QUALITY IMPROVEMENT COMMITTEE

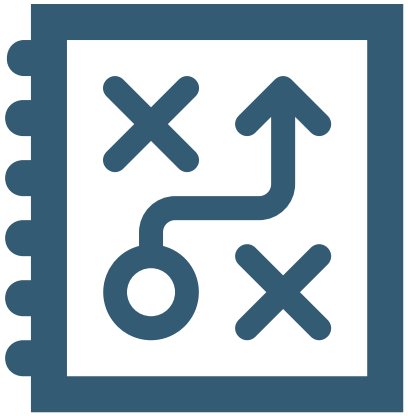
Solano County Behavioral Health
February 9, 2023
1:30pm – 3:30pm

ANNOUNCEMENTS & ACTION ITEMS

Announcements

- CalAIM Updates:
  - BHQIP Deadlines March 1, 2023
  - Payment Reform:
    - New CPT and HCPCS Codes – July 1, 2023
    - County to provide training soon
  - Updated policies:
  - Data Exchange:
    - County implementing HIO, Provider Portal, FIHR API
- EQRO:
  - SMHS – May 2023
  - DMC-ODS – April 2023

Action Items



QUALITY ASSESSMENT & PERFORMANCE IMPROVEMENT PLAN

QUALITY ASSESSMENT & PERFORMANCE IMPROVEMENT PLAN

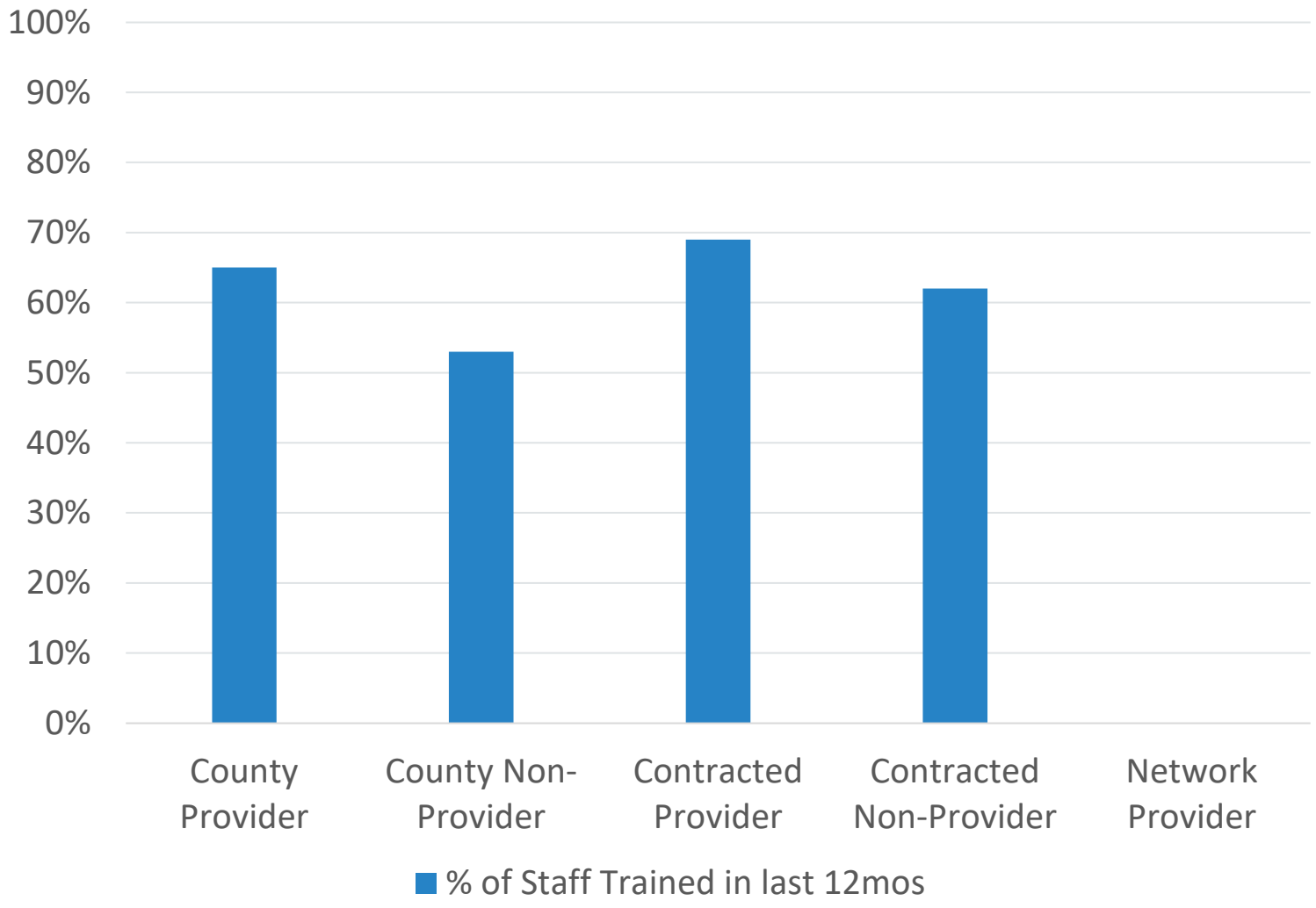
I. Cultural Diversity & Equity
II. Wellness & Recovery
III. Beneficiary Satisfaction & Protection
IV. Beneficiary Outcomes & System Utilization
V. Service Timeliness & Access
VI. Performance Improvement Projects
VII. Program Integrity
VIII. Quality Improvement

I. CULTURAL DIVERSITY & EQUITY

I. CULTURAL DIVERSITY & EQUITY

AG-1: System wide Cultural Competence Training

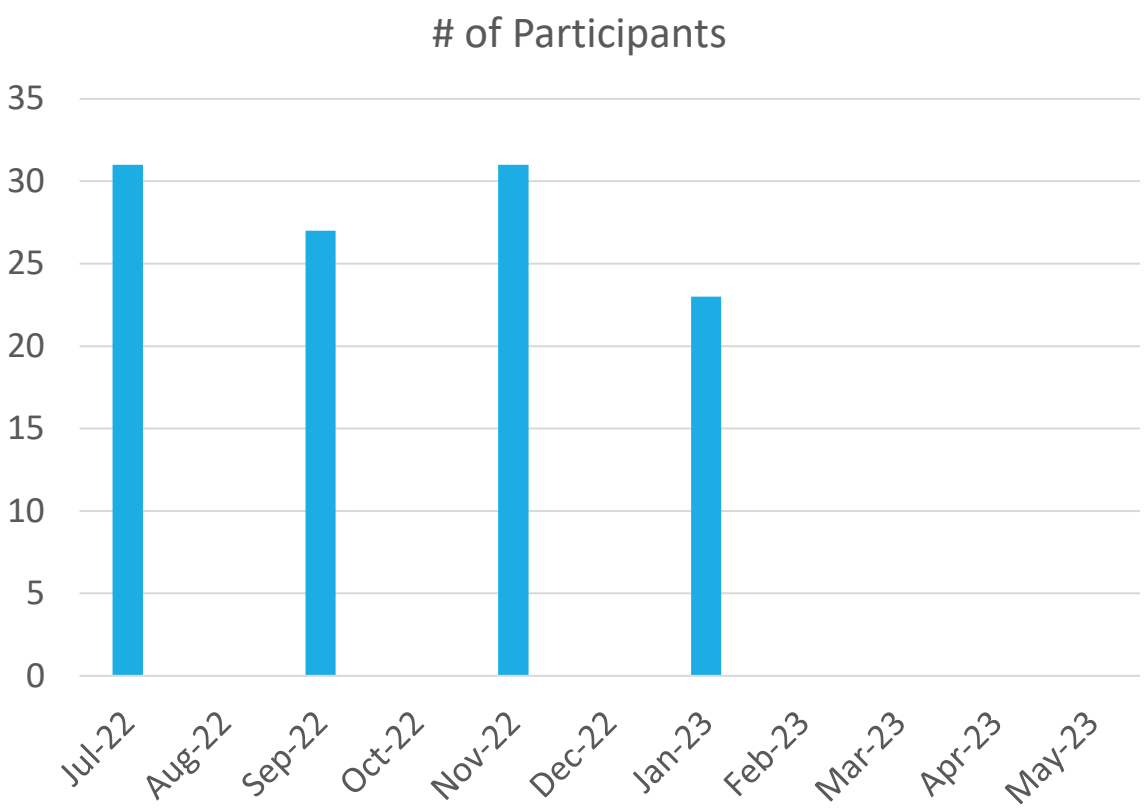
Goal: Monitor annual training and work toward 100% training compliance for providers and non-providers.



