



# QUALITY IMPROVEMENT COMMITTEE

Solano County Behavioral Health

May 12<sup>th</sup>, 2022

1:30pm – 3:30pm

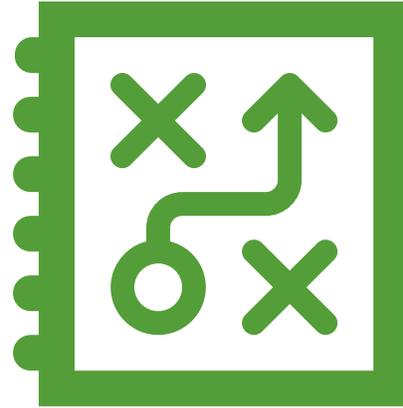
# ANNOUNCEMENTS & ACTION ITEMS

## Announcements

- 7/1/2022: Solano MHP planning to divide Quality Management in QA team and PI Team
- 7/1/2022: Documentation Redesign requirements go into effect (BHIN 20-019) – QI held web training on 5/3/22
- Network Adequacy: Tentative 7/1/2022
- Milestone Deadlines for CalAIM Payment Reform, Data Exchange and Doc Redesign:
  - Sept 30, 2022
  - Mar 1, 2022
  - Sept 30, 2023

## Action Items

- Service Verification Process Changes – Complete
  - No changes to policy
- Youth SUD Data Expansion – In Progress



# QUALITY ASSESSMENT & PERFORMANCE IMPROVEMENT PLAN

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- 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

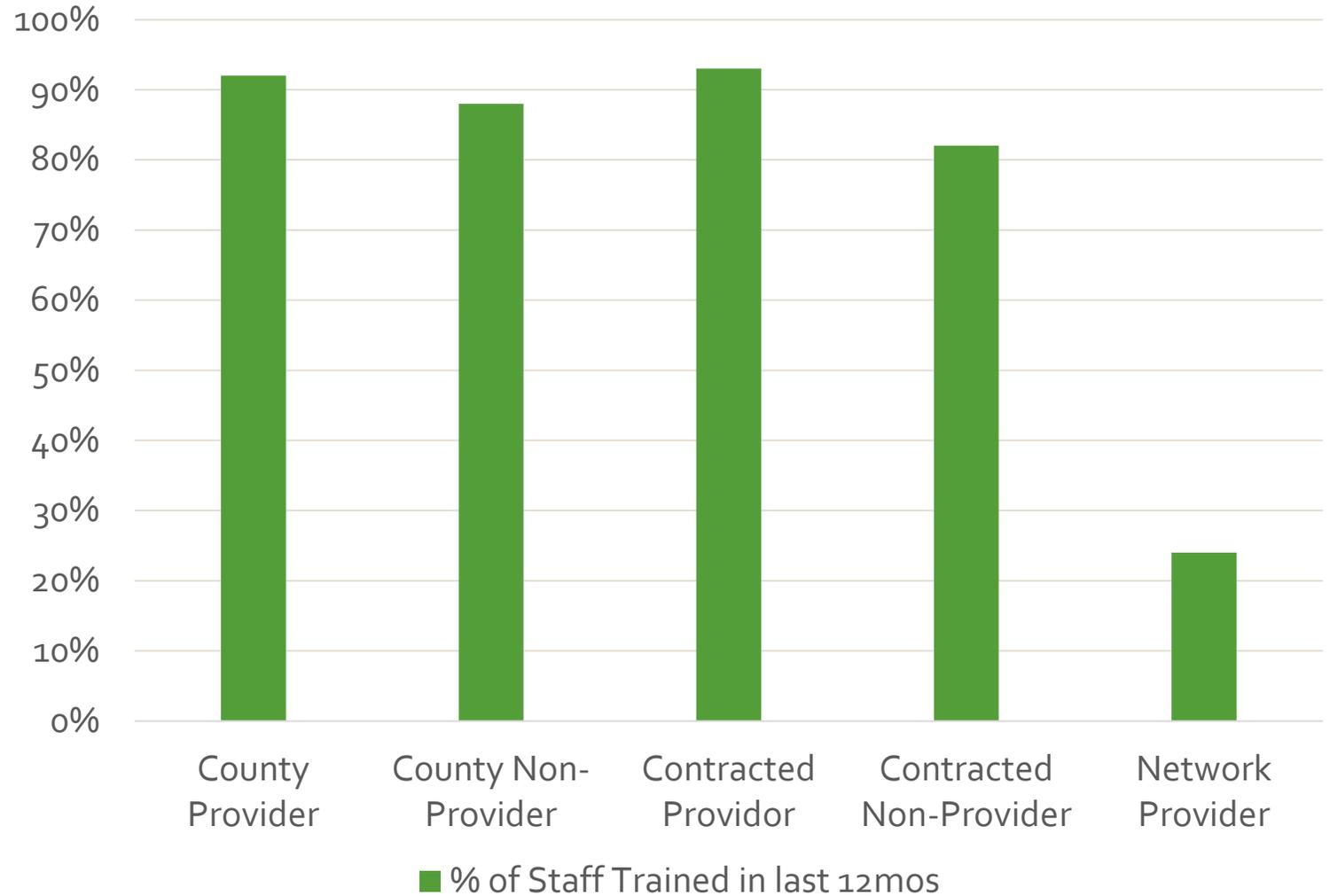


# I. CULTURAL DIVERSITY & EQUITY

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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

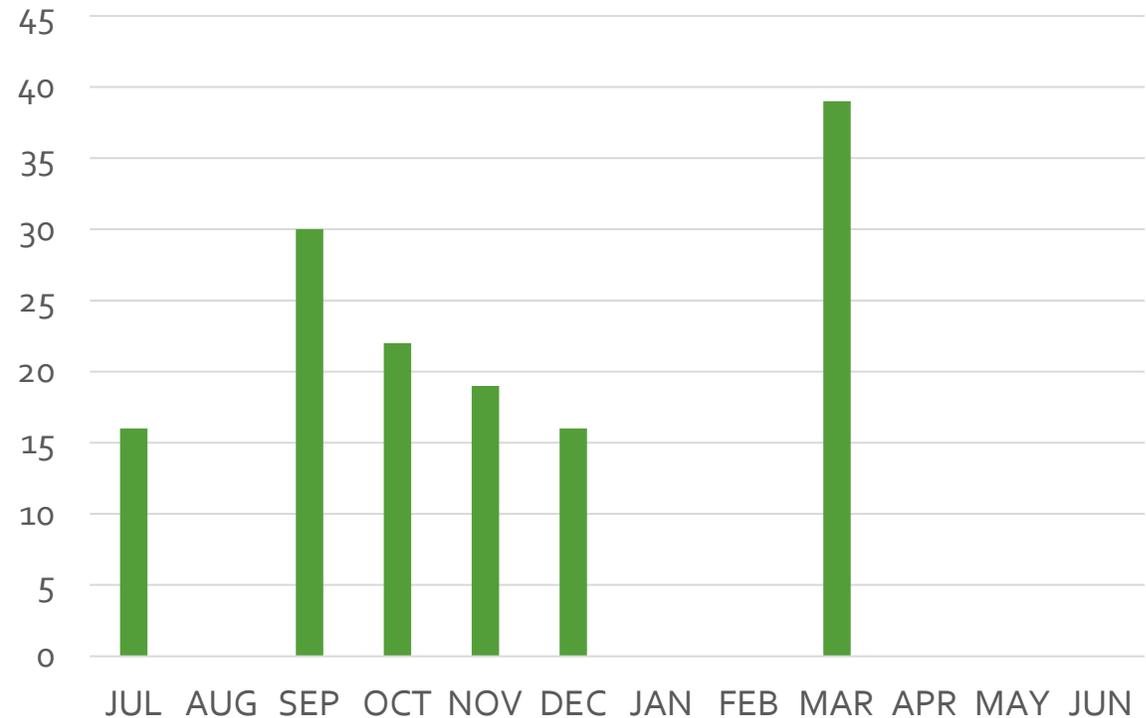
## Diversity & Equity Committee Updates:

- I. Diversity & Equity Plan Annual Update 2022
- II. Executive Summary Infographic
- III. March Meeting Recap:
  - I. Reviewed SCBH Mission/Vision
  - II. Targeted Recruitment Efforts
  - III. Cultural Brokers Strategy

## IV. May Meeting:

- I. BHP Mentorship
- II. Review Equity Dashboard
- III. Follow-Up Items

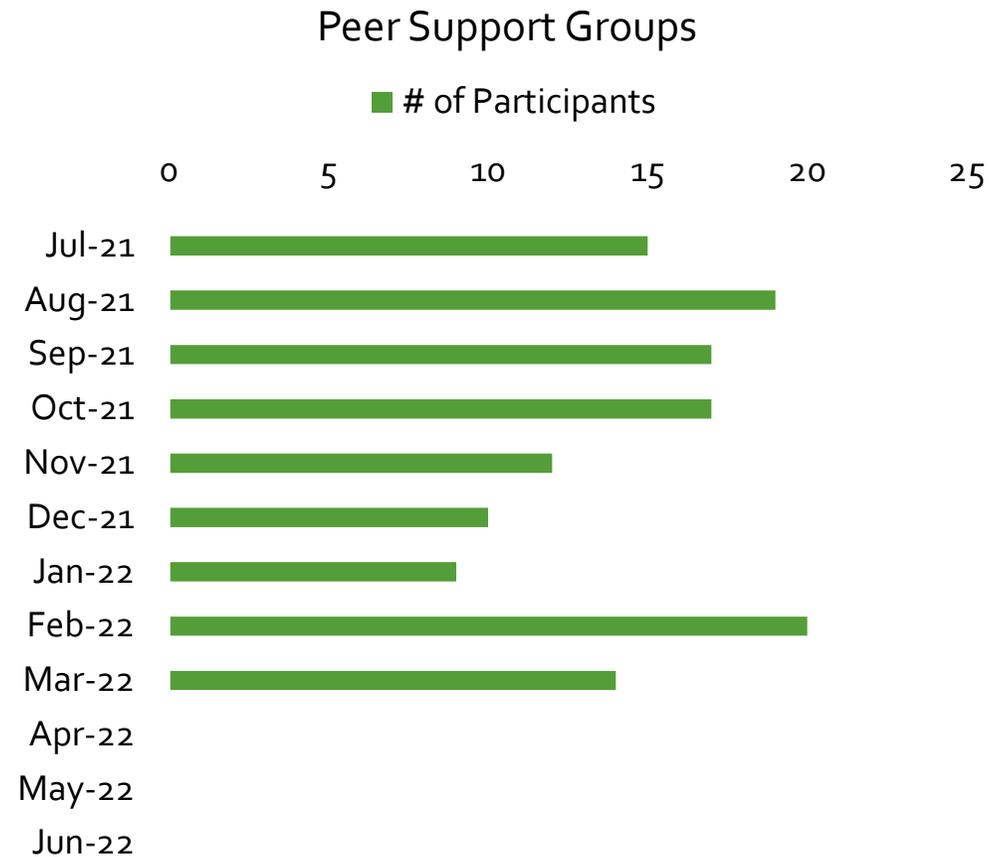
# of Participants





## 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.

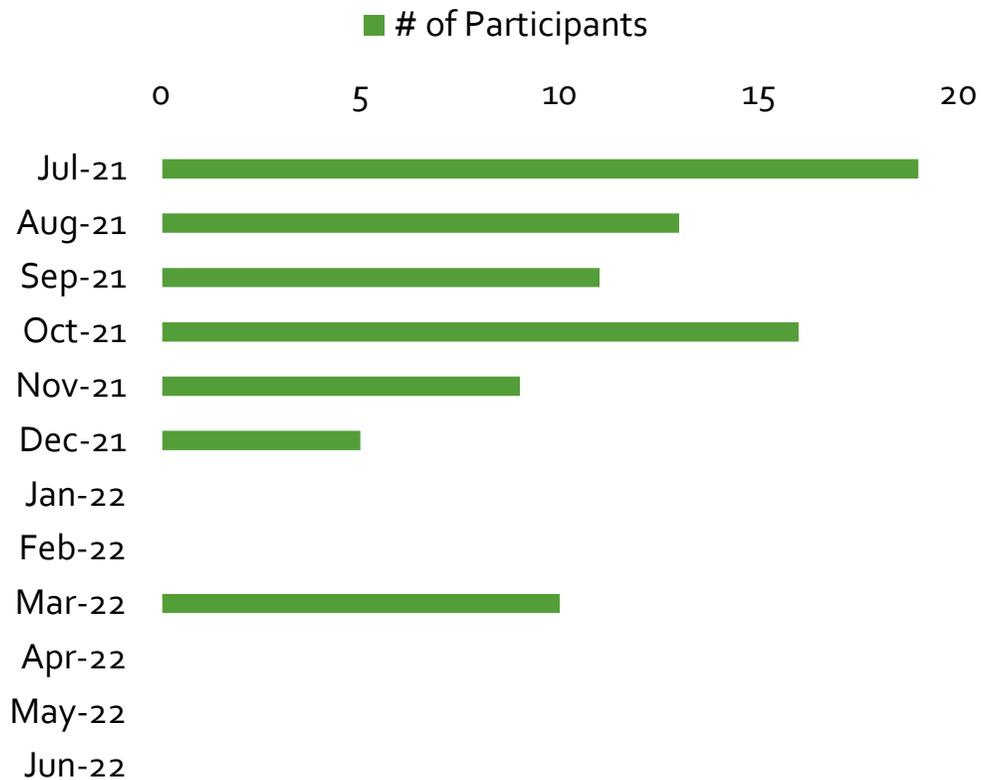
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Family Support Groups





