QUALITY IMPROVEMENT COMMITTEE

Solano County Behavioral Health

February 8, 2024

1:30pm – 3:30pm

ANNOUNCEMENTS

❖ **EQRO Will be at the end of March 2024**

❖ **Triennial Engagement (Combines MHP and DMC-ODS Reviews) In December 2024**

❖ **QA will be hosting Office Hours beginning this month**

❖ **CalAIM**
- o Most BHQIP elements are implemented. One last implementation date March 1, 2024
- o Payment Reform – We are still working with programs on fixes to location code and errors based on add on codes. We appreciate your patience and we are here for Q&A

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
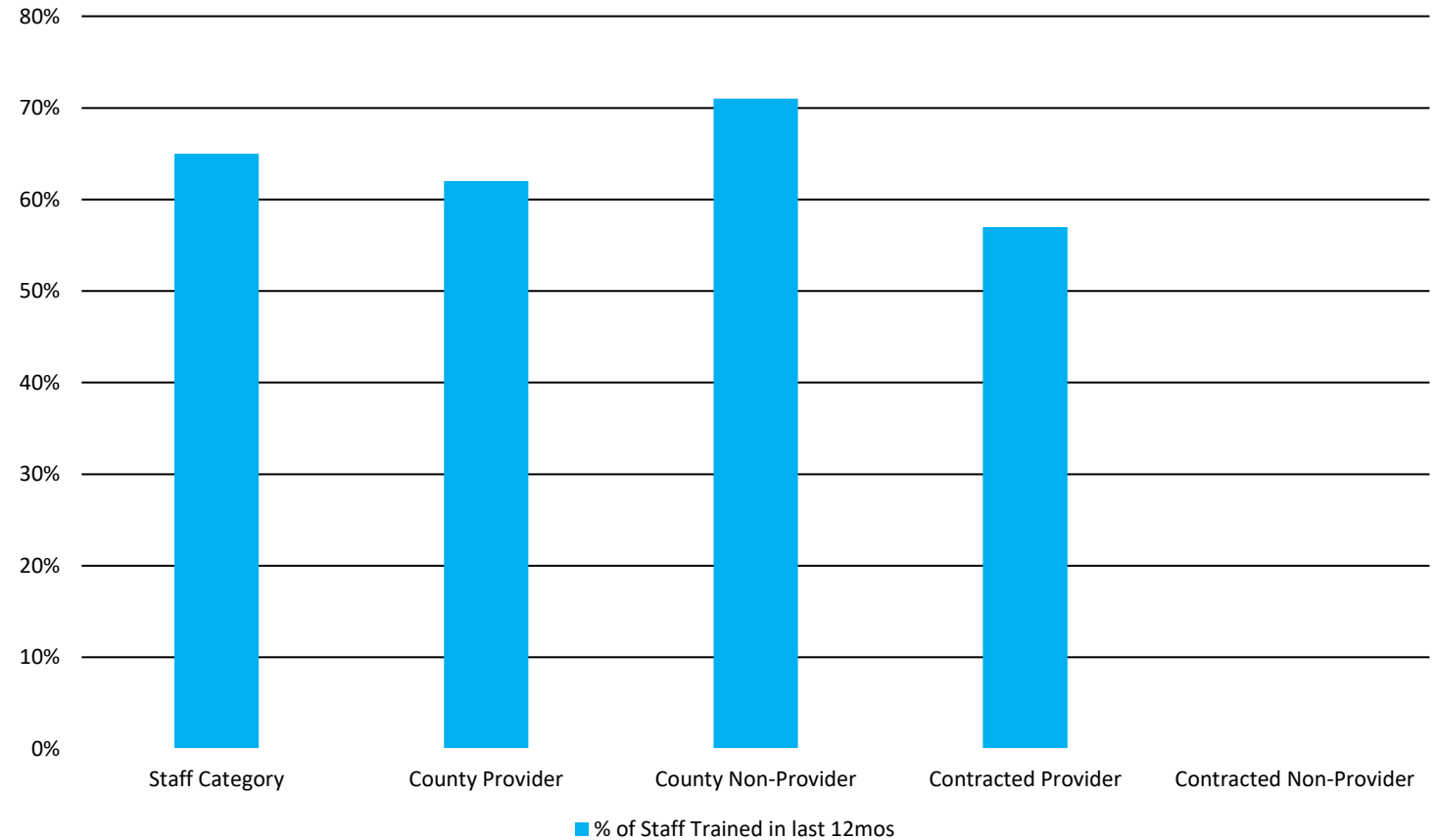
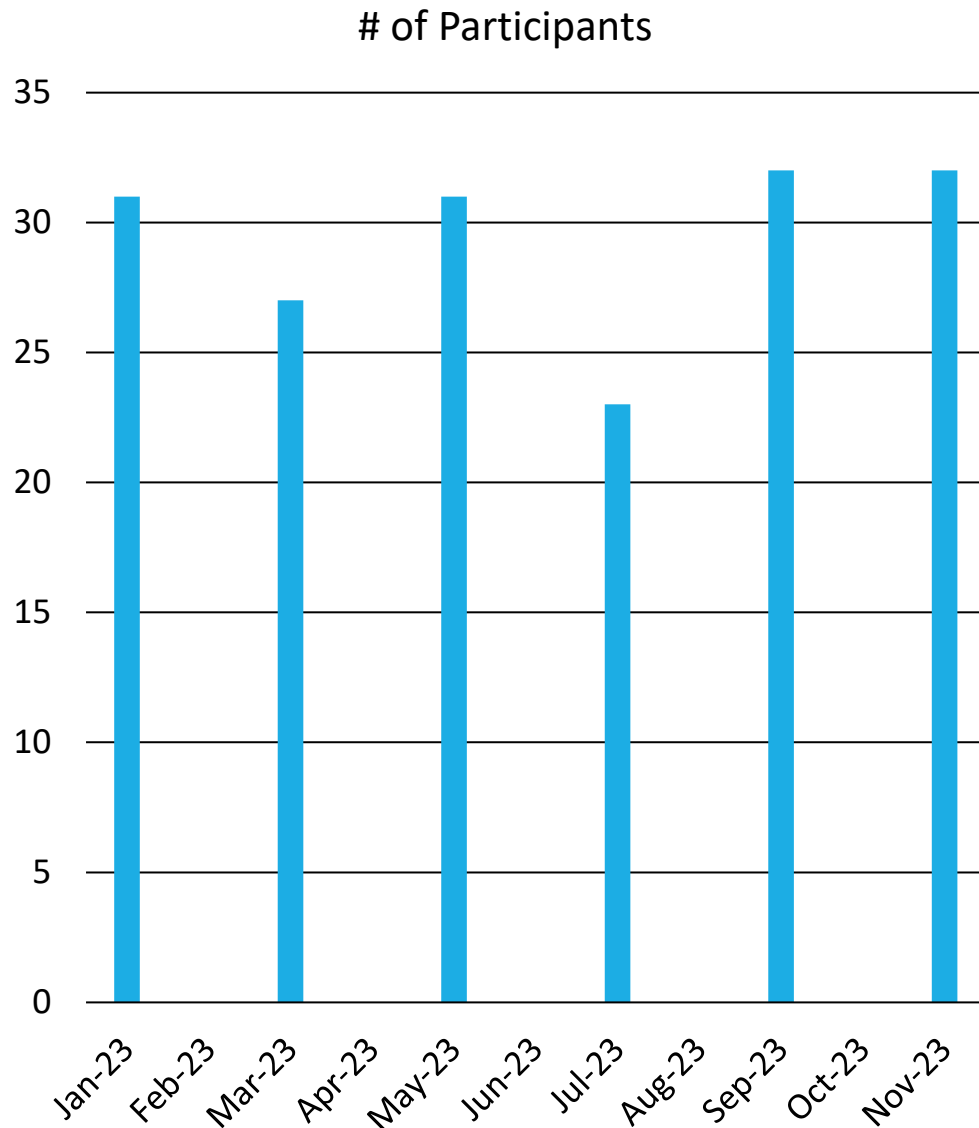# I. CULTURAL DIVERSITY & EQUITY