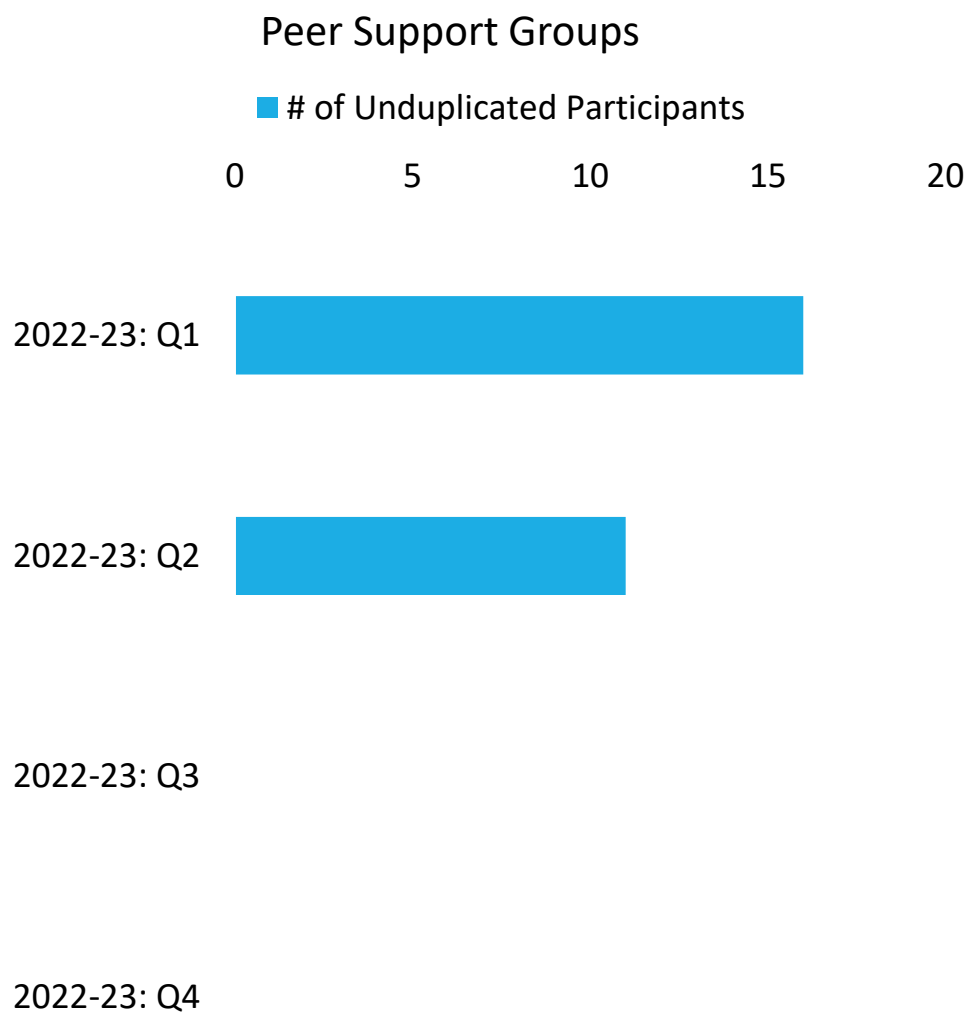
I. CULTURAL DIVERSITY & EQUITY

Diversity & Equity Committee Updates:

i. Diversity & Equity Plan Update 2023
ii. Committee Calendar
iii. Participation Agreement Form
iv. New Agenda Structure
v. 3rd cohort of Dr. Hardy Clinical Supervision started in January 2023
vi. Partnering with UC Davis to provide a statewide ICCTM Learning Collaborative Training for all CA Counties
vii. Mentoring Los Angeles, Marin, Fresno, and Kern Counties BH Divisions
viii. Community Based Learning – Black History Month



II. WELLNESS & RECOVERY

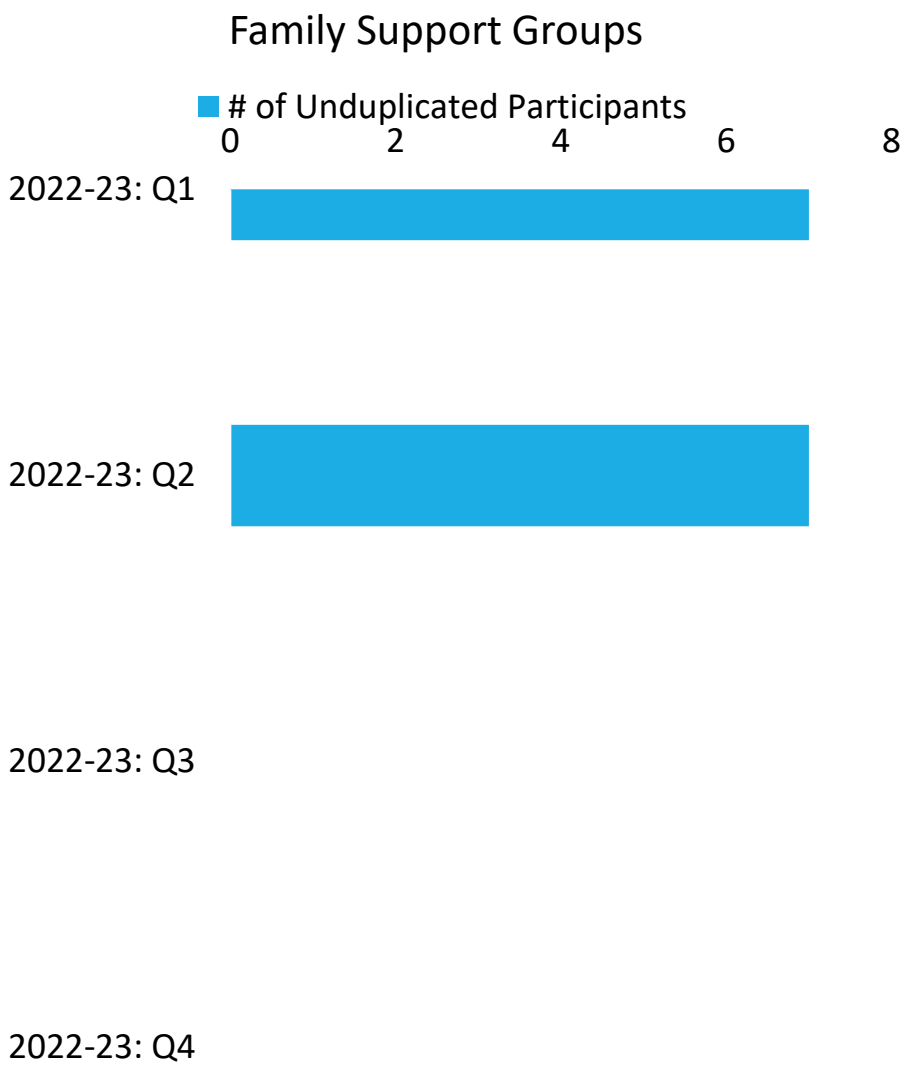


II. WELLNESS & RECOVERY

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.



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:

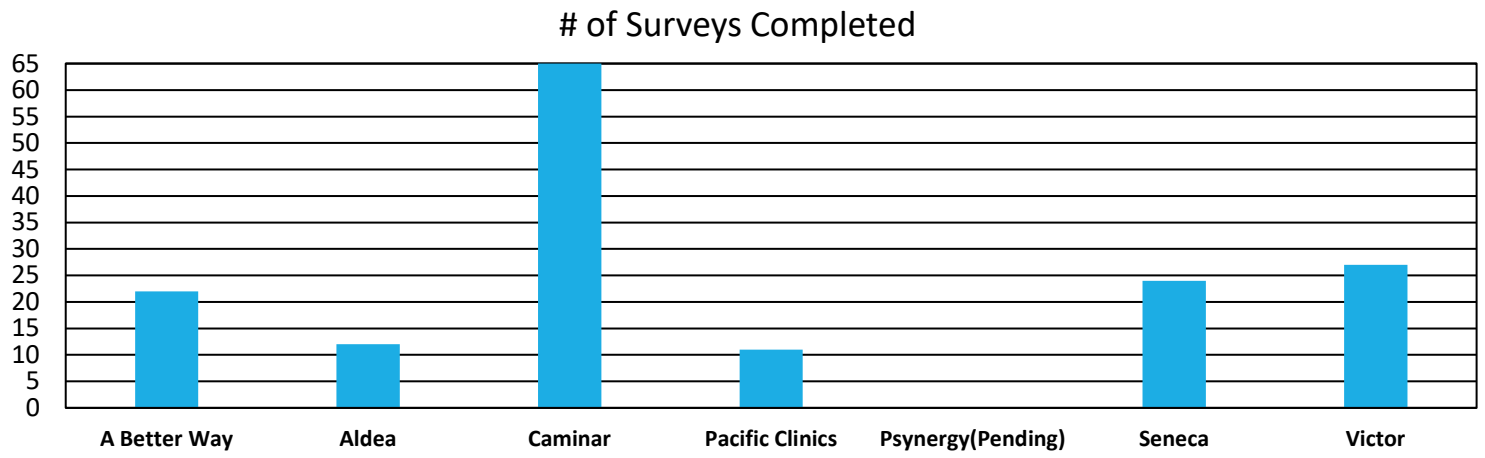
- Increase the # of total unique group members who participate quarterly.
- Increase the % of unduplicated participants who respond positively to the quarterly "Quality of Life Outcome Tool" survey items.

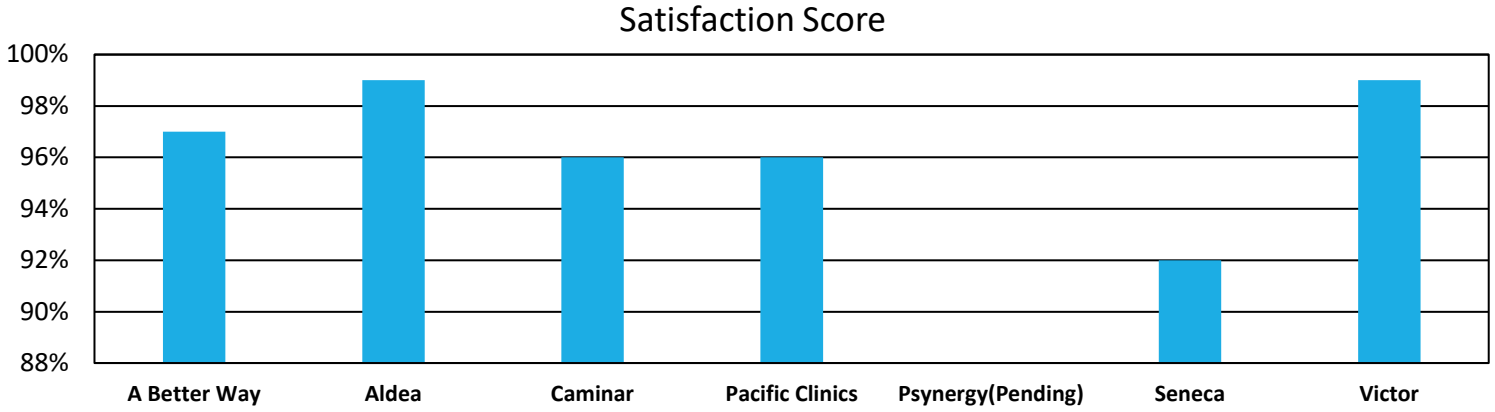
III. BENEFICIARY SATISFACTION & PROTECTION

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.