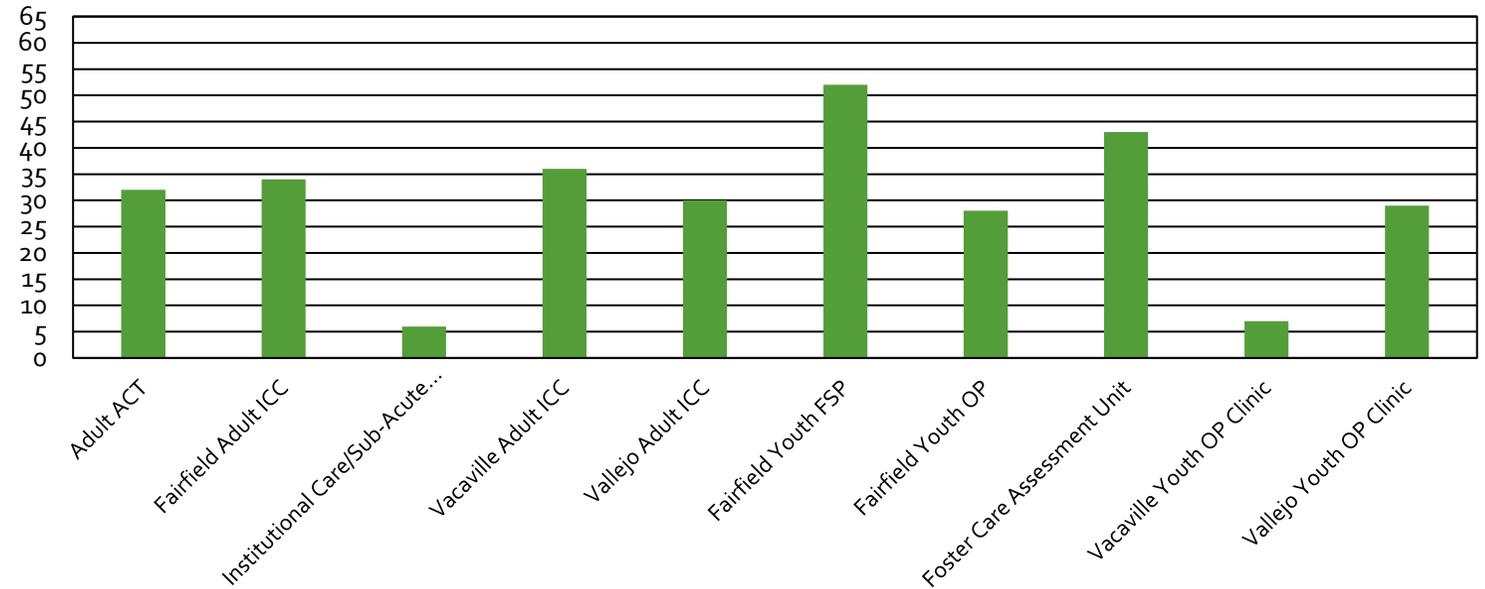
# III. BENEFICIARY SATISFACTION & PROTECTION

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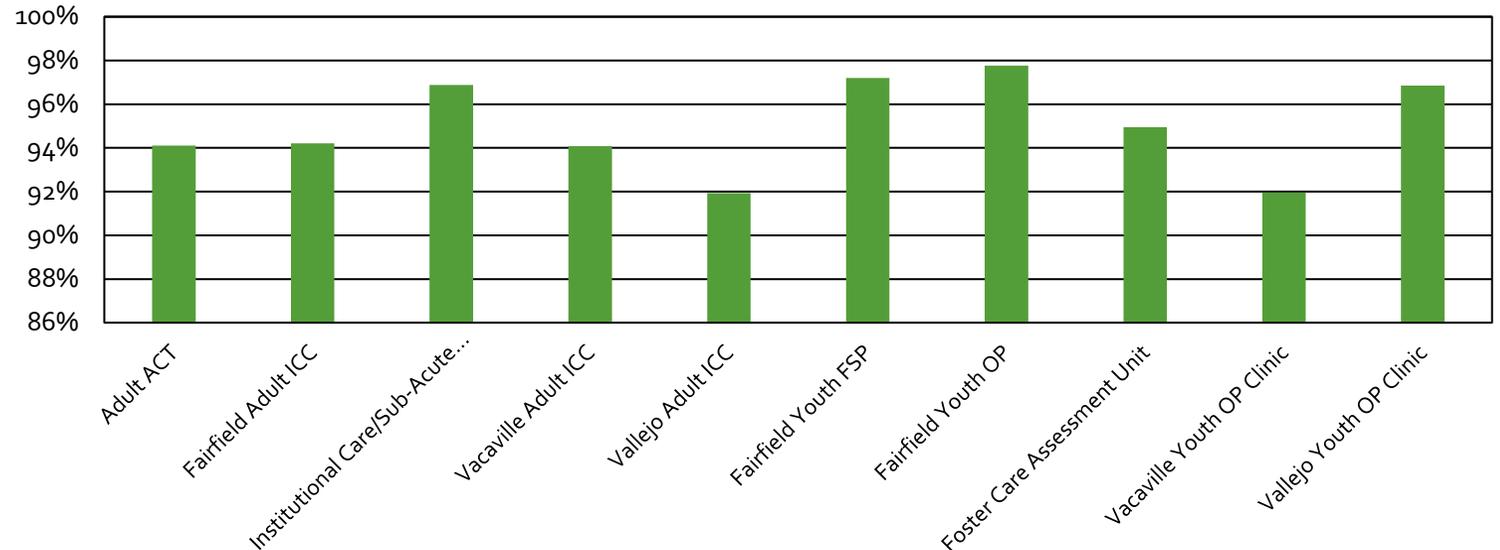
AG-1: Solano MHP will review survey data from our semiannual Solano MHP Service Verification/Consumer survey to begin to look at survey results per program. Each program will be challenged to set a program specific goal for improvement targeting baseline data from Consumer survey. Post intervention measurement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

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?	96%	3%	1%	0%
2. Did the staff listen carefully to you?	97%	3%	0%	0%
3. Did the staff show respect for what you had to say?	97%	3%	0%	0%
4. Did you feel the staff was respectful of your race/ethnicity?	96%	3%	1%	0%
5. Did you feel the staff was respectful of your religion/spirituality?	95%	4%	1%	0%
6. Did you feel the staff was respectful of your sexual orientation/gender identity?	97%	2%	1%	0%
	<b>Yes</b>	<b>No, but I'd like one</b>	<b>I don't need one</b>	<b>Not Answered</b>
7. Was an interpreter/bilingual staff provided?	16%	1%	76%	7%
If yes,	<b>Yes, definitely</b>	<b>Yes, somewhat</b>	<b>No</b>	<b>Not Answered</b>
8. Did the interpreter/bilingual staff meet your needs?	90%	6%	0%	4%
	<b>Yes, definitely</b>	<b>Yes, somewhat</b>	<b>No</b>	<b>Not Answered</b>
9. Do you feel better?	62%	28%	2%	8%
10. Would you recommend our services to others?	71%	12%	3%	14%



# IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION

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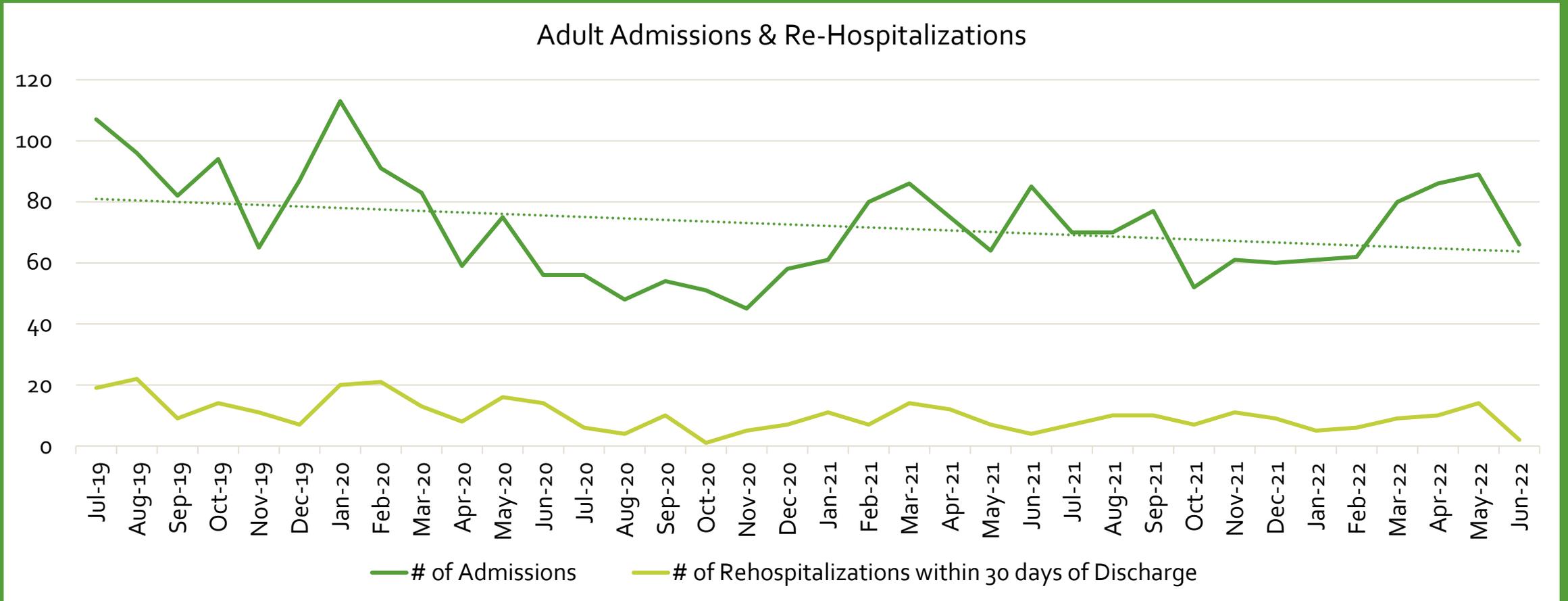
AG-2: Maintain or improve the following hospital-related measures.

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	
Jan	61	58	5	8%
Feb	62	68	6	10%
Mar	80	79	9	11%
Total	203	205	20	10%

# IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION



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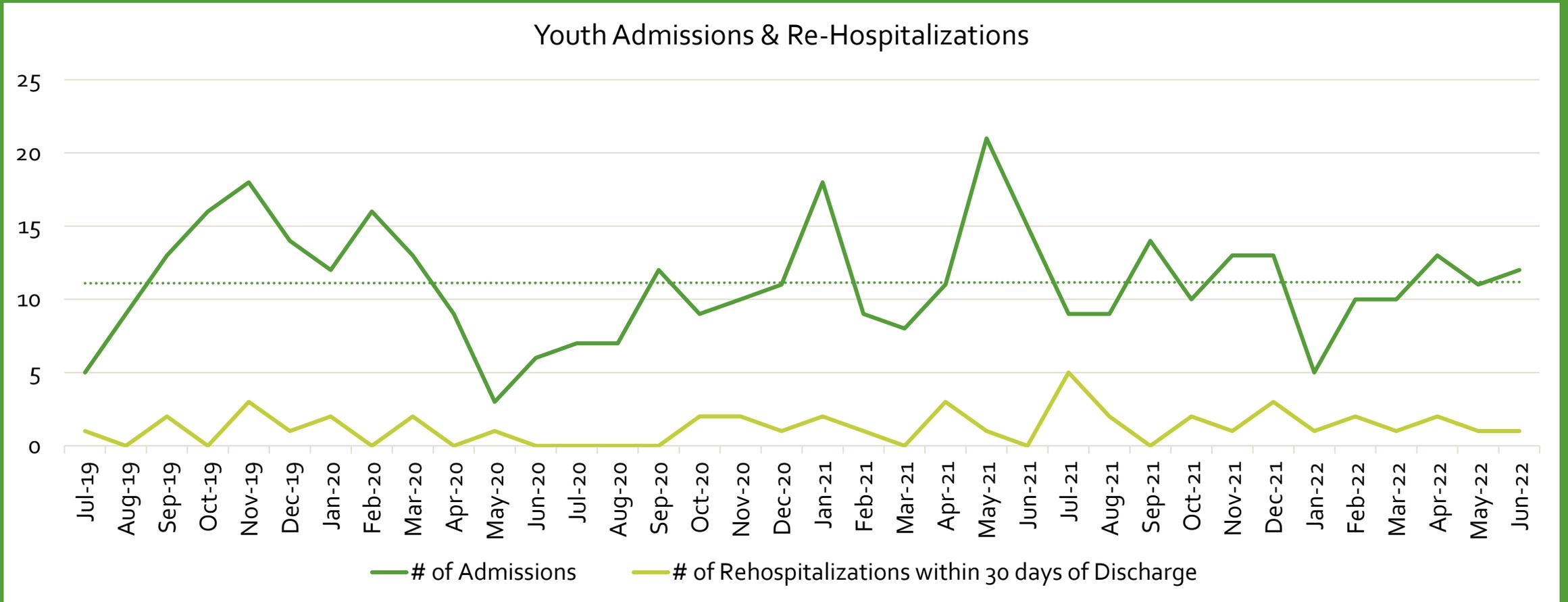
AG-3: Maintain or improve the following hospital-related measures.

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	
Jan	5	5	1	20%
Feb	10	6	2	20%
Mar	10	10	1	10%
Total	25	21	4	19%

# IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION



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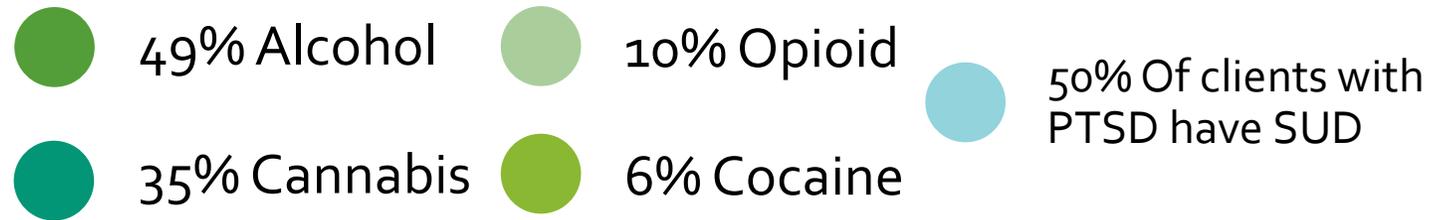
AG-4: Expand system of care to become co-occurring capable to serve & improve outcomes for individuals with multiple complex conditions.