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: Staff Category, County Provider, County Non-Provider, Contracted Provider, Contracted Non-Provider

of Participants

I. CULTURAL DIVERSITY & EQUITY

Diversity & Equity Committee Updates:
- *New* Online Participation Agreement Form
- Next Meeting will be held on March 12th from 10am-12pm
- Annual Plan Update submitted 2/1/24. Plan is now available on the SCBH Diversity and Equity Efforts Subpage

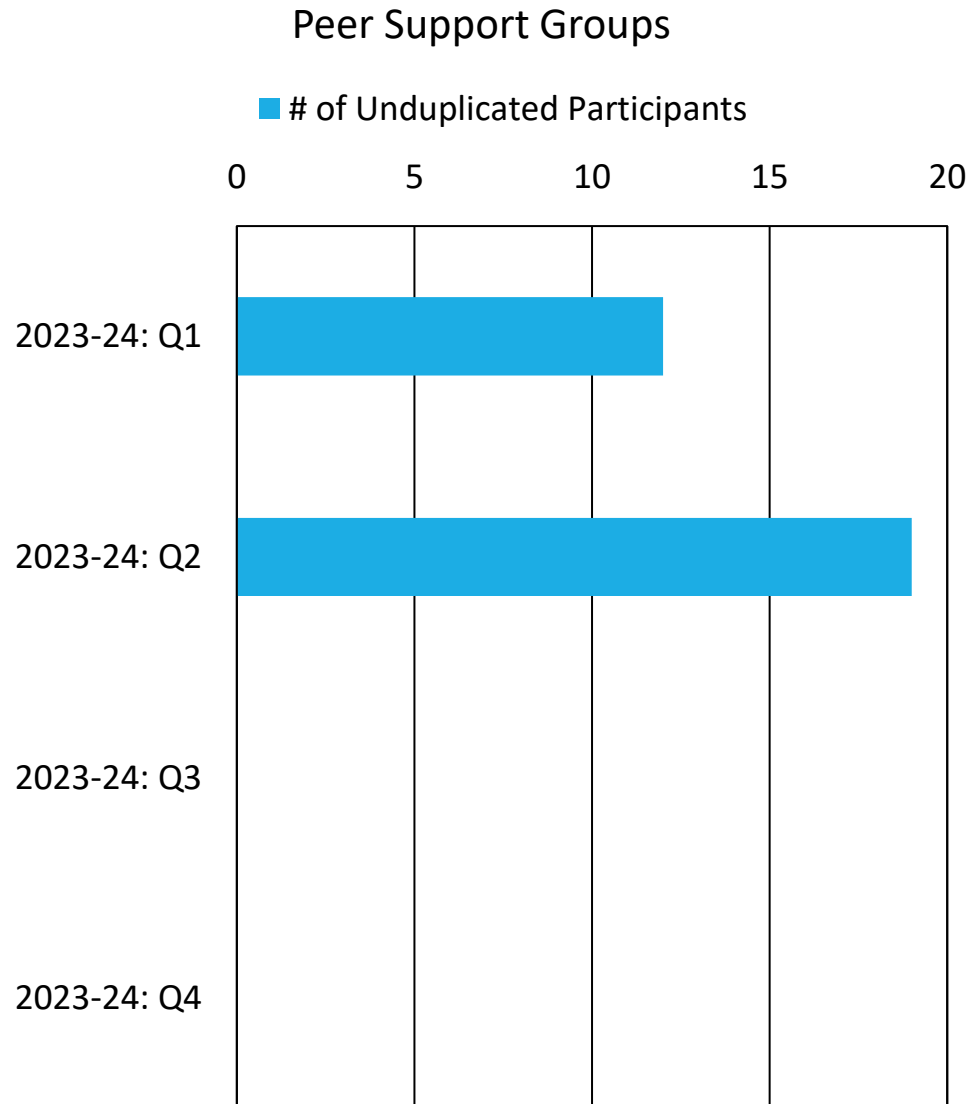**Additional SCBH Diversity & Equity Efforts:**
- Contracts are pending for recent RFP for Stigma Reduction and Discrimination Reduction Services
- Changed title of BHP Diversity & Inclusion Approaches to Service Delivery Monthly meeting to Diversity and Inclusion Talks
  - During January Meeting staff discussed religious oppression and also worked to develop a Diversity & Inclusion Talks playlist on Spotify which represents the diversity within our workforce

II. WELLNESS & RECOVERY

Peer Support Groups

■ # of Unduplicated Participants

	0	5	10	15	20

2023-24: Q1 ▮ (~12)

2023-24: Q2 ▮ (~18)

2023-24: Q3
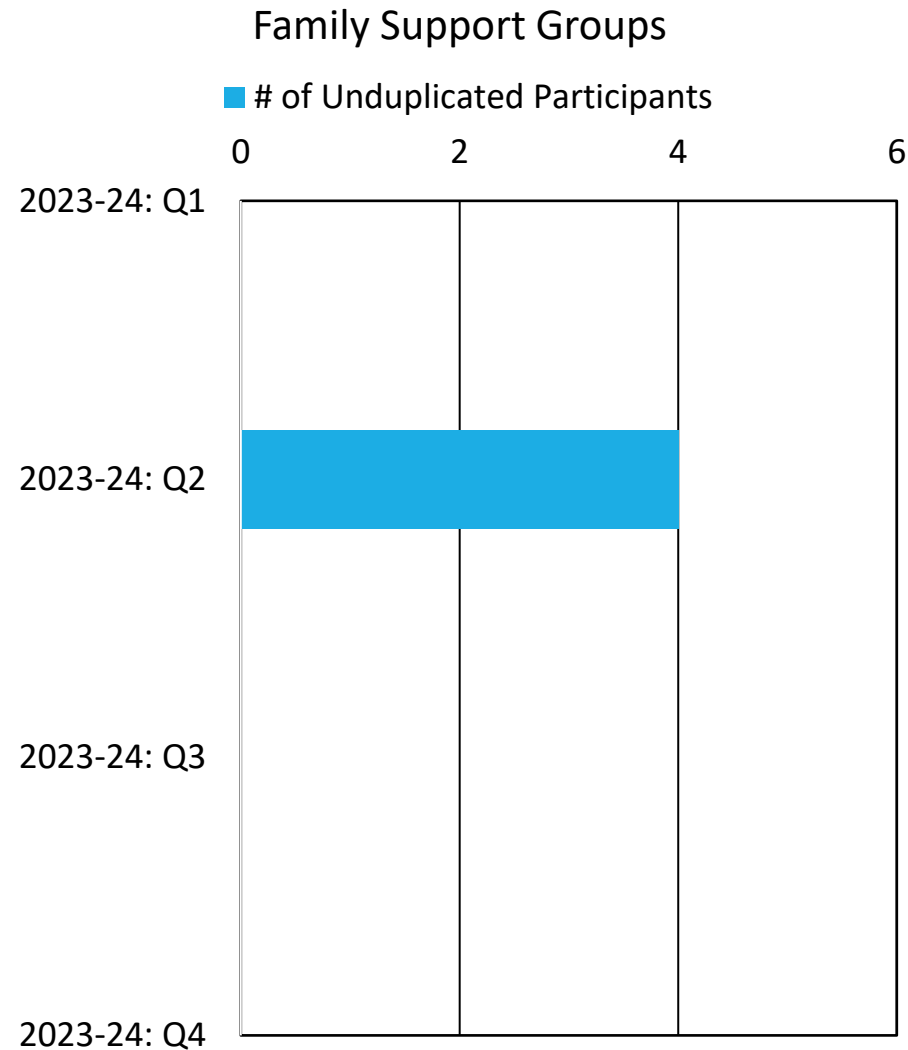
2023-24: Q4

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

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:

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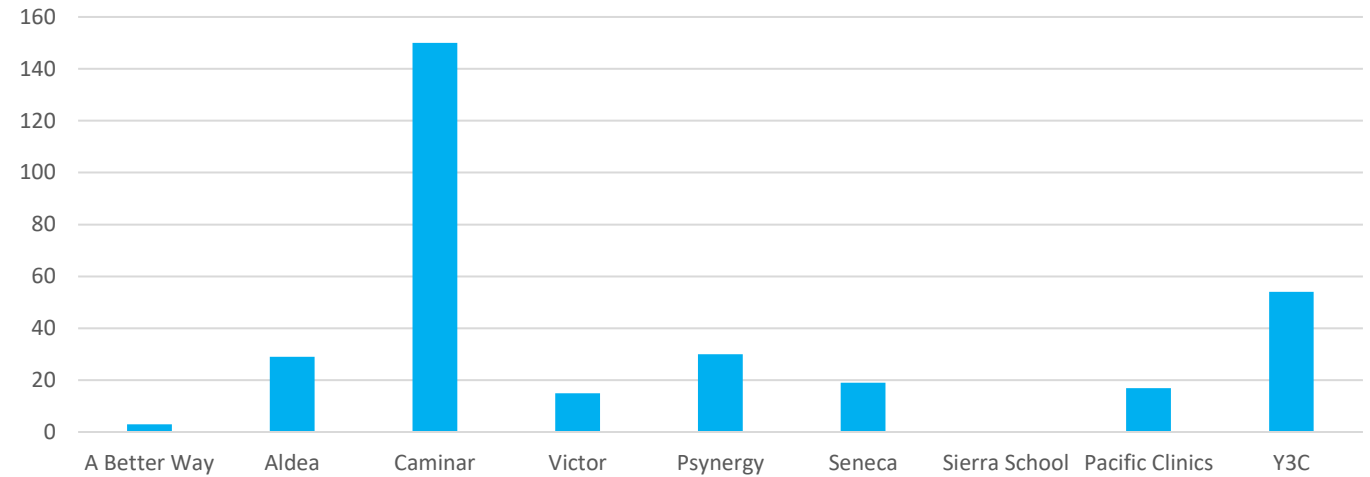
III. BENEFICIARY SATISFACTION & PROTECTION

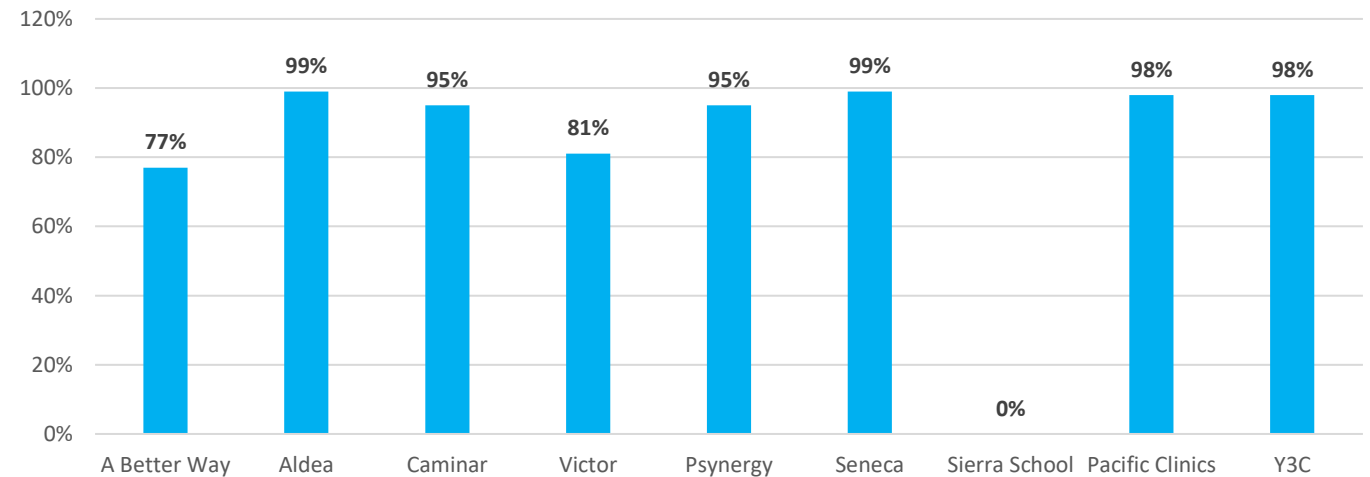# III. BENEFICIARY SATISFACTION & PROTECTION

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

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?	95%	4%	1%	--
2. Did the staff listen carefully to you?	95%	4%	1%	--
3. Did the staff show respect for what you had to say?	95%	5%	--	--
4. Did you feel the staff was respectful of your race/ethnicity?	96%	4%	--	--
5. Did you feel the staff was respectful of your religion/spirituality?	93%	6%	--	1%
6. Did you feel the staff was respectful of your sexual orientation/gender identity?	95%	4%	--	1%
	Yes	**No, but I'd like one**	**I don't need one**	**Not Answered**
7. Was an interpreter/bilingual staff provided?	13%	4%	80%	2%
If yes,	**Yes, definitely**	**Yes, somewhat**	**No**	**Not Answered**
8. Did the interpreter/bilingual staff meet your needs?	95%	5%	0%	0%
	Yes, definitely	**Yes, somewhat**	**No**	**Not Answered**
9. Do you feel better?	77%	18%	2%	3%
10. Would you recommend our services to others?	79%	12%	4%	5%

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	1
Related to Case Management	4
Access to Care	0
Quality of Care	9
County (Plan) Communication	0
Payment/Billing Issues	0
Suspected Fraud	0
Abuse, Neglect, or Exploitation	2
Lack of Timely Response	0
Denial of Expedited Appeal	0
Filed for Other Reasons	0

IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION

IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION

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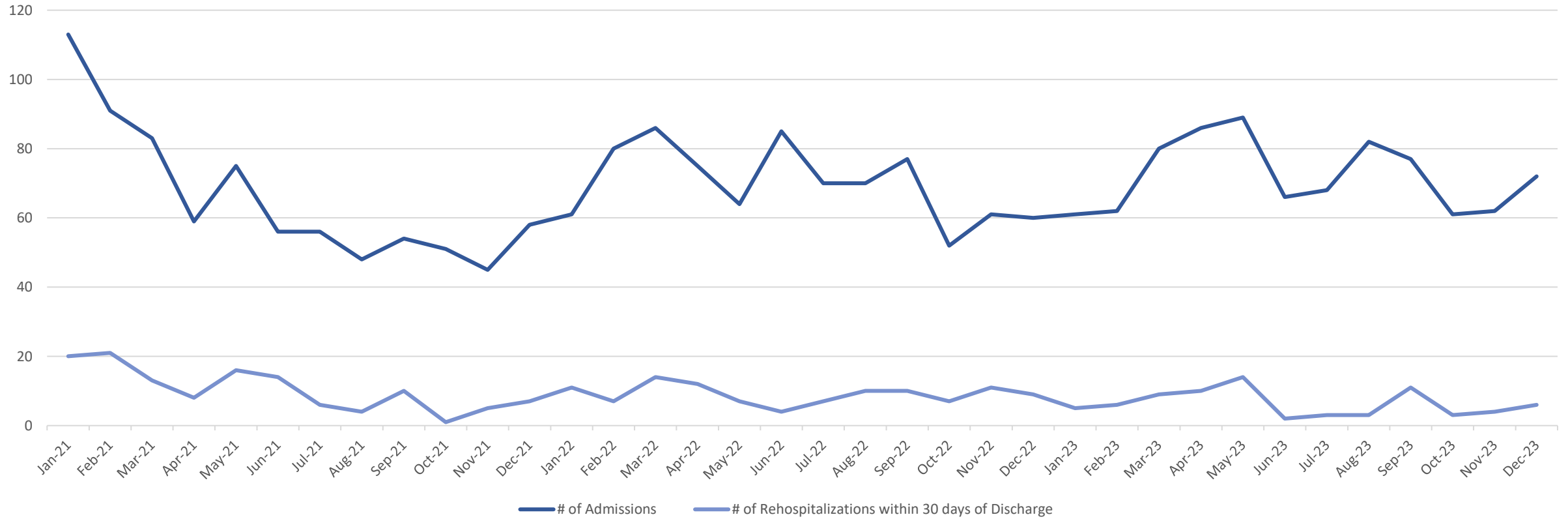
Goal:

- 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	
Oct.	83	83	8	13%
Nov.	76	68	8	14%
Dec.	74	68	5	9%
Total	233	219	21	12%

IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION

Adult Admissions & Re-Hospitalizations

Legend: — # 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	
Oct.	8	8	1	10%
Nov.	9	9	0	0%
Dec.	4	4	0	0%
Total	21	21	0	3%

IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION

Youth Admissions & Re-Hospitalizations

— # of Admissions   — # of Rehospitalizations within 30 days of Discharge
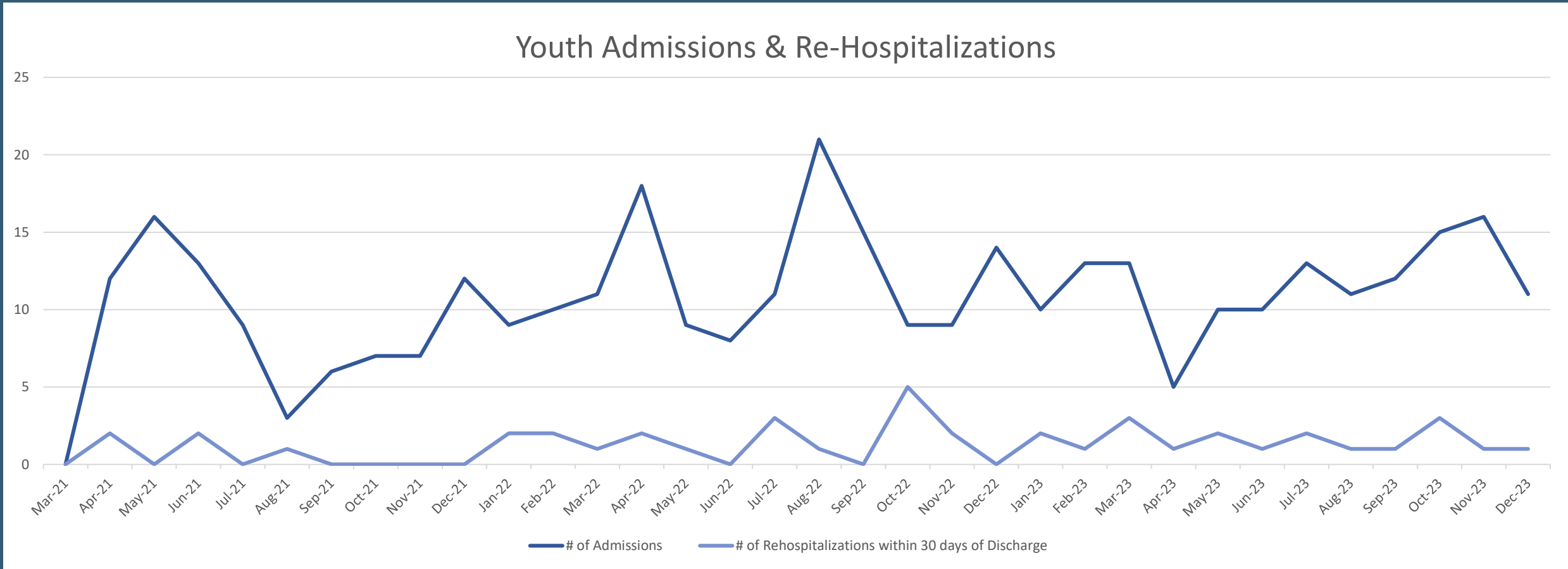
IV. HEDIS MEASURES

Antidepressant Med Management:								
# of Adults w/ Major Depression Dx treated with Antidepressant	Effective Acute Phase (12 weeks)	Effective Continuation Phase (6 months)	Solano FUH %		California FUH %		*National FUH %	
			12 wk.	6 mo.	12 wk.	6 mo.	12 wk	6 mo
408							60.80%	44.10%

APP – Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics:					
# of total youth in MHP on Medication	Total # of youth newly prescribed an antipsychotic medication	# of youth receiving a psychosocial care as 1st line treatment	Solano APP%	California APP %	National APP %
120	45	40	89%		58.6% (2021 NCQA)

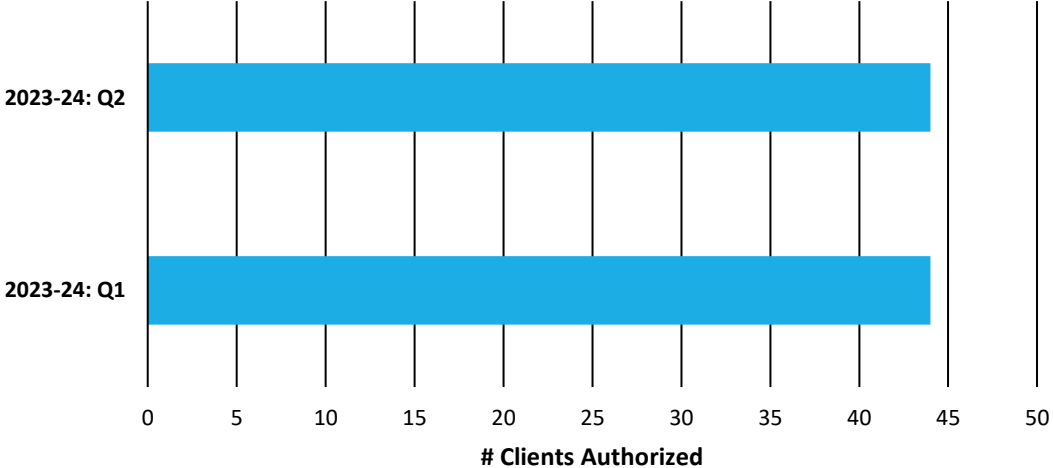| SAA - Adherence to Antipsychotic Medications for Individuals with Schizophrenia					
Total # of adults (18 yrs and older) in MHP	Total # of adults w/ Schizophrenia or schizoaffective disorder prescribed an antipsychotic medication	# of adults w/ these Thought Disorders remained on their antipsychotic medication at least 80% of treatment period	Solano SAA%	California SAA %	National SAA %
	783				59.7% (2021 NCQA)