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?	96%	3%	--	--
3. Did the staff show respect for what you had to say?	98%	2%	--	--
4. Did you feel the staff was respectful of your race/ethnicity?	96%	2%	--	1%
5. Did you feel the staff was respectful of your religion/spirituality?	96%	3%	1%	1%
6. Did you feel the staff was respectful of your sexual orientation/gender identity?	96%	2%	1%	1%
	Yes	**No, but I'd like one**	**I don't need one**	**Not Answered**
7. Was an interpreter/bilingual staff provided?	9%	3%	80%	7%
If yes,	**Yes, definitely**	**Yes, somewhat**	**No**	**Not Answered**
8. Did the interpreter/bilingual staff meet your needs?	100%	--	--	--
	Yes, definitely	**Yes, somewhat**	**No**	**Not Answered**
9. Do you feel better?	74%	18%	2%	6%
10. Would you recommend our services to others?	80%	9%	2%	9%

IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION

IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION

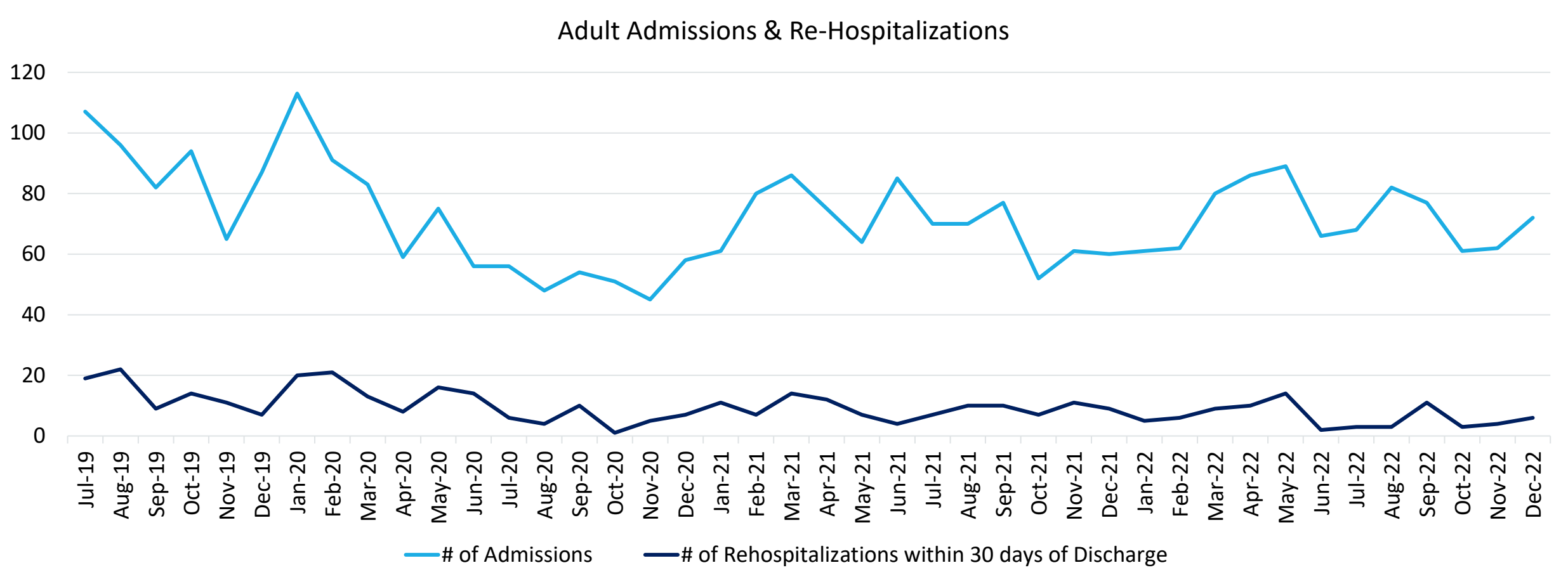
AG-2: Maintain or improve the following hospital-related measures.

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.	61	61	3	5.4%
Nov.	62	62	4	8%
Dec.	72	68	6	10%
Total	195	191	13	6.8%

IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION



IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION

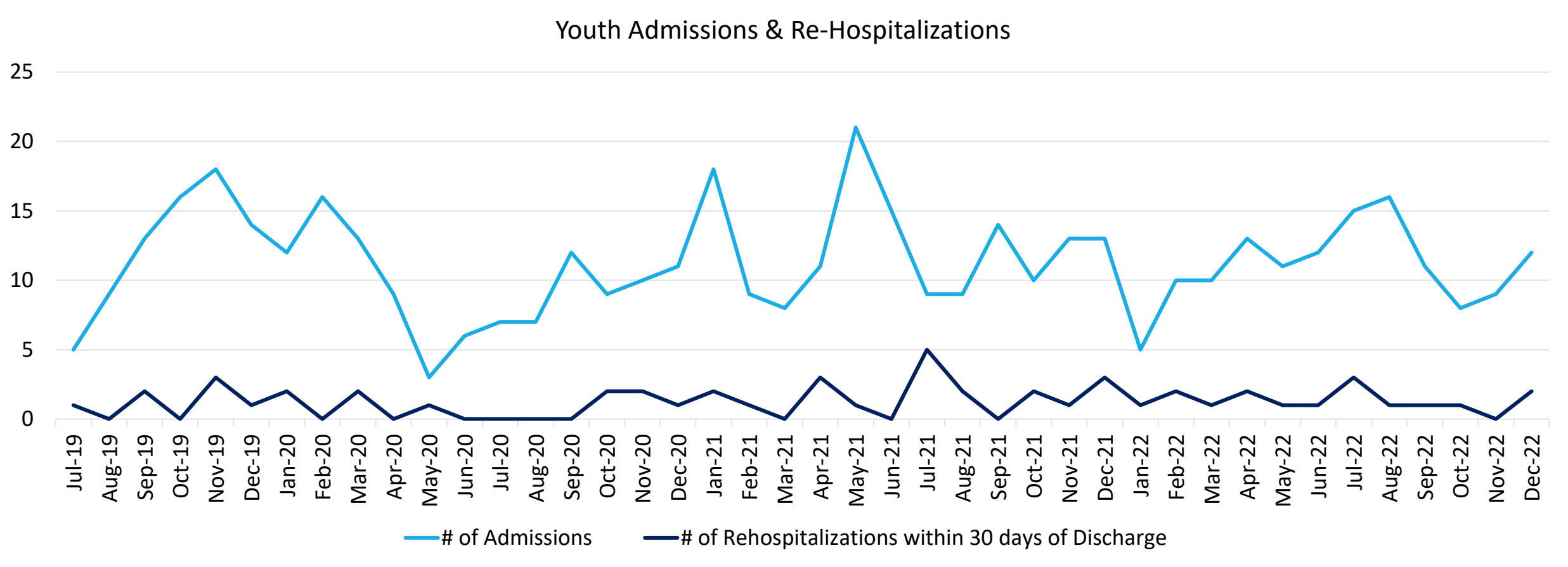
AG-3: Maintain or improve the following hospital-related measures.

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	8.3%
Nov.	9	9	--	--
Dec.	12	12	2	15.4%
Total	29	29	3	10.3%

IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION



V. SERVICE ACCESS & TIMELINESS

YOUTH SERVICES

Access, Timeliness, Engagement & Retention

V. SERVICE ACCESS & TIMELINESS

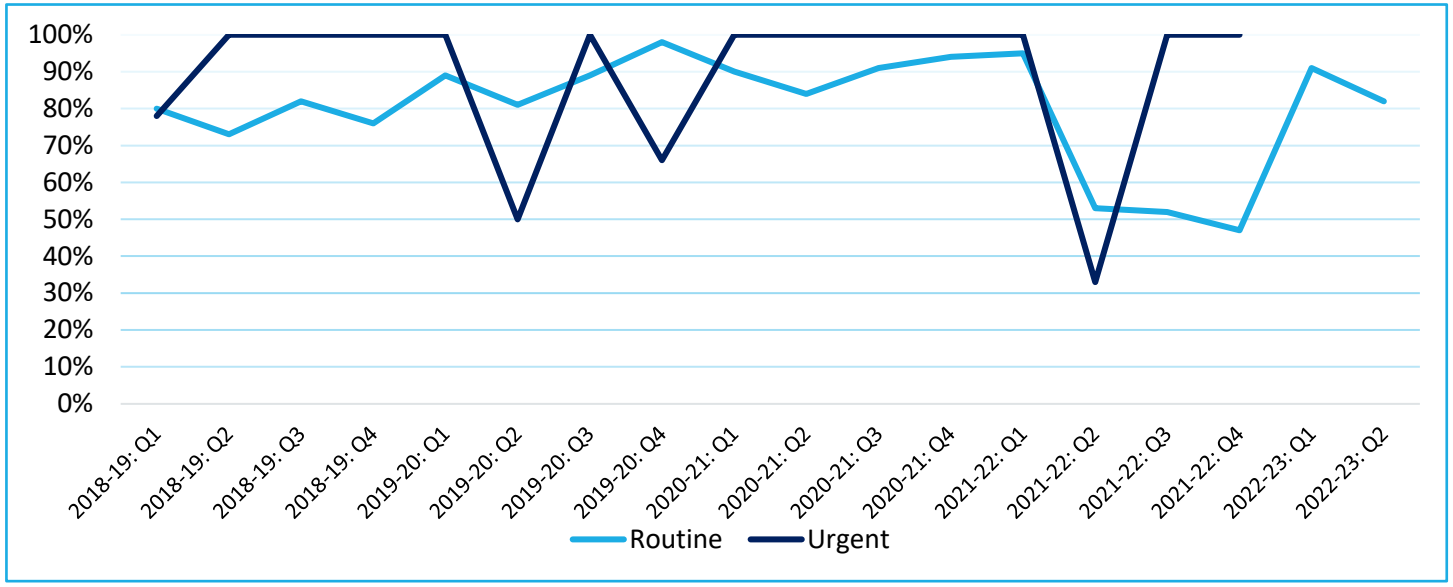
AG-1: Service request to first offered Assessment appointment in Youth System of Care