## Goal:

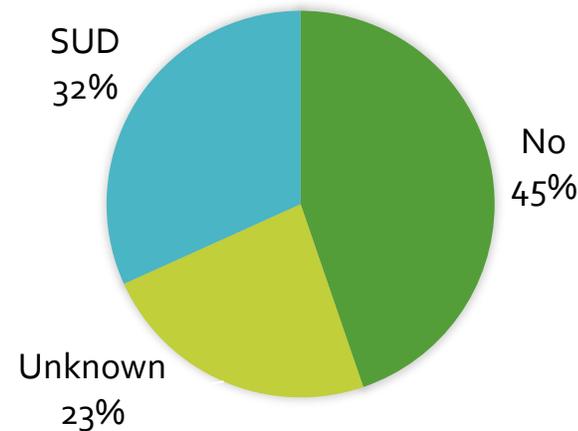
1. Track the # of clients with co-occurring diagnoses engaged in and receiving treatment.
2. Increase the # of staff cross-trained within the mental health & substance use teams.
3. Develop mechanisms to support integration.

Data for FY 2020/2021

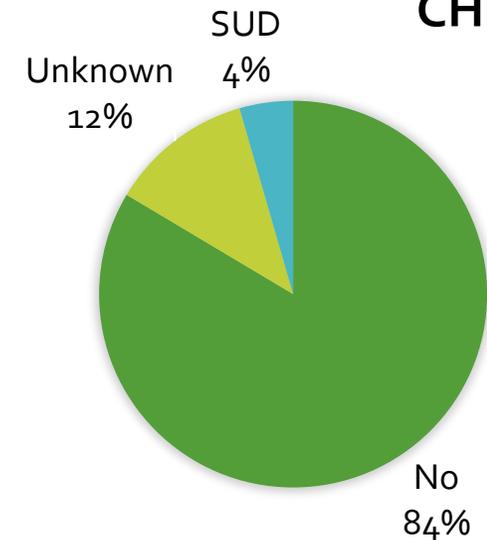
Breakdown by SUD type:



## ADULT



## CHILD





# V. SERVICE ACCESS & TIMELINESS

# YOUTH SERVICES

Access, Timeliness, Engagement & Retention

# V. SERVICE ACCESS & TIMELINESS

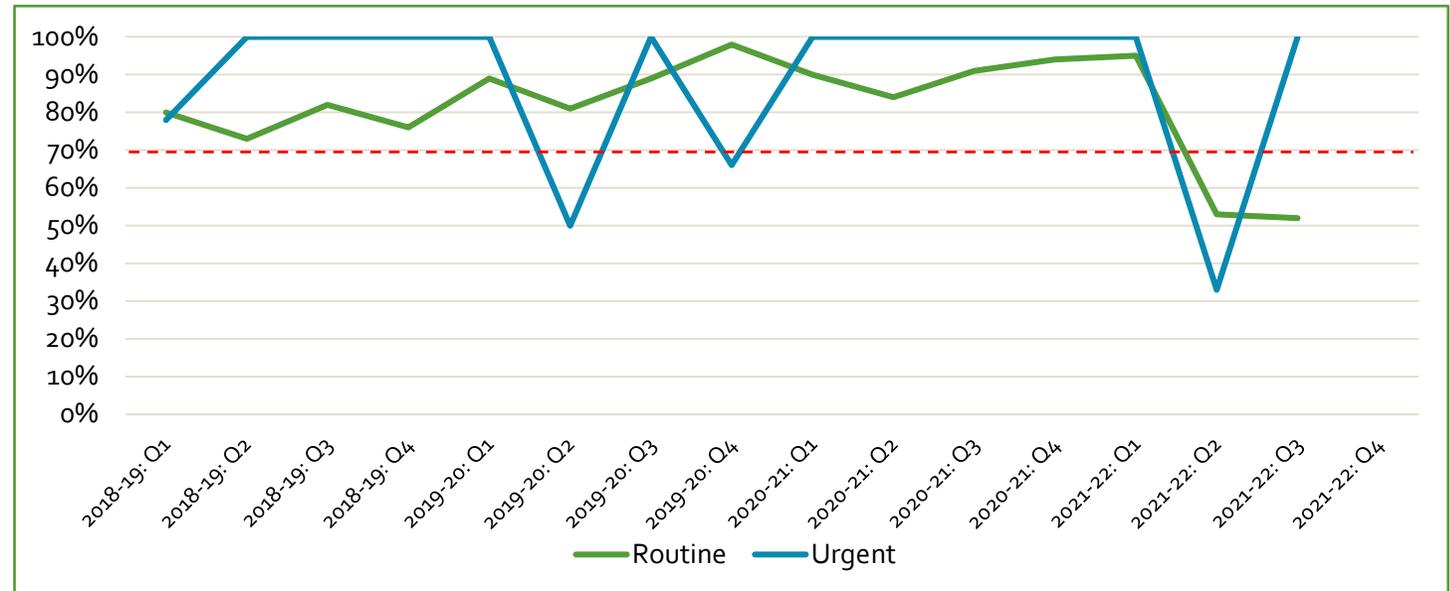
AG-1: Service request to first offered Assessment appointment in Youth System of Care

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

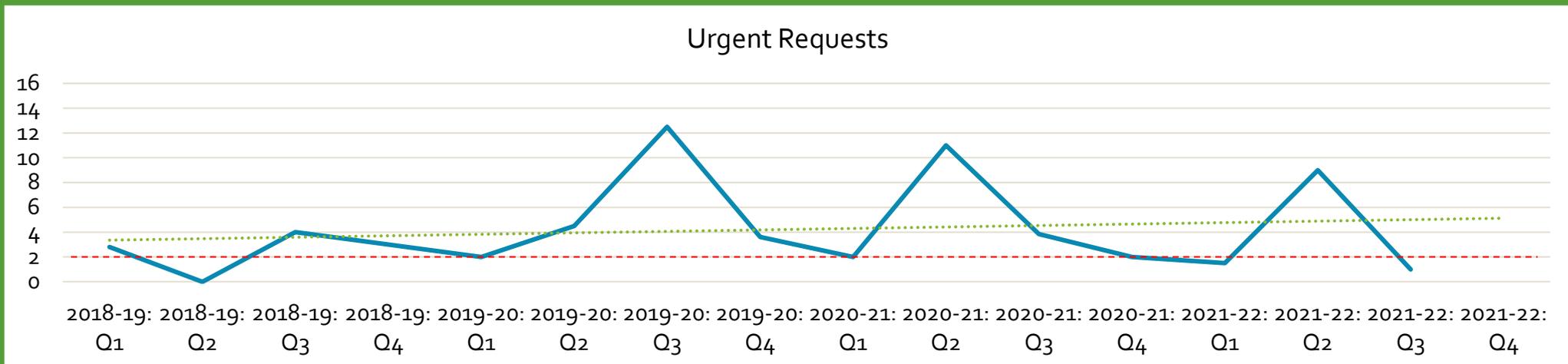
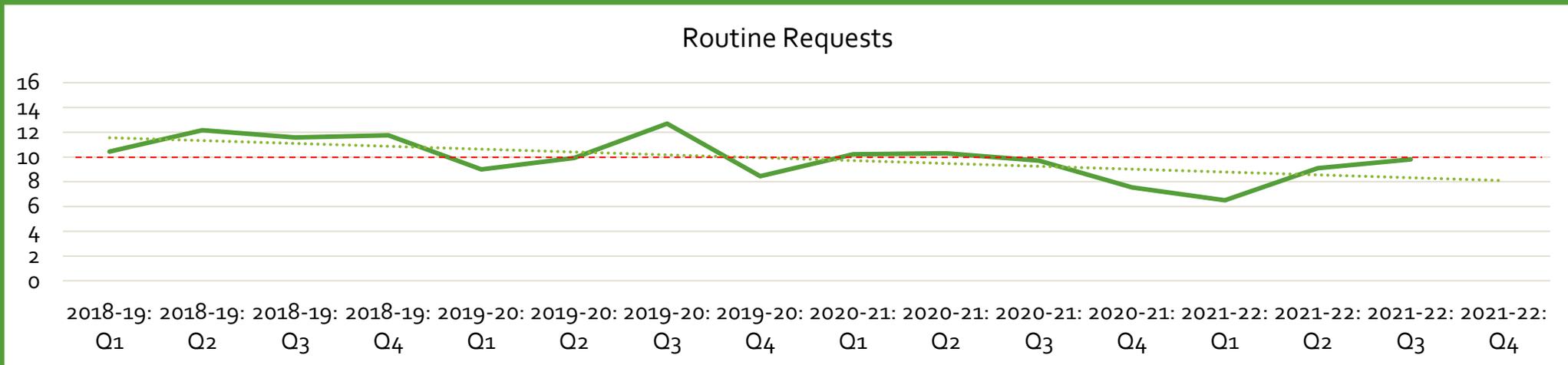
Request Type	Avg. # of Bus. Days from Service Request to 1 <sup>st</sup> Offered Ax Appt	Avg. # of Bus. Days from Ax Completion to 1 <sup>st</sup> Offered Tx Appt
Routine	9.8	5.5
Urgent	0	9
Total	9.8	5.5



# V. SERVICE ACCESS & TIMELINESS

Youth System of Care

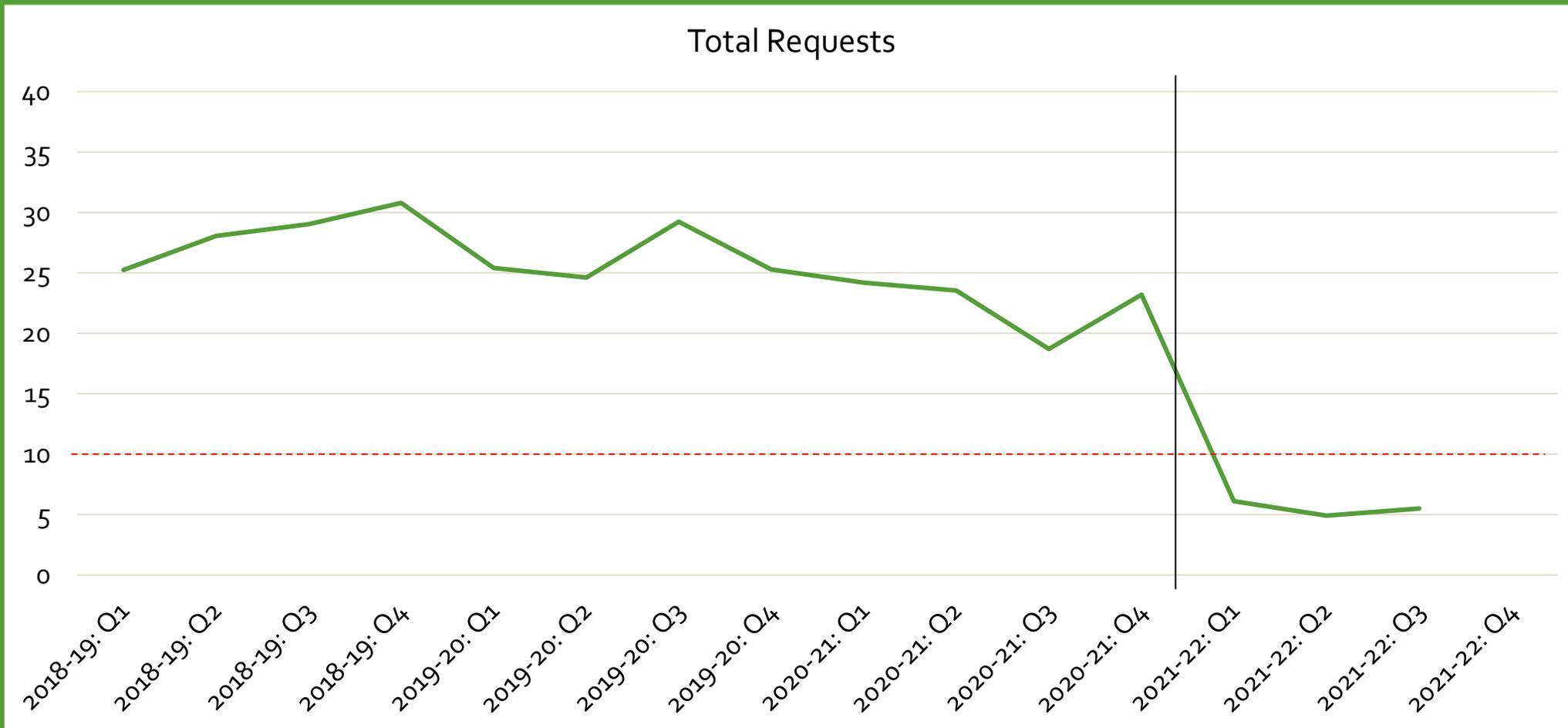
Average Number of Business Days from Service Request to 1<sup>st</sup> Offered Assessment Appointment



# V. SERVICE ACCESS & TIMELINESS

Youth System of Care

Average Number of Business Days from Assessment Completion to 1<sup>st</sup> Offered Treatment Appointment