IV. CO-OCCURRING CARE

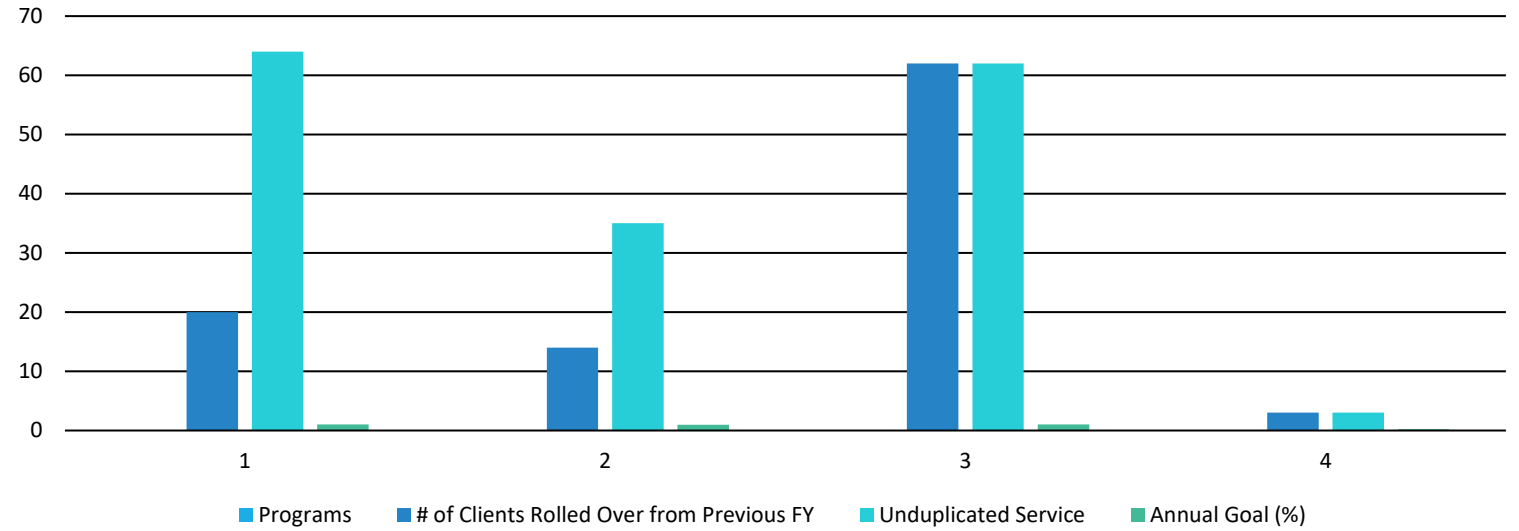- Under Construction

Calls Referred to SUD Services

Bar chart — # of Calls Received:
- Jul-23: 14
- Aug-23: 18
- Sep-23: 21
- Oct-23: 17
- Nov-23: 22
- Dec-23: 18
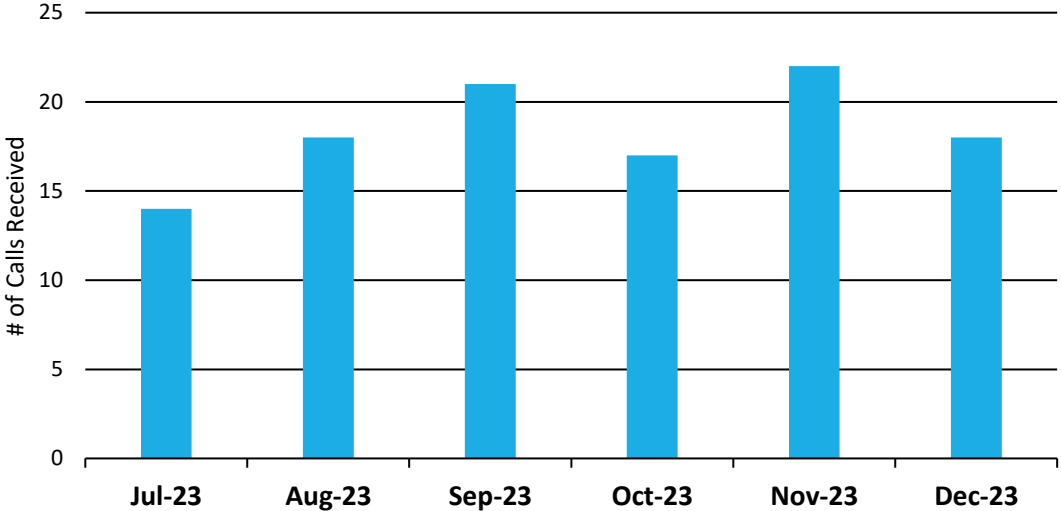
Non-Medical SABG Services

Horizontal bar chart — # Clients Authorized:
- 2023-24: Q2: ~44
- 2023-24: Q1: ~44

NEW HOUSING DATA

- MHS Housing Data
  - July through Dec 2023

MHSA Housing Data

Legend: Programs ■ # of Clients Rolled Over from Previous FY ■ Unduplicated Service ■ Annual Goal (%)

Total Clients and Average Percentages Title

Legend: # of Clients Rolled Over from Previous FY ■ Unduplicated Service ■ Annual Goal (%) ■ Transitioned to Permanent Housing (%)
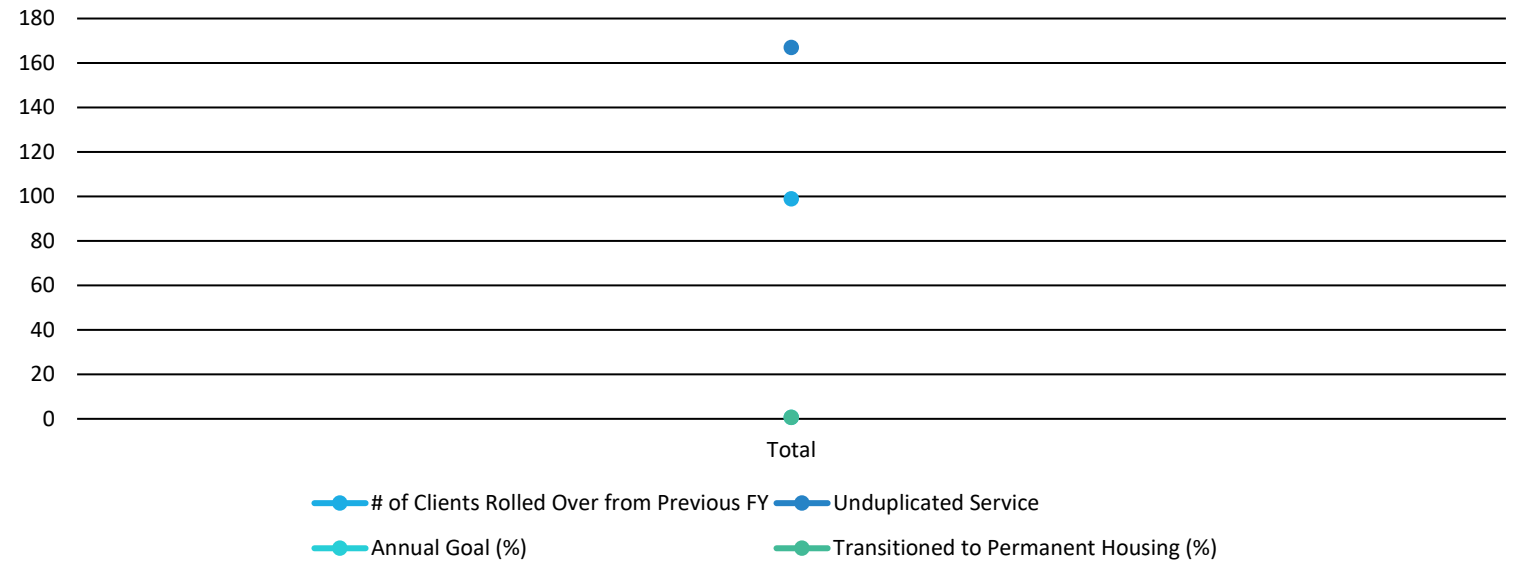
V. SERVICE ACCESS & TIMELINESS

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**	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	3	3	100%	100%
Info provided for treating an urgent condition	B	--	--	--	--
	A	--	--	--	--
Info provided for Problem Resolution/ Fair Hearing	B	1	1	100%	100%
	A	3	2	67%	100%
Logging calls	B	6	6	100%	100%
	A	6	4	67%	83%

V. SERVICE ACCESS & TIMELINESS

Non-English Test Calls

V. SERVICE ACCESS & TIMELINESS

Accessing Services Test Calls

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

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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 23/24 baseline: 93%)