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

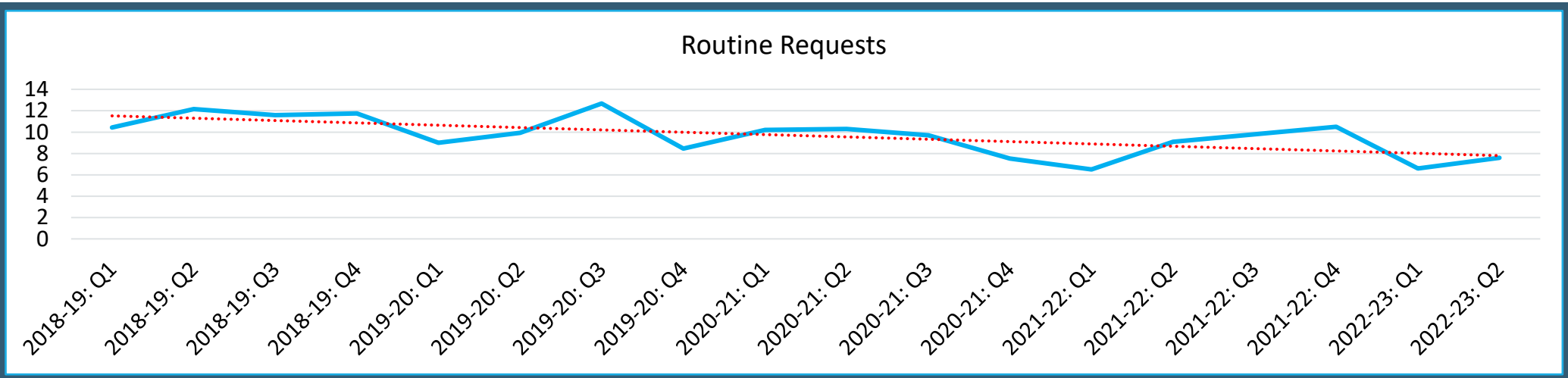
Request Type	Avg. # of Bus. Days from Service Request to 1st Offered Ax Appt	Avg. # of Bus. Days from Ax Completion to 1st Offered Tx Appt
Routine	7.6	7.1
Urgent	N/A	N/A
Total	7.6	7.1

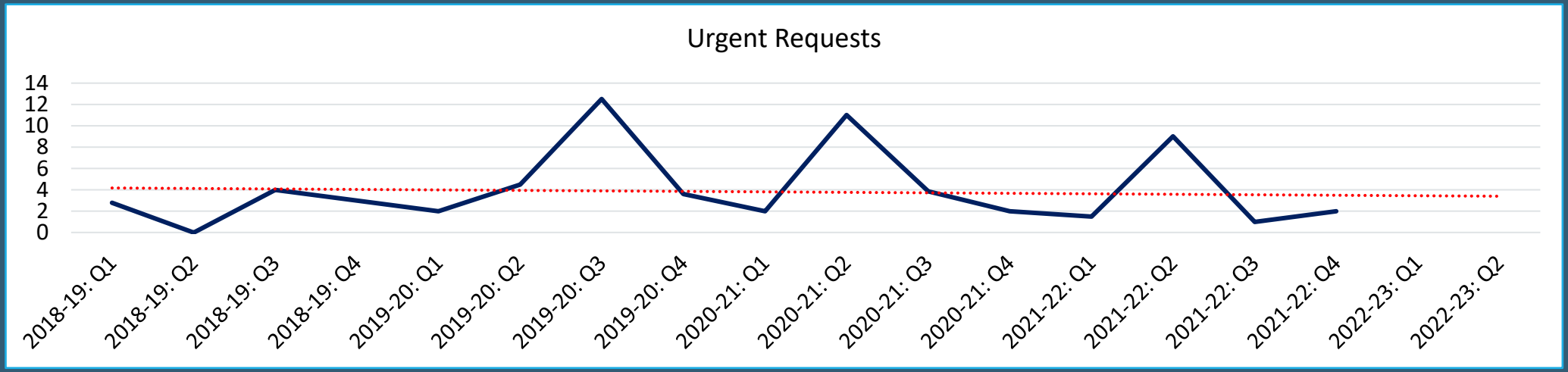


V. SERVICE ACCESS & TIMELINESS

Youth System of Care

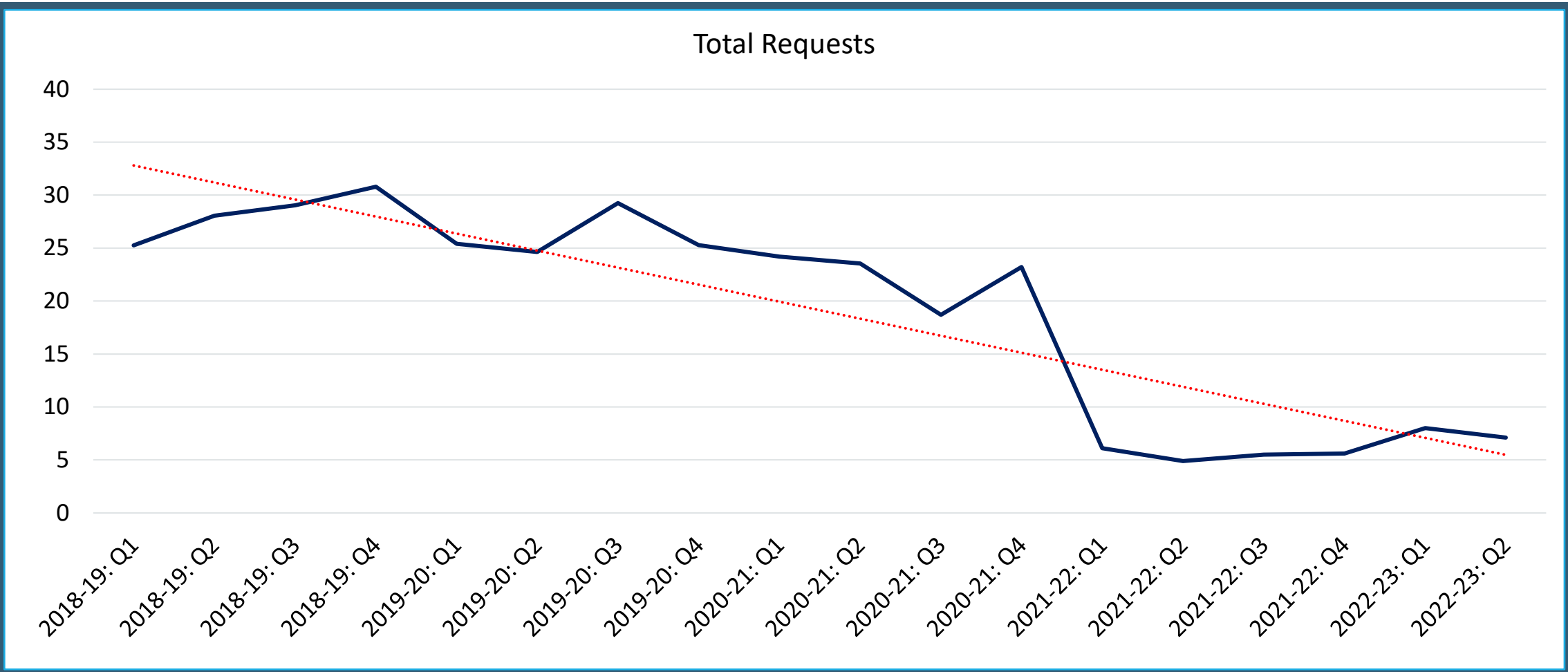
Average Number of Business Days from Service Request to 1st Offered Assessment Appointment





V. SERVICE ACCESS & TIMELINESS

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



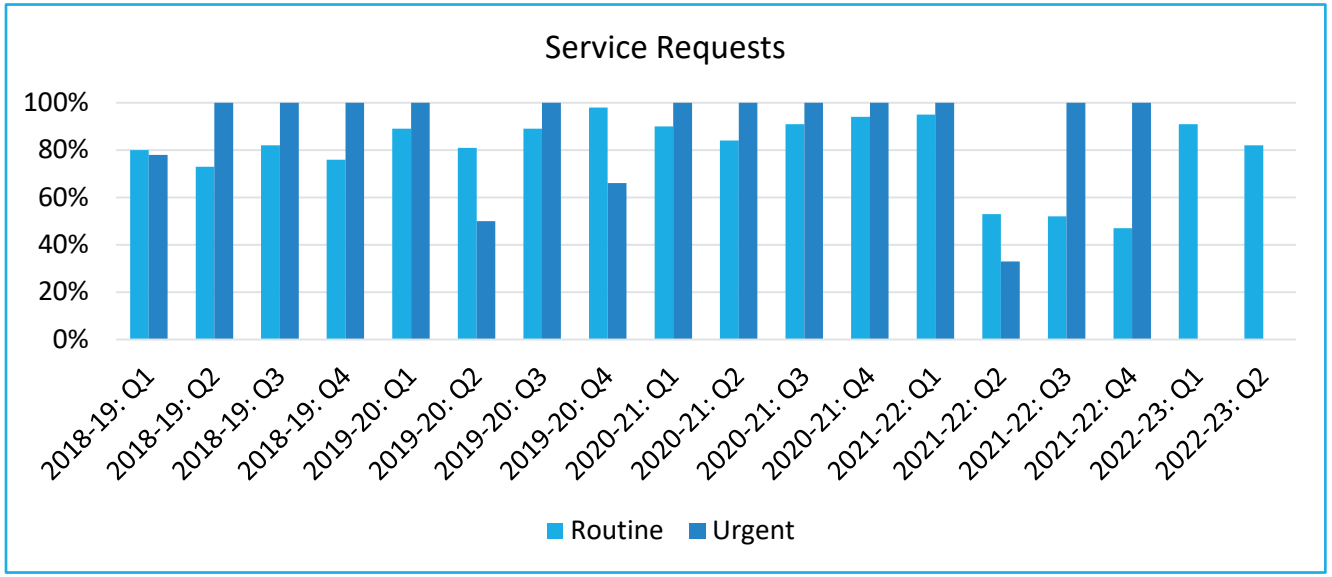
V. SERVICE ACCESS & TIMELINESS

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

Goal:

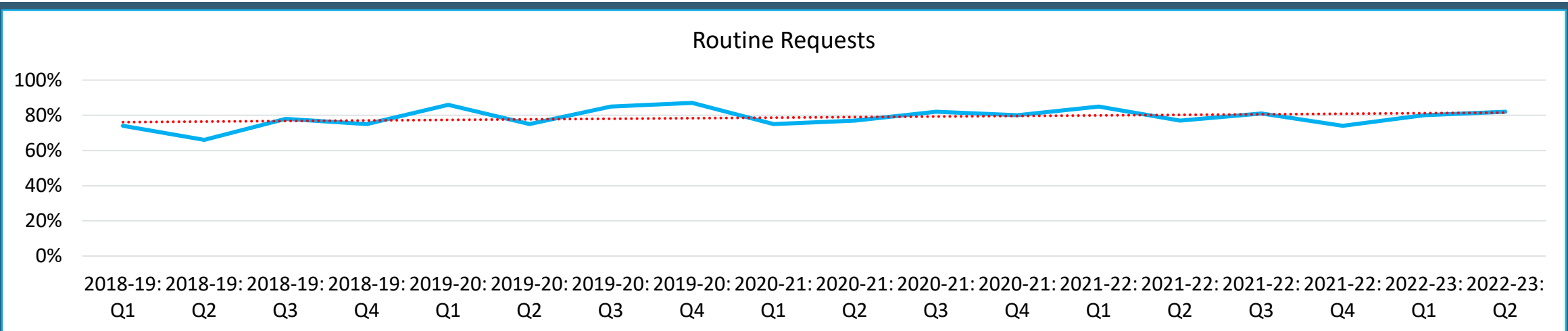
1. For routine requests
   a. 60% of service requests will result in an Ax
   b. 45% of service requests will result in a Tx service
2. For urgent requests
   a. 85% of service requests will result in an Ax
   b. 60% of service requests will result in a Tx service

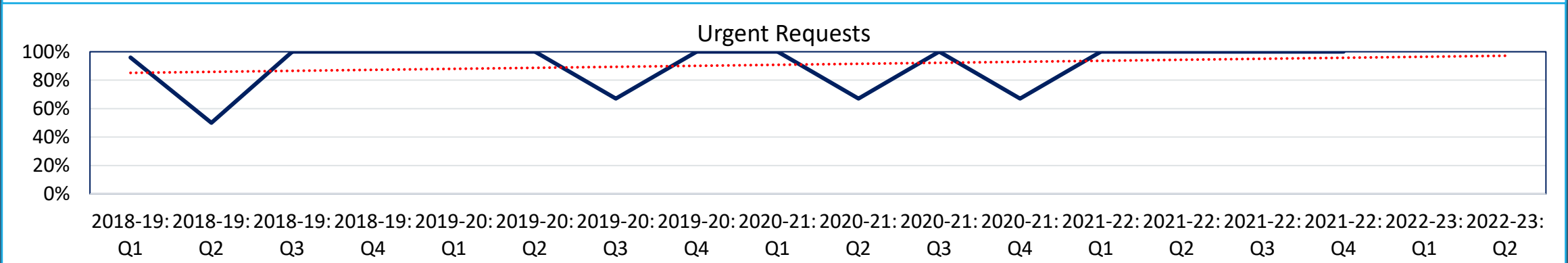
Youth System of Care	Routine Requests	Urgent Requests	Totals
Total Service Requests	200	0	200
Received Ax (%)	81.5%	N/A	81.5%
Received Ax (#)	163	N/A	163
Received Tx (%)	54%	N/A	54%
Received Tx (#)	108	N/A	108



V. SERVICE ACCESS & TIMELINESS

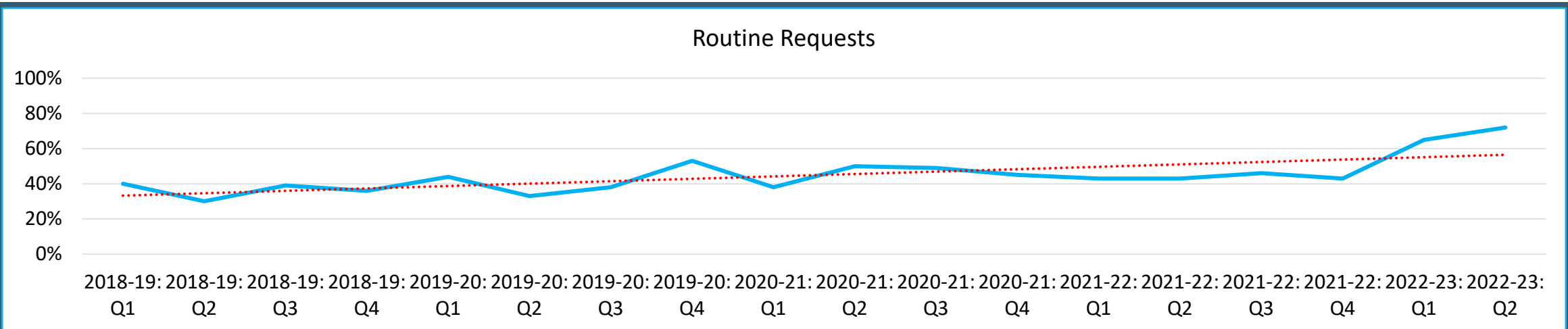
Youth Services - Percentage of Service Requests with a Completed Assessment

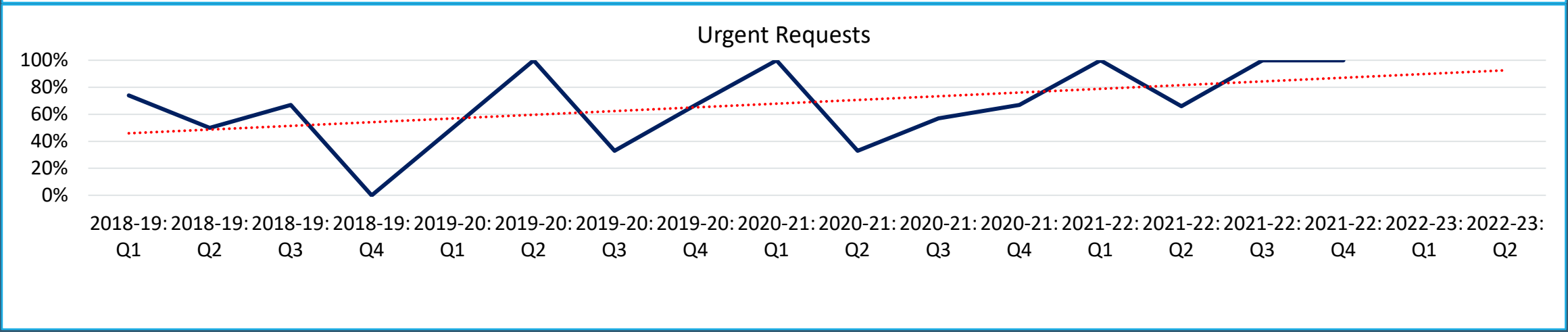




V. SERVICE ACCESS & TIMELINESS

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	200	0	200
% Didn't Show For Ax	18.5%	N/A	18.5%
% Received Ax	81.5%	N/A	81.5%
# Received Ax	163	N/A	163
Declined Tx	4	N/A	4
Didn't Meet Medical Necessity	9	N/A	9
# of clients who need Tx	150	N/A	150
% Received Tx	72%	N/A	72%
# Received Tx	108	N/A	108

ADULT SERVICES

Access, Timeliness, Engagement & Retention

V. SERVICE ACCESS & TIMELINESS

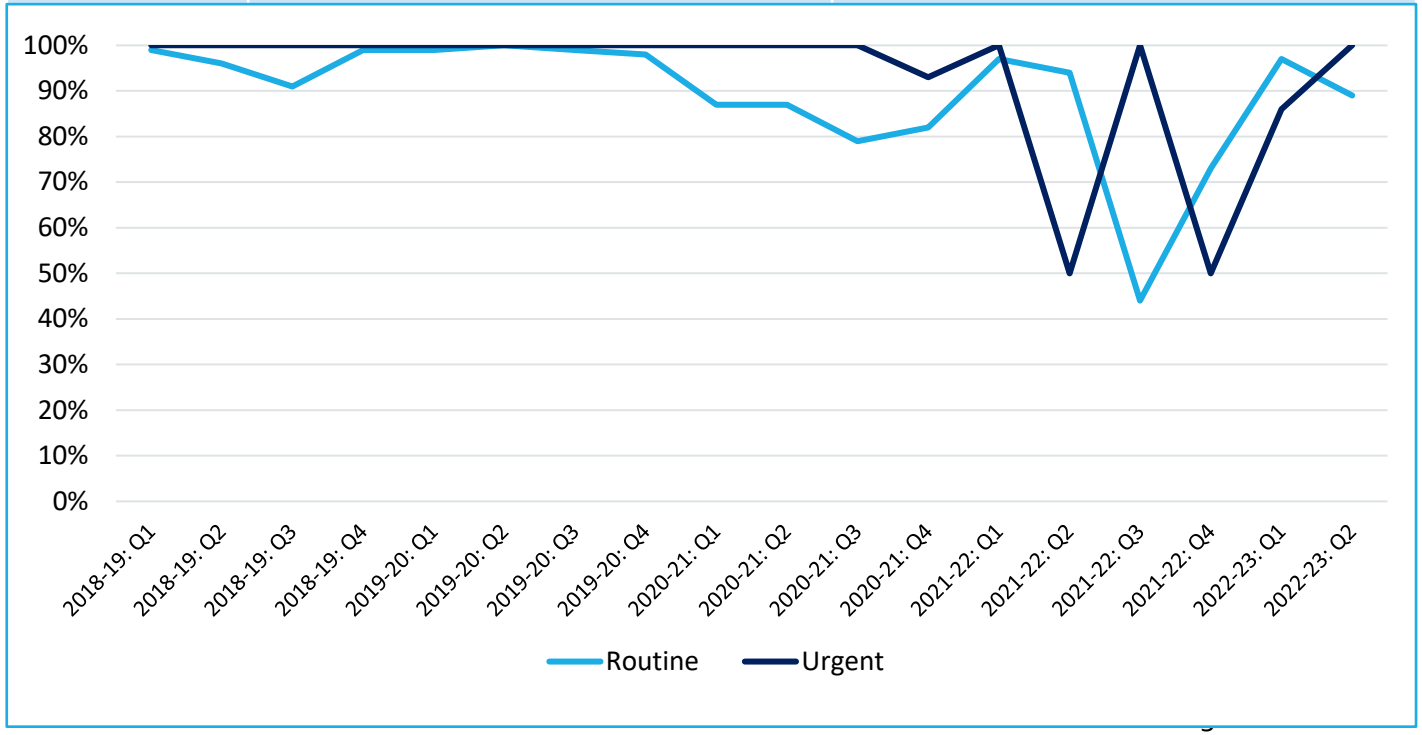
AG-2: Service request to first offered Assessment appointment in Adult System of Care