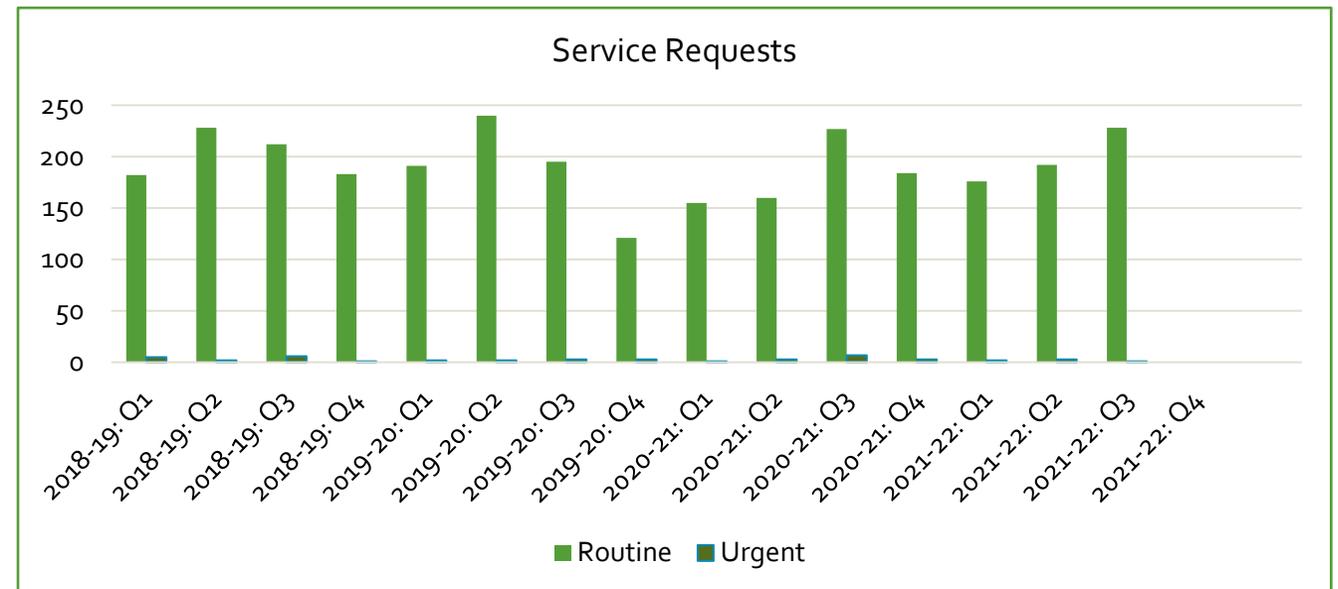
# V. SERVICE ACCESS & TIMELINESS

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

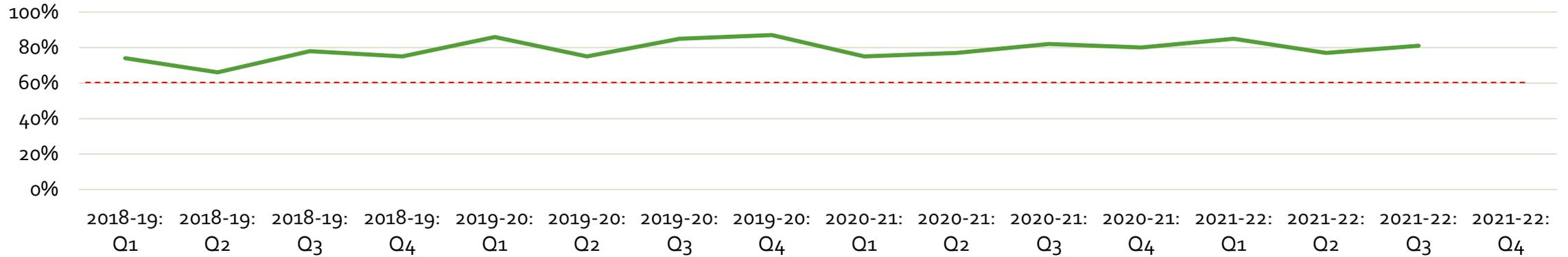
Youth System of Care	Routine Requests	Urgent Requests	Totals
Total Service Requests	227	1	228
Received Ax (%)	81%	100%	81%
Received Ax (#)	183	1	184
Received Tx (%)	46%	100%	46%
Received Tx (#)	104	1	105



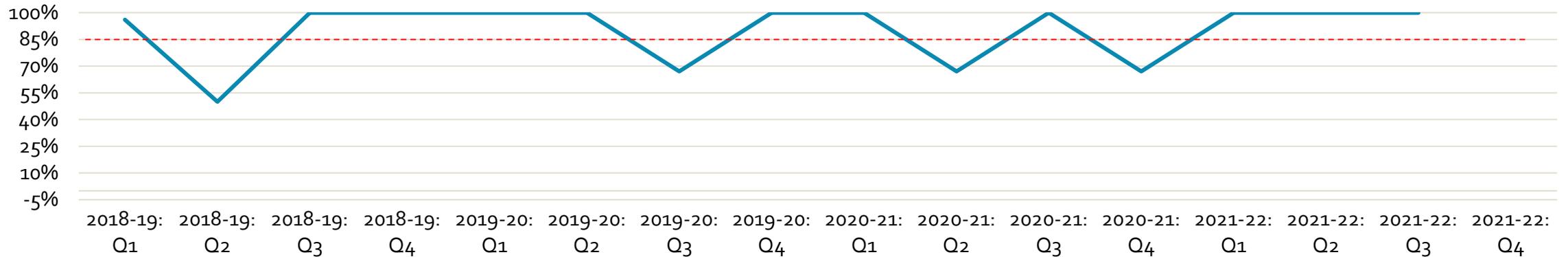
# V. SERVICE ACCESS & TIMELINESS

Youth Services - Percentage of Service Requests with a Completed Assessment

Routine Requests



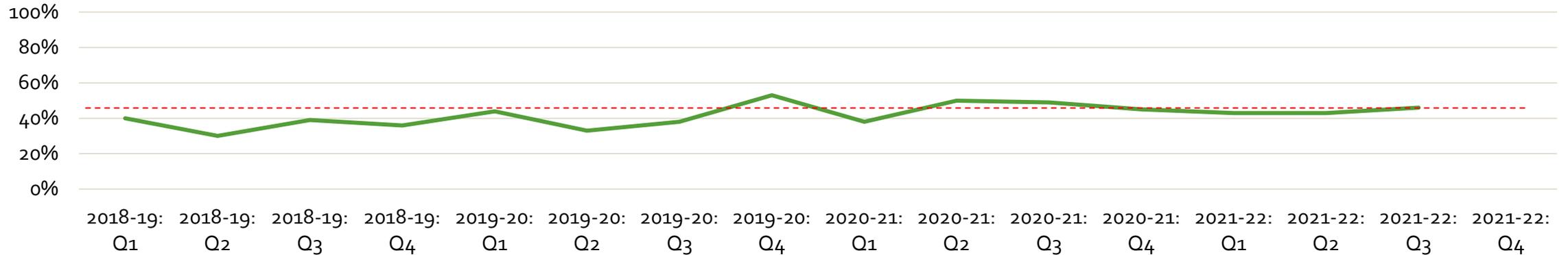
Urgent Requests



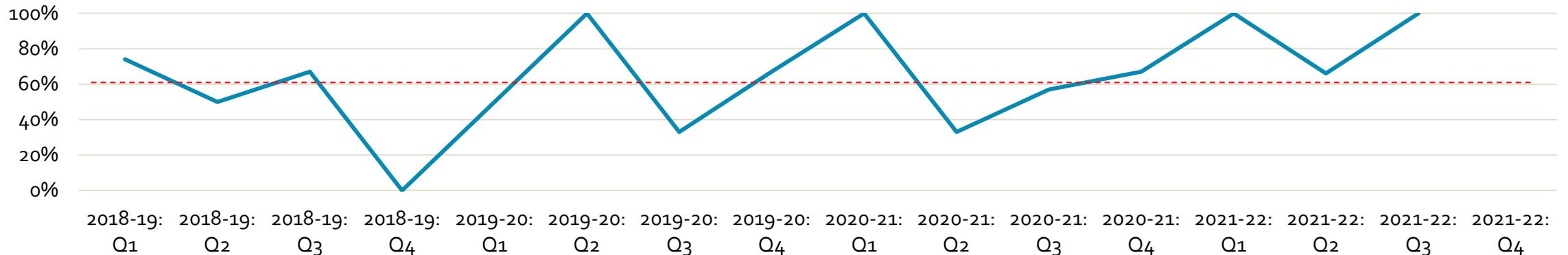
# V. SERVICE ACCESS & TIMELINESS

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	227	1	228
% Didn't Show For Ax	19%	0%	19%
% Received Ax	81%	100%	81%
# Received Ax	183	1	184
Declined Tx	3	0	3
Didn't Meet Medical Necessity	8	0	8
# of clients who need Tx	172	1	173
% Received Tx	61%	100%	61%
# Received Tx	105	1	106

# 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

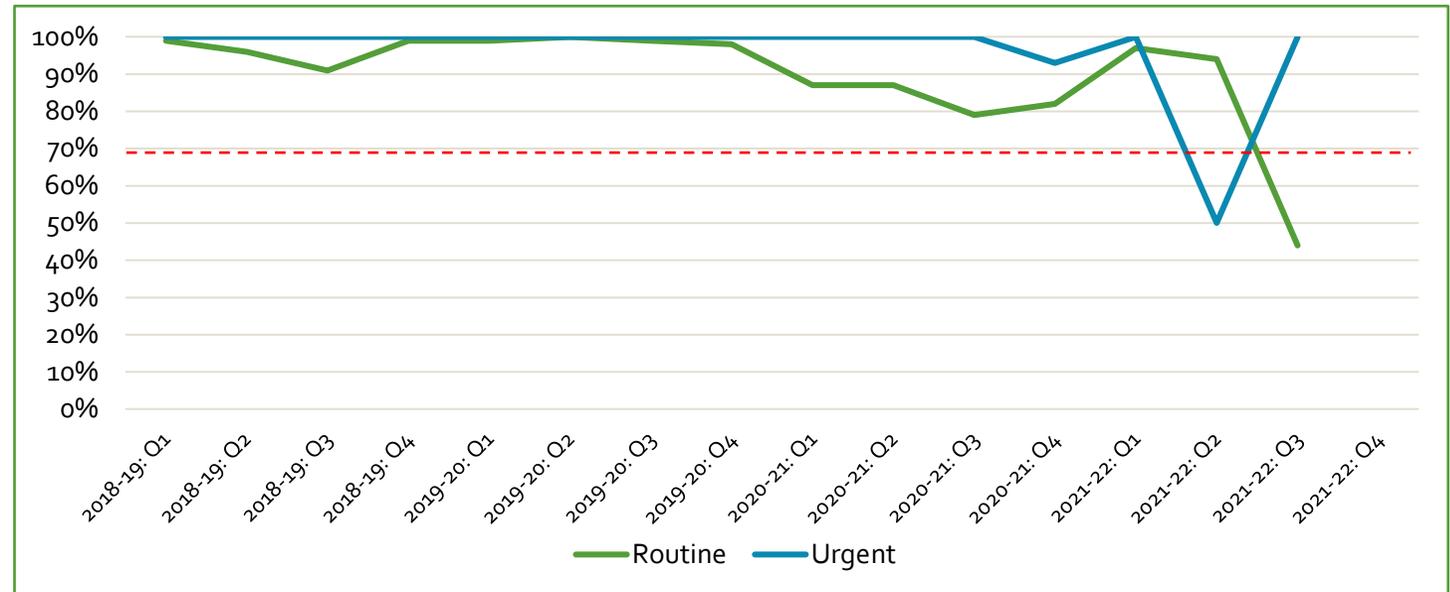
- a. 80% of service requests will be offered an assessment appointment within 10 business days
- b. Average of 15 business days or less from assessment completion date to first offered treatment appointment

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

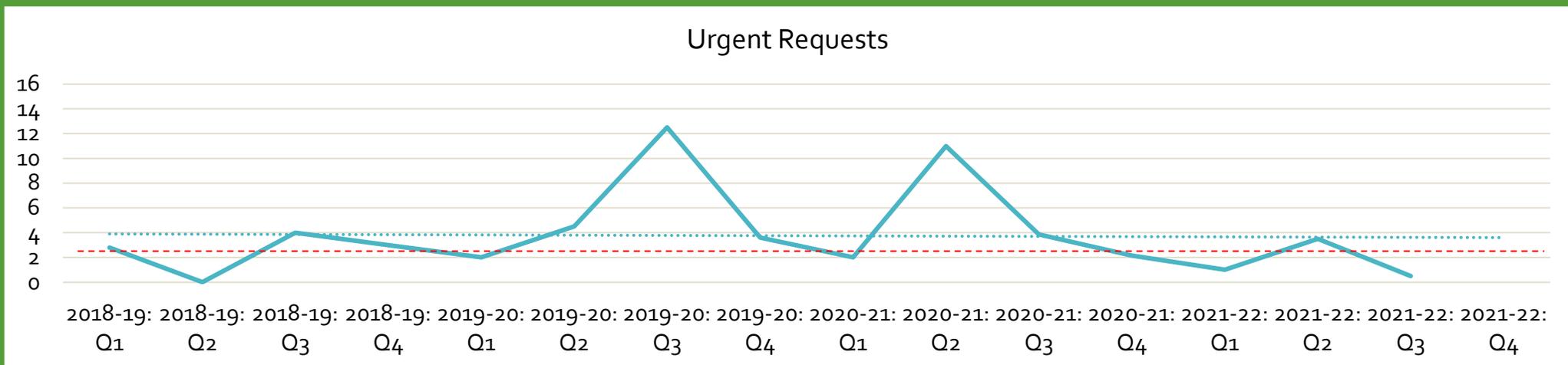
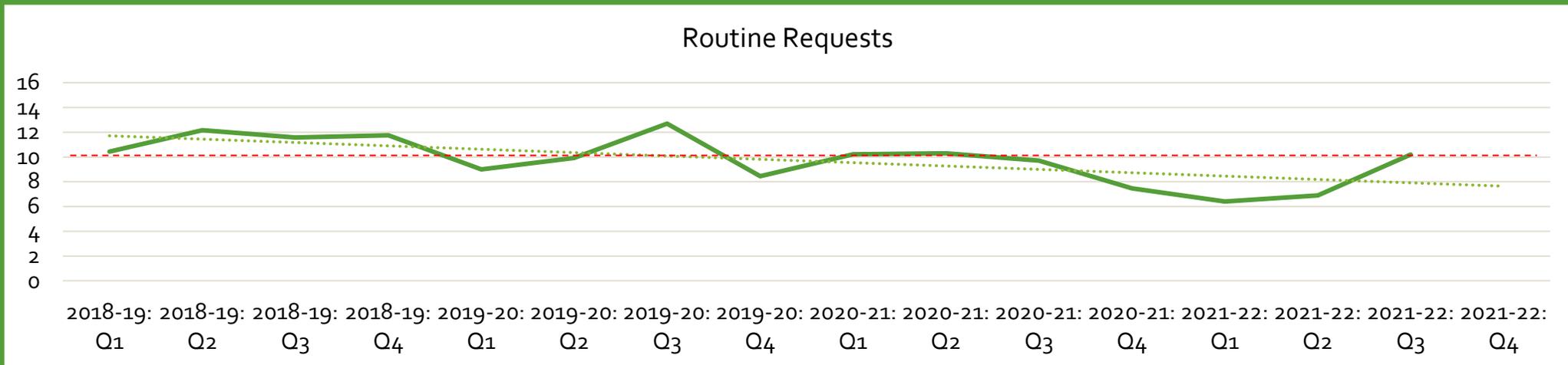
Request Type	Avg. # of Bus. Days from Service Request to 1 <sup>st</sup> Offered Ax Appt	Avg. # of Bus. Days from Ax Completion to 1 <sup>st</sup> Offered Tx Appt
Routine	10.2	4.5
Urgent	0.5	1
Total	10.1	4.5