FY 2023-2024

% Of Services Verified
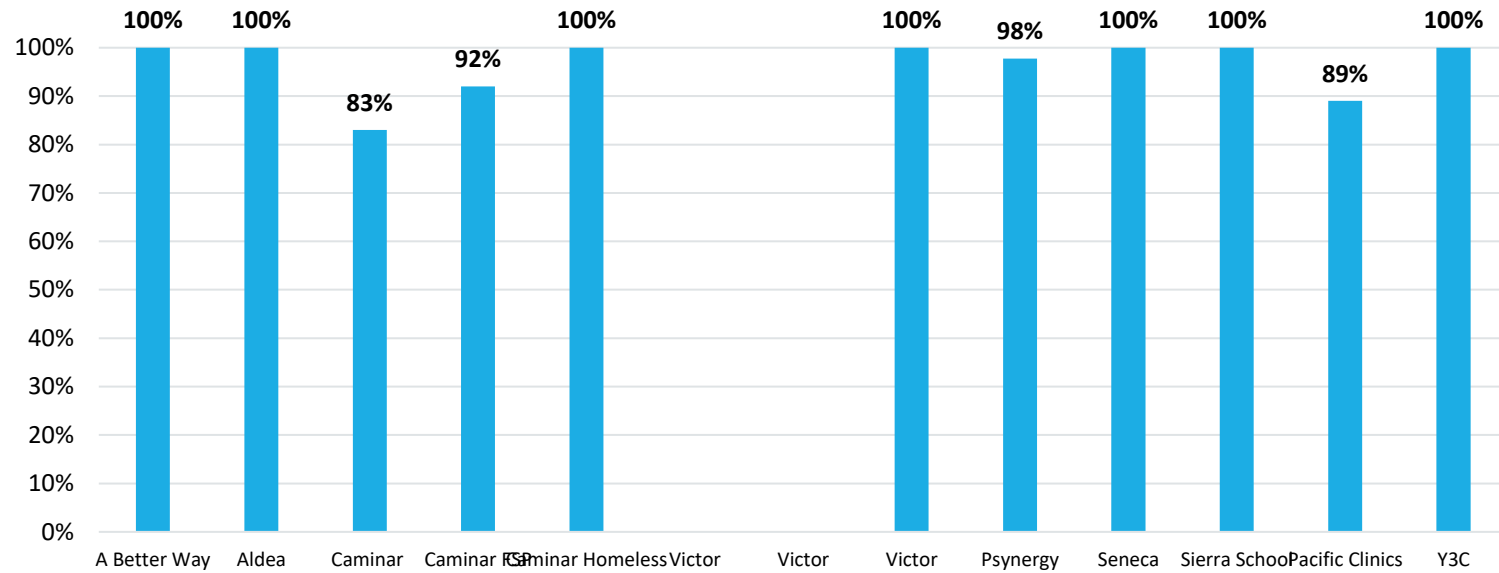
Cost of Unverified Services

Quarter 2   55
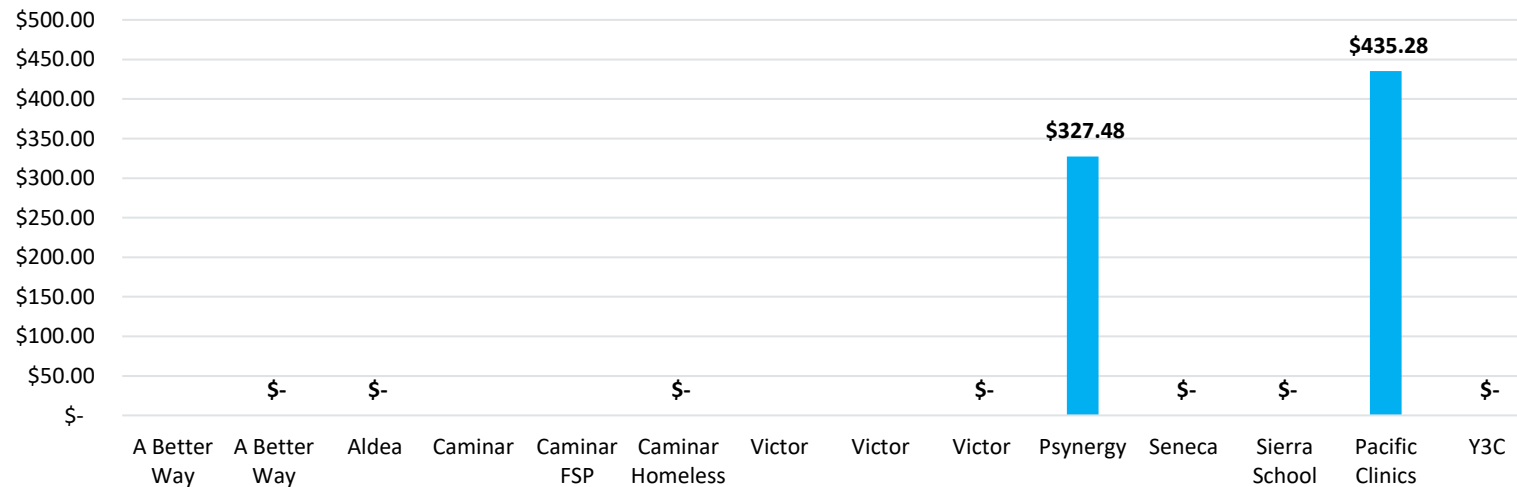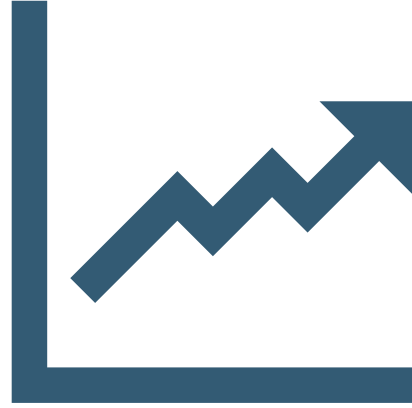
VIII. QUALITY IMPROVEMENT

