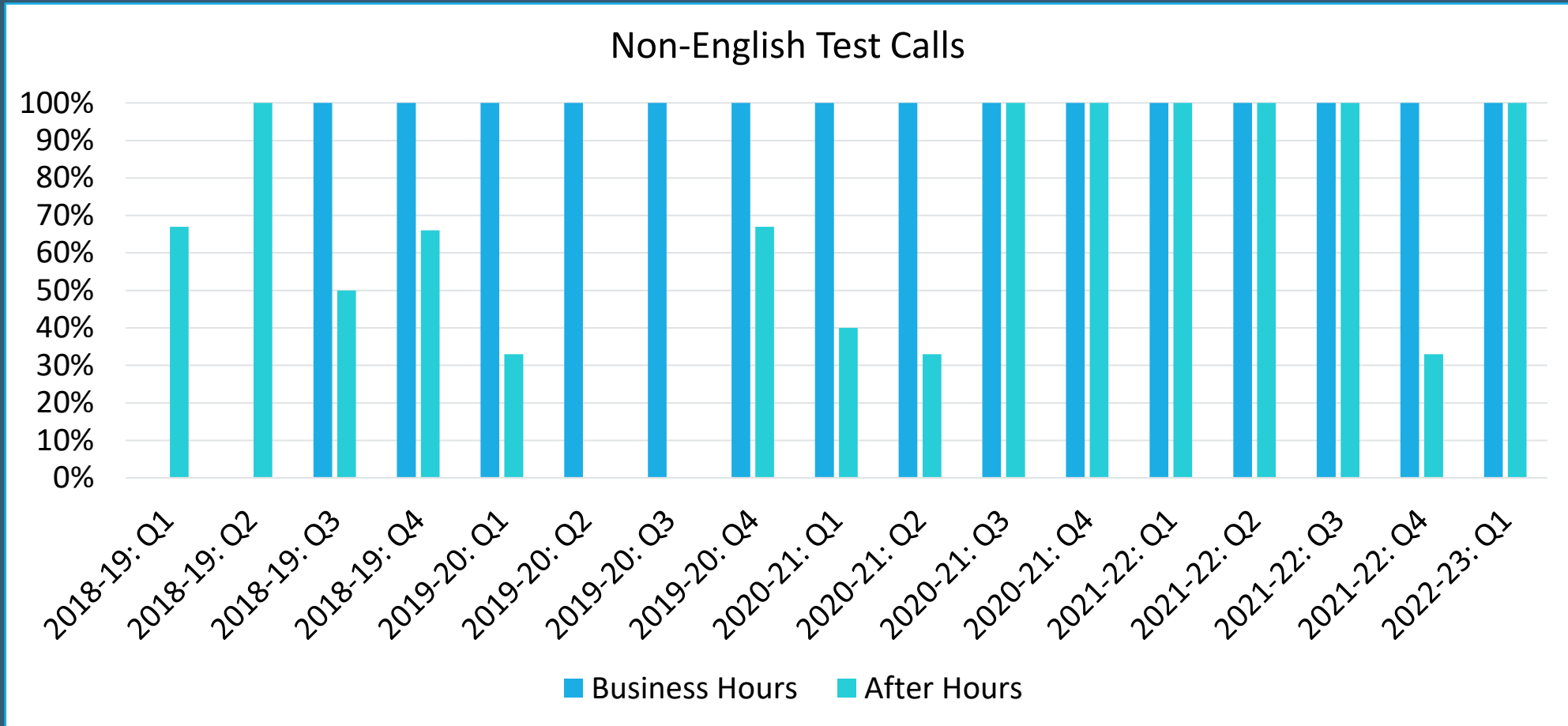
AG-5: Access test call performance

Goal:

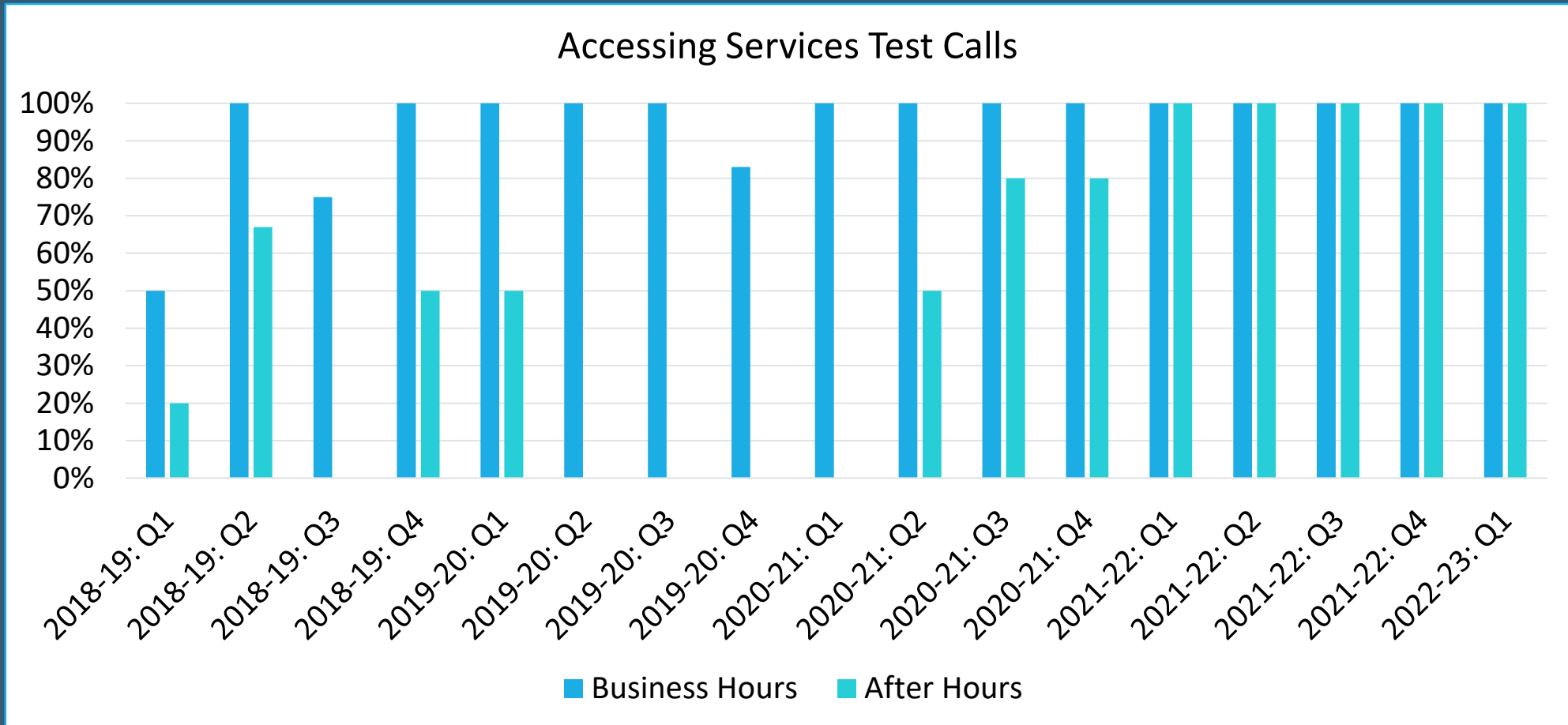
1. Minimum of 4 test calls will be made per month
2. Test for language capabilities
3. Test for appropriate information provided
4. Test for appropriate logging of all calls