# V. SERVICE ACCESS & TIMELINESS

## Adult System of Care

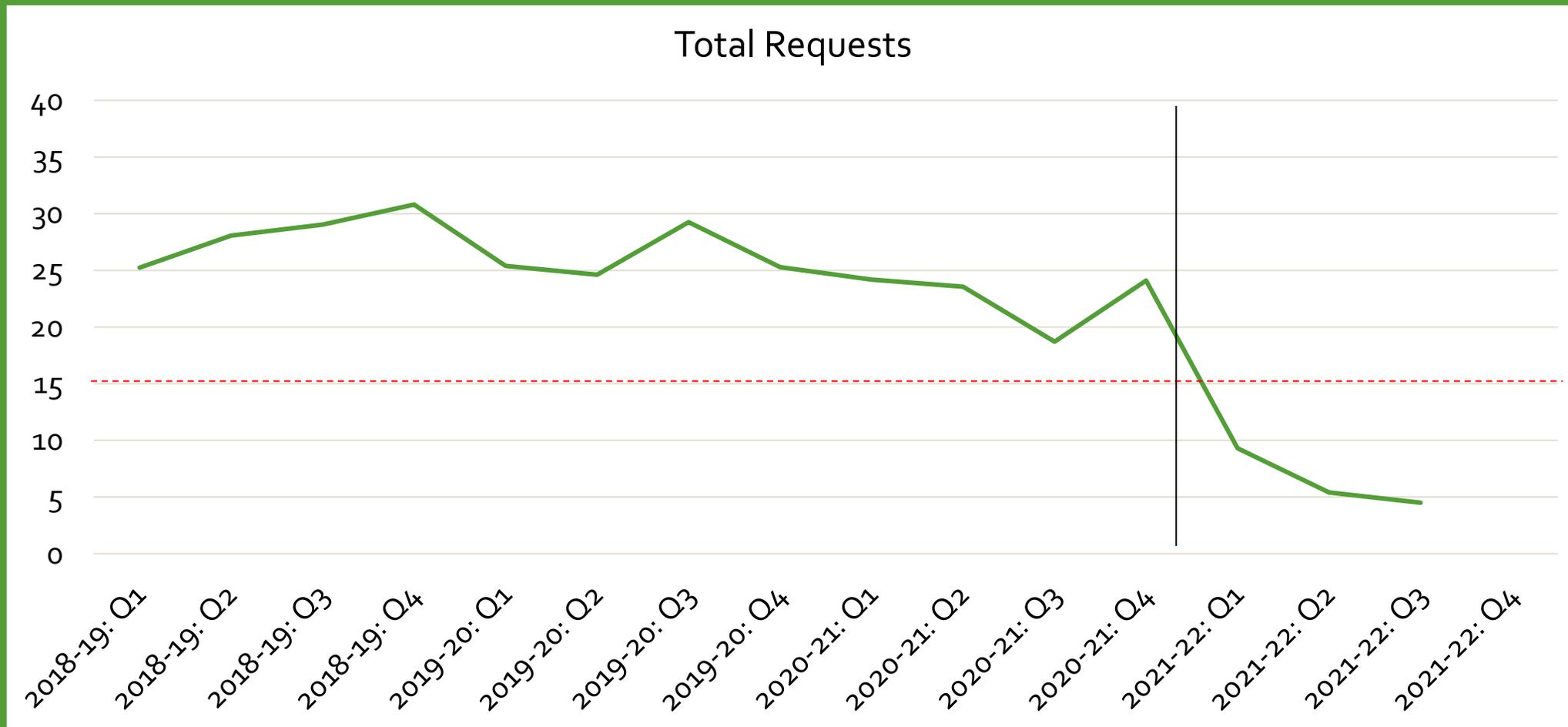
Average Number of Business Days from Service Request to 1<sup>st</sup> Offered Assessment Appointment



# V. SERVICE ACCESS & TIMELINESS

Adult System of Care

Average Number of Business Days from Assessment Completion to 1<sup>st</sup> Offered Treatment Appointment



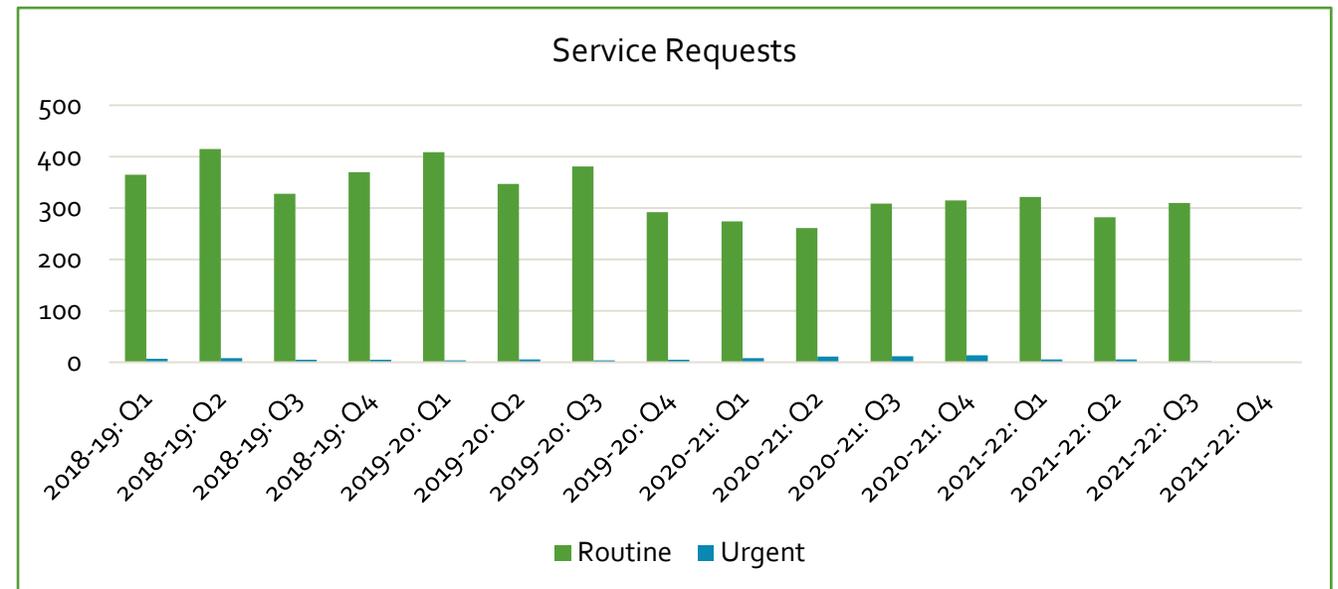
# V. SERVICE ACCESS & TIMELINESS

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

Goal:

1. For routine requests
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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

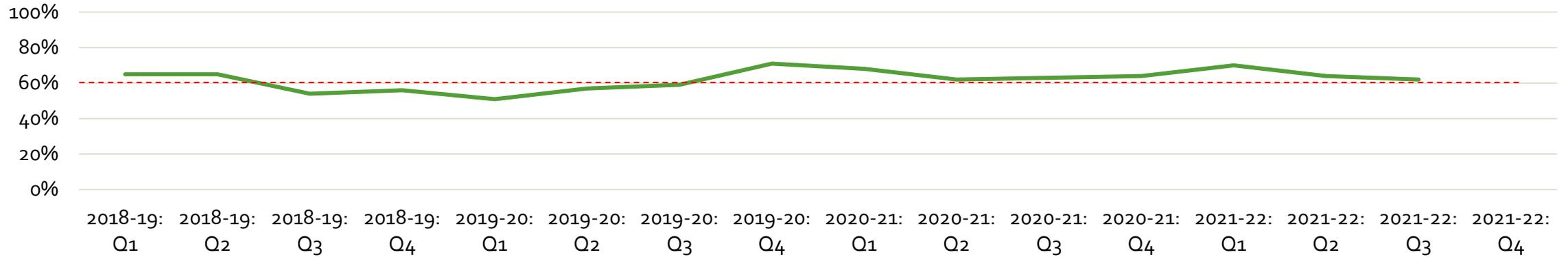
Adult System of Care	Routine Requests	Urgent Requests	Totals
Total Service Requests	310	2	312
Received Ax (%)	62%	100%	62%
Received Ax (#)	191	2	193
Received Tx (%)	39%	50%	39%
Received Tx (#)	120	1	121



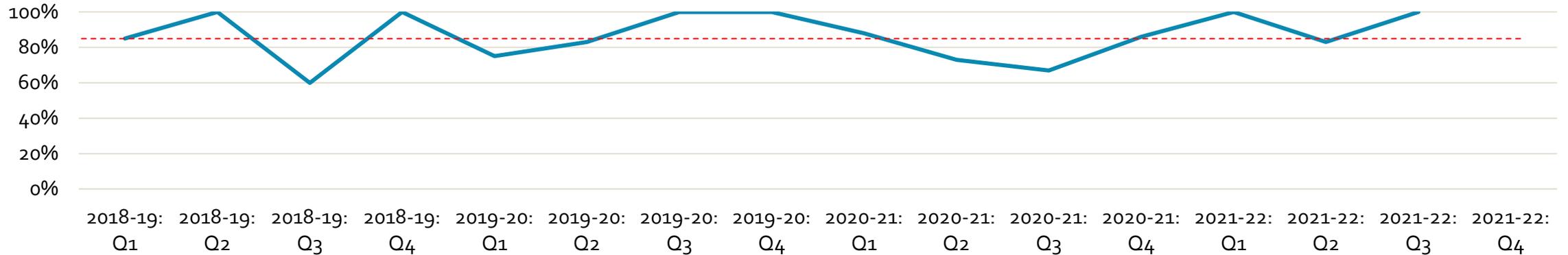
# V. SERVICE ACCESS & TIMELINESS

Adult Services - Percentage of Service Requests with a Completed Assessment

Routine Requests



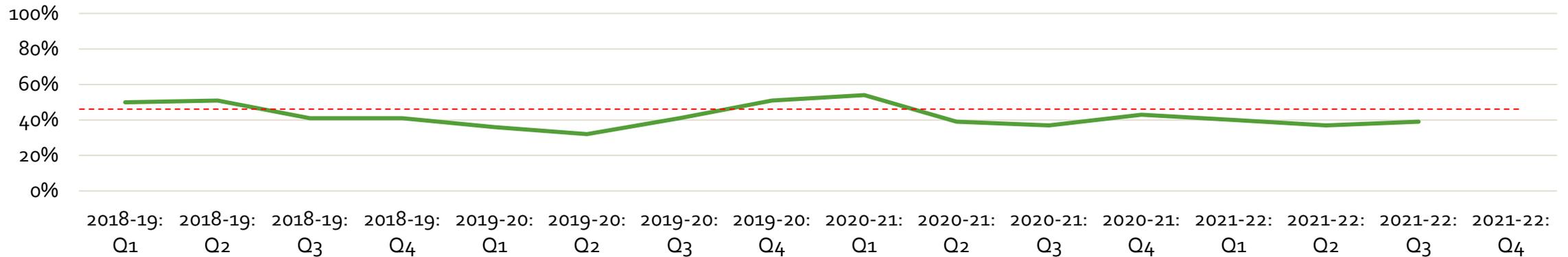
Urgent Requests



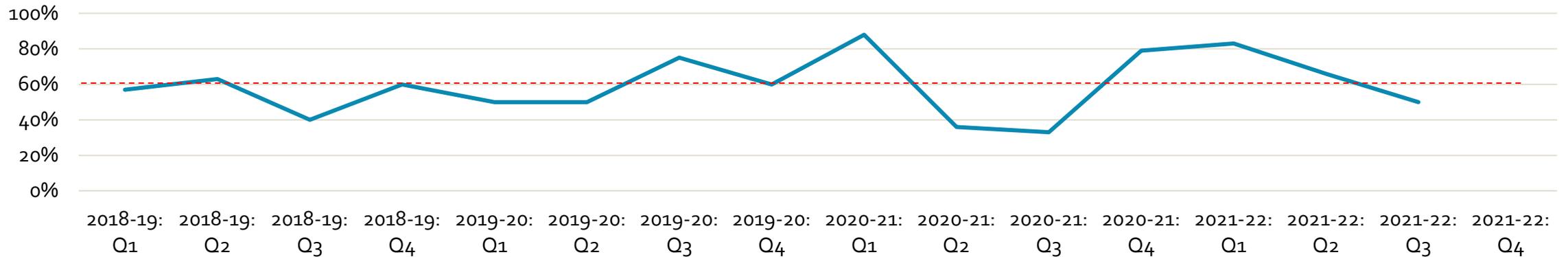
# V. SERVICE ACCESS & TIMELINESS

## 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	310	2	312
% Didn't Show For Ax	38%	0%	38%
% Received Ax	62%	100%	62%
# Received Ax	191	2	193
Declined Tx	4	0	4
Didn't Meet Medical Necessity	15	0	15
# of clients who need Tx	176	2	178
% Received Tx	68%	50%	68%
# Received Tx	120	1	121