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

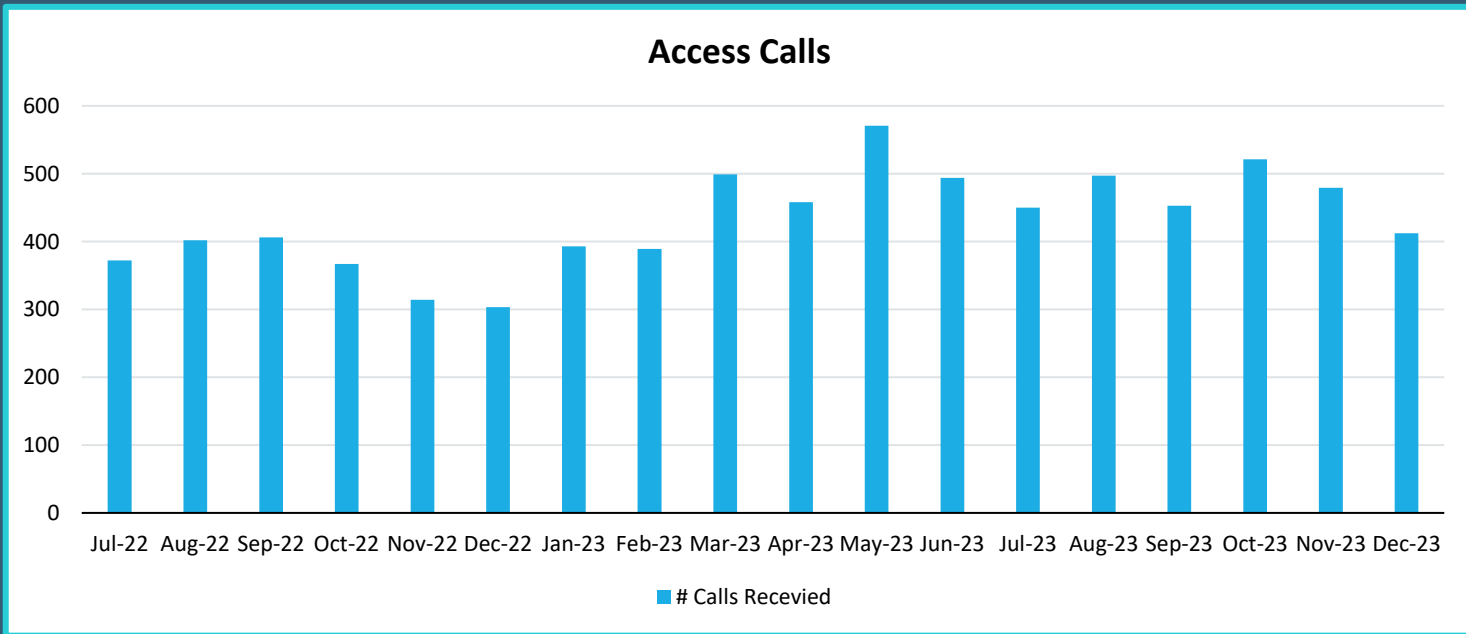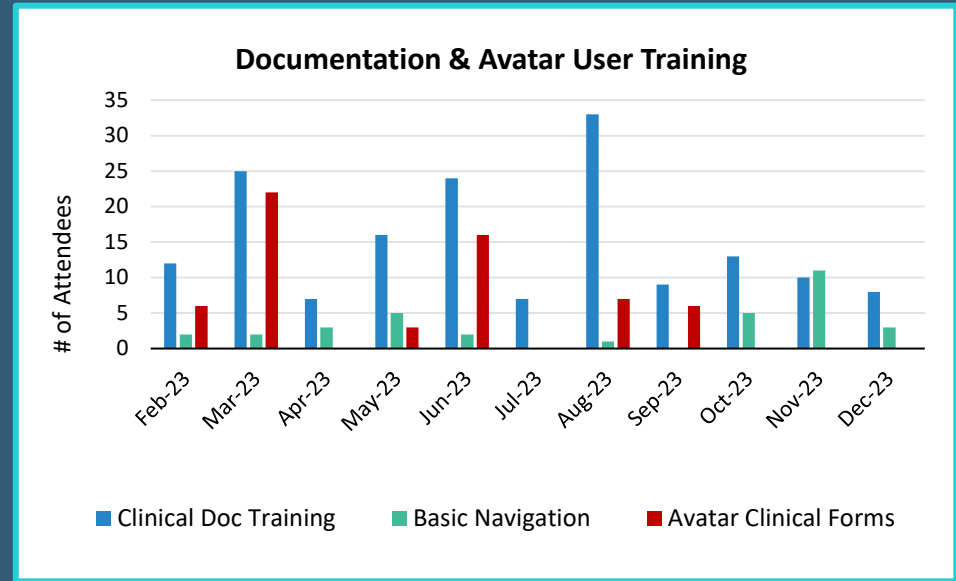AG-1: Annual Utilization Review Audits
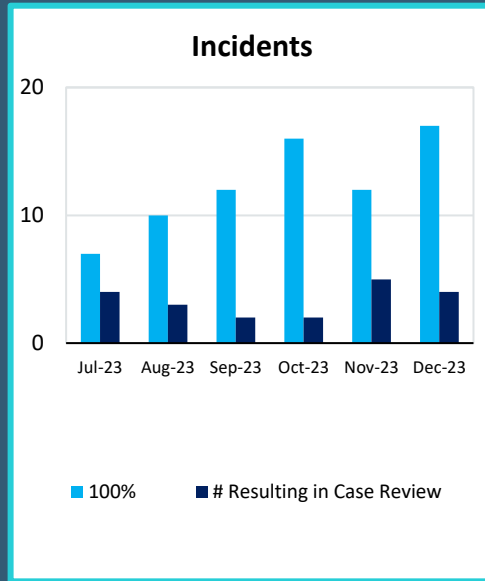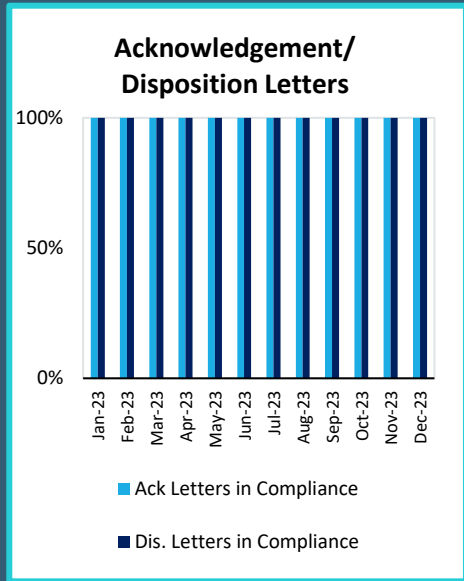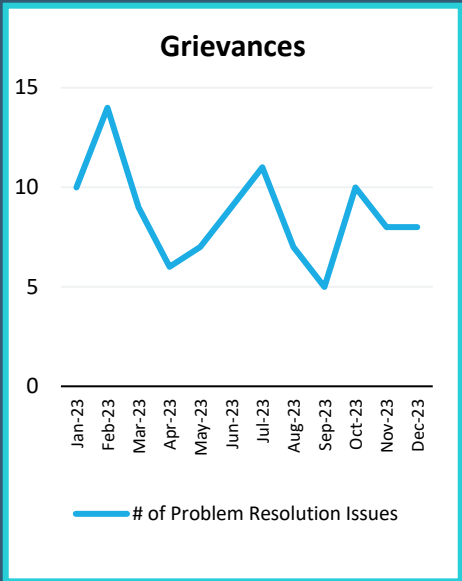
Contracted Programs

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
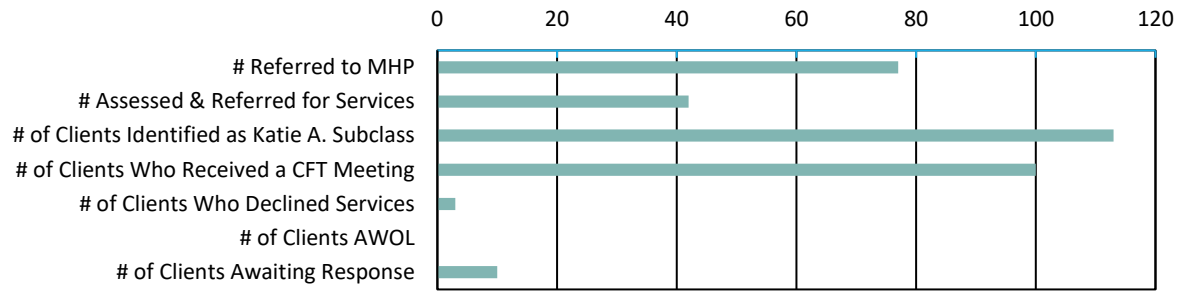
Program	Days to Complete Report (60 days or less)	Required a CAP	Days to Submit a CAP (60 days or less)	CAP Resolution Status
Contractor A	35	Yes	61	
Contractor B				
Contractor C				
Contractor D				
Contractor E				
Contractor F				
County G				
County H				
County I				
County J				
County K				
County L				
County M				

QUALITY IMPROVEMENT DASHBOARD

Grievances

Acknowledgement/ Disposition Letters

Incidents

Documentation & Avatar User Training

Access Calls

Site Certifications

Provider Eligibility

FY 2023-2024
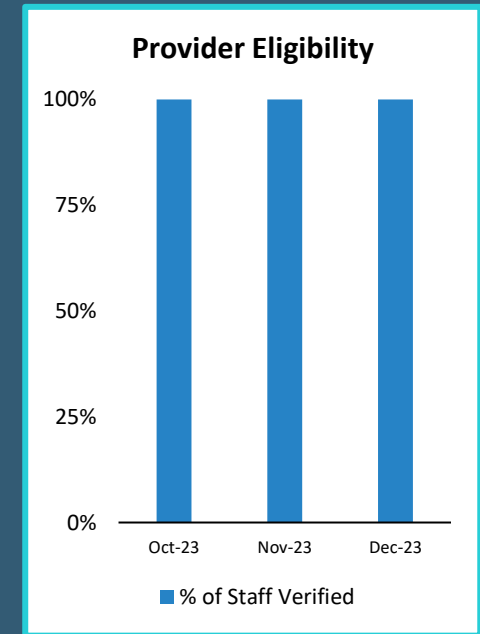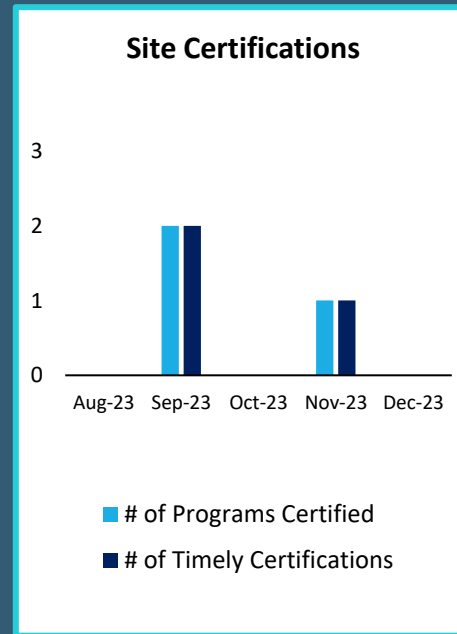
Quarter 2   60