	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: <u>Spanish</u>	B	3	3	100%	100%
	A	3	3	100%	83%
Info provided for accessing SMHS (including getting an Ax)	B	5	5	100%	100%
	A	4	4	100%	90%
Info provided for treating an urgent condition	B	1	1	100%	100%
	A	2	2	100%	100%
Info provided for Problem Resolution/ Fair Hearing	B	0	---	---	100%
	A	0	---	---	100%
Logging calls	B	6	6	100%	100%
	A	6	5	83%	71%

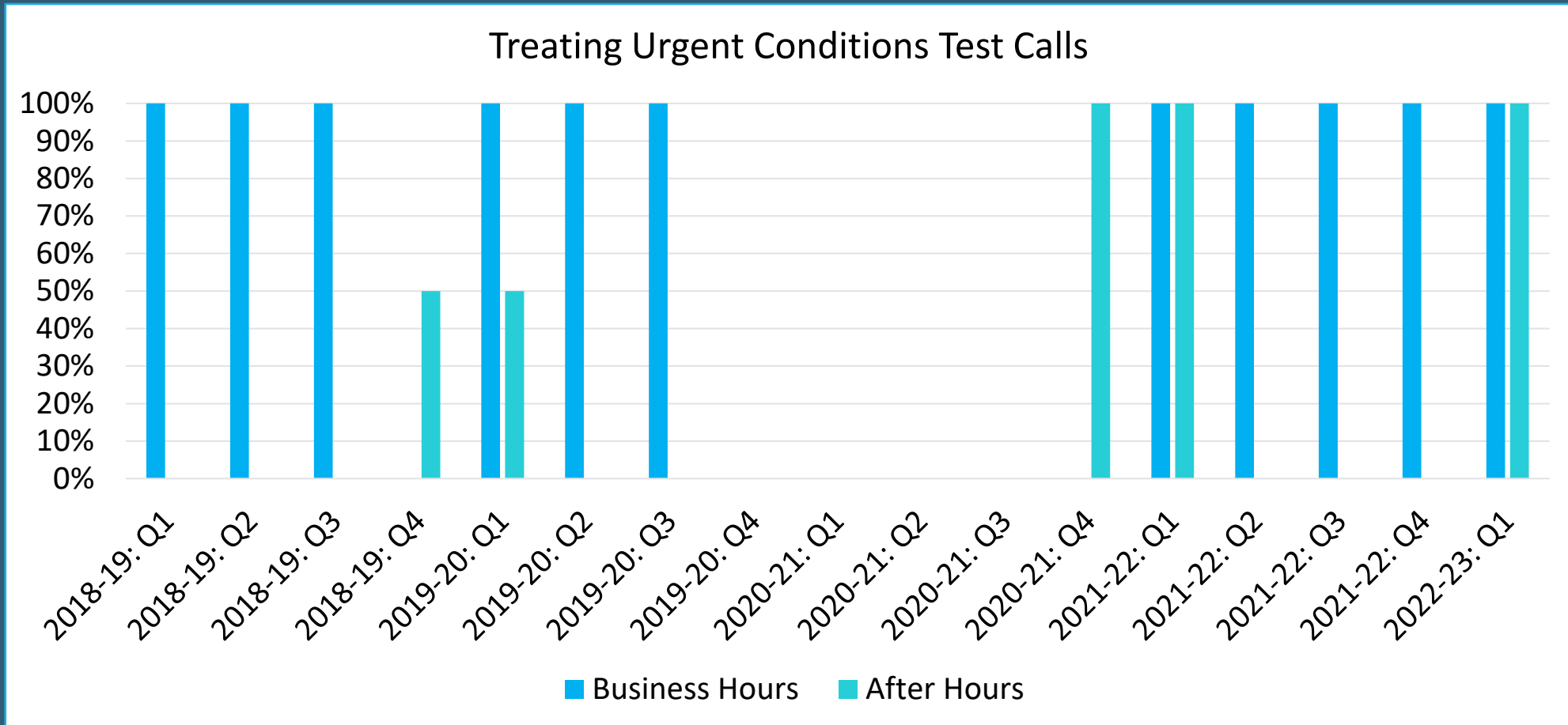
V. SERVICE ACCESS & TIMELINESS



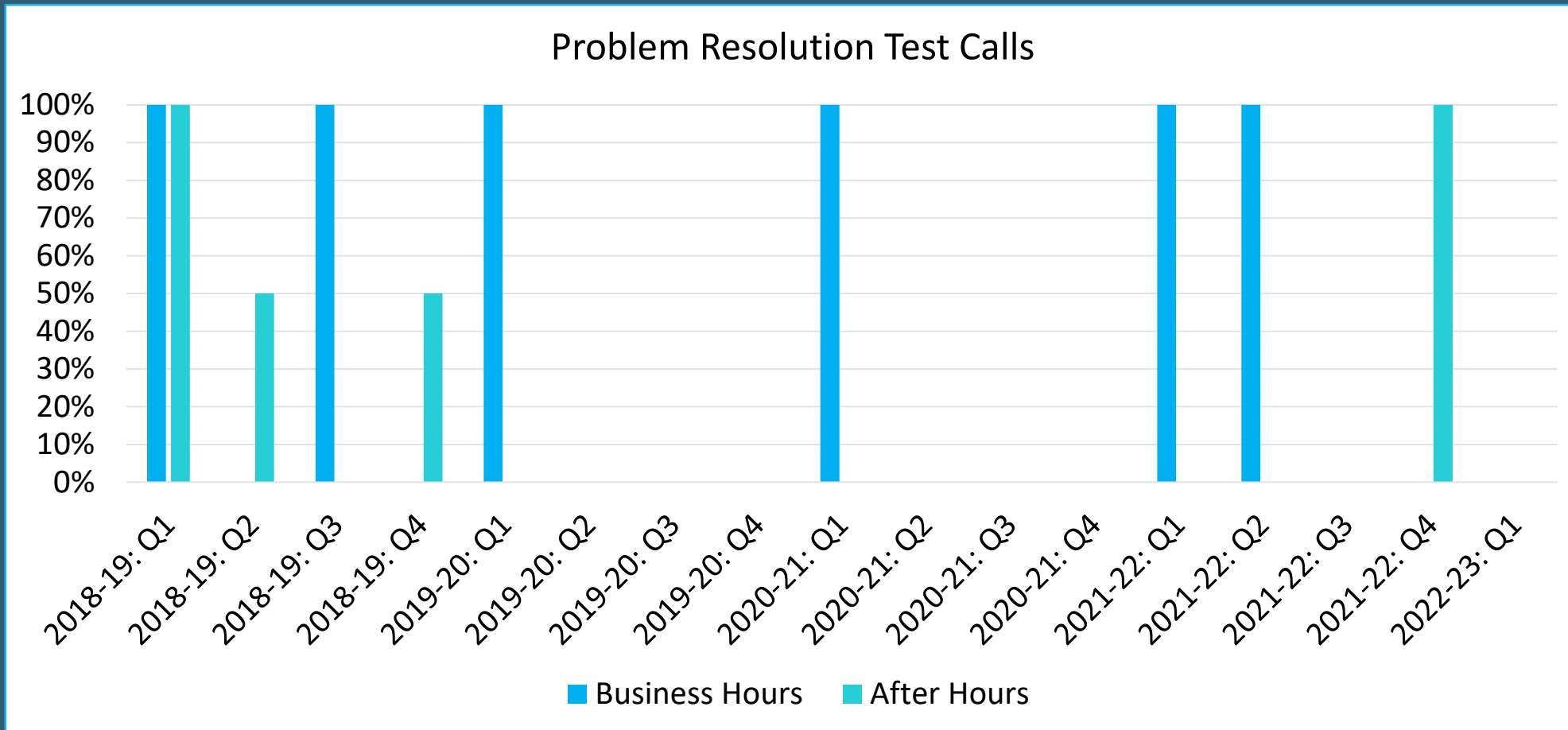
V. SERVICE ACCESS & TIMELINESS



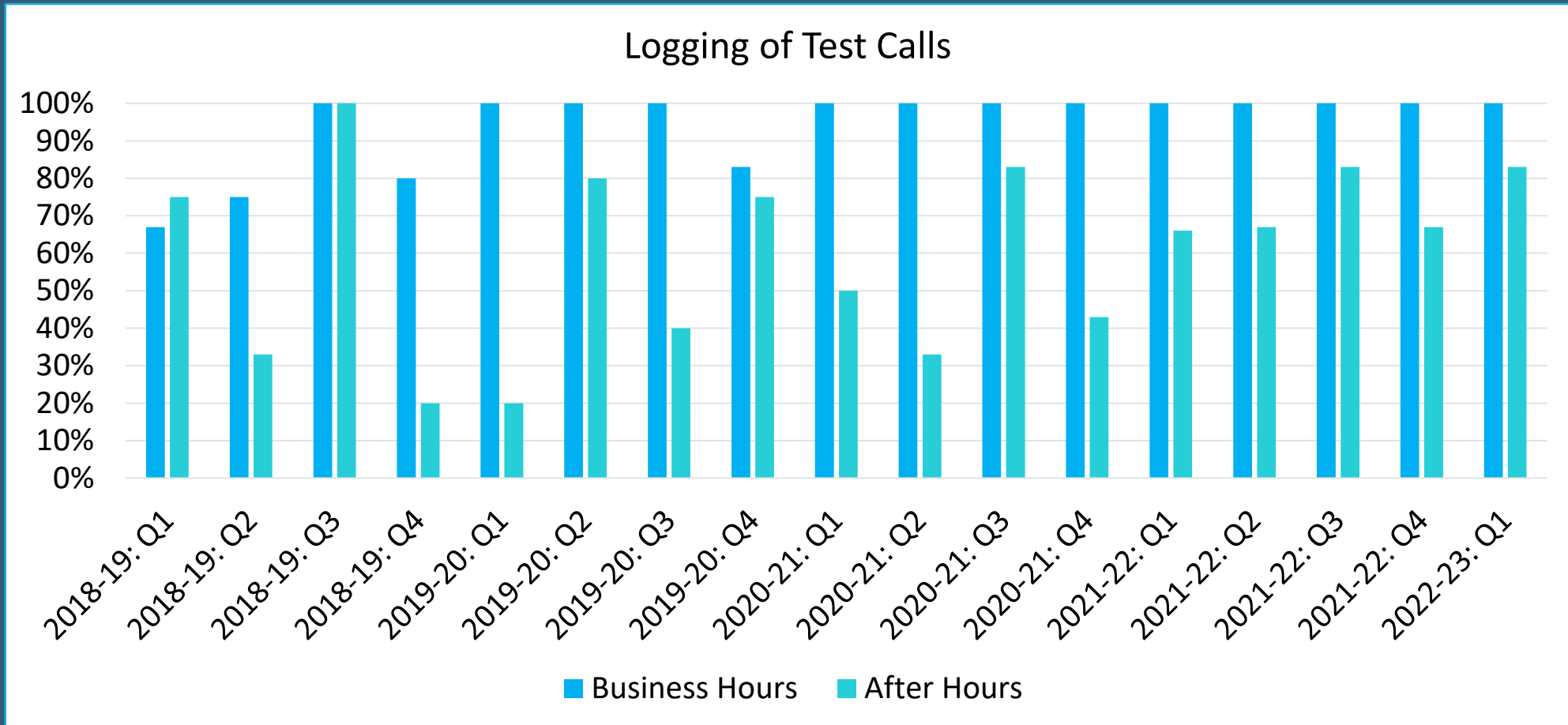
V. SERVICE ACCESS & TIMELINESS



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VI. PERFORMANCE IMPROVEMENT PROJECTS

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

PIP #1: Mobile Crisis Services

Measurements:

1. Individuals Stabilized
2. Holds by MC Providers
3. Satisfaction Rating

Community-Based Mobile Crisis - Pacific Clinics

QTR.	Total Admissions	%/# of Calls Stabilized in Field	%/# of Calls Resulting in Hold	Consumer Satisfaction Rating
Q1	90	58% (58)	42% (38)	79%
Q2				
Q3				
Q4				
FY Total				

Q1 Data July 1st - Sept 26th PC Mobile Crisis Program went on hold as of September 27th due to staffing limitations

VI. PERFORMANCE IMPROVEMENT PROJECTS

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

PIP #1: Mobile Crisis Services

Measurements:

1. Individuals Stabilized
2. Holds by MC Providers
3. Satisfaction Rating

School-Based Mobile Crisis - SCOE

QTR.	Total Admissions	%/# of Calls Stabilized in Field	%/# of Calls Resulting in Hold	Consumer Satisfaction Rating
Q1	44	73% (32)	27% (12)	N/A
Q2				
Q3				
Q4				
FY Total				

Q1 Data Aug 11th - Sept 30th as first day of school was Aug 11th

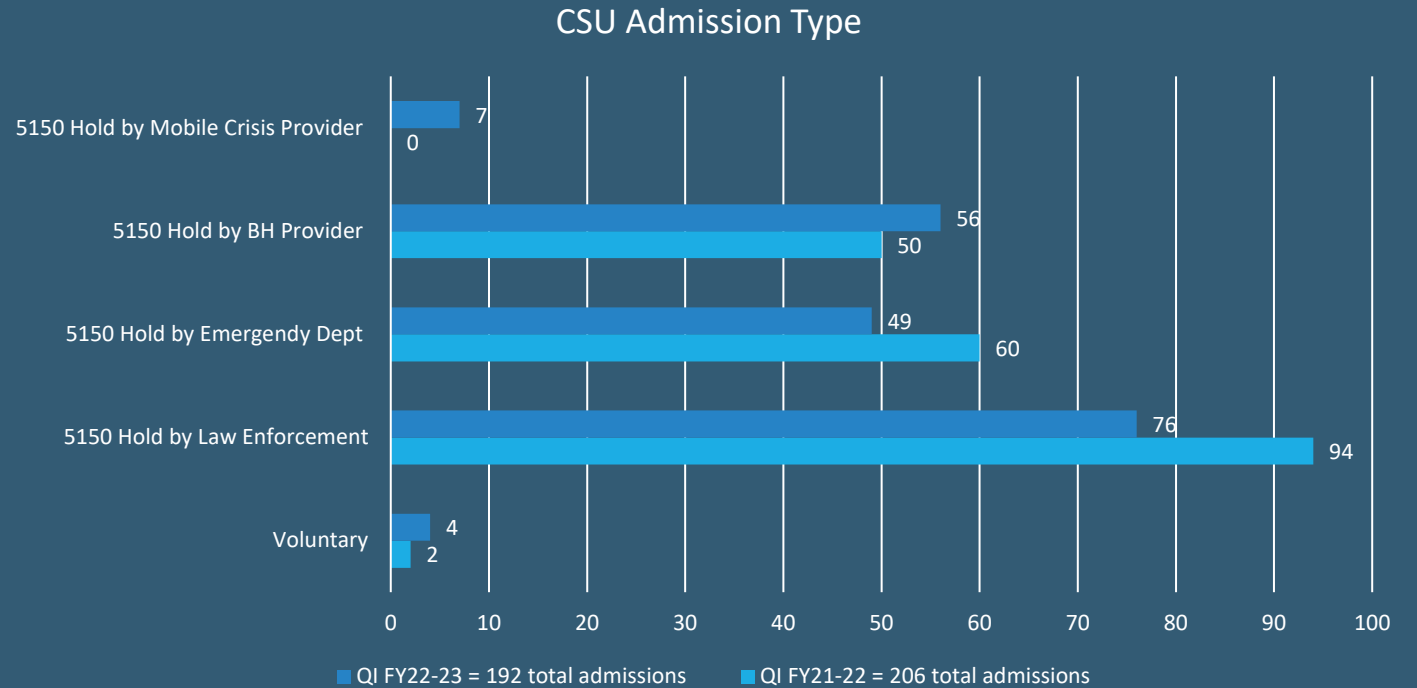
VI. PERFORMANCE IMPROVEMENT PROJECTS

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PIP #1: Mobile Crisis Services

Measurements:

1. CSU Admissions by Law Enforcement





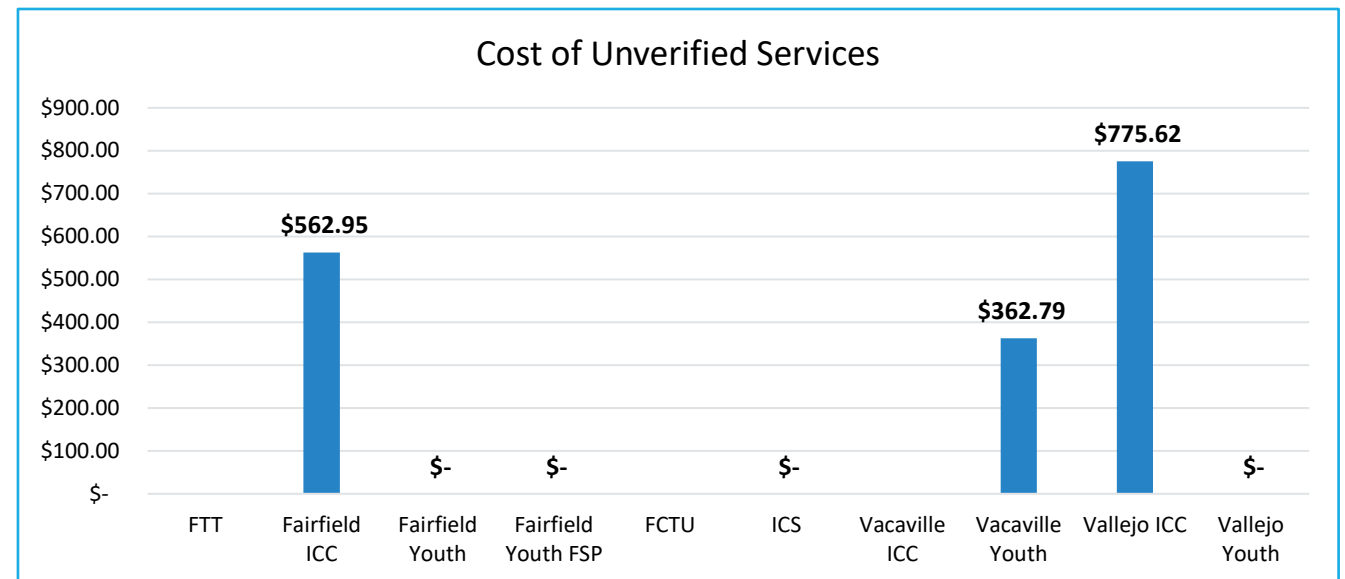
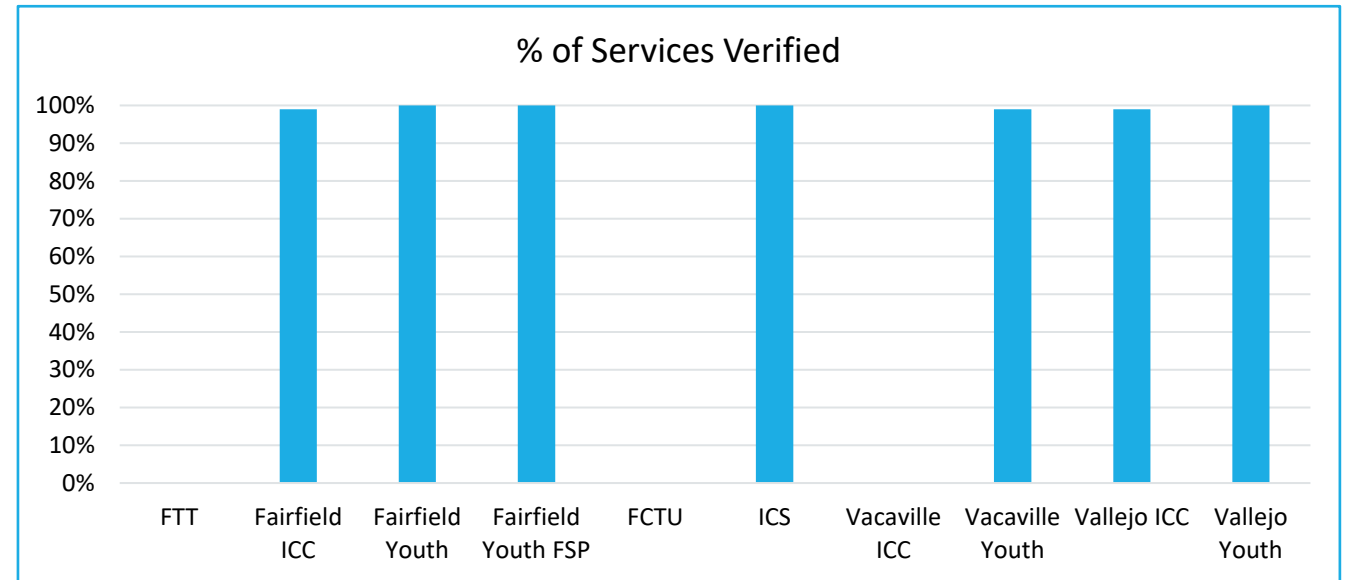
VII. PROGRAM INTEGRITY

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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 21/22 baseline: 93%)





