QUALITY IMPROVEMENT COMMITTEE

Solano County Behavioral Health

May 11, 2023

1:30pm – 3:30pm

Quarter 3   1

ANNOUNCEMENTS

❖**Payment Reform Continues to Move Forward**
- o Solano County is working with multiple departments internally as well as a consultant to determine next steps
- o The goal is to get more details to Contractors as soon as things are finalized, including the spreadsheet that was reviewed in the previous Payment Reform meeting

❖**Taxonomy Update Project**
- o Solano is following the guidance for assigned taxonomy code set forth by DHCS and CalMHSA to promote uniformity within counties
  - ▪ We hear that not all counties are using this list – can add the code Solano has identified instead of replace
- o Some have already received the request and next round will go out next week
- o Thank you for your feedback and collaboration as we navigate this important project!
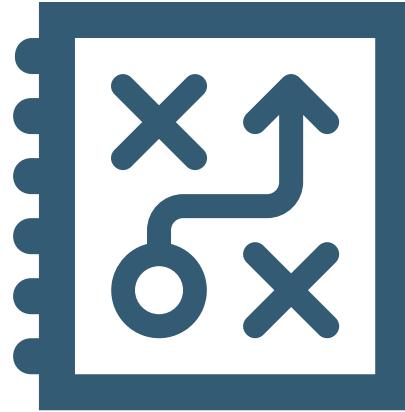
QUALITY ASSESSMENT & PERFORMANCE IMPROVEMENT PLAN

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

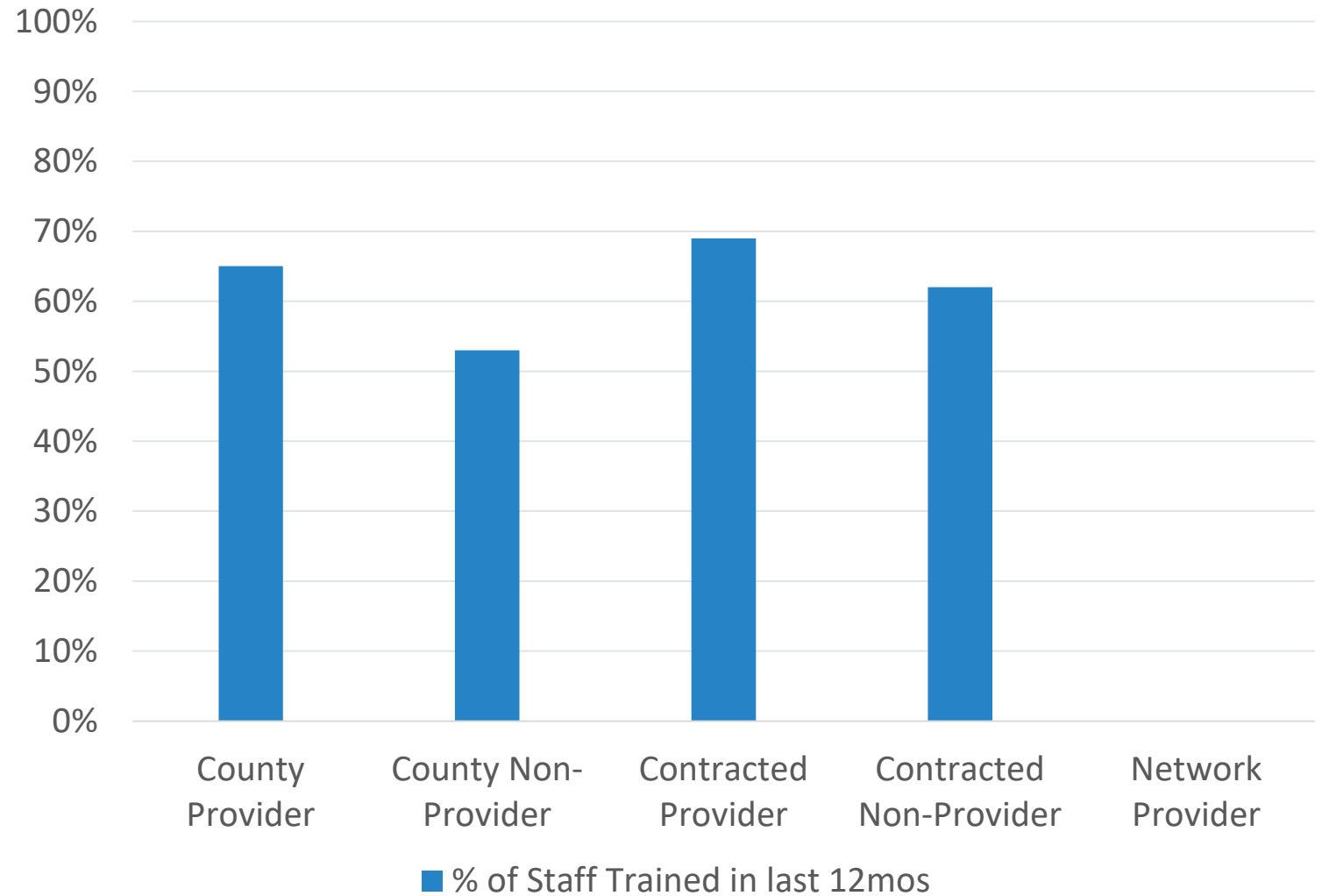VII. Program Integrity

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.

Legend: ■ % of Staff Trained in last 12mos

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

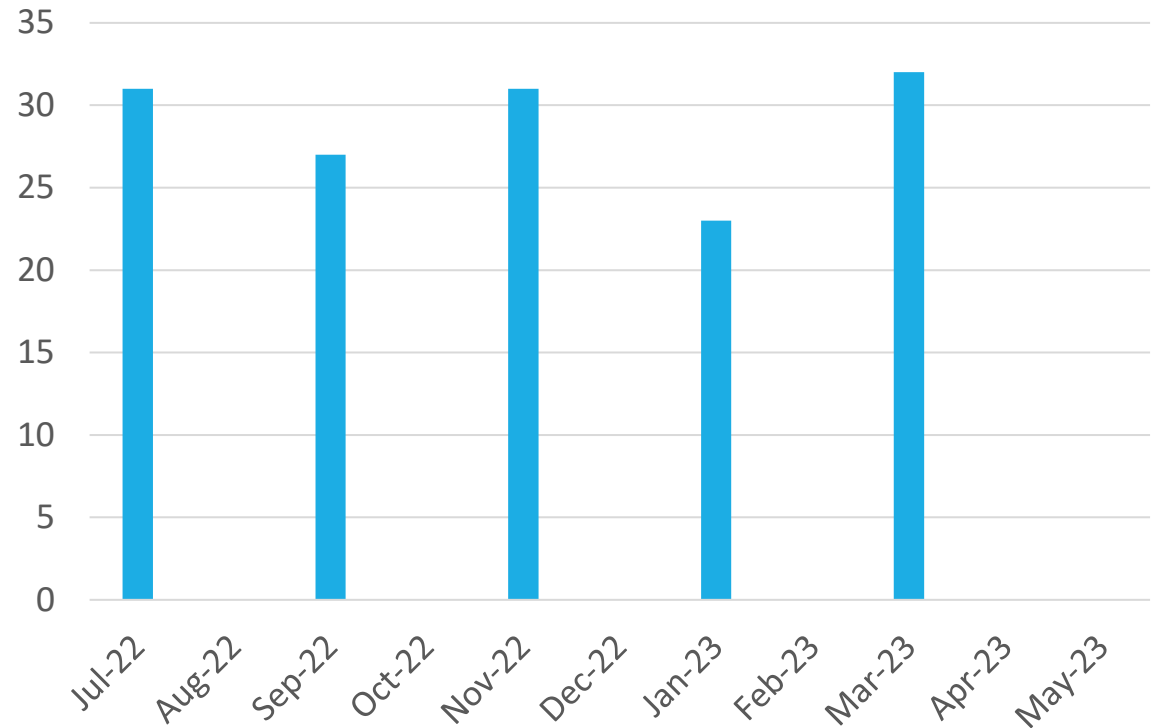# I. CULTURAL DIVERSITY & EQUITY

Diversity & Equity Committee Updates:

- *New* Online Participation Agreement Form
- Reviewed Workforce Equity Survey Results
- Reviewed Goal #2 including strategies 1, 2, and 3 of the 2023 DE Annual Plan Update which is focused on Governance, Leadership & Workforce.
- Next meeting will be held on May 16th 10am-12pm

Additional SCBH Diversity & Equity Efforts:

- Dr. Hardy Promoting Cultural Sensitivity Training
- Dr. Hardy Trauma in the Trenches Training
- Presentation at ICCTM Statewide Learning Collaborative
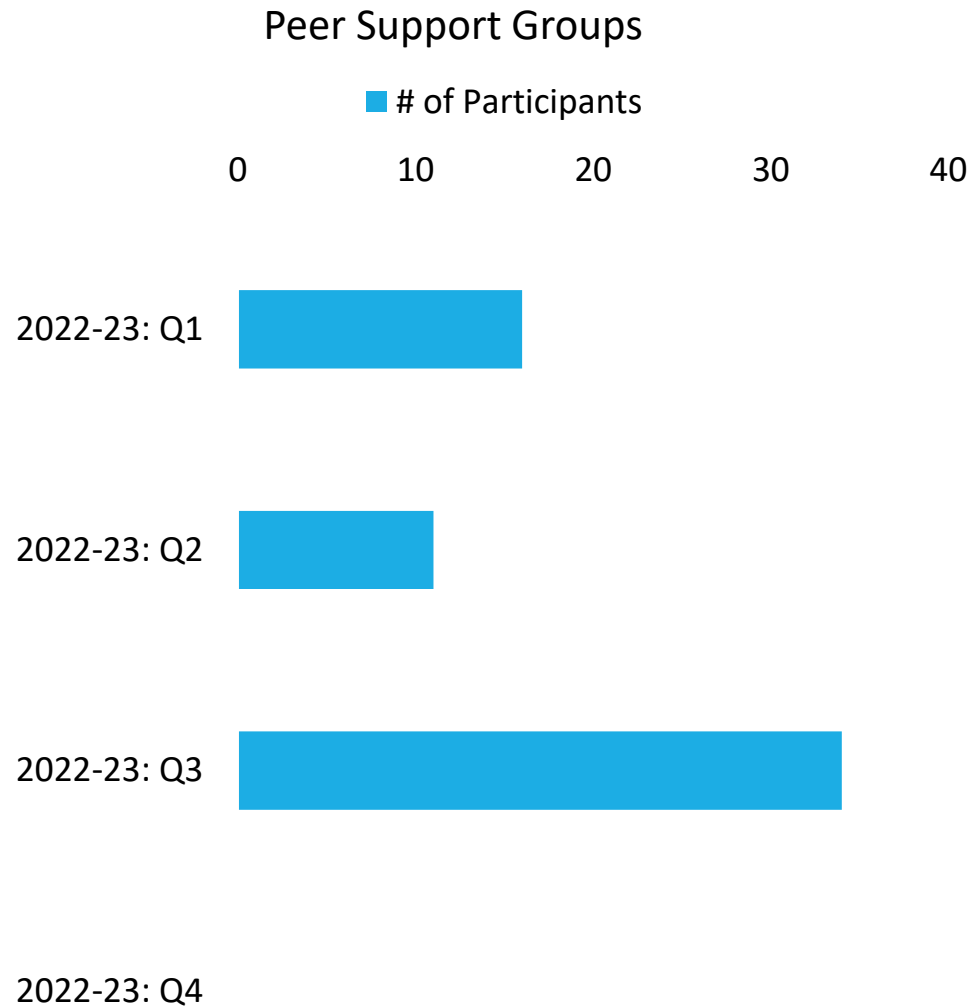- Pending RFP for Cultural Outreach & Stigma Reduction

of Participants

Bar chart showing number of participants by month:
- Jul-22: 31
- Sep-22: 27
- Nov-22: 31
- Jan-23: 23
- Mar-23: 32

II. WELLNESS & RECOVERY

Peer Support Groups

■ # of Participants

| | 0 | 10 | 20 | 30 | 40 |

2022-23: Q1

2022-23: Q2

2022-23: Q3
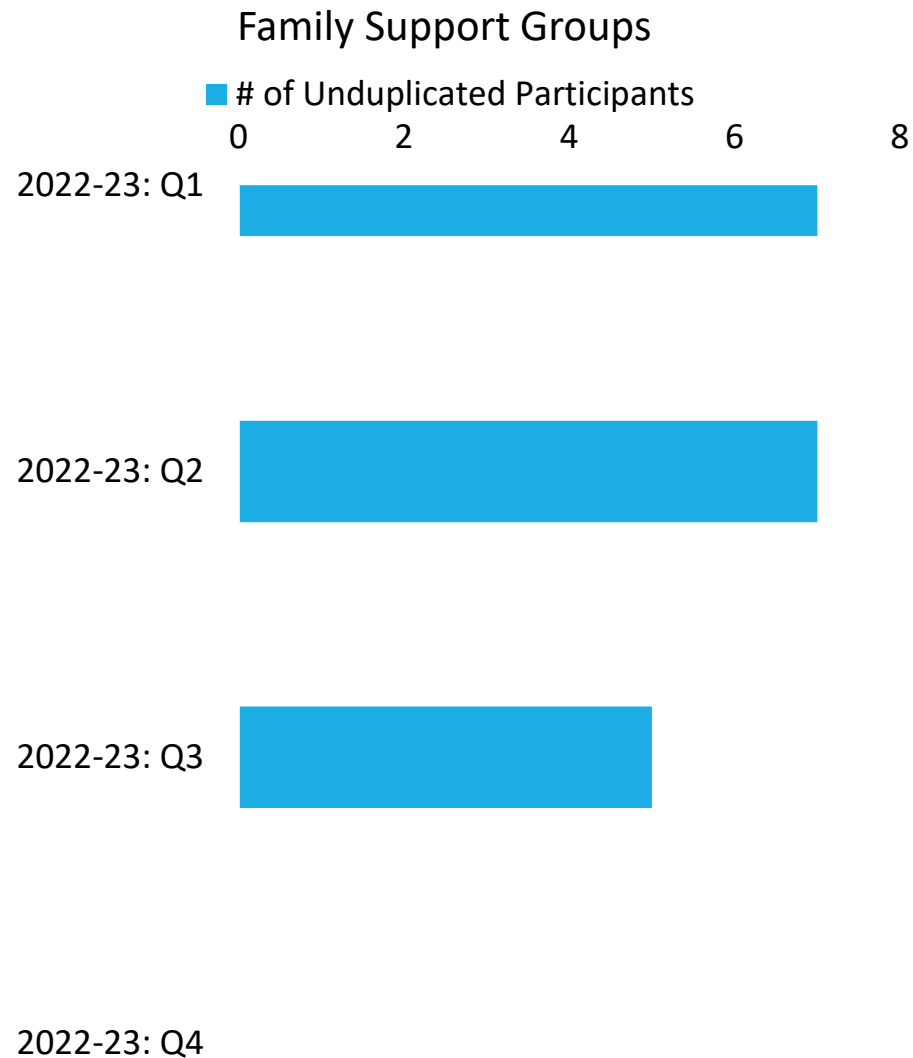
2022-23: Q4

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	2	4	6	8

2022-23: Q1 ▬▬▬▬▬▬▬ (≈7)