Pathways to Wellbeing (Katie A. Subclass)

Pathways to Wellbeing (Non-Subclass)

Youth Medication Monitoring

Quarter 2

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	13	0	7	6	0
Totals	13	0	7	6	0
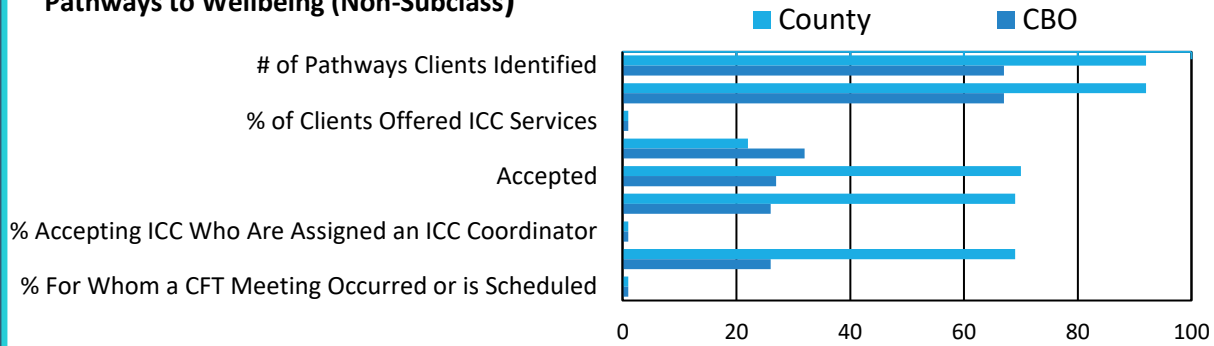
Compliance Training (# of Staff in Attendance)
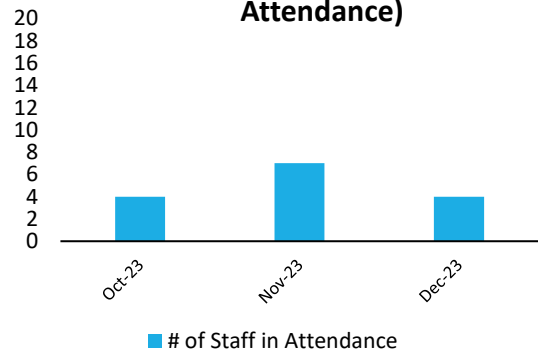
of Compliance Communications

Managed Care Provider Network

Category	Value
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	
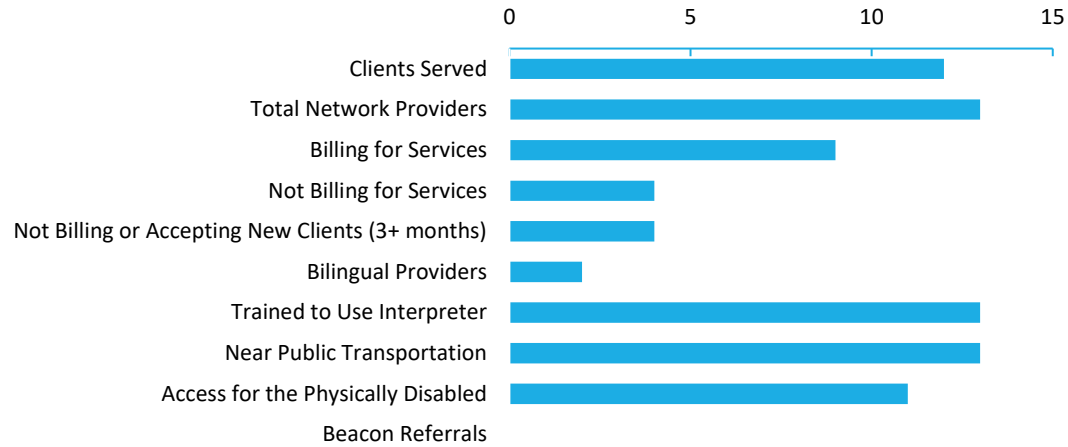
Regional Utilization by Cultural Group

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

North County, Central County, South County, Out of County, Unknown

Total Utilization by Cultural Group

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

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, 2023-24:Q1, 2023-24:Q2
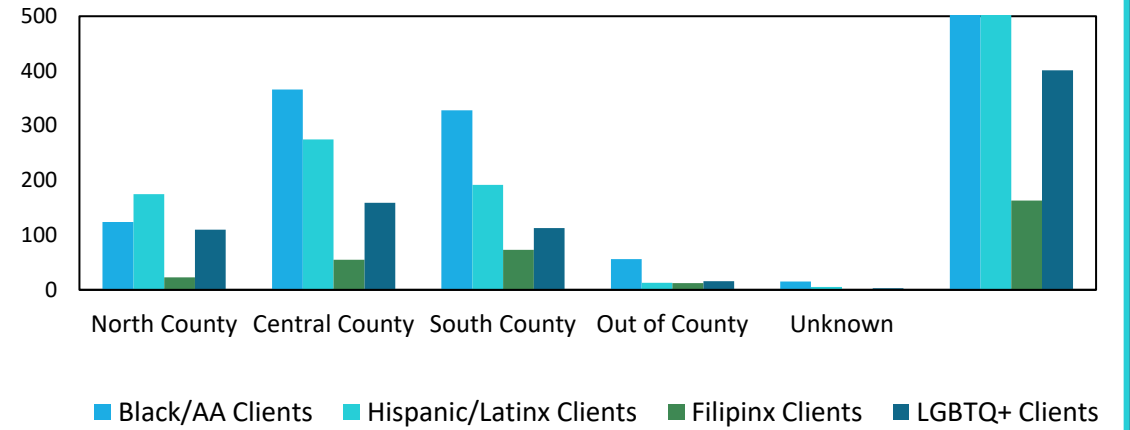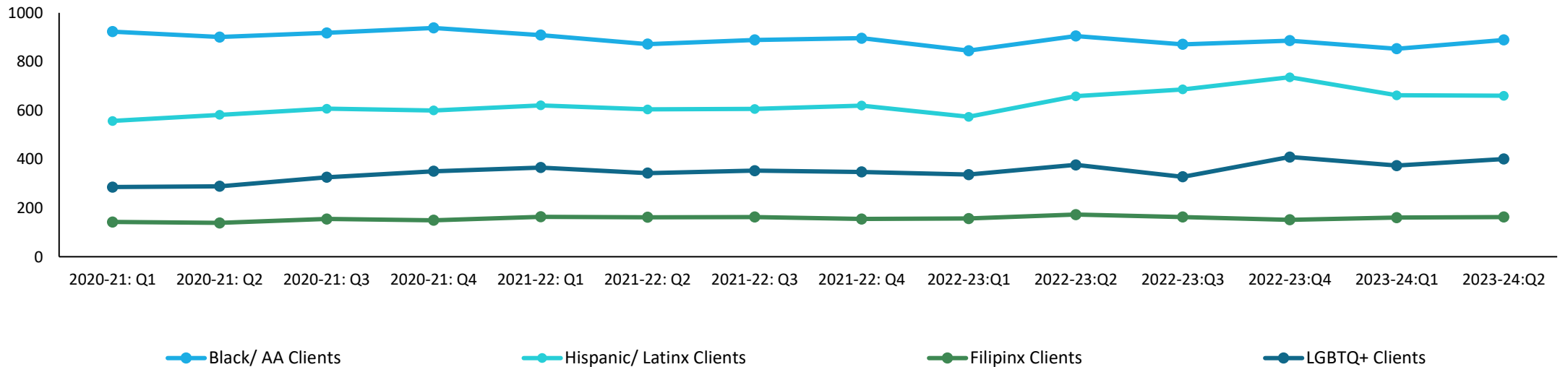
NEXT MEETING:

Quality Improvement Committee
FY 2023-2024: Quarter 3
Thursday May 9, 2023
1:30pm – 3:30pm

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

QualityAssurance@SolanoCounty.com