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

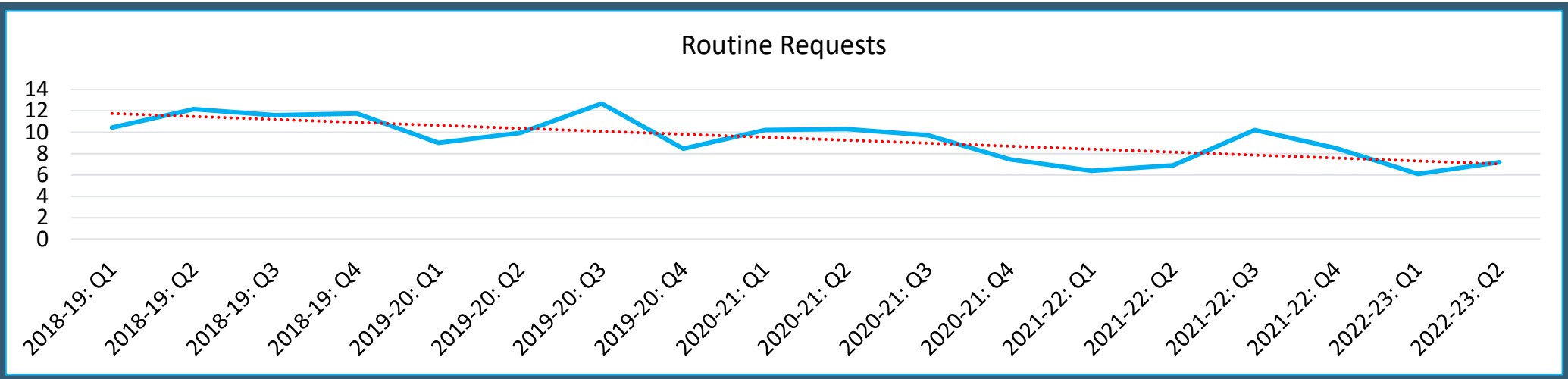
Request Type	Avg. # of Bus. Days from Service Request to 1st Offered Ax Appt	Avg. # of Bus. Days from Ax Completion to 1st Offered Tx Appt
Routine	7.2	4.3
Urgent	1	1
Total	7.1	4.2

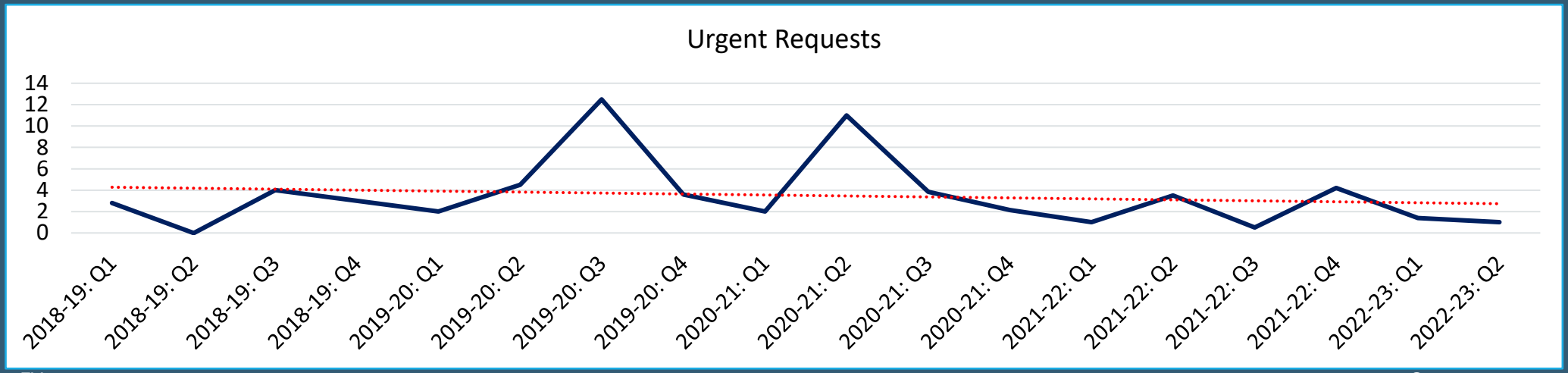


V. SERVICE ACCESS & TIMELINESS

Adult System of Care

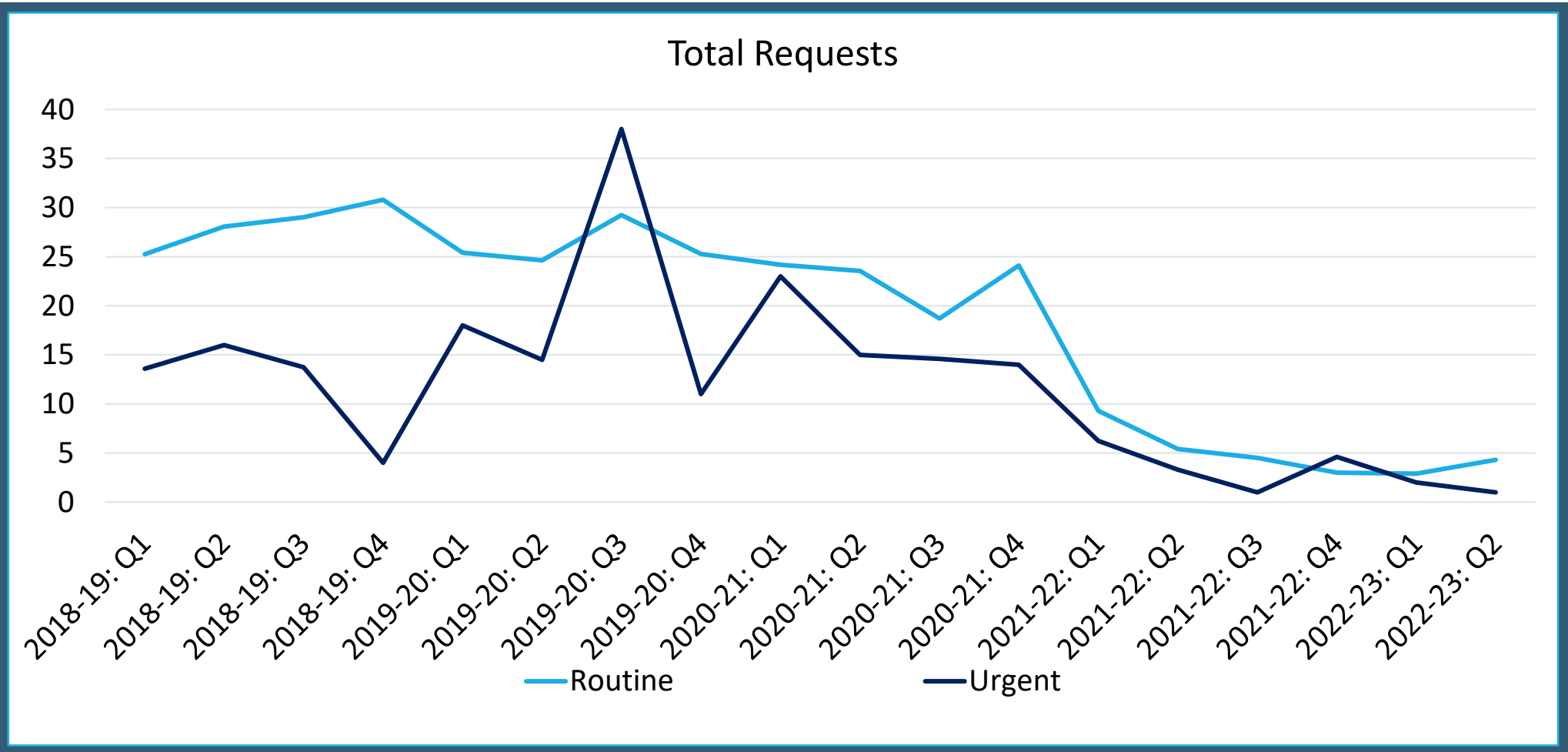
Average Number of Business Days from Service Request to 1st Offered Assessment Appointment





V. SERVICE ACCESS & TIMELINESS

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



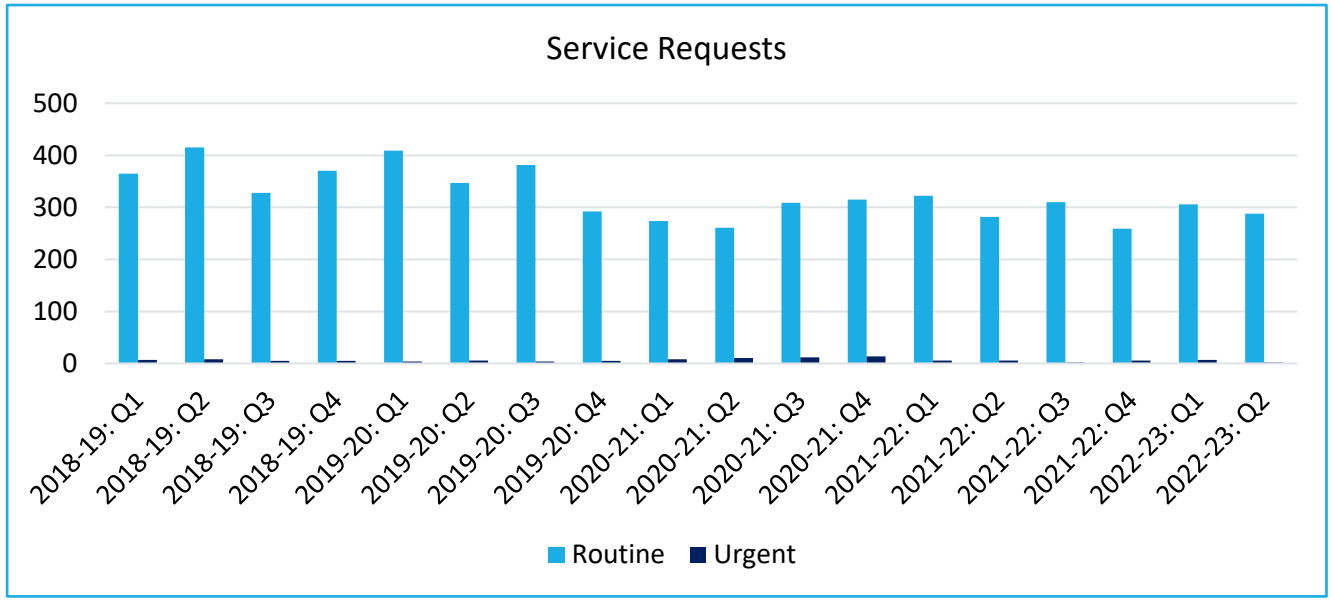
V. SERVICE ACCESS & TIMELINESS

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

Goal:

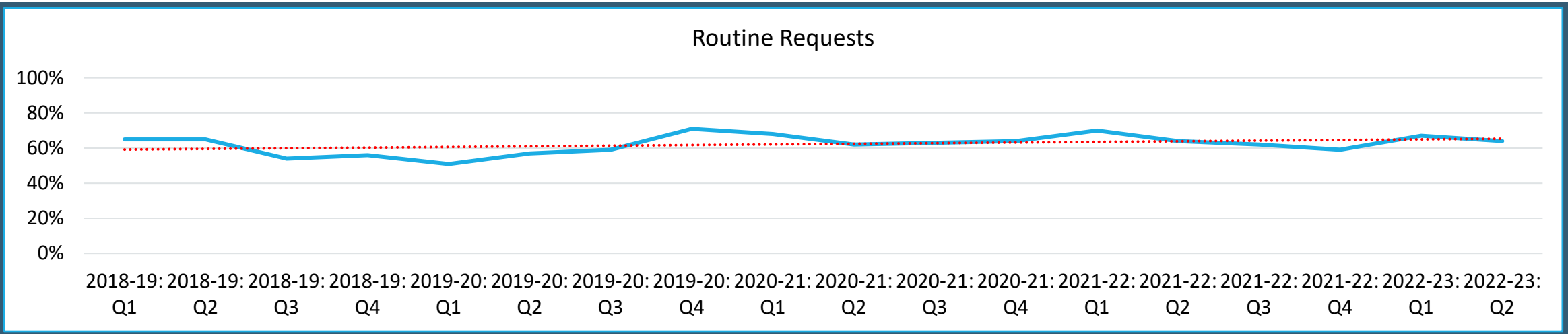
1. For routine requests
   a. 60% of service requests will result in an Ax
   b. 45% of service requests will result in a Tx service
2. For urgent requests
   a. 85% of service requests will result in an Ax
   b. 60% of service requests will result in a Tx service

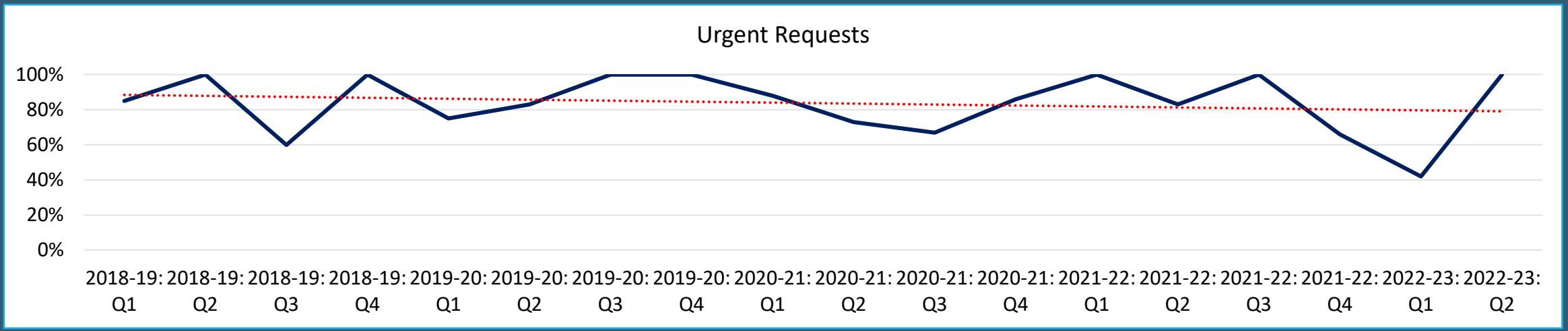
Adult System of Care	Routine Requests	Urgent Requests	Totals
Total Service Requests	288	2	290
Received Ax (%)	64%	100%	64%
Received Ax (#)	185	2	187
Received Tx (%)	46%	100%	46%
Received Tx (#)	133	2	135



V. SERVICE ACCESS & TIMELINESS

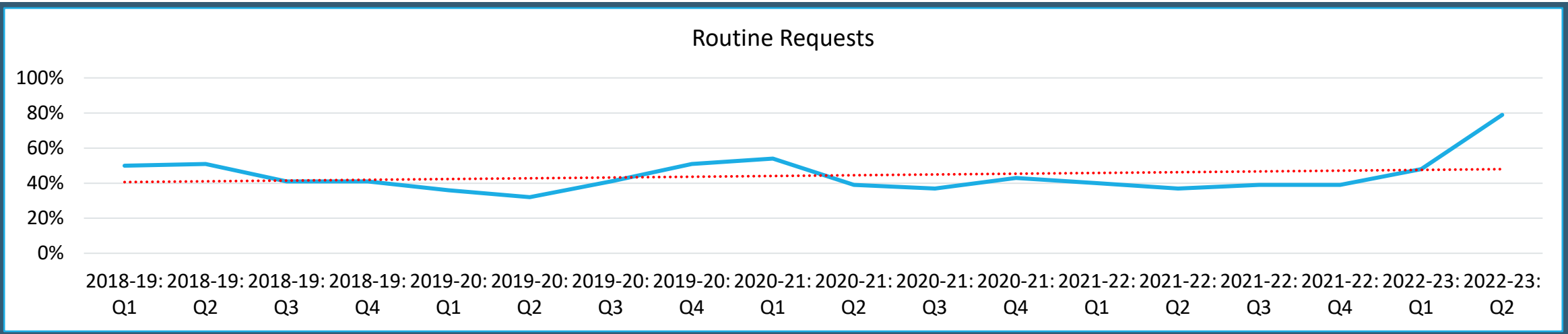
Adult Services - Percentage of Service Requests with a Completed Assessment

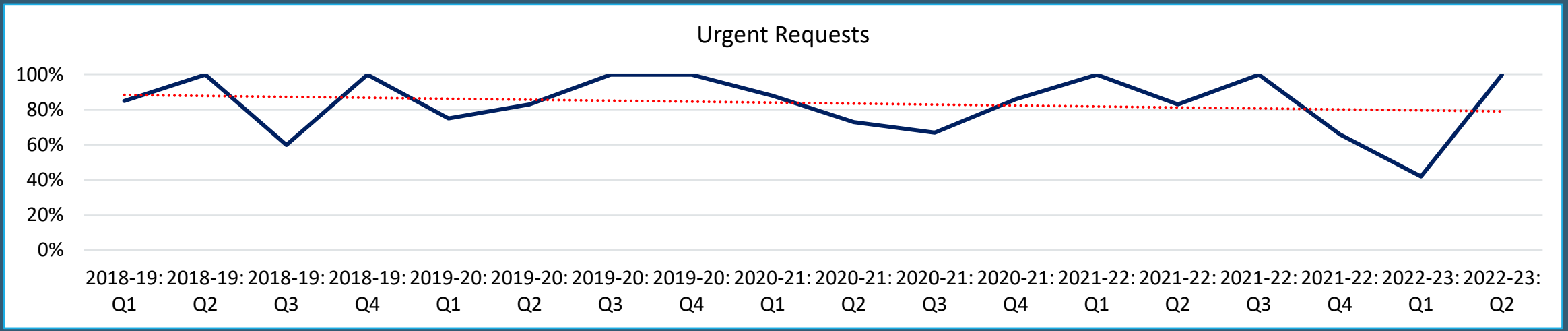




V. SERVICE ACCESS & TIMELINESS

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	288	2	290
% Didn't Show For Ax	36%	--	36%
% Received Ax	64%	100%	64%
# Received Ax	185	2	187
Declined Tx	4	--	4
Didn't Meet Medical Necessity	13	--	13
# of clients who need Tx	168	2	170
% Received Tx	79%	100%	79%
# Received Tx	133	2	135