2022-23: Q2 ▬▬▬▬▬▬▬ (≈7)

2022-23: Q3 ▬▬▬▬▬ (≈5)

2022-23: Q4

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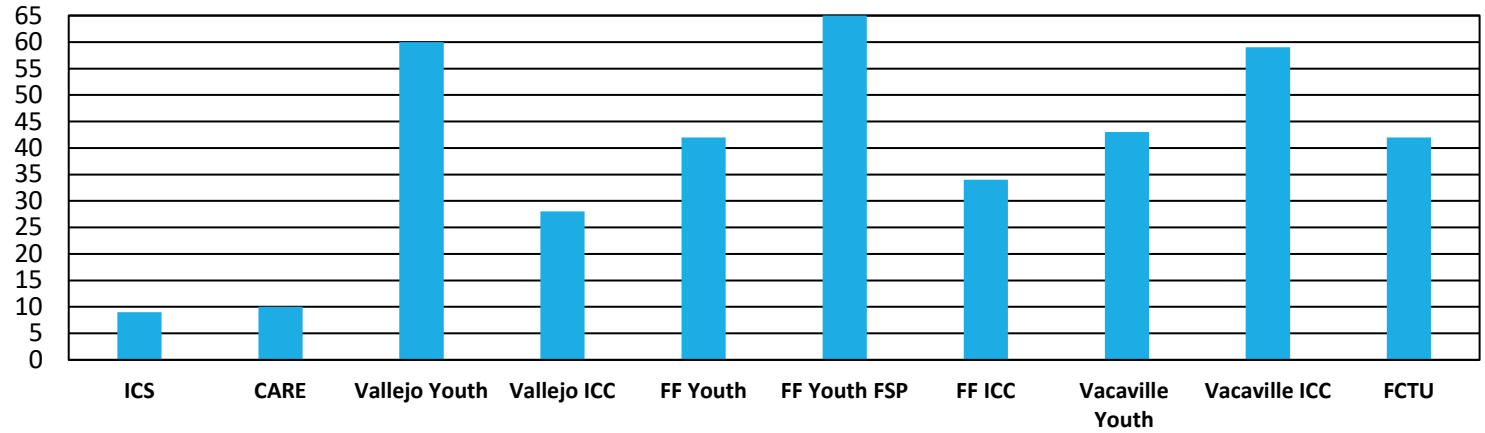
III. BENEFICIARY SATISFACTION & PROTECTION
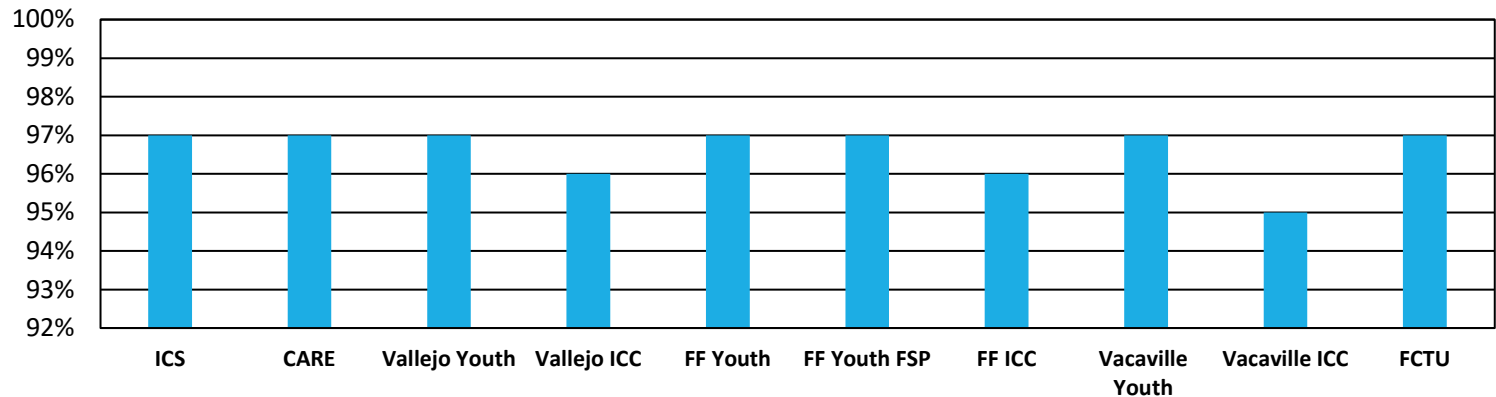
III. BENEFICIARY SATISFACTION & PROTECTION

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

Program	# of Surveys
ICS	9
CARE	10
Vallejo Youth	60
Vallejo ICC	28
FF Youth	42
FF Youth FSP	65
FF ICC	34
Vacaville Youth	43
Vacaville ICC	59
FCTU	42

Satisfaction Score

Program	Satisfaction Score
ICS	97%
CARE	97%
Vallejo Youth	97%
Vallejo ICC	96%
FF Youth	97%
FF Youth FSP	97%
FF ICC	96%
Vacaville Youth	97%
Vacaville ICC	95%
FCTU	97%

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%	5%	--	1%
2. Did the staff listen carefully to you?	96%	3%	--	1%
3. Did the staff show respect for what you had to say?	98%	2%	--	1%
4. Did you feel the staff was respectful of your race/ethnicity?	97%	2%	--	1%
5. Did you feel the staff was respectful of your religion/spirituality?	96%	1%	--	2%
6. Did you feel the staff was respectful of your sexual orientation/gender identity?	95%	1%	1%	3%
	Yes	**No, but I'd like one**	**I don't need one**	**Not Answered**
7. Was an interpreter/bilingual staff provided?	12%	1%	82%	5%
If yes,	**Yes, definitely**	**Yes, somewhat**	**No**	**Not Answered**
8. Did the interpreter/bilingual staff meet your needs?	94%	6%	--	--
	Yes, definitely	**Yes, somewhat**	**No**	**Not Answered**
9. Do you feel better?	69%	22%	1%	7%
10. Would you recommend our services to others?	81%	6%	3%	10%

IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION

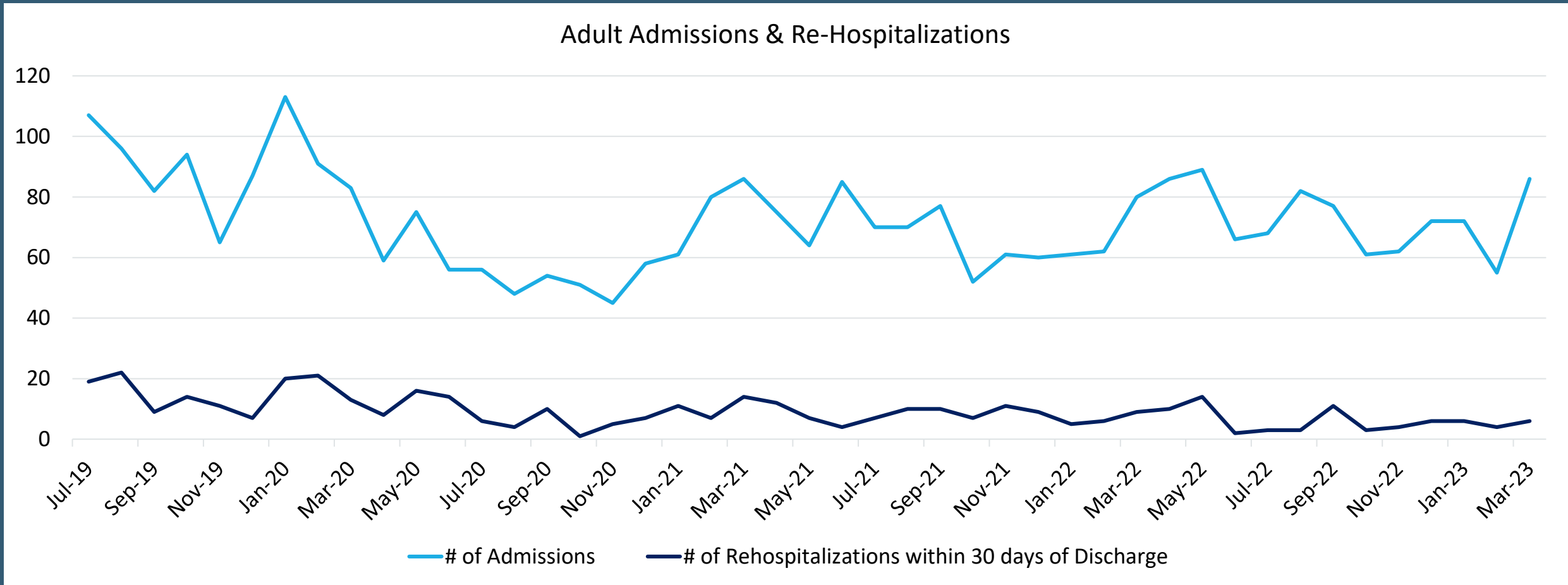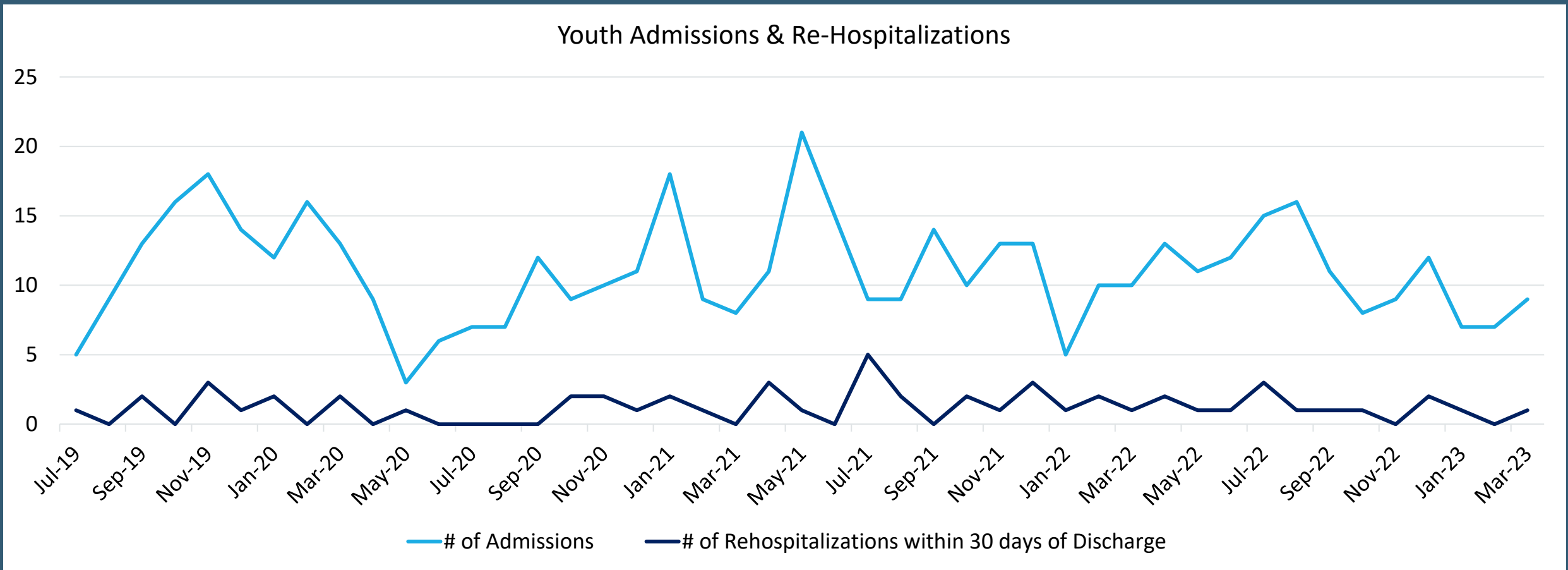# IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION

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	
Jan.	72	72	6	12%
Feb.	55	54	4	11%
Mar.	86	75	6	10%
Total	213	201	16	7.5%

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	
Jan.	7	7	1	14%
Feb.	7	7	--	--
Mar.	9	9	1	11%
Total	23	23	2	9%

IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION

Youth Admissions & Re-Hospitalizations

Legend: # of Admissions · # of Rehospitalizations within 30 days of Discharge

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 1st Offered Ax Appt	Avg. # of Bus. Days from Ax Completion to 1st Offered Tx Appt
Routine	7.9	7.5
Urgent	N/A	N/A
Total	7.9	7.5
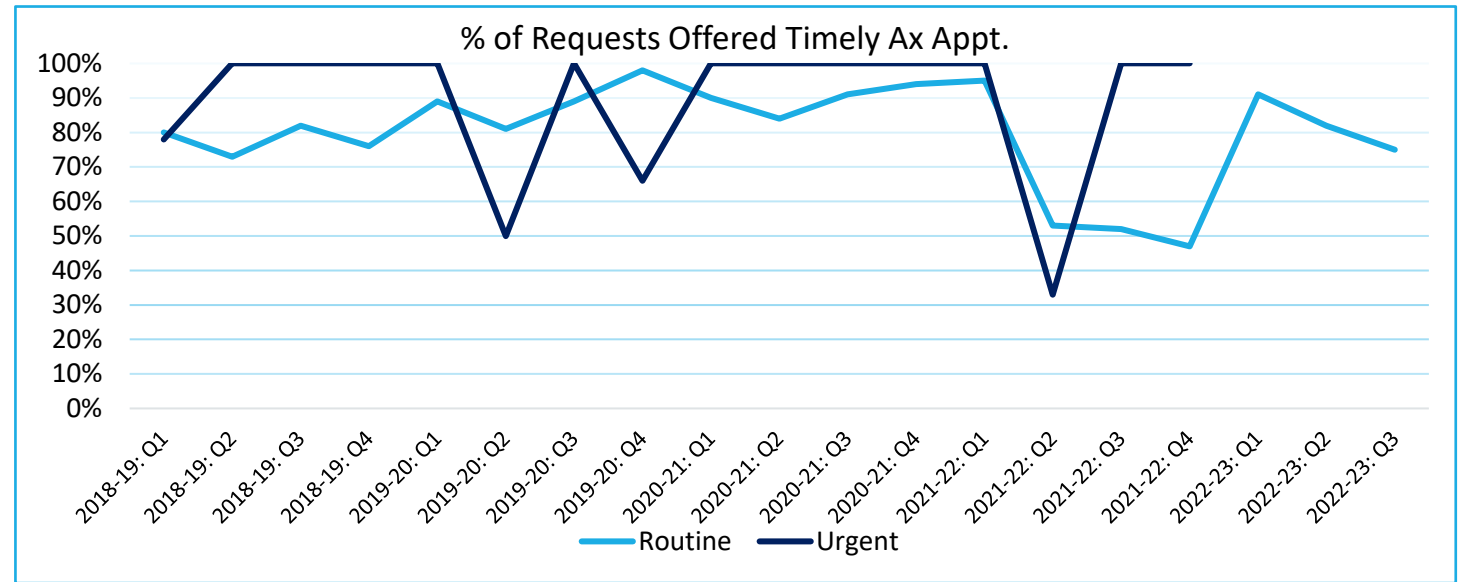
% of Requests Offered Timely Ax Appt.
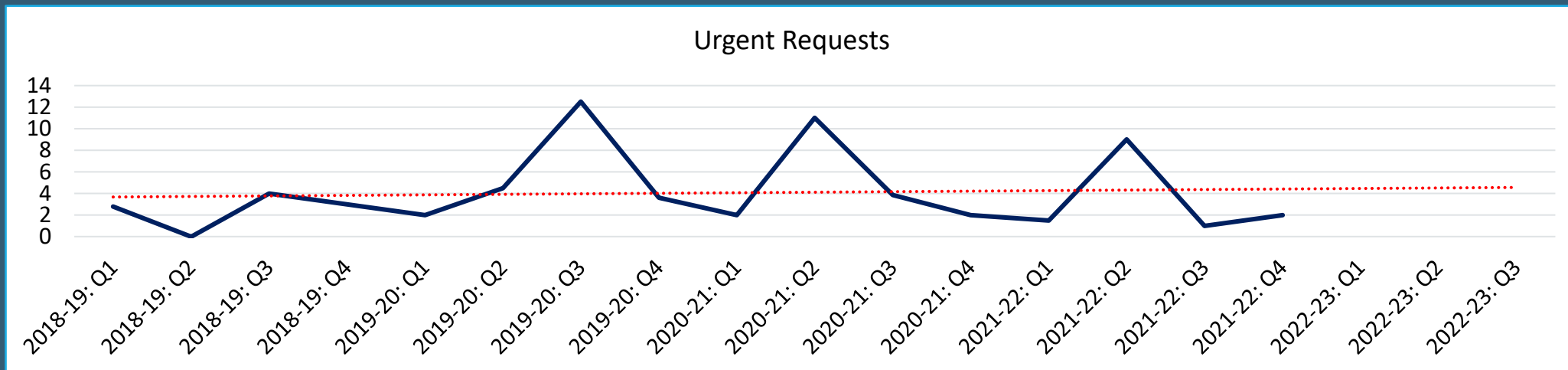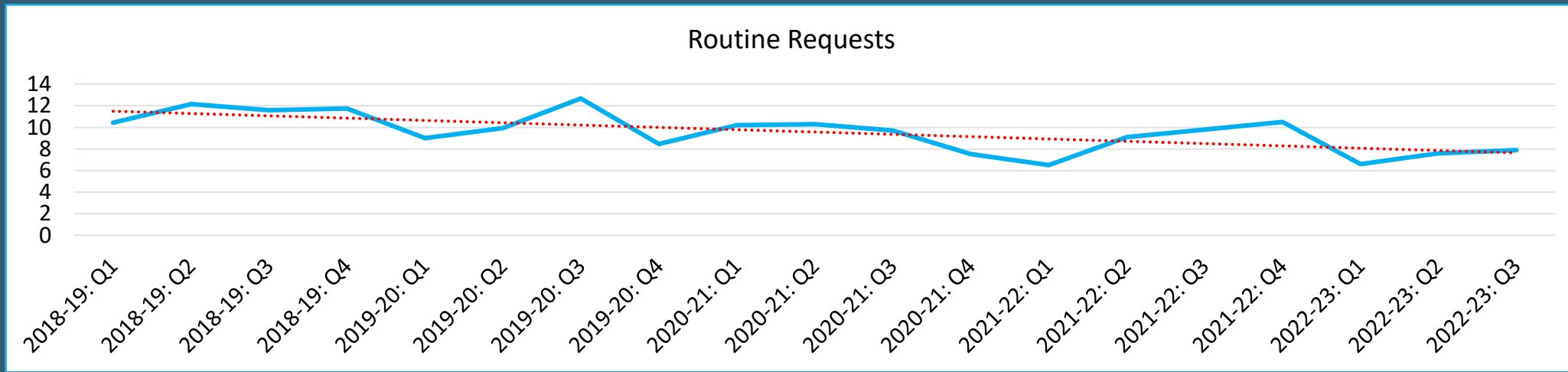
V. SERVICE ACCESS & TIMELINESS

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


Total Requests
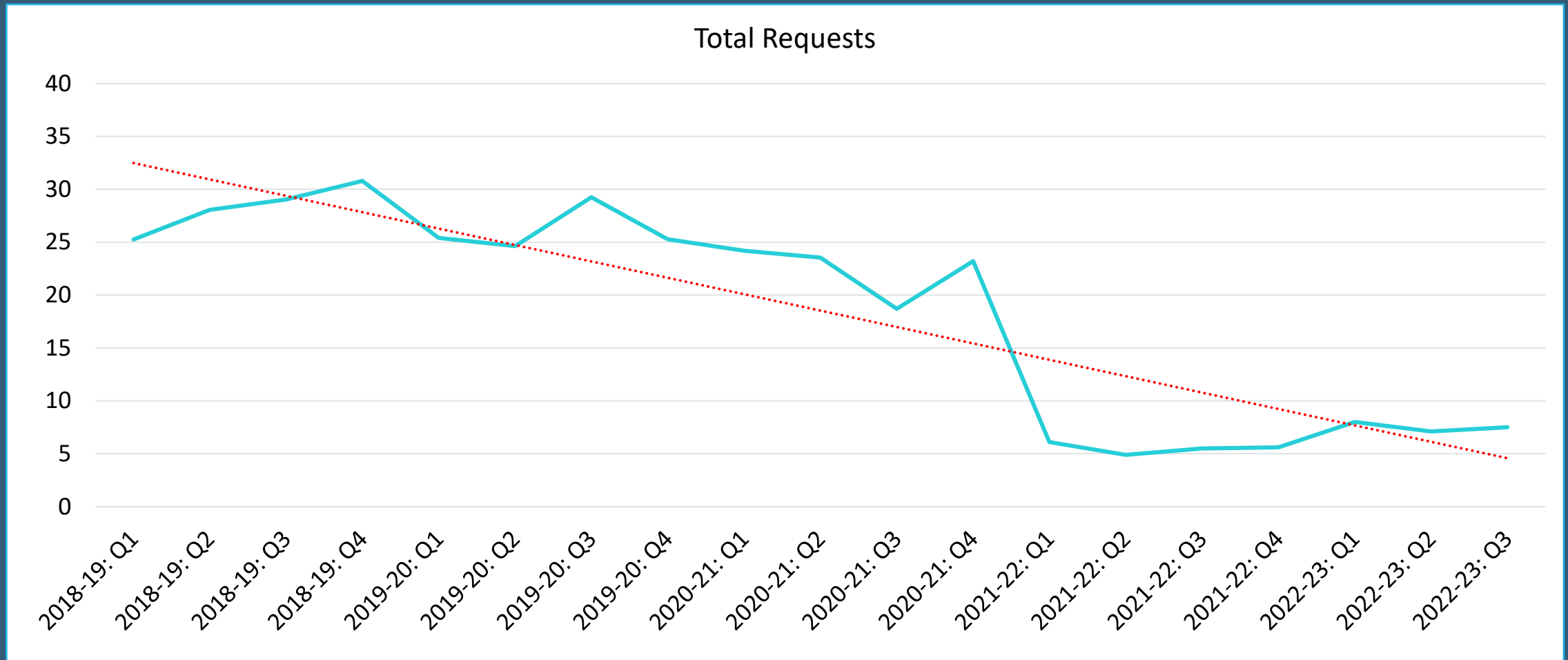
V. SERVICE ACCESS & TIMELINESS

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

Goal:
1. For routine requests
   a. <u>60%</u> of service requests will result in an Ax
   b. <u>45%</u> of service requests will result in a Tx service
2. For urgent requests
   a. <u>85%</u> of service requests will result in an Ax
   b. <u>60%</u> of service requests will result in a Tx service

Youth System of Care

	Routine Requests	Urgent Requests	Totals
Total Service Requests	198	N/A	198
Received Ax (%)	75%	N/A	75%
Received Ax (#)	149	N/A	149
Received Tx (%)	40%	N/A	40%
Received Tx (#)	79	N/A	79
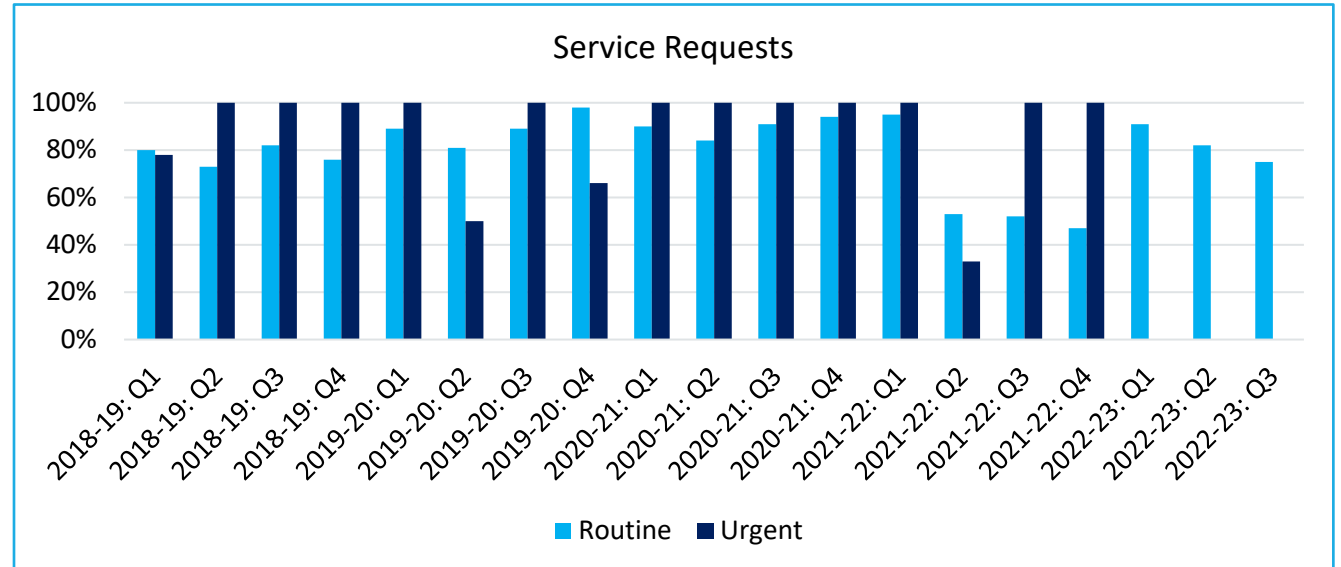
Service Requests

Routine   Urgent

V. SERVICE ACCESS & TIMELINESS

Youth Services - Percentage of Service Requests with a Completed Assessment
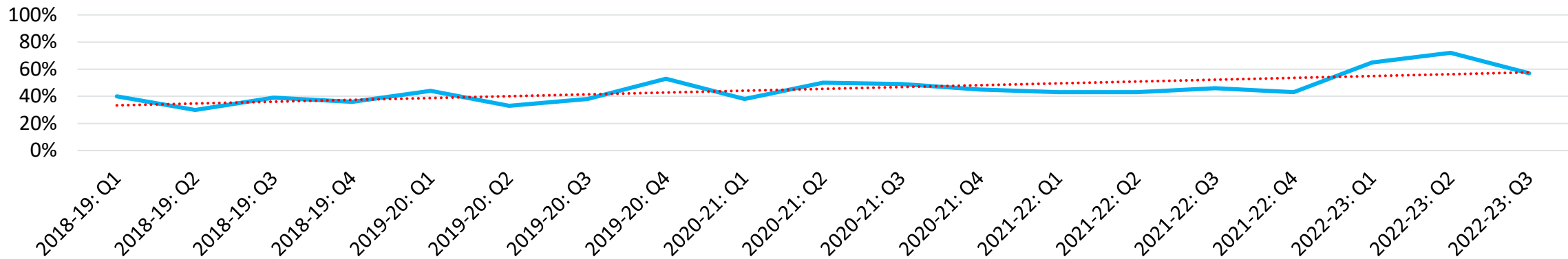