VIII. QUALITY IMPROVEMENT

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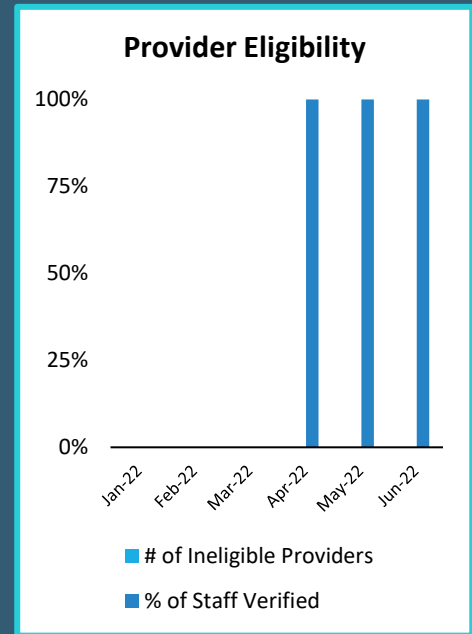
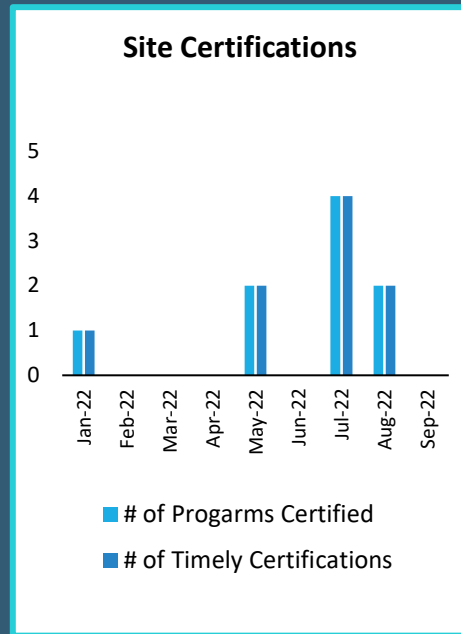
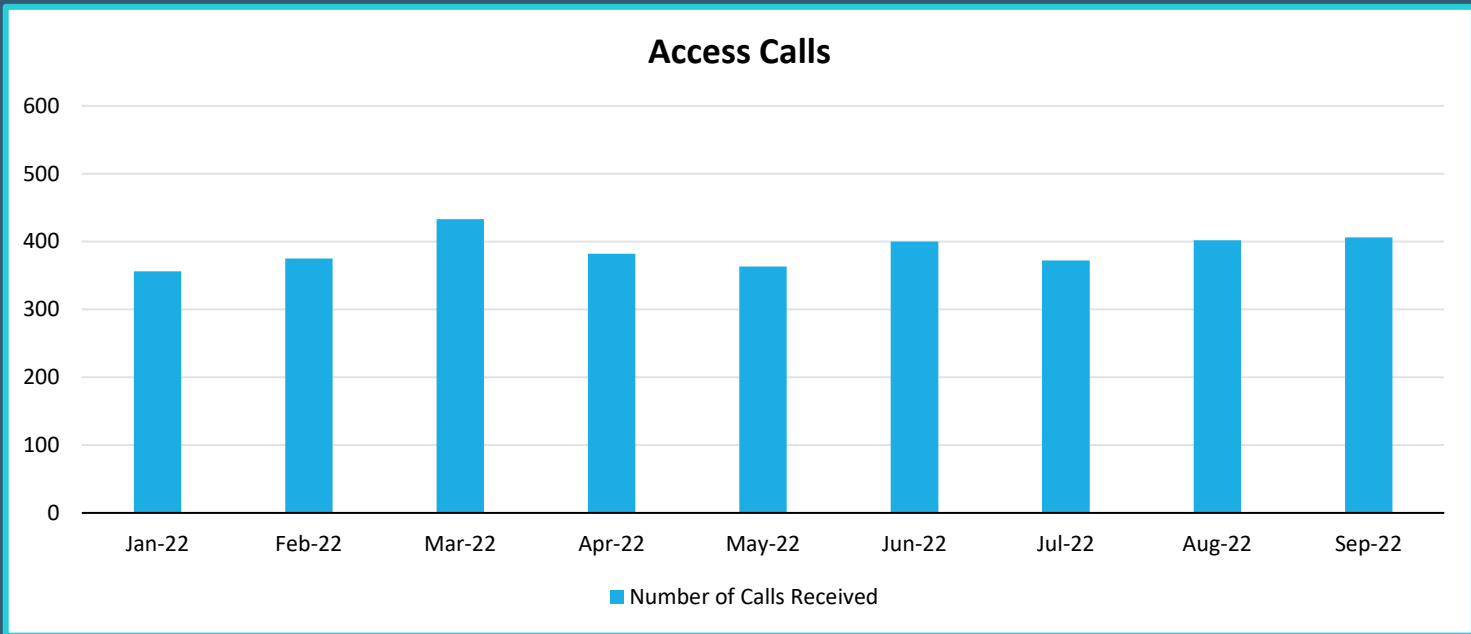
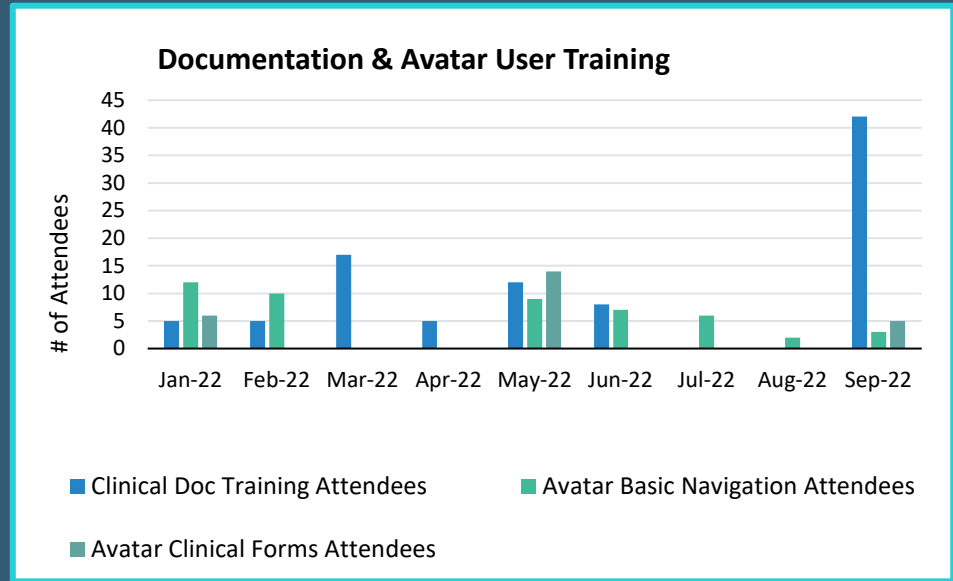
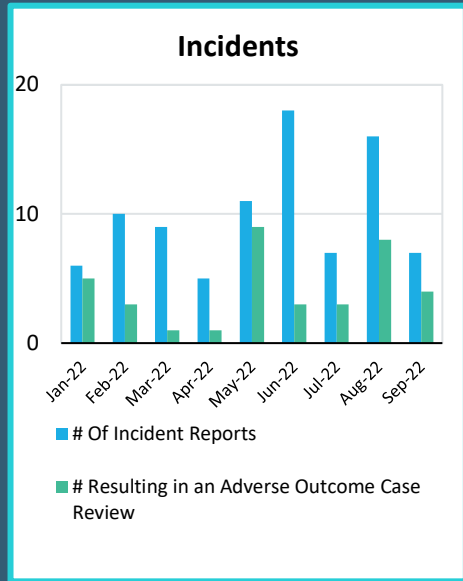
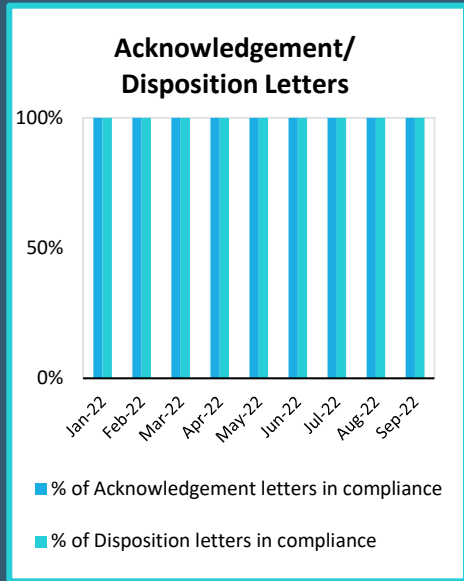
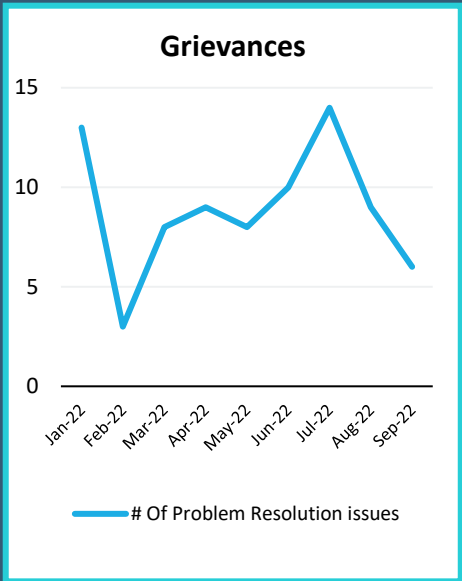
Audit Season FY 2022/23