V. SERVICE ACCESS & TIMELINESS

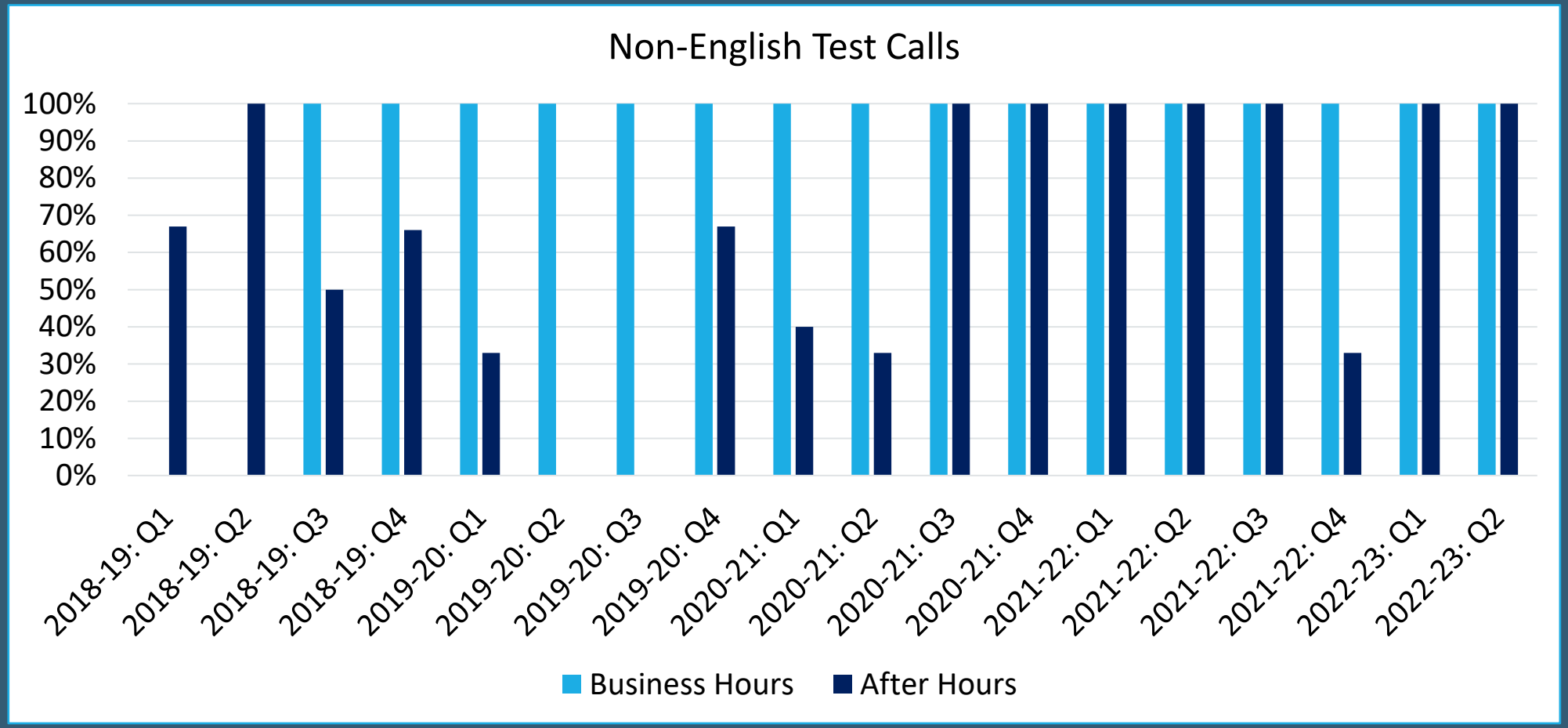
AG-5: Access test call performance

Goal:

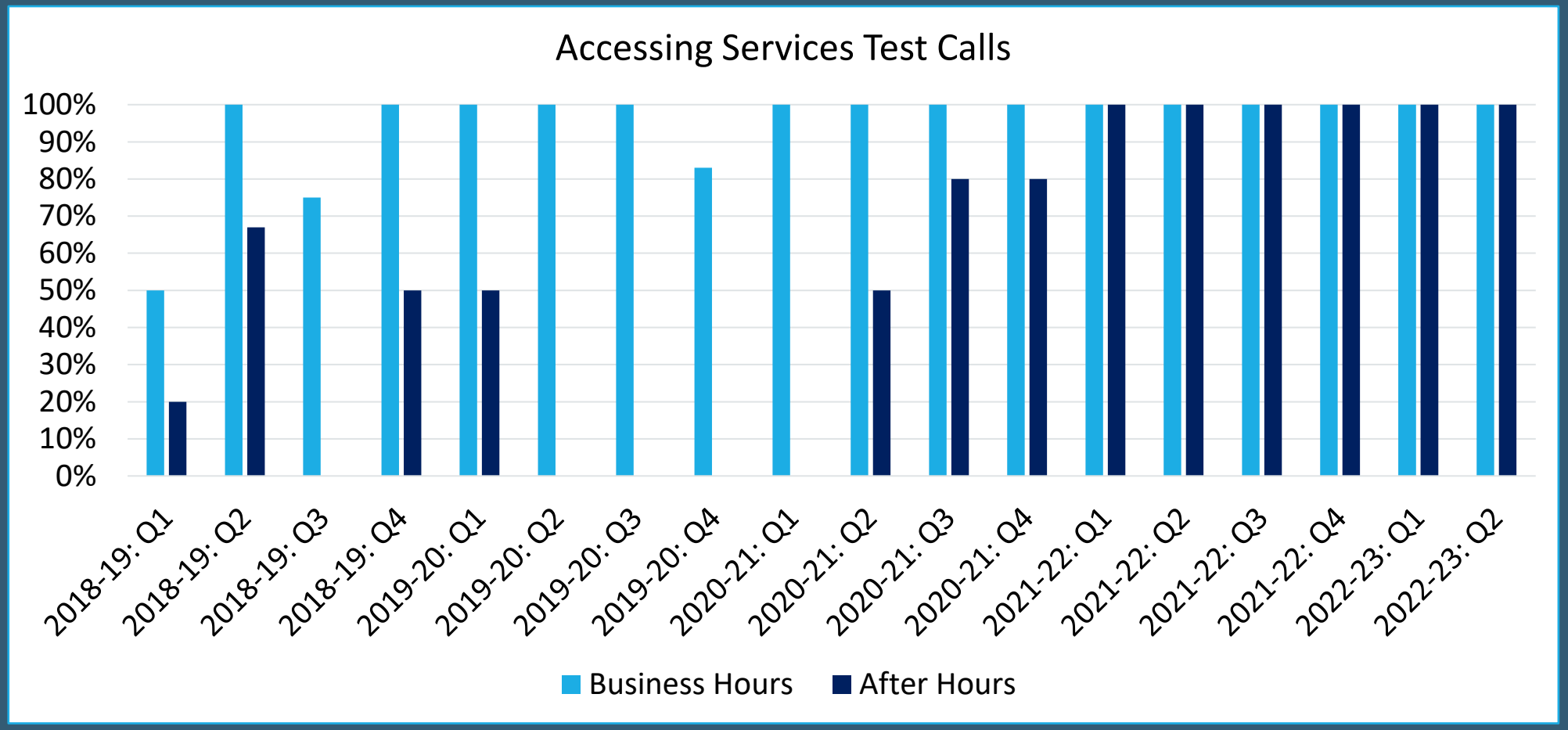
1. Minimum of 4 test calls will be made per month
2. Test for language capabilities
3. Test for appropriate information provided
4. Test for appropriate logging of all calls

	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	4	4	100%	100%
Info provided for treating an urgent condition	B	0	--	--	100%
	A	0	--	--	100%
Info provided for Problem Resolution/ Fair Hearing	B	1	1	100%	--
	A	2	2	100%	--
Logging calls	B	6	6	100%	100%
	A	6	2	33%	83%

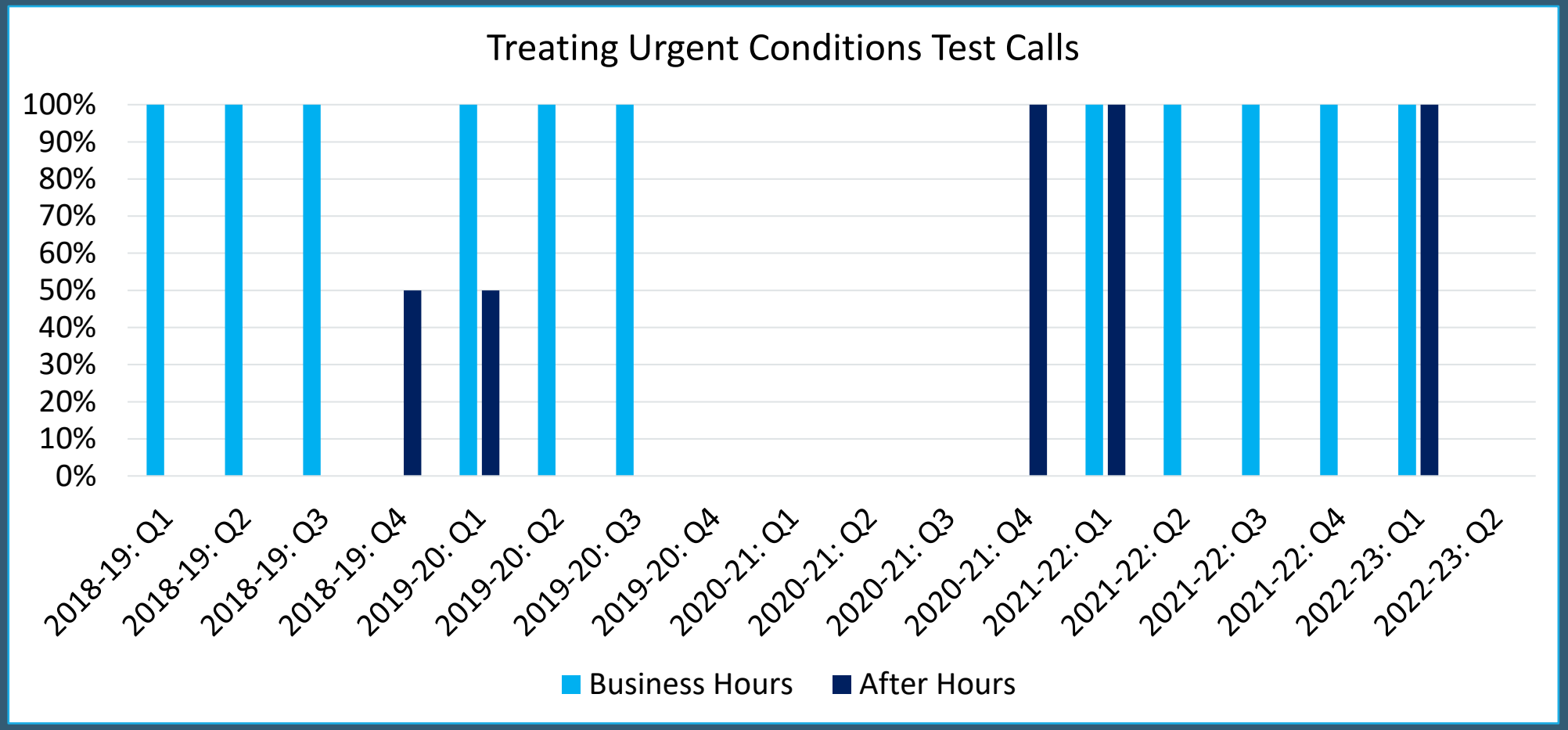
V. SERVICE ACCESS & TIMELINESS