Routine Requests
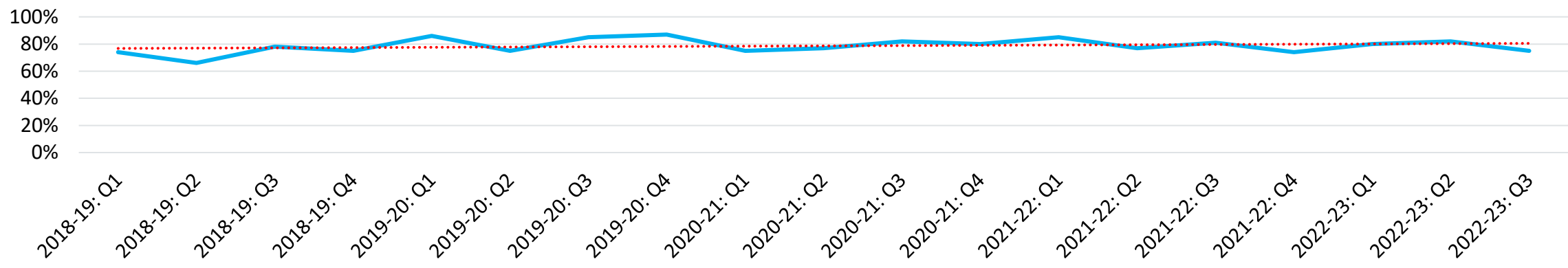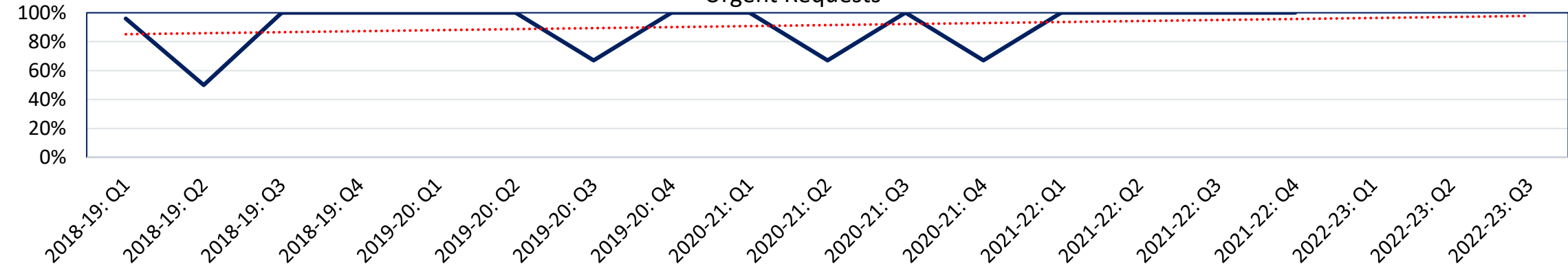
Urgent Requests

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	198	N/A	198
% Didn't Show For Ax	25%	N/A	25%
% Received Ax	75%	N/A	75%
# Received Ax	149	N/A	149
Declined Tx	2	N/A	2
Didn't Meet Medical Necessity	9	N/A	9
# of clients who need Tx	138	N/A	138
% Received Tx	57%	N/A	57%
# Received Tx	79	N/A	79

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 1st Offered Ax Appt	Avg. # of Bus. Days from Ax Completion to 1st Offered Tx Appt
Routine	11.7	5.2
Urgent	0.5	2
Total	11.7	5.2
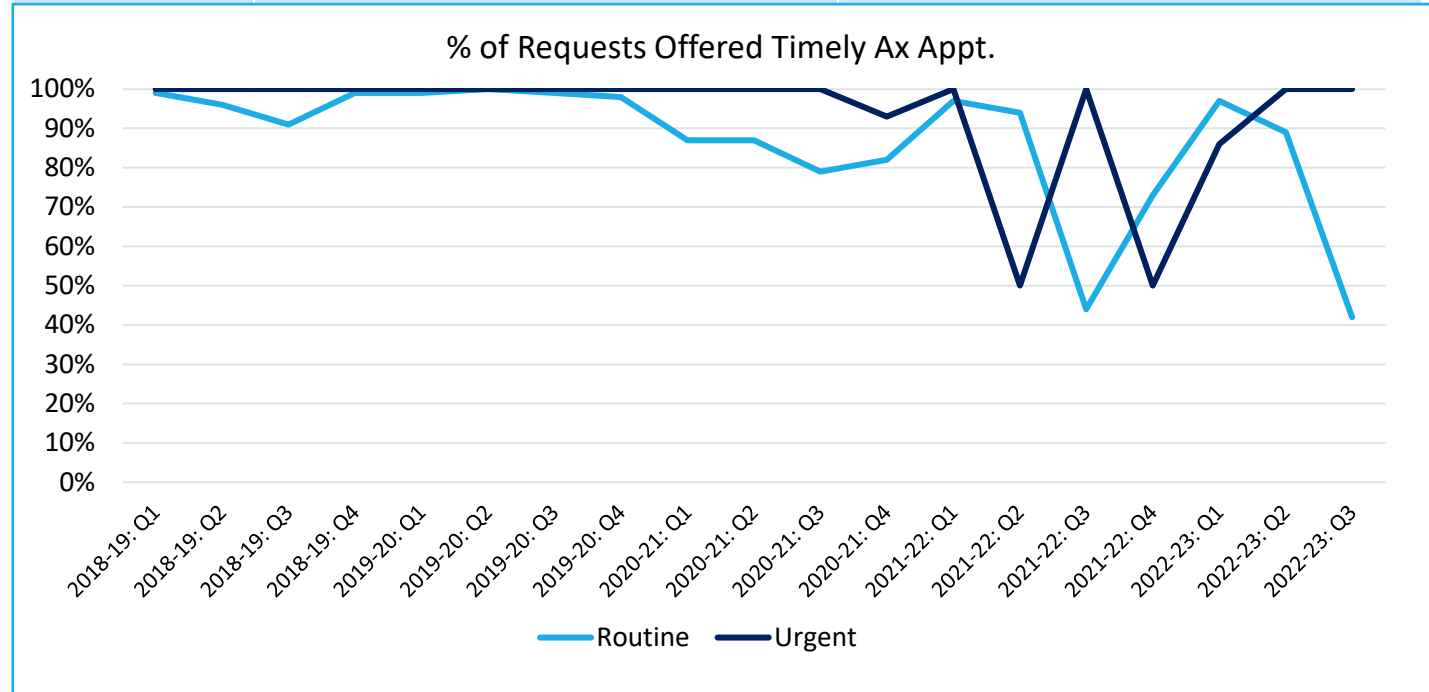
% of Requests Offered Timely Ax Appt.

V. SERVICE ACCESS & TIMELINESS

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

Routine Requests

Urgent Requests

V. SERVICE ACCESS & TIMELINESS

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

Total Requests
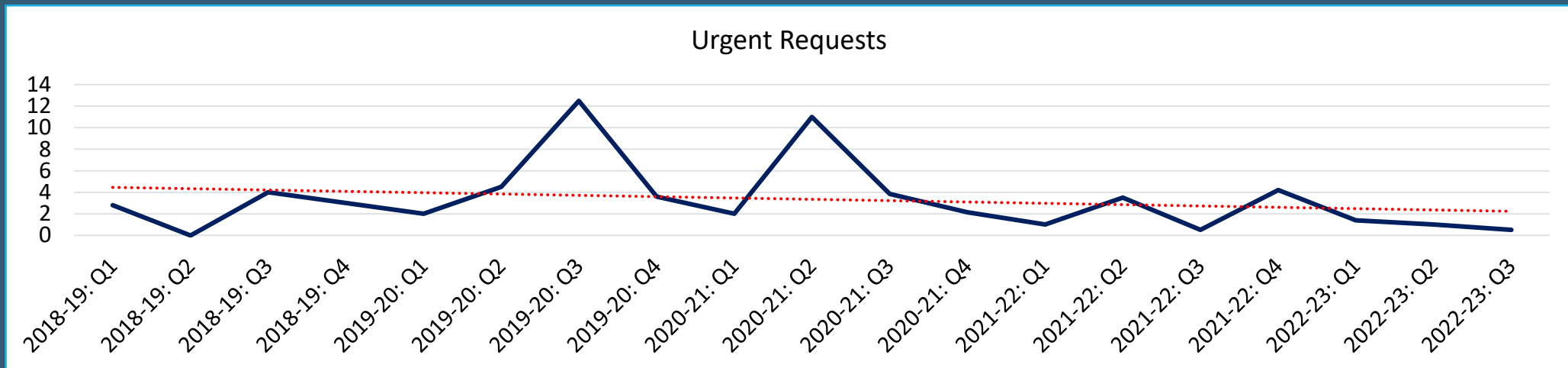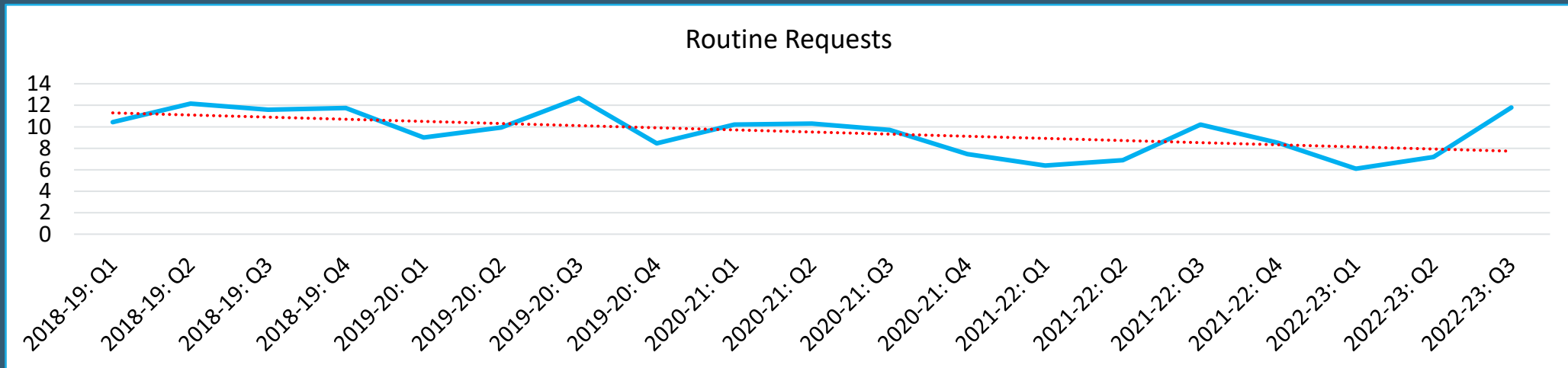
V. SERVICE ACCESS & TIMELINESS

AG-4: Maintain or improve the following engagement & attrition measures for the Adult 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
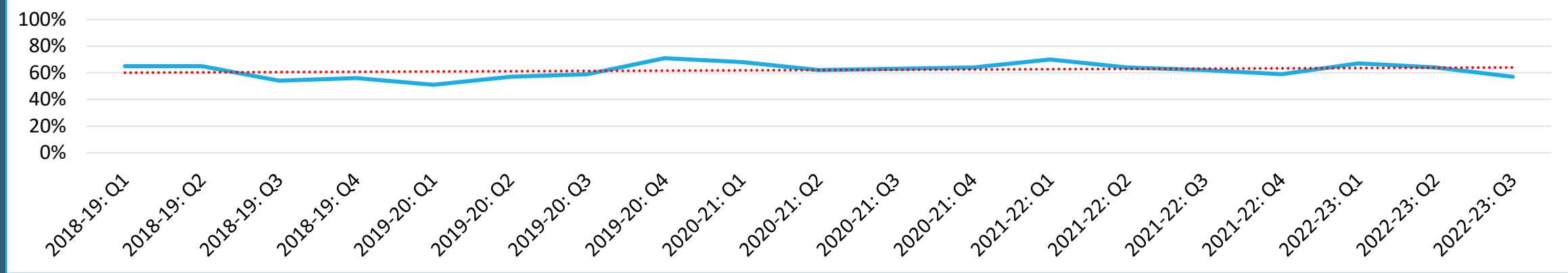   b. 60% of service requests will result in a Tx service