# V. SERVICE ACCESS & TIMELINESS

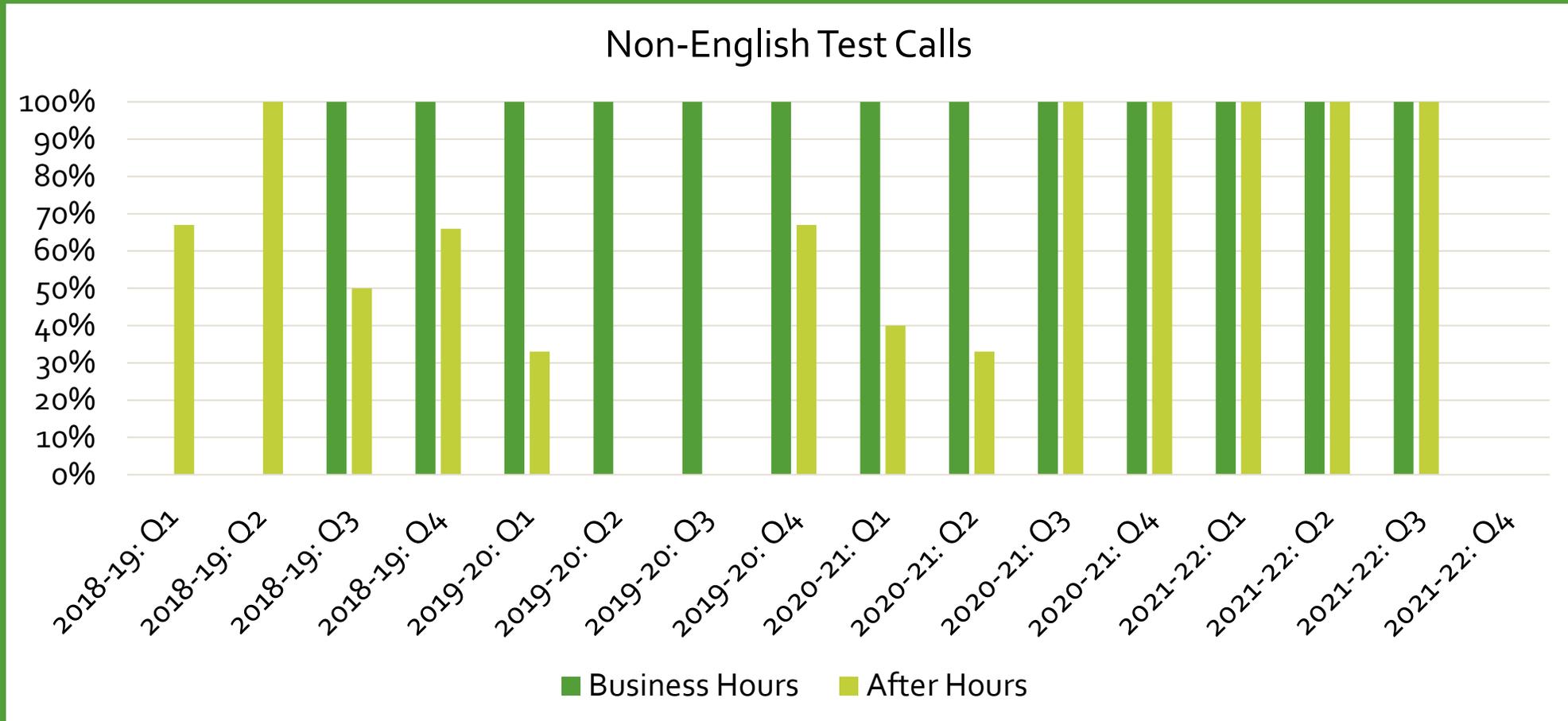
## AG-5: Access test call performance

### Goal:

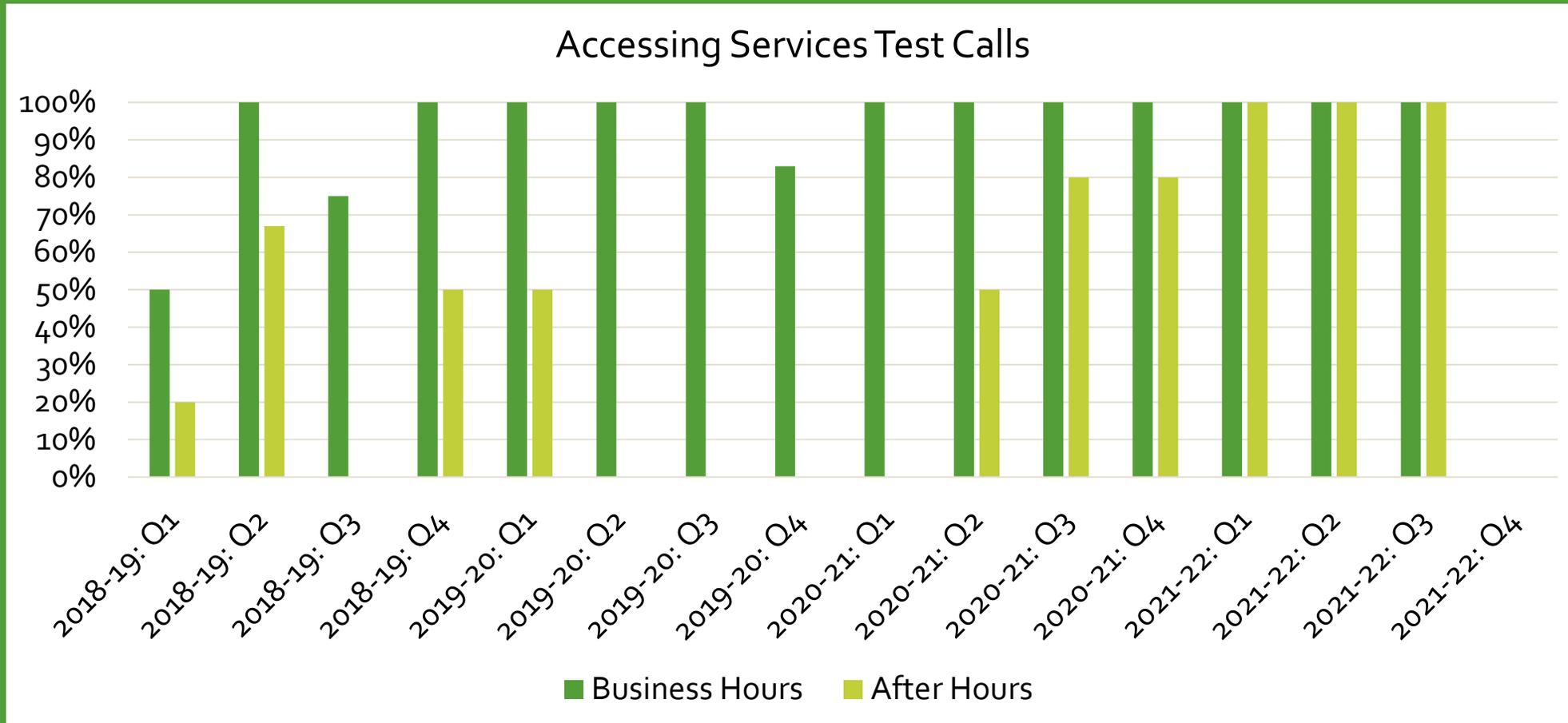
1. Minimum of 4 test calls will be made per month
2. Test for language capabilities
3. Test for appropriate information provided
4. Test for appropriate logging of all calls

	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: Lithuanian, Spanish	B	3	3	100%	100%
	A	3	3	100%	68%
Info provided for accessing SMHS (including getting an Ax)	B	5	5	100%	100%
	A	6	6	100%	70%
Info provided for treating an urgent condition	B	1	1	100%	---
	A	0	---	---	100%
Info provided for Problem Resolution/ Fair Hearing	B	0	---	---	100%
	A	0	---	---	---
Logging calls	B	6	6	100%	100%
	A	6	5	83%	52%