This year's audit cycle will focus on CalAIM implementation

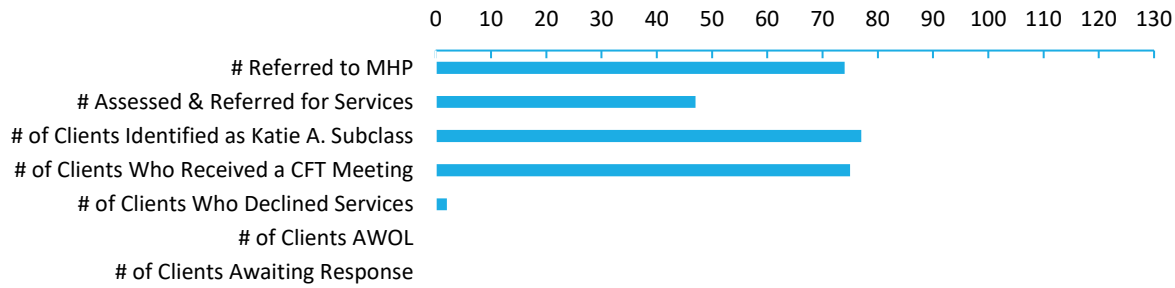
- This will be a technical audit with no disallowance
 - Possible exception could be identification of fraud, waste, or abuse
- Audits will begin in early 2023
- All County and Contractor programs will be audited
 - Contractors with multiple RUs will only have one review sampling all RUs
- The audit tool and report process will be as pared down as much as possible to only focus on CalAIM implementation within the program
- Audits continue to be remote. Programs will be asked to submit all audit documentation to the audit team



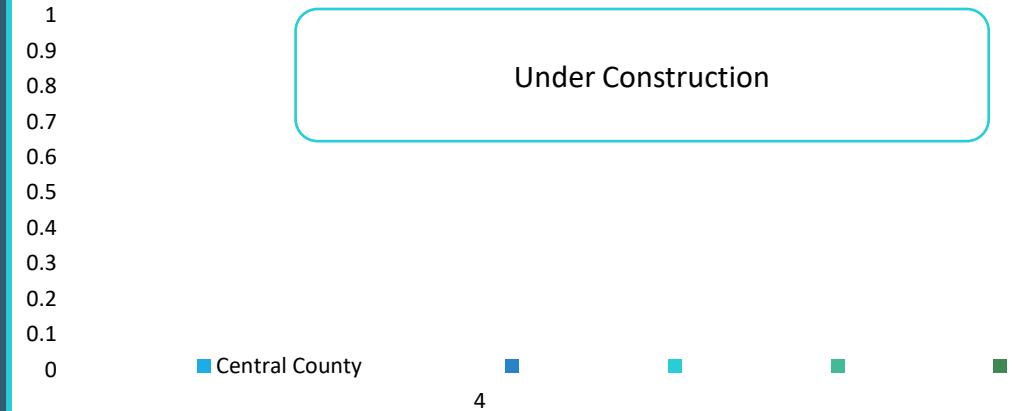
QUALITY IMPROVEMENT DASHBOARD



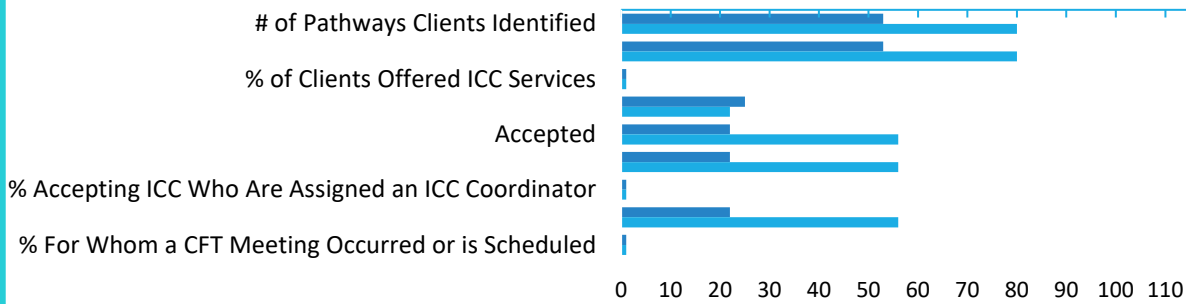
Pathways to Wellbeing (Katie A. Subclass)



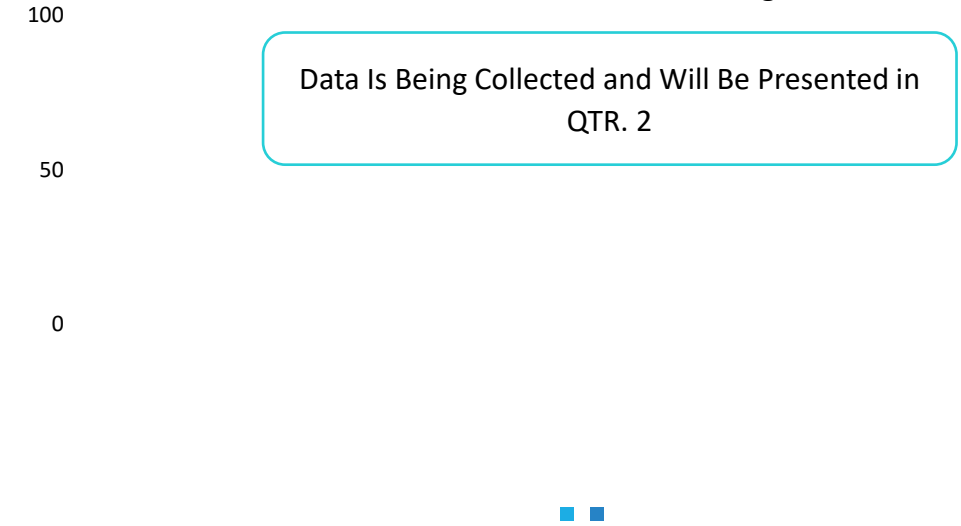
HOPE (Homeless Outreach)



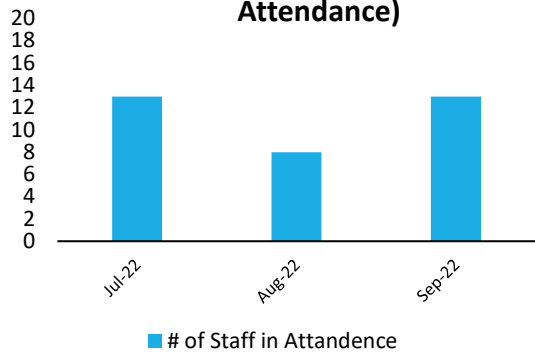
Pathways to Wellbeing (Non-Subclass)