Adult System of Care

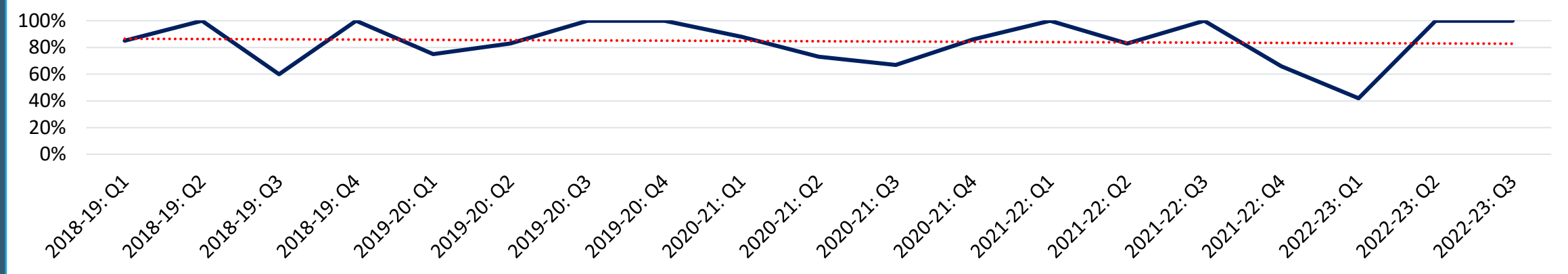|	Routine Requests	Urgent Requests	Totals
Total Service Requests	302	2	304
Received Ax (%)	57%	100%	57%
Received Ax (#)	172	2	174
Received Tx (%)	38%	50%	38%
Received Tx (#)	115	1	116
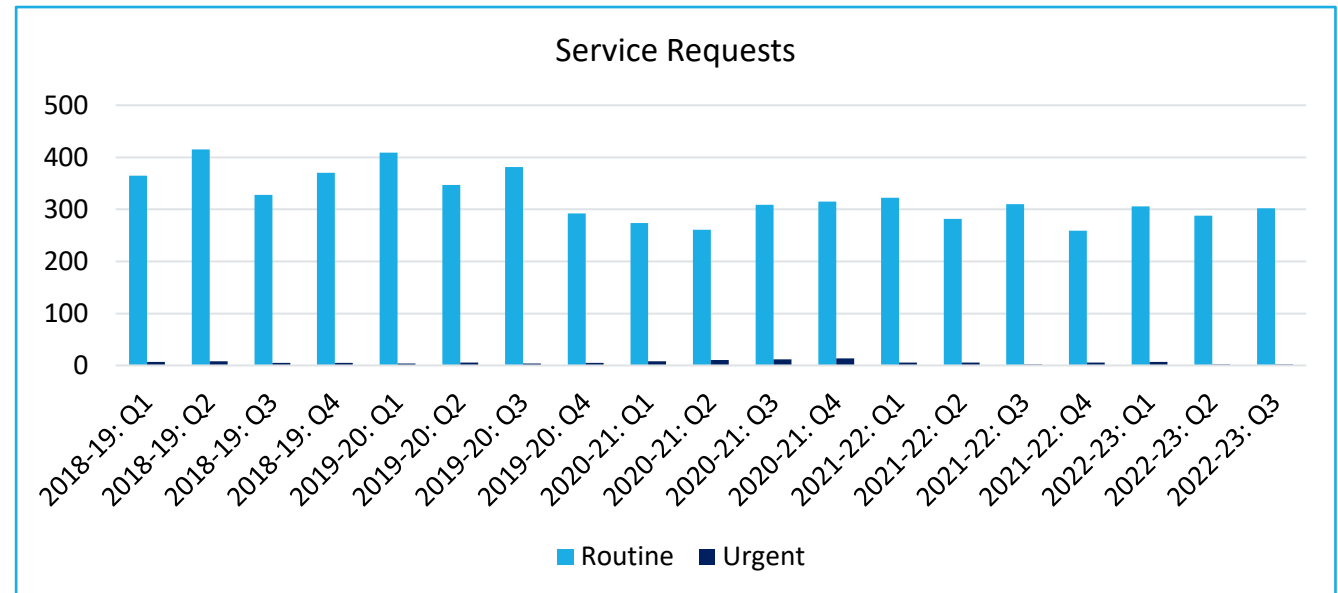
Service Requests

V. SERVICE ACCESS & TIMELINESS

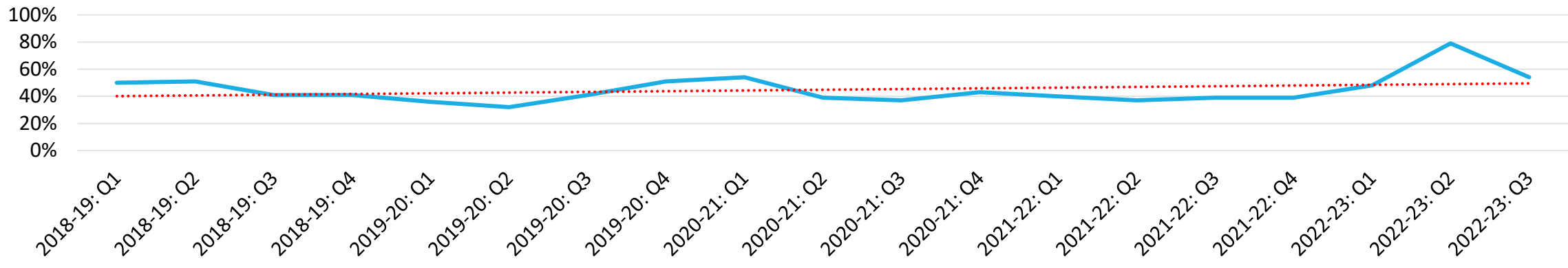Adult Services - Percentage of Service Requests with a Completed Assessment

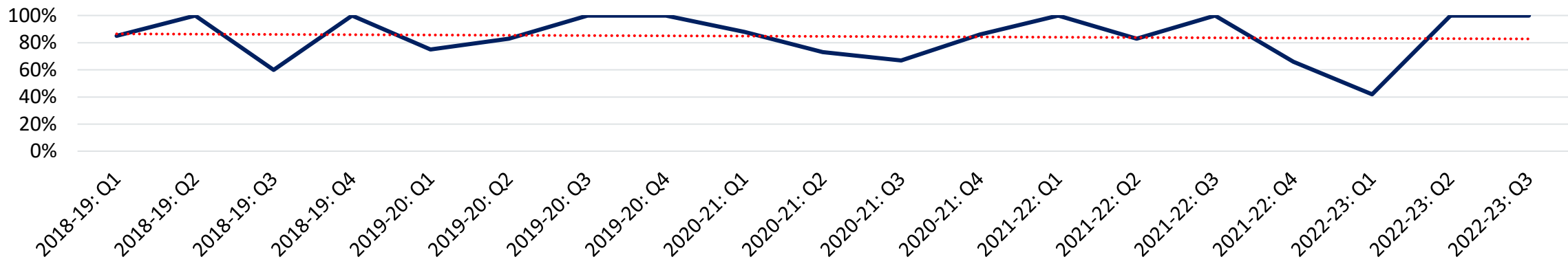# V. SERVICE ACCESS & TIMELINESS

Adult Services - Percentage of Service Requests with a Treatment Service

V. SERVICE ACCESS & TIMELINESS

- Adult Engagement to Intake Assessment and Initial Treatment Appt.

Adult System of Care

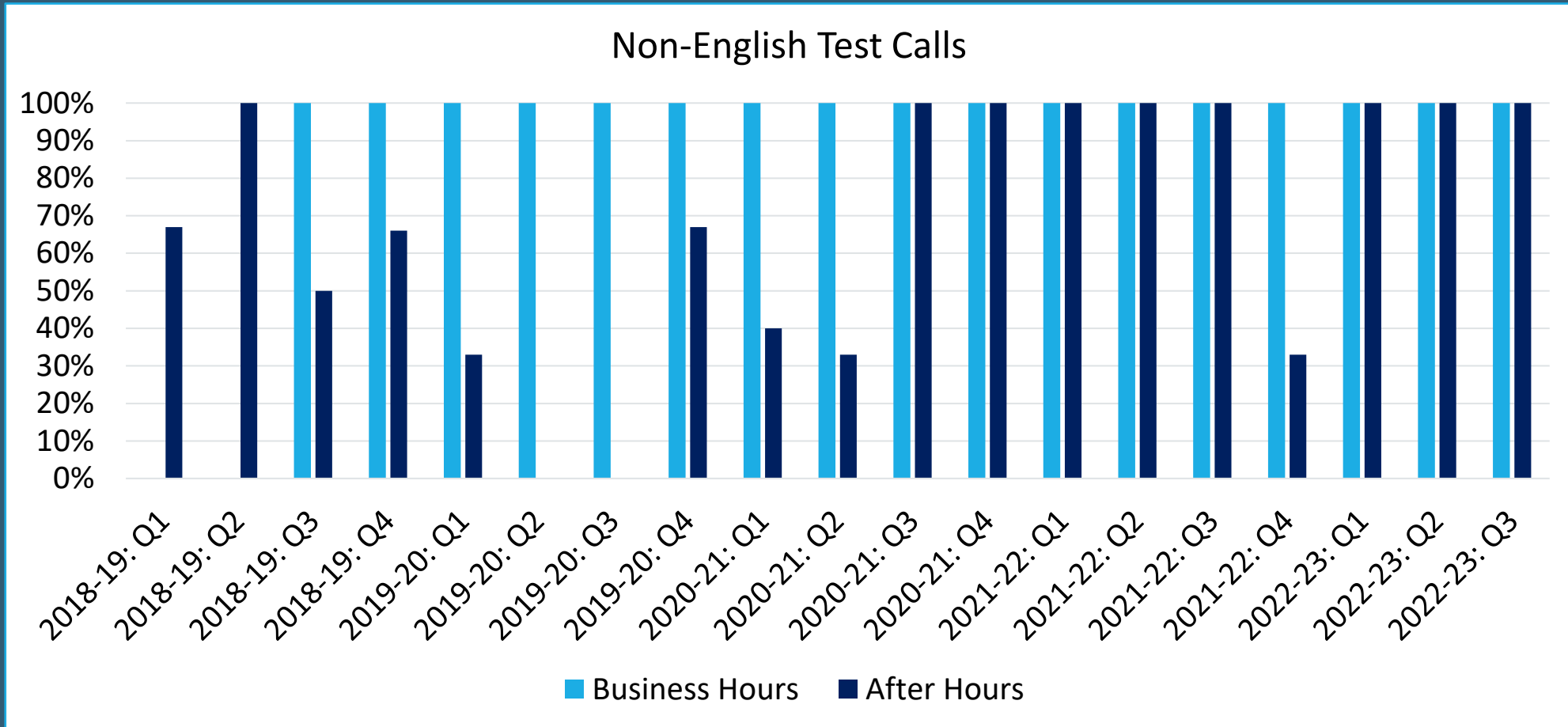|	Routine Requests	Urgent Requests	Totals
Total Service Requests	302	2	304
% Didn't Show For Ax	43%	--	43%
% Received Ax	57%	100%	57%
# Received Ax	172	2	174
Declined Tx	1	--	1
Didn't Meet Medical Necessity	5	--	5
# of clients who need Tx	166	2	168
% Received Tx	69%	50%	69%
# Received Tx	115	1	116

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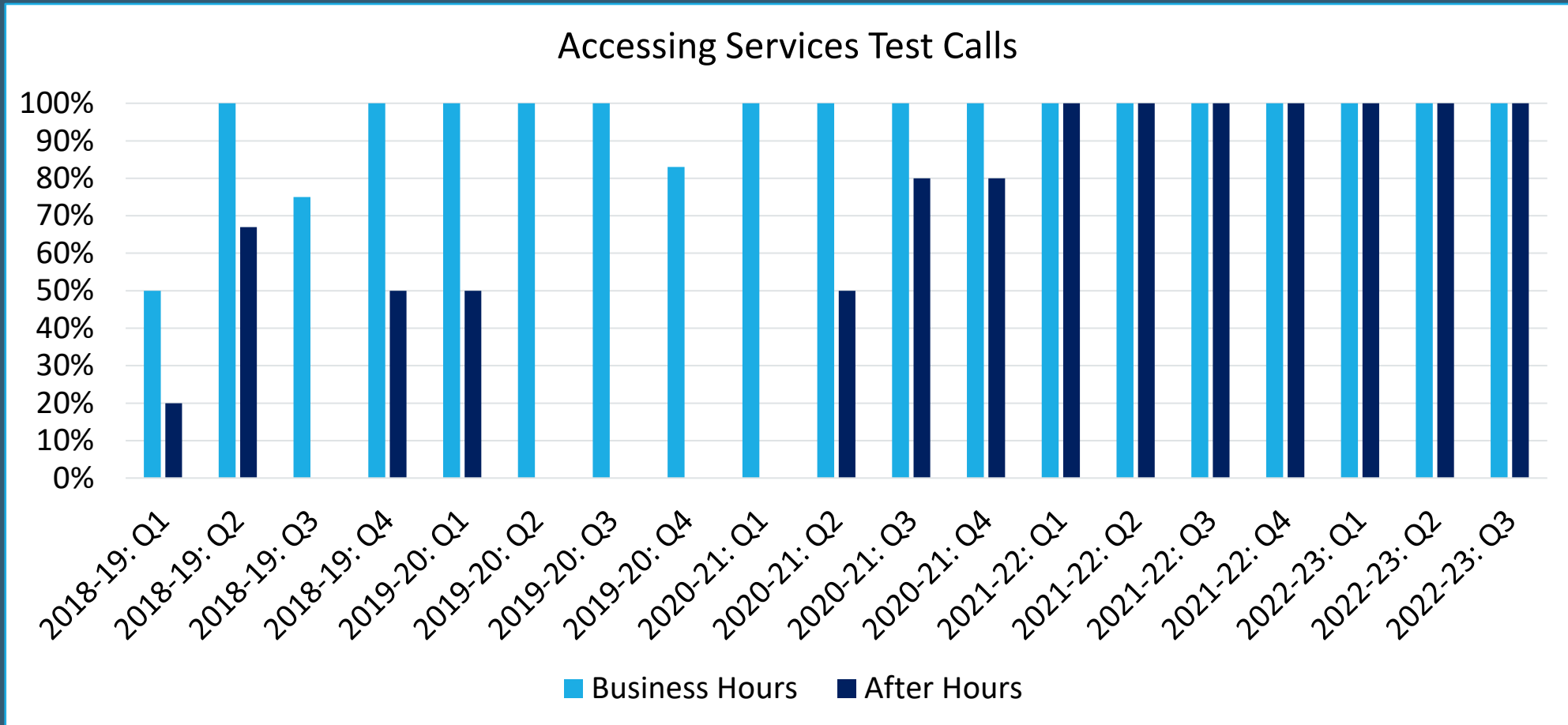
AG-5: Access test call performance

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	3	100%	100%
	A	3	3	100%	100%
Info provided for accessing SMHS (including getting an Ax)	B	5	5	100%	100%
	A	2	2	100%	100%
Info provided for treating an urgent condition	B	1	1	100%	--
	A	1	1	100%	--
Info provided for Problem Resolution/ Fair Hearing	B	--	--	--	100%
	A	3	3	100%	100%
Logging calls	B	6	6	100%	100%
	A	6	5	83%	33%