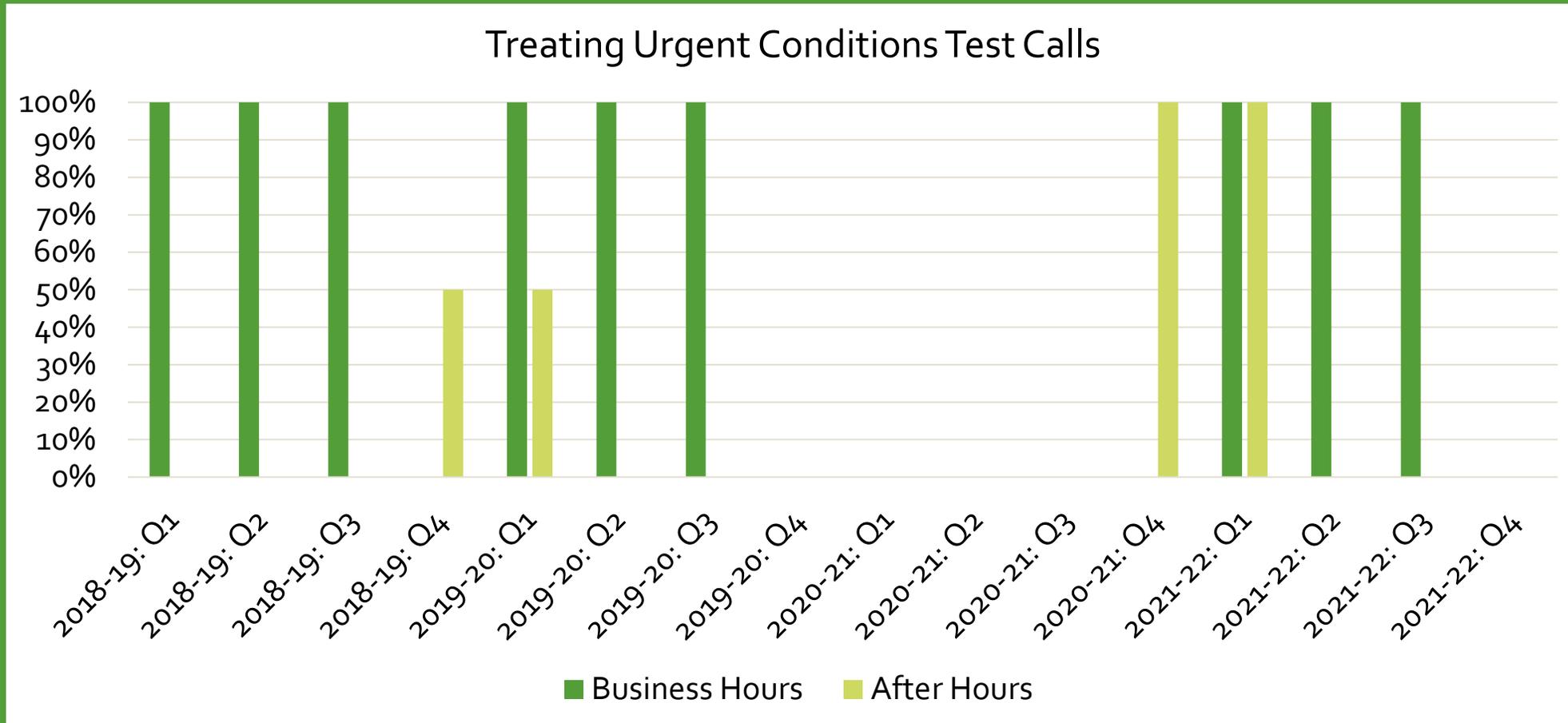
# V. SERVICE ACCESS & TIMELINESS



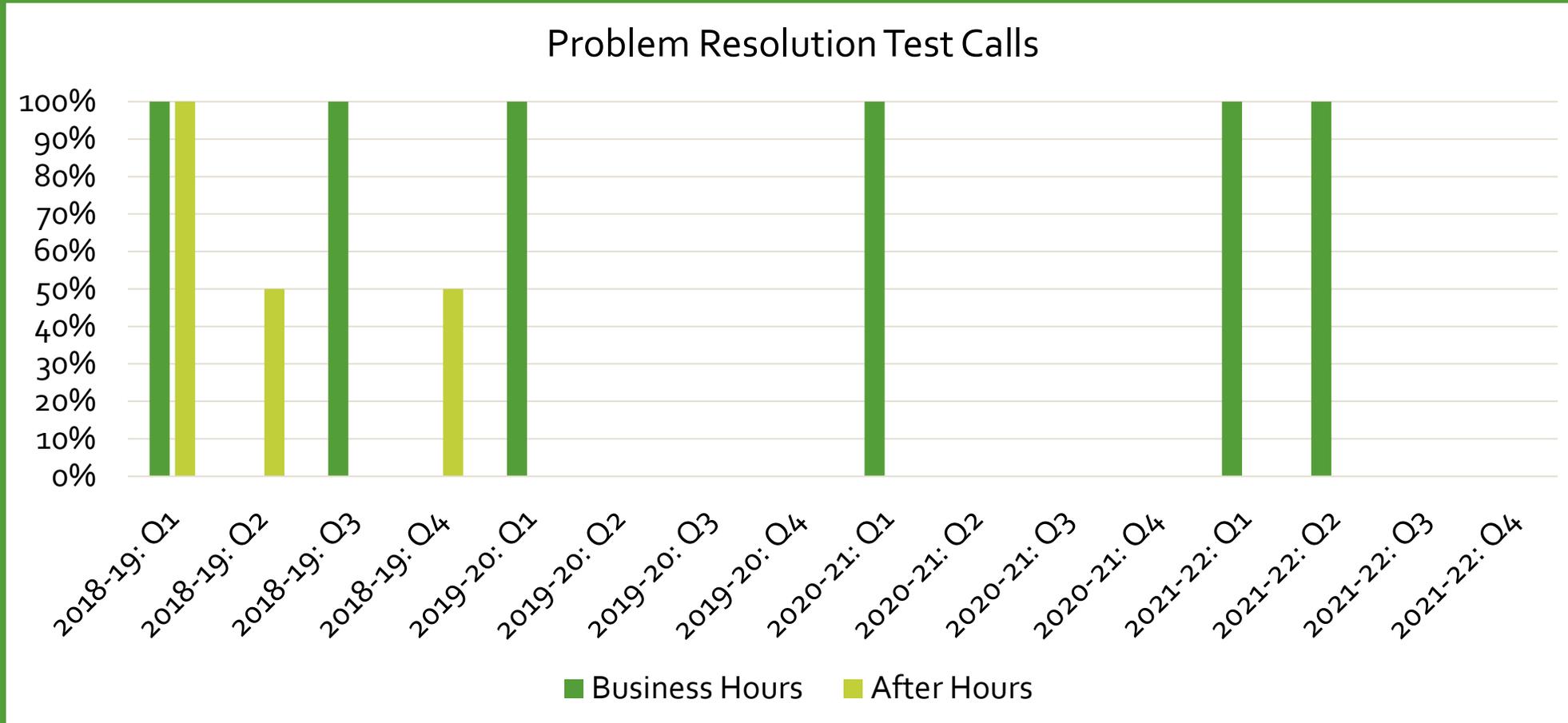
# V. SERVICE ACCESS & TIMELINESS



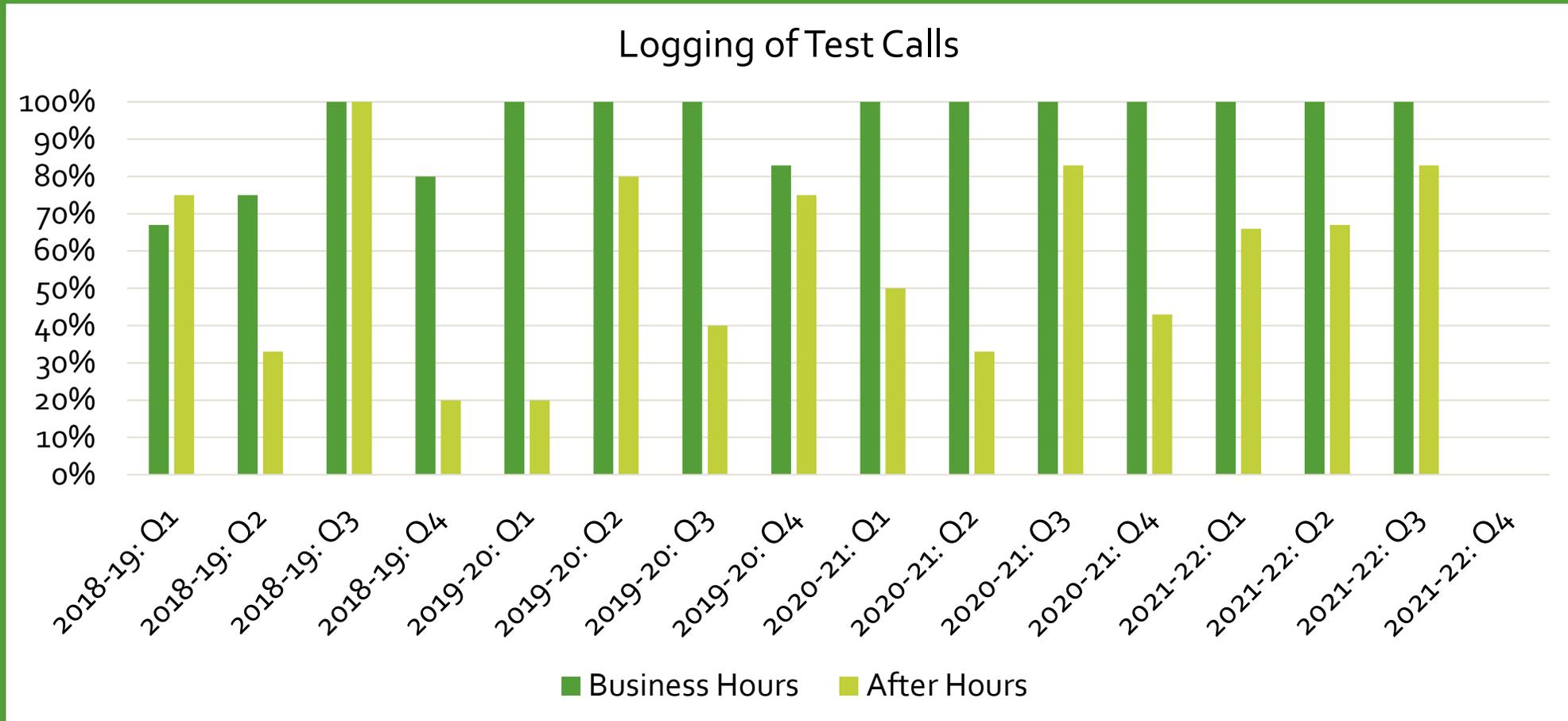
# V. SERVICE ACCESS & TIMELINESS



# V. SERVICE ACCESS & TIMELINESS



# V. SERVICE ACCESS & TIMELINESS





# VI. PERFORMANCE IMPROVEMENT PROJECTS

# VI. PERFORMANCE IMPROVEMENT PROJECTS

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



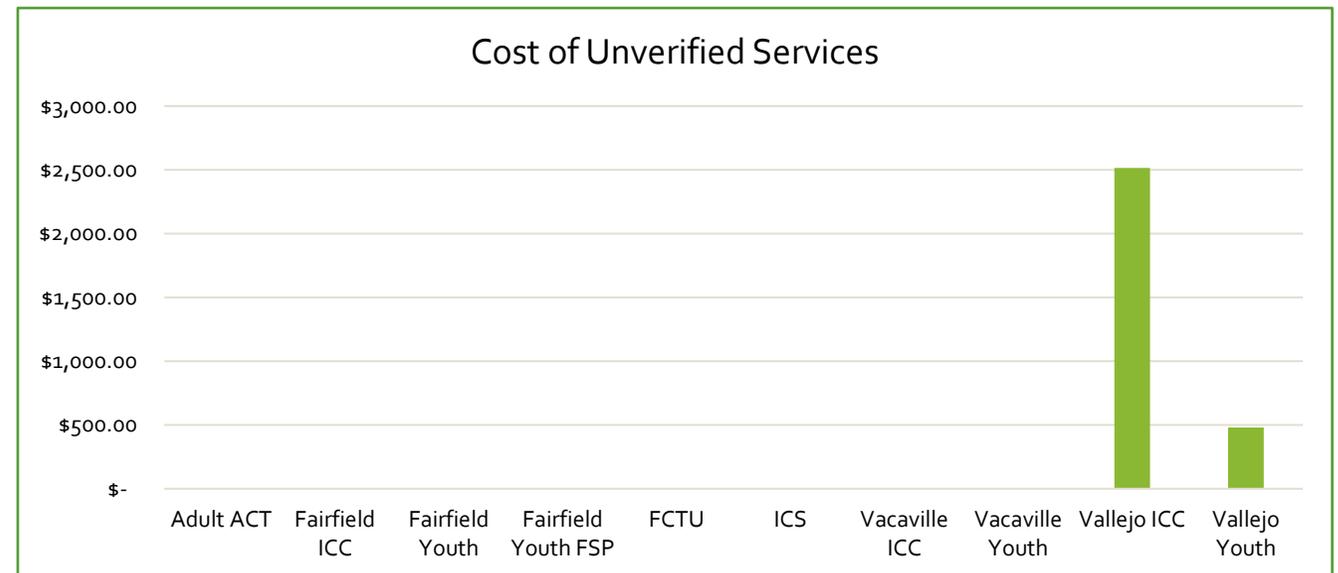
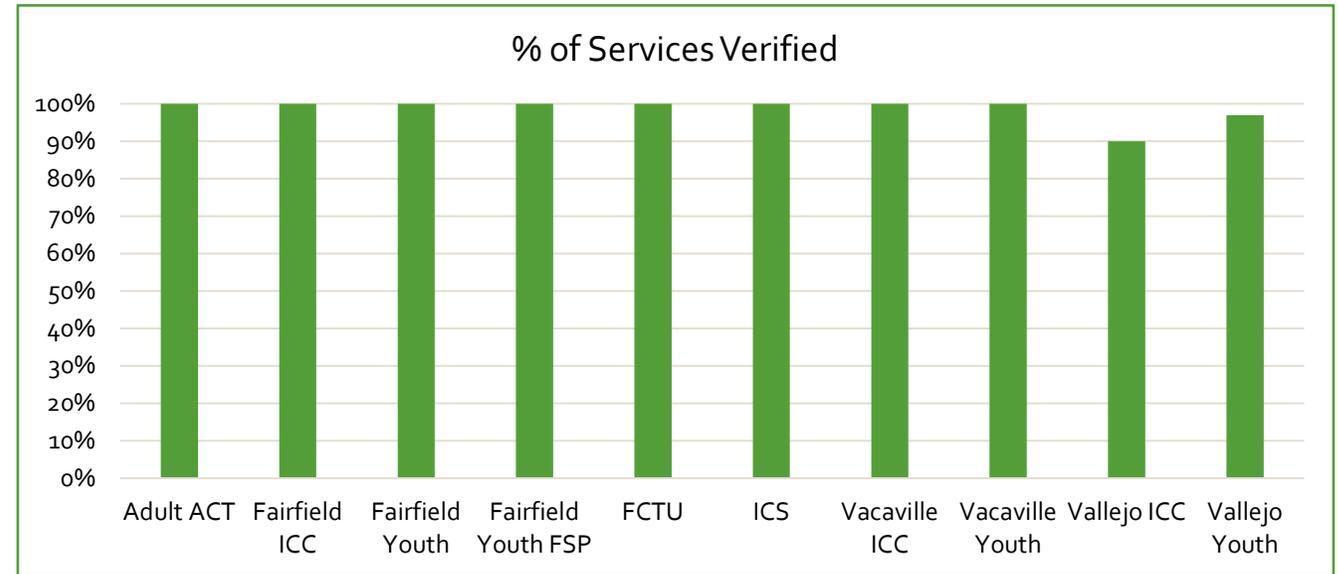
# VII. PROGRAM INTEGRITY

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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%)





# 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 has stayed 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 began in early 2022
- A random sampling of Contractor and County programs were selected
- We are auditing by RU, not by program
- 1 month of services is being audited instead of 2 months
- Audits continue to be remote. Programs are being asked to submit all audit documentation to the audit team

# VII. QUALITY IMPROVEMENT

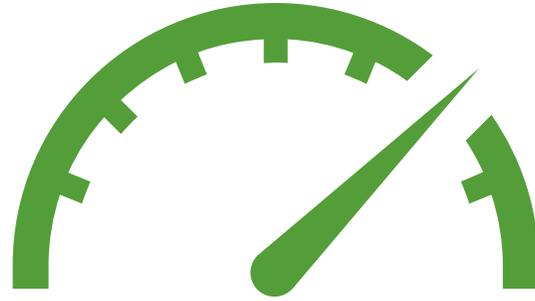
## AG-1: Annual Utilization Review Audits