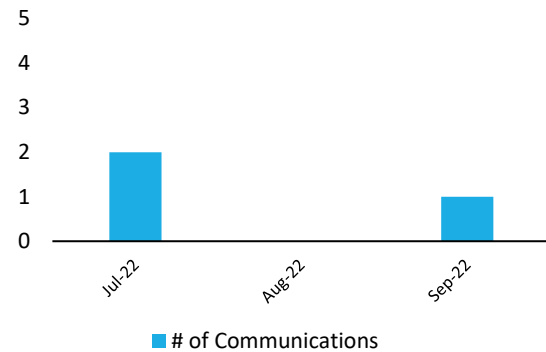
Youth Medication Monitoring



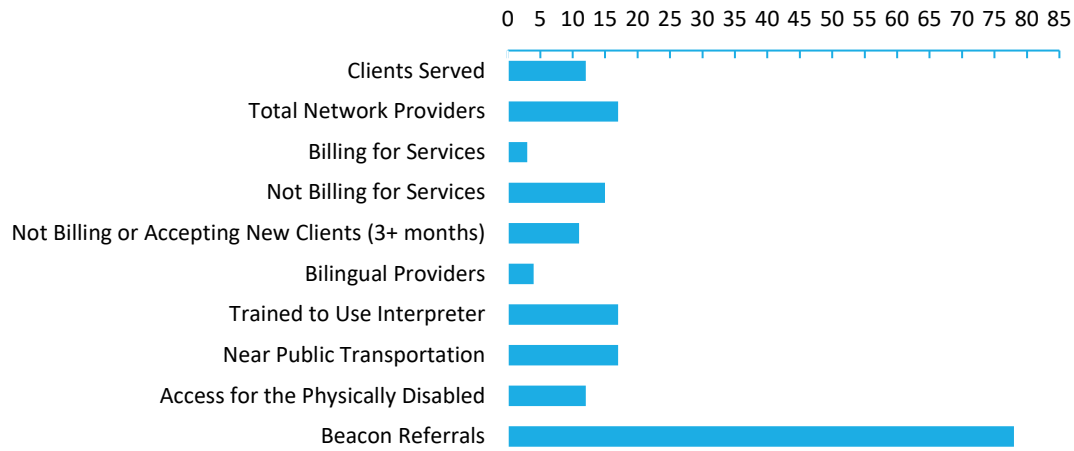
Compliance Training (# of Staff in Attendance)



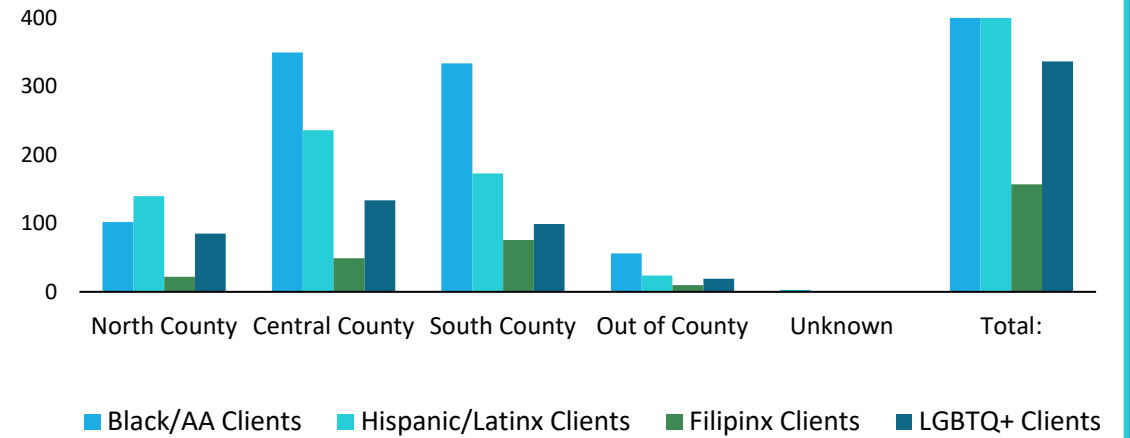
of Compliance Communications



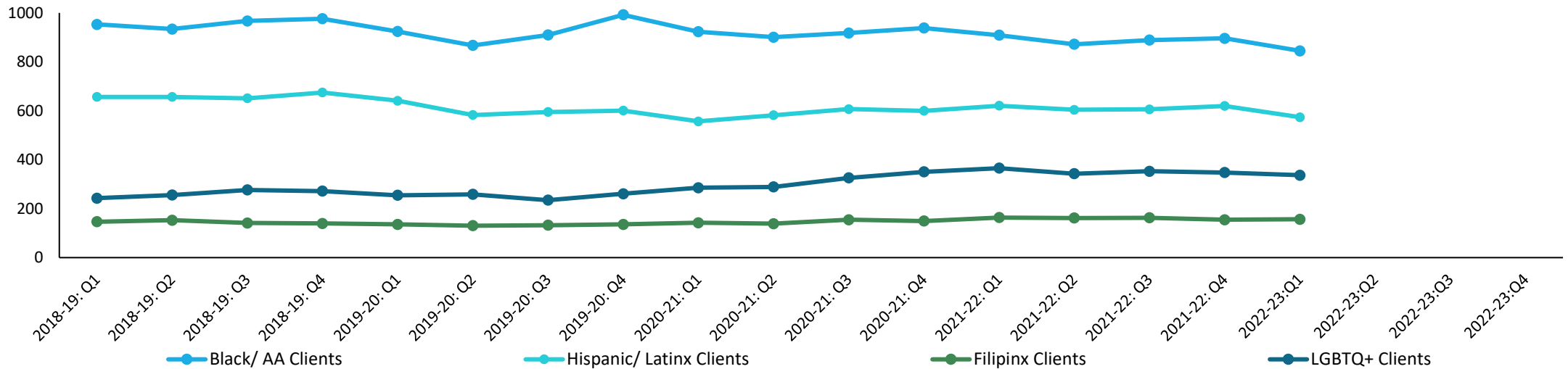
Managed Care Provider Network



Regional Utilization by Cultural Group



Total Utilization by Cultural Group



NEXT MEETING:

Quality Improvement Committee
FY 2022-2023: Quarter 2
Thursday February 9th, 2023
1:30pm – 3:30pm

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

QualityAssurance@SolanoCounty.com