V. SERVICE ACCESS & TIMELINESS
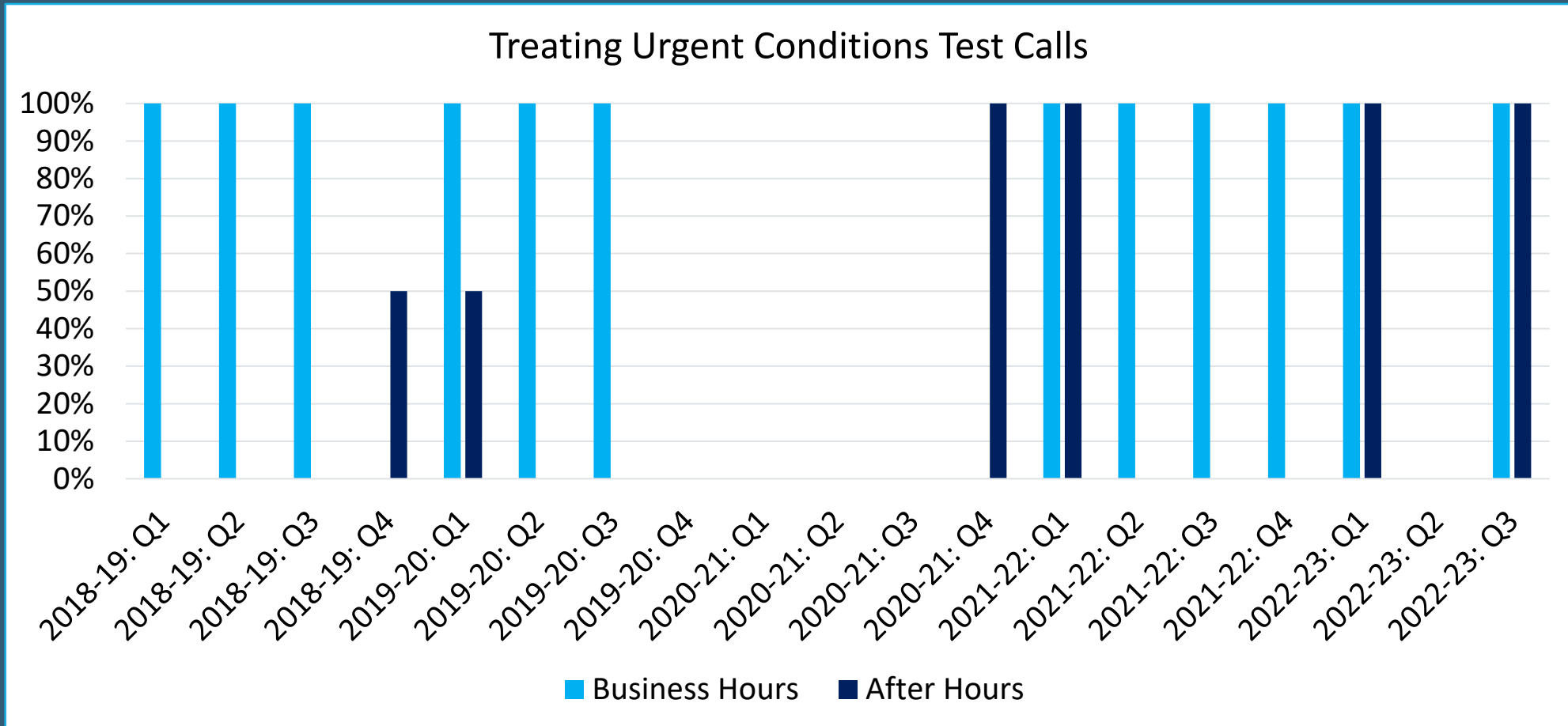

Non-English Test Calls

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

Legend: Business Hours, After Hours

V. SERVICE ACCESS & TIMELINESS

Logging of Test Calls
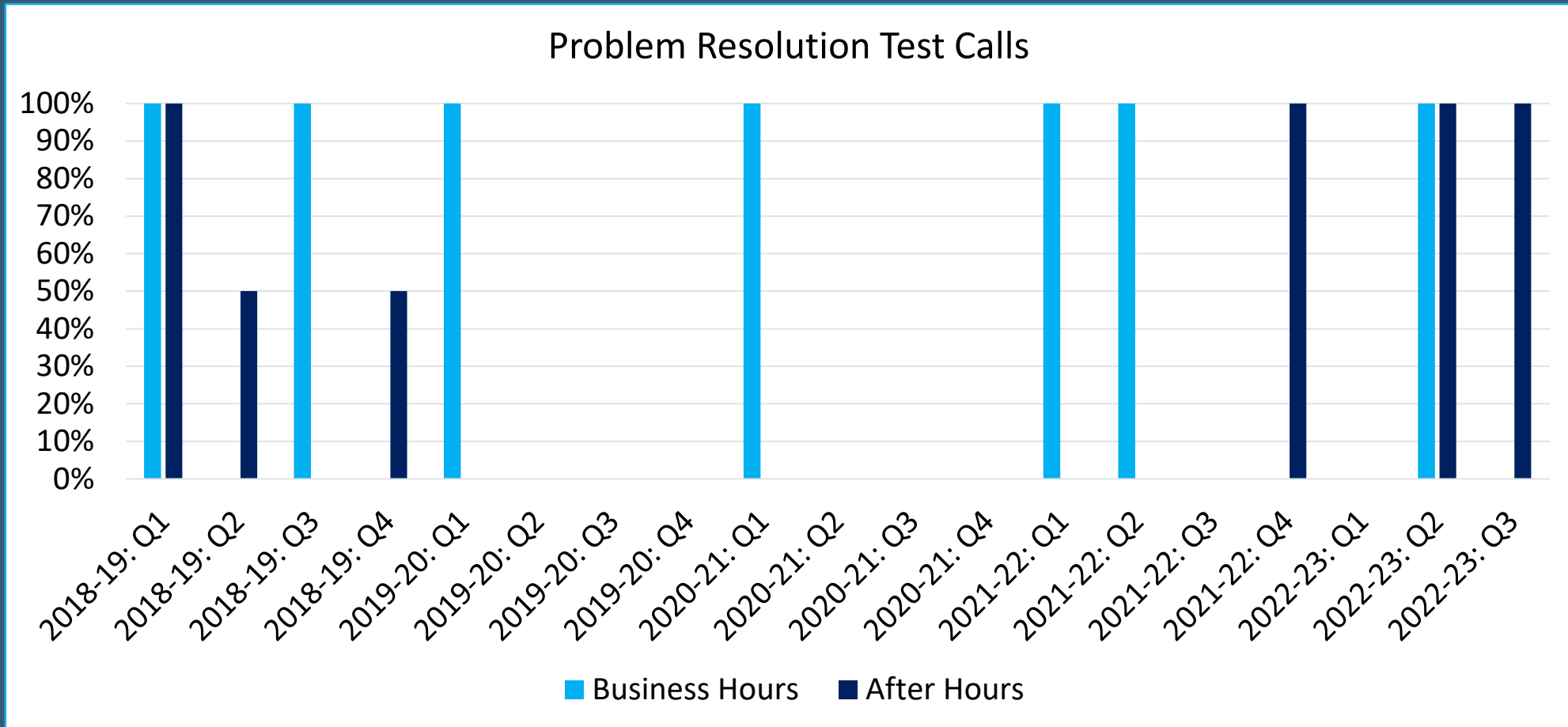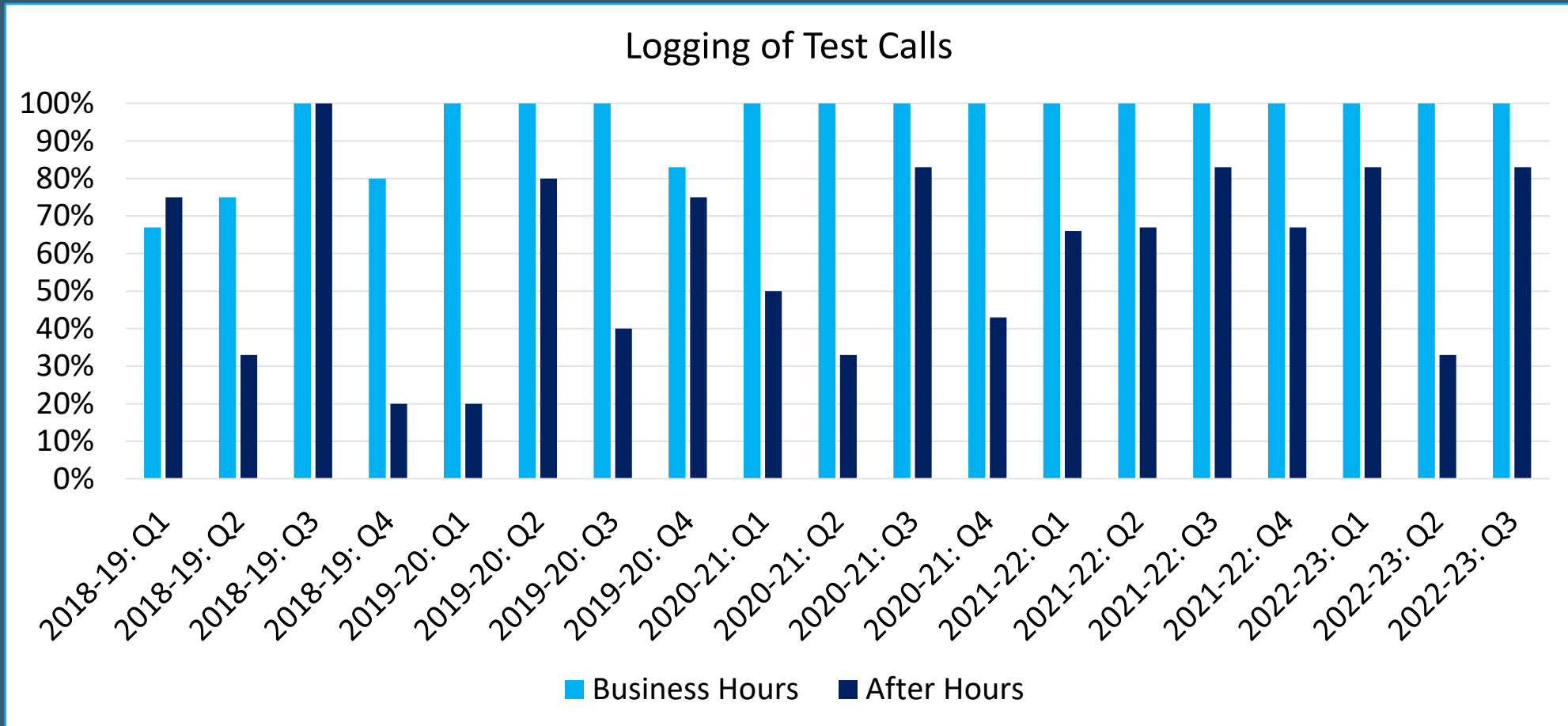
VI. PERFORMANCE IMPROVEMENT PROJECTS

VI. PERFORMANCE IMPROVEMENT PROJECTS

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).

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

Quarter	Individuals Stabilized	Holds by Law Enforcement	Satisfaction Rating
Q1	90	58% (58)	N/A
Q2	39*		
Q3			
Q4			
FY Total			

*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

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	0	N/A	N/A	N/A
Q3				
Q4				
FY Total				

Q1 Data July 1st - Sept 26th when PC Mobile Crisis Program went on hiatus due to staffing. Services did not resume during Q2-Q3.

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	45	87% (39)	13%(6)	N/A
Q3				
Q4				
FY Total				

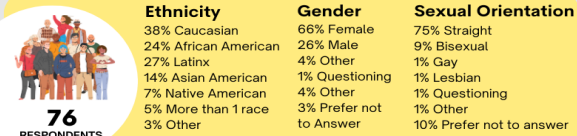Q1 Data Aug. 11th – Sept. 30th as first day of school was Aug. 11th

Note: SCOE was not required to do a Consumer Satisfaction Rating at time of reporting.

AG-2: PIP # 2: Measuring Welcoming Spaces

SCBH Only

System Wide

WELCOMING SPACES SURVEY RESULTS

RESPONDENT DEMOGRAPHICS

76 RESPONDENTS

Ethnicity
38% Caucasian
24% African American
27% Latinx
14% Asian American
7% Native American
5% More than 1 race
3% Other

Gender
66% Female
26% Male
4% Other
1% Questioning
4% Other
3% Prefer not to Answer

Sexual Orientation
75% Straight
9% Bisexual
1% Gay
1% Lesbian
1% Questioning
1% Other
10% Prefer not to answer

SURVEY RESPONSES

Respondents rated Behavioral Health Services **4.8 stars** on creating a welcoming space — **4.8 STARS!**

95% responded that program staff was friendly and greeted the client (in person, by phone or by computer)

93% responded that their preferred/chosen name was used correctly

85% responded their pronouns were used appropriately

98% felt comfortable sharing their gender identity with office staff, provider, therapist and peer specialist

More than half of respondents noticed signs that were easy to read and community friendly, and signs and materials in languages other than English — *Welcome!*
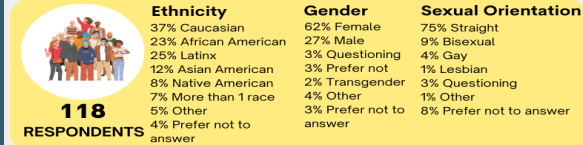
HOW CAN WE MAKE IT MORE WELCOMING?

"I can't describe my amazement with being with this caring community."
"It's always quiet, clean and neat."
"I feel fine and comfortable attending my appointments, thank you."
"My experience has been great."
"I feel very welcome by all staff."
"Someone in person"
"Disability access (heavy doors)"

SOLANO COUNTY Behavioral Health
Hope, Resilience, Wellness

WELCOMING SPACES SURVEY RESULTS

Services were received from Solano County, Bay Area Community Services, Caminar, Child Haven, Crestwood CSU, Rio Vista CARE and Shelter Solano

RESPONDENT DEMOGRAPHICS

118 RESPONDENTS

Ethnicity
37% Caucasian
23% African American
25% Latinx
12% Asian American
8% Native American
7% More than 1 race
5% Other
4% Prefer not to answer

Gender
62% Female
27% Male
3% Questioning
3% Prefer not
2% Transgender
4% Other
3% Prefer not to answer

Sexual Orientation
75% Straight
9% Bisexual
4% Gay
1% Lesbian
3% Questioning
1% Other
8% Prefer not to answer

SURVEY RESPONSES

Respondents rated Behavioral Health Services **4.6 stars** on creating a welcoming space — **4.6 STARS!**

83% responded that program staff was friendly and greeted the client (in person, by phone or by computer)

94% responded that their preferred/chosen name was used correctly

85% responded their pronouns were used appropriately

93% felt comfortable sharing their gender identity with office staff, provider, therapist and peer specialist

More than half of respondents noticed signs that were easy to read and community friendly, and signs and materials were in languages other than English — *Bienvenidos*

HOW WE CAN MAKE IT MORE WELCOMING?

Less judgment
Access to quicker / more services
Disability access
In-person visits

RESPONDENT REVIEWS

"I can't describe my amazement with being with this caring community."
"It's always quiet, clean and neat."
"I feel fine and comfortable attending my appointments."
"My experience has been great."
"I feel very welcome by all staff."
"Everything is stellar!"
"People or staff are nice and kind here. They understand you here. I love coming here."
"Great staff, friendly, welcoming and very helpful!"
"My experience has been all positive."
"Excellent welcoming. Thank you."

SOLANO COUNTY Behavioral Health
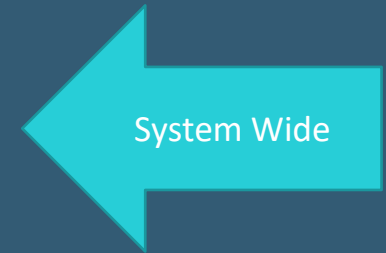
Solano BHP Welcoming Spaces Survey Results

Measurement Year: 2022

Performance Measure	Target	Actual
The % of clients reporting yes/always when asked "I feel comfortable sharing my sexual orientation" with BH staff	90% of clients reporting "yes/always" on Welcoming Spaces Survey	78/87=90%
The % of clients reporting yes/always when asked "I feel comfortable sharing my gender identity" with BH staff	90% of clients reporting "yes/always" on Welcoming Spaces Survey	85/92=92%
The % of clients reporting that they saw "signs and materials in languages other than English" and "Materials representing diverse cultures" during their visit within the last 6 months	75% of clients on Welcoming Spaces Survey	58/108=54%

**sample size of approx. 100; based on the overall population there is a 9-10% margin of error)

VI. PERFORMANCE IMPROVEMENT PROJECTS

PIP #3: Follow Up after emergency department visit for Mental Health reason (FUM)

Goal:
1. Improve 7 day follow up metric by 2.5 percentage points.
2. Improve 30 day follow up metric by 2.5 percentage points.

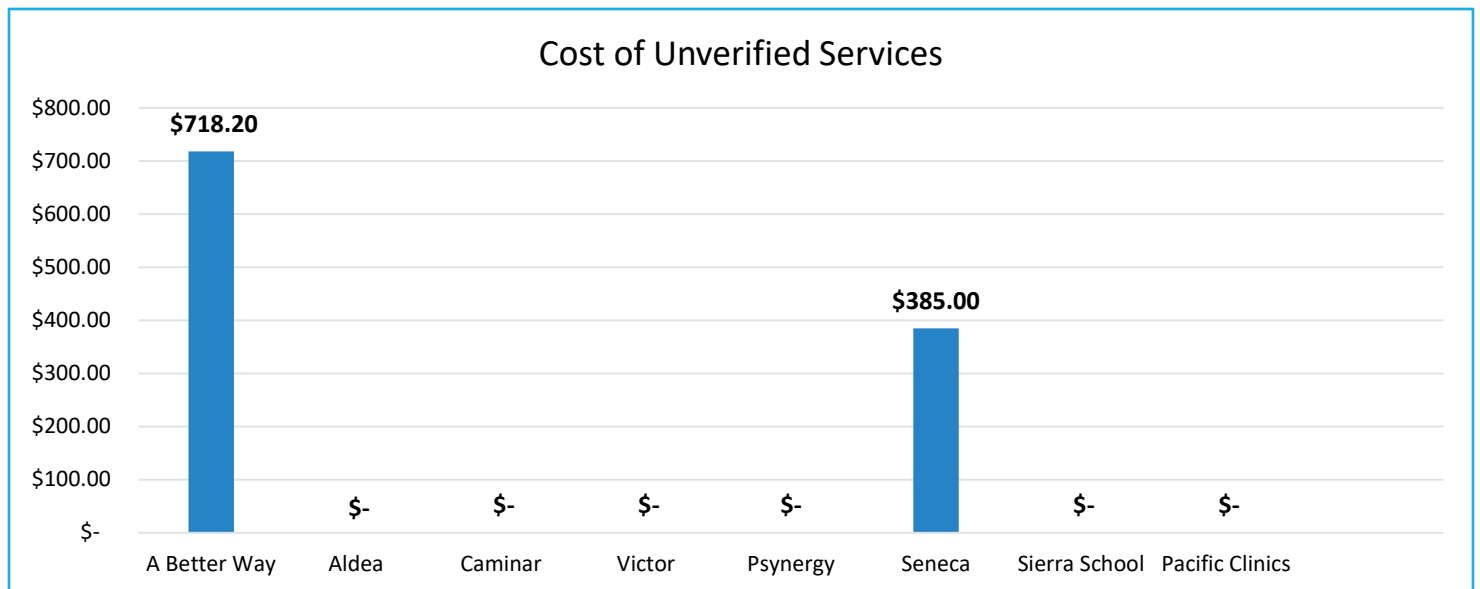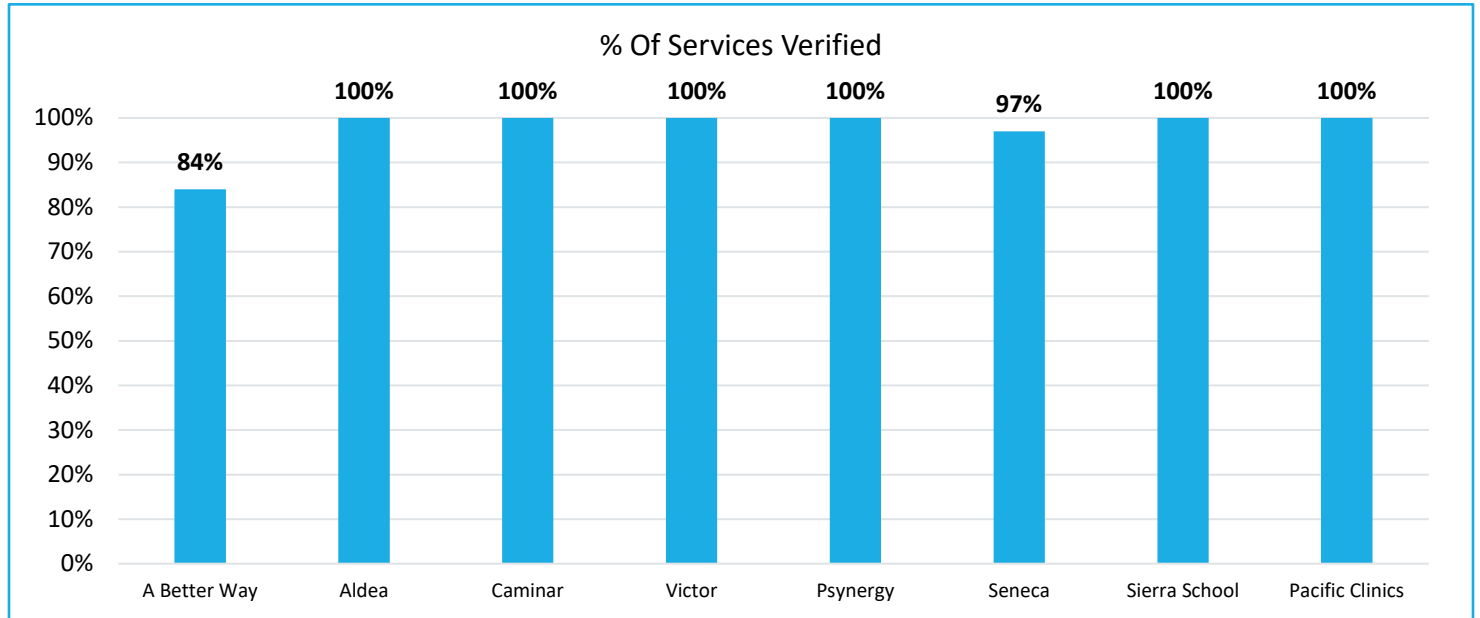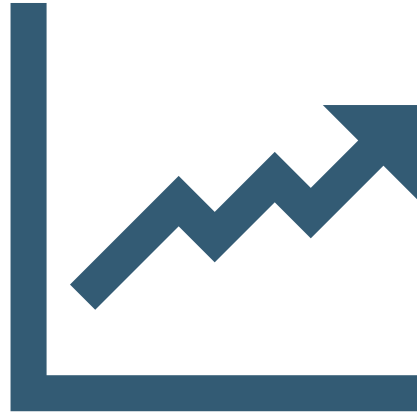| Service Follow Up	# with an ED Visit for Mental Health	# receiving a MH Service Follow Up	Solano FUM%	California FUM %	National FUM %
w/in 7 days					
w/in 30 days					

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 21/22 baseline: 93%)

% Of Services Verified

A Better Way	Aldea	Caminar	Victor	Psynergy	Seneca	Sierra School	Pacific Clinics
84%	100%	100%	100%	100%	97%	100%	100%

Cost of Unverified Services

A Better Way	Aldea	Caminar	Victor	Psynergy	Seneca	Sierra School	Pacific Clinics
$718.20	$-	$-	$-	$-	$385.00	$-	$-

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
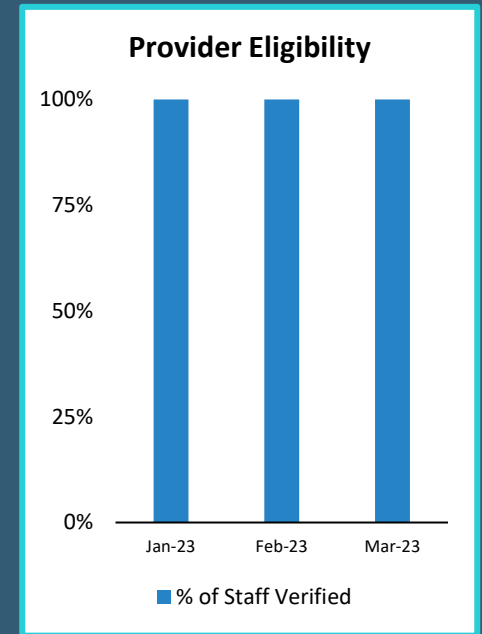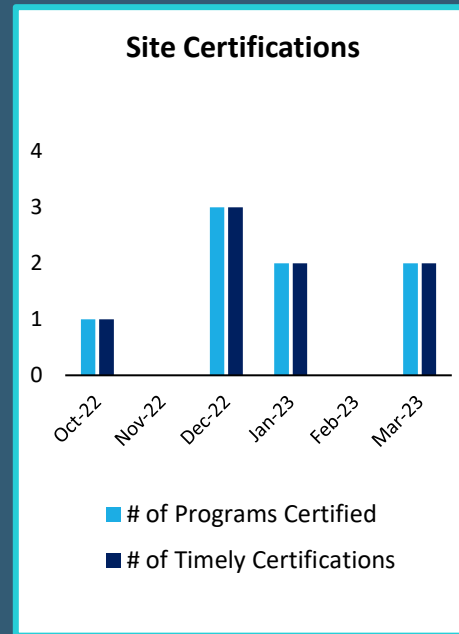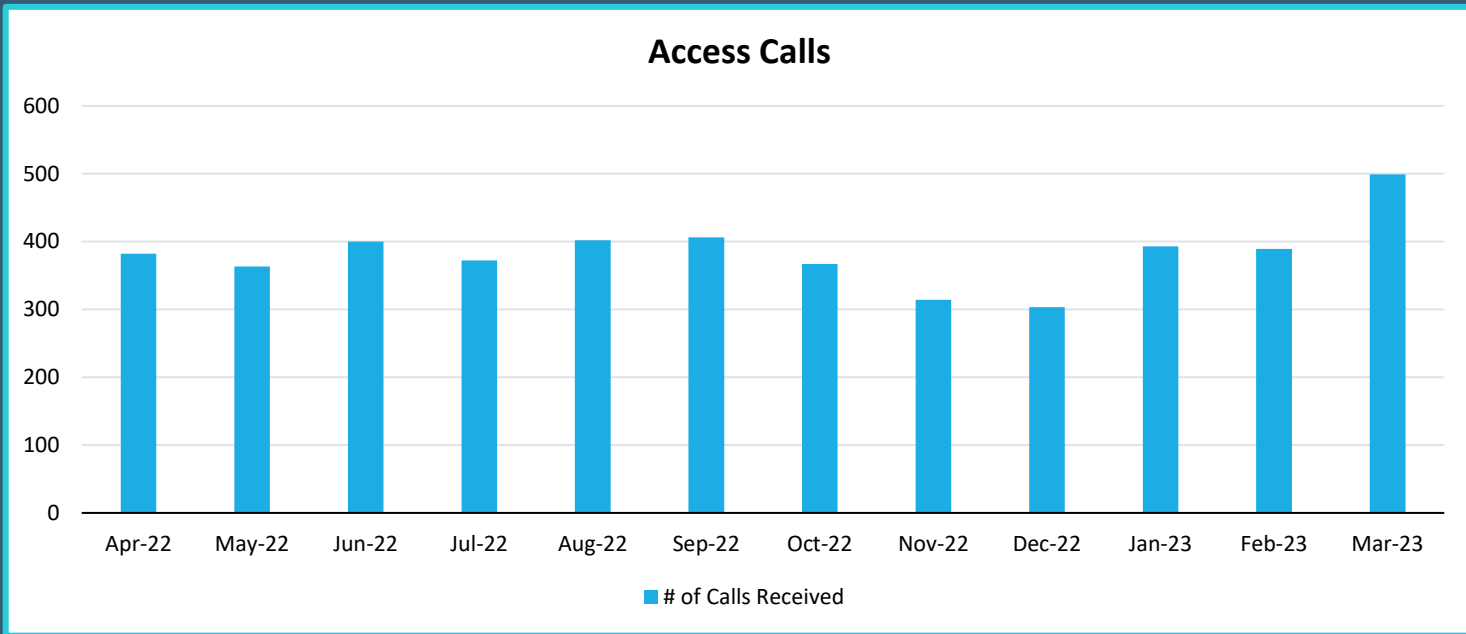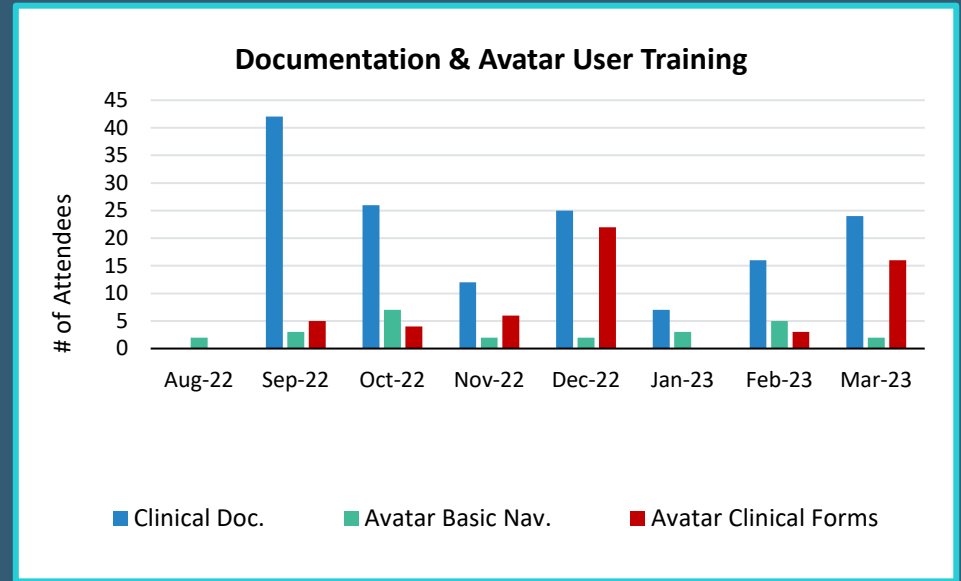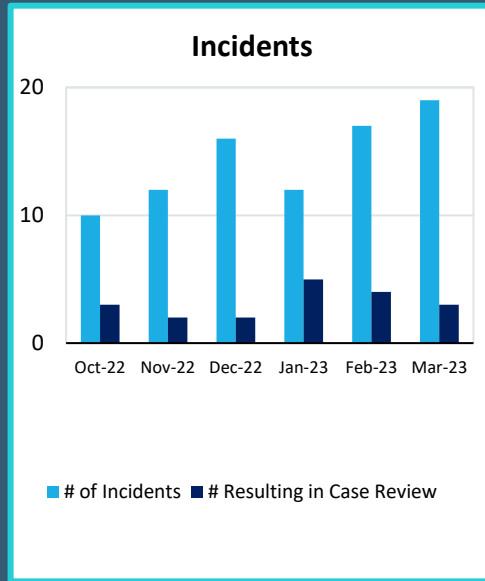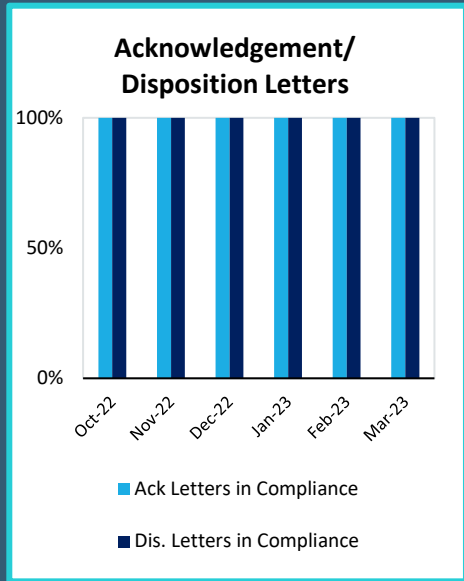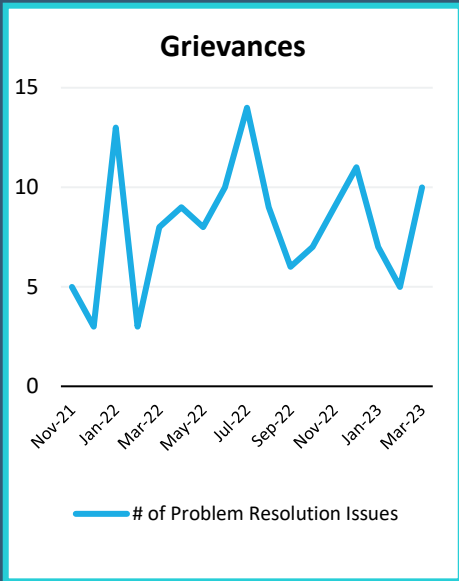
Contracted Programs

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

Program	Days to Complete Report (60 days or less)	Required a CAP	Days to Submit a CAP (45 days or less)	CAP Resolution Status
CBO Youth A	15	Yes	48	Resolved
CBO Adult B	8	Yes	45	Resolved w/ Continued CalAIM f/u
CBO Youth C	6	Yes	45	Unresolved w/ Continued CalAIM f/u
CBO Youth D	6	Yes	58 (Extension Requested & Approved)	Resolved
CBO Adult E	7	Yes	N/A	TBD
CBO Youth F	7	Yes	48	Resolved
CBO Youth G	7	Yes	26	Resolved
CBO Youth H	5	Yes	43	Resolved
CBO Youth I	8	Yes	43	Pending Review
CBO Youth K	13	Yes	Not Yet Due	TBD
County Adult L	13	Yes	Not Yet Due	TBD
County Adult M	6	Yes	Not Yet Due	TBD
Running Averages	**8.4**	**Yes**	**44.5**	**--**

QUALITY IMPROVEMENT DASHBOARD

Grievances

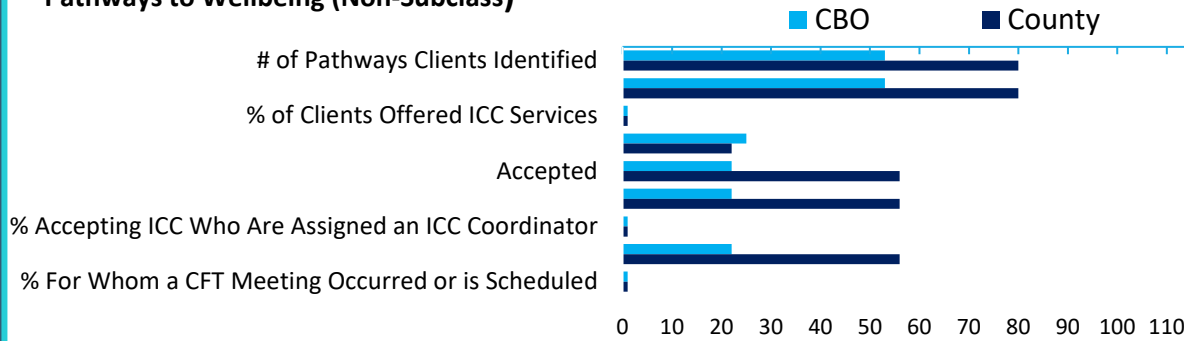**Acknowledgement/Disposition Letters**

Incidents

Documentation & Avatar User Training

Access Calls

Site Certifications

Provider Eligibility

Pathways to Wellbeing (Katie A. Subclass)

Horizontal bar chart, scale 0–130:
- # 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
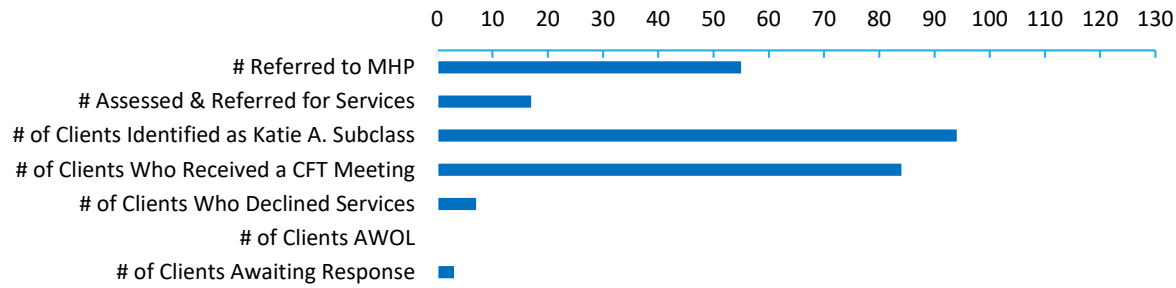
Pathways to Wellbeing (Non-Subclass)

Legend: CBO, County
- # 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

Scale 0–110

Compliance Training (# of Staff in Attendance)

Legend: # of Staff in Attendance (Jan-23, Feb-23, Mar-23)

of Compliance Communications

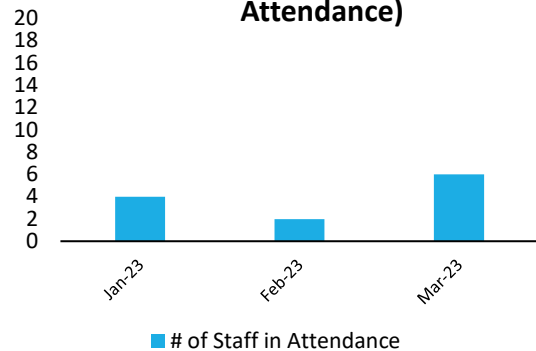Legend: # of Communications (Jul-22 through Mar-23)
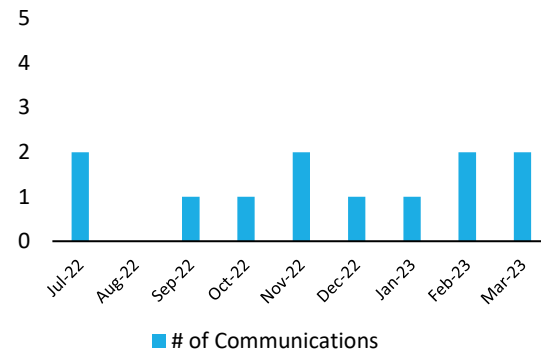
Youth Medication Monitoring

Quarter 3

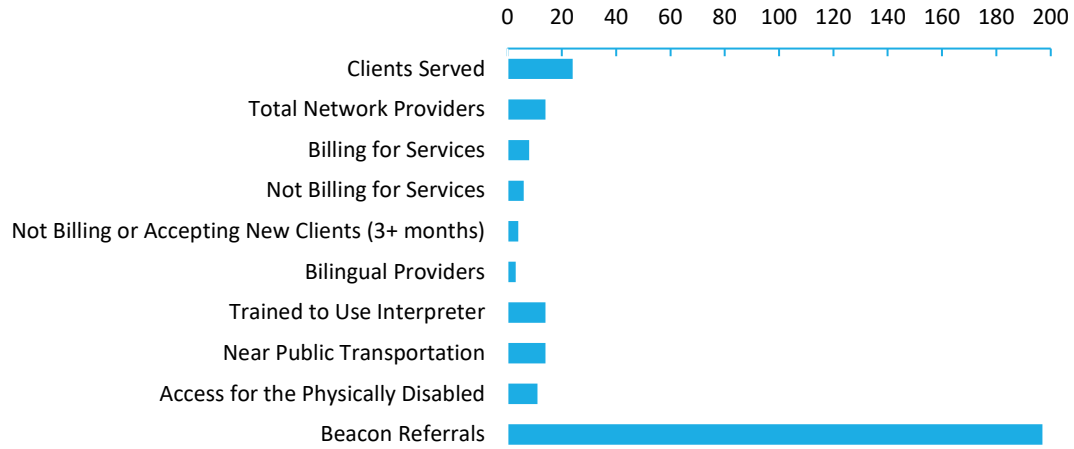| Population	# of Youth on 1 or More Psychotropic RX	# of Youth Age 0-5 on More Than 1 Psychotropic RX	# of Youth Age 6-11 on More Than 2 Psychotropic RX	# of Youth Age 12-17 on More Than 3 Psychotropic RX	# of Youth on 2 or More Antipsychotic RX
Foster Youth	17	N/A	N/A	0	N/A
Non-Foster Youth	114	N/A	4	5	N/A
Total	131	N/A	4	5	N/A

Managed Care Provider Network

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

0 20 40 60 80 100 120 140 160 180 200

Regional Utilization by Cultural Group

400
300
200
100
0

North County   Central County   South County

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

Total Utilization by Cultural Group

1000
800
600
400
200
0

2018-19: Q1, 2018-19: Q2, 2018-19: Q3, 2018-19: Q4, 2019-20: Q1, 2019-20: Q2, 2019-20: Q3, 2019-20: Q4, 2020-21: Q1, 2020-21: Q2, 2020-21: Q3, 2020-21: Q4, 2021-22: Q1, 2021-22: Q2, 2021-22: Q3, 2021-22: Q4, 2022-23:Q1, 2022-23:Q2, 2022-23:Q3, 2022-23:Q4

● Black/ AA Clients   ● Hispanic/ Latinx Clients   ● Filipinx Clients   ● LGBTQ+ Clients

NEXT MEETING:

Quality Improvement Committee
FY 2022-2023: Quarter 4
Thursday August 10th, 2023
1:30pm – 3:30pm

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

QualityAssurance@SolanoCounty.com