### Contracted Programs

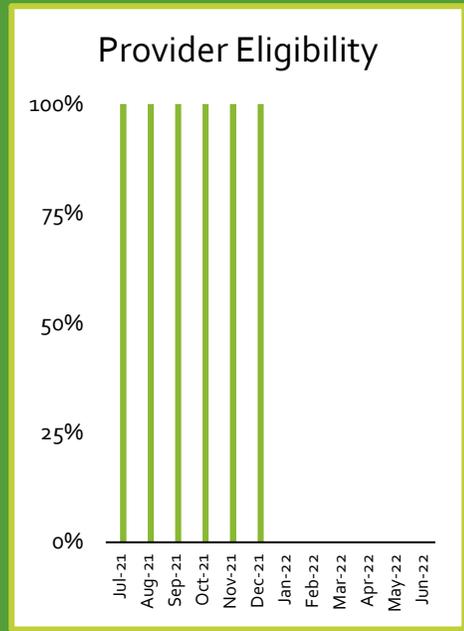
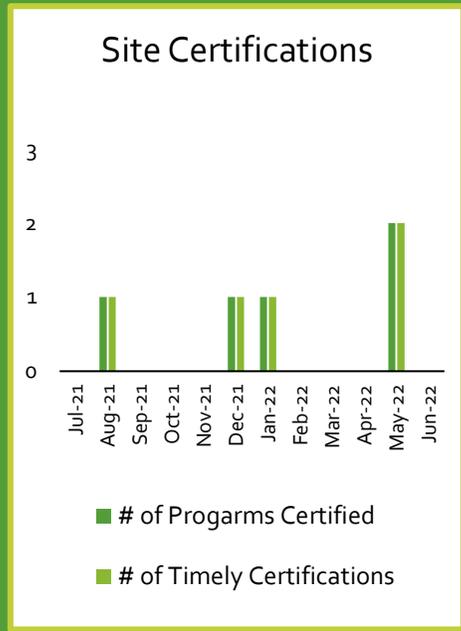
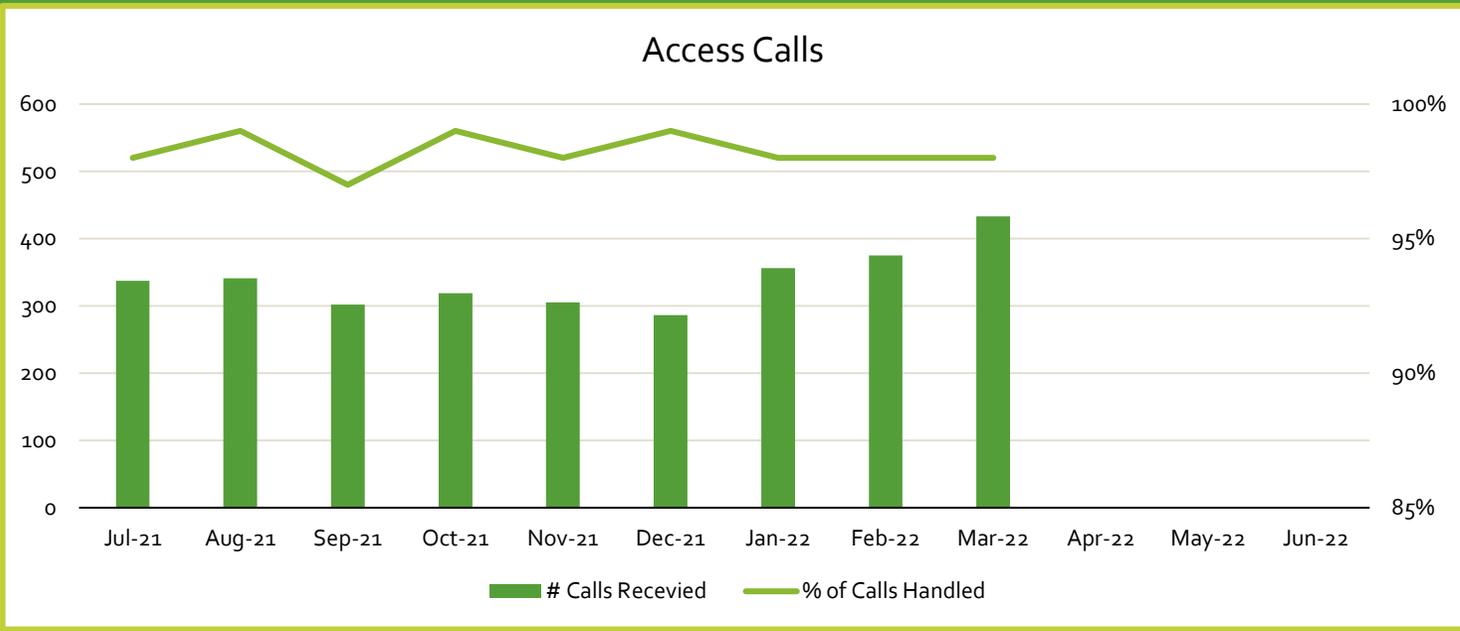
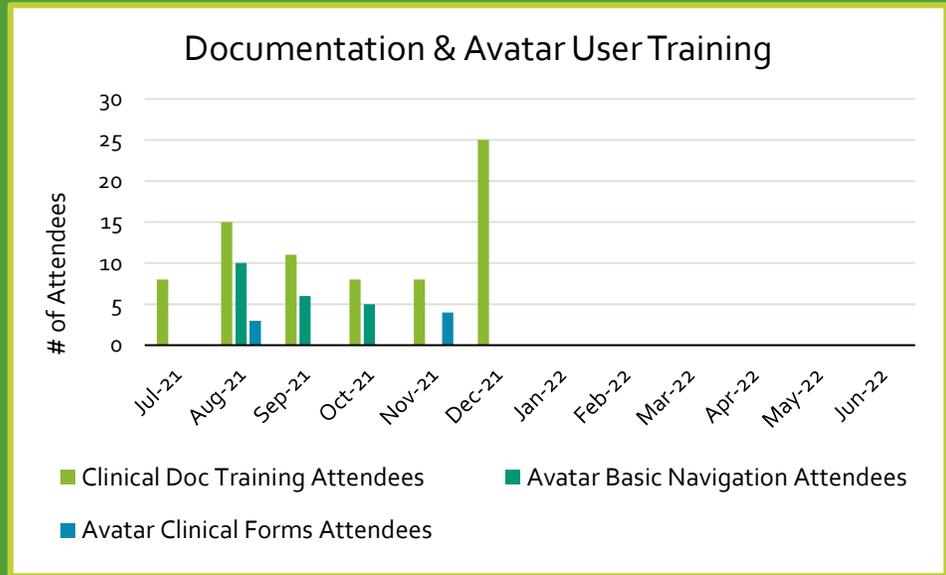
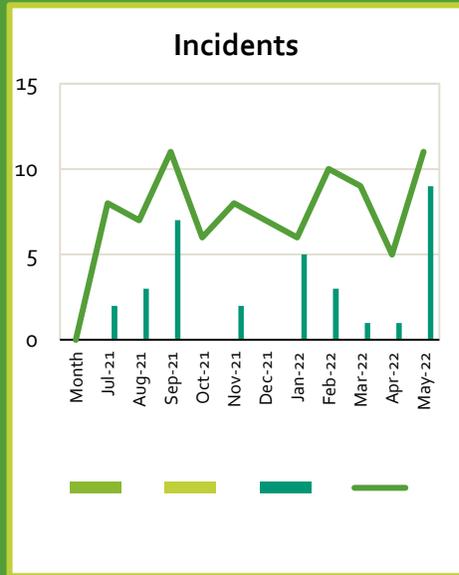
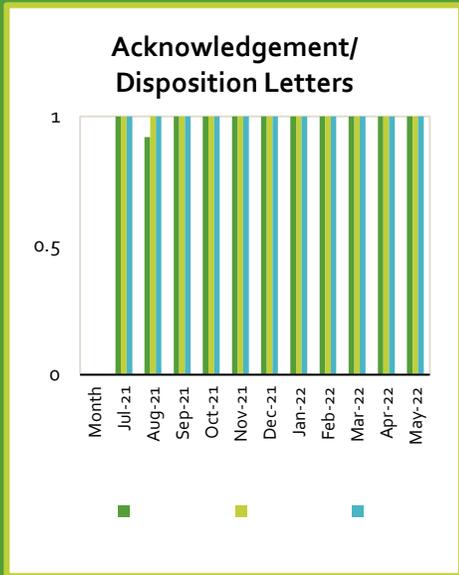
Goal: The following processes are in place to monitor provider compliance with CCR Title 9 documentation standards:

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

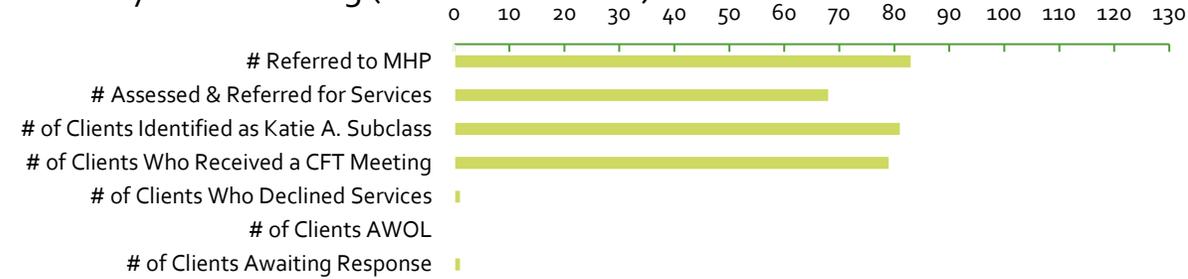
Program	Days to Complete Report (60 days or less)	Required a CAP	Days to Submit a CAP (60 days or less)	CAP Resolution Status
CBO Youth A	6	No	N/A	N/A
CBO Adult B	17	Yes	Pending	Pending
CBO Youth C	11	Yes	Pending	Pending
CBO Adult D	13	Yes	Pending	Pending
CBO Youth E	8	Yes	Pending	Pending
CBO Youth F	6	Yes	Pending	Pending
Running Averages	10.16	83%	Pending	Pending



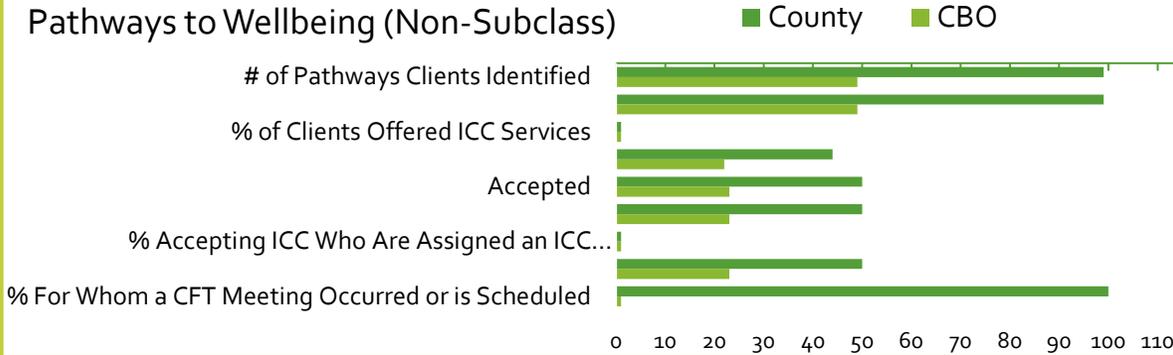
# QUALITY IMPROVEMENT DASHBOARD



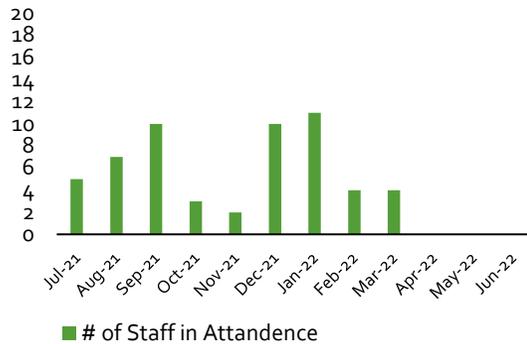
### Pathways to Wellbeing (Katie A. Subclass)



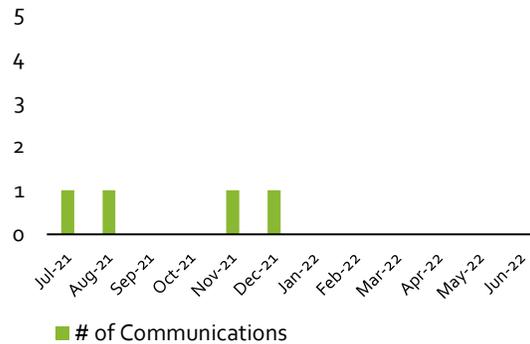
### Pathways to Wellbeing (Non-Subclass)



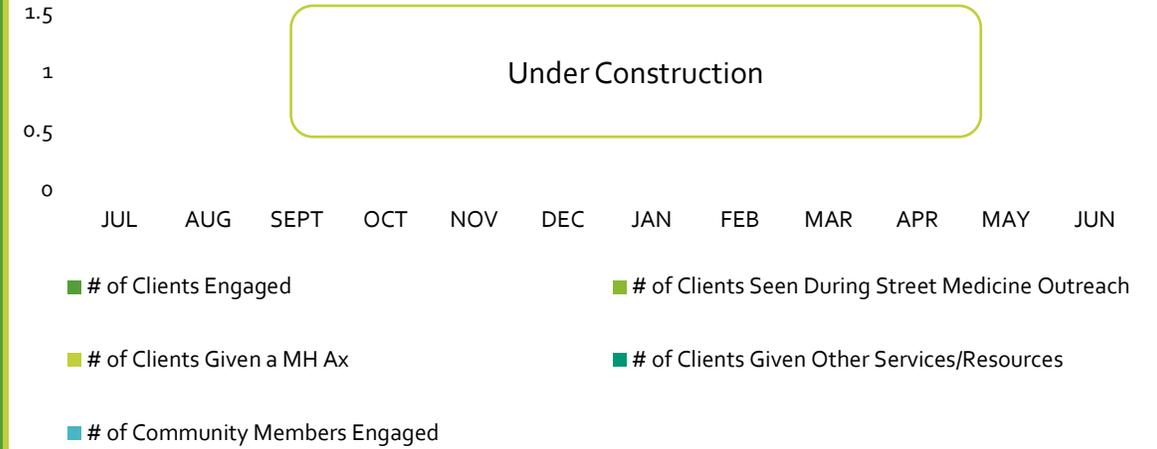
### Compliance Training



### Compliance Communications



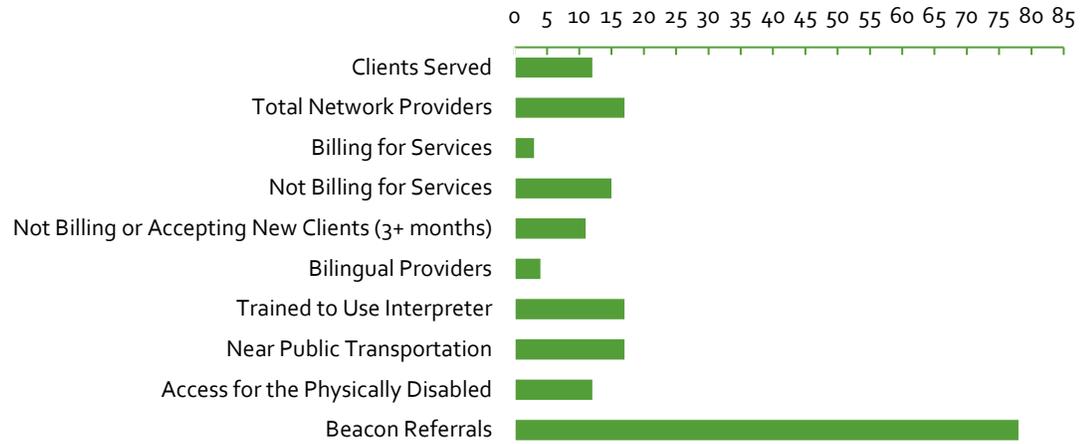
### HOPE (Homeless Outreach)



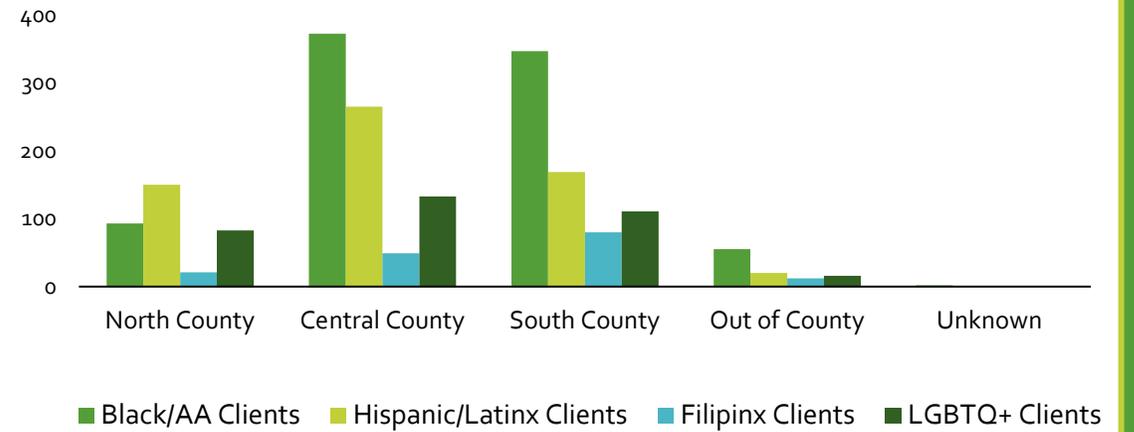
### Youth Medication Monitoring



### Managed Care Provider Network



### Regional Utilization by Cultural Group



### Total Utilization by Cultural Group



## NEXT MEETING:

Quality Improvement Committee  
FY 2021 – 2022: Quarter 4  
Thursday August 11<sup>th</sup>, 2022  
1:30pm – 3:30pm

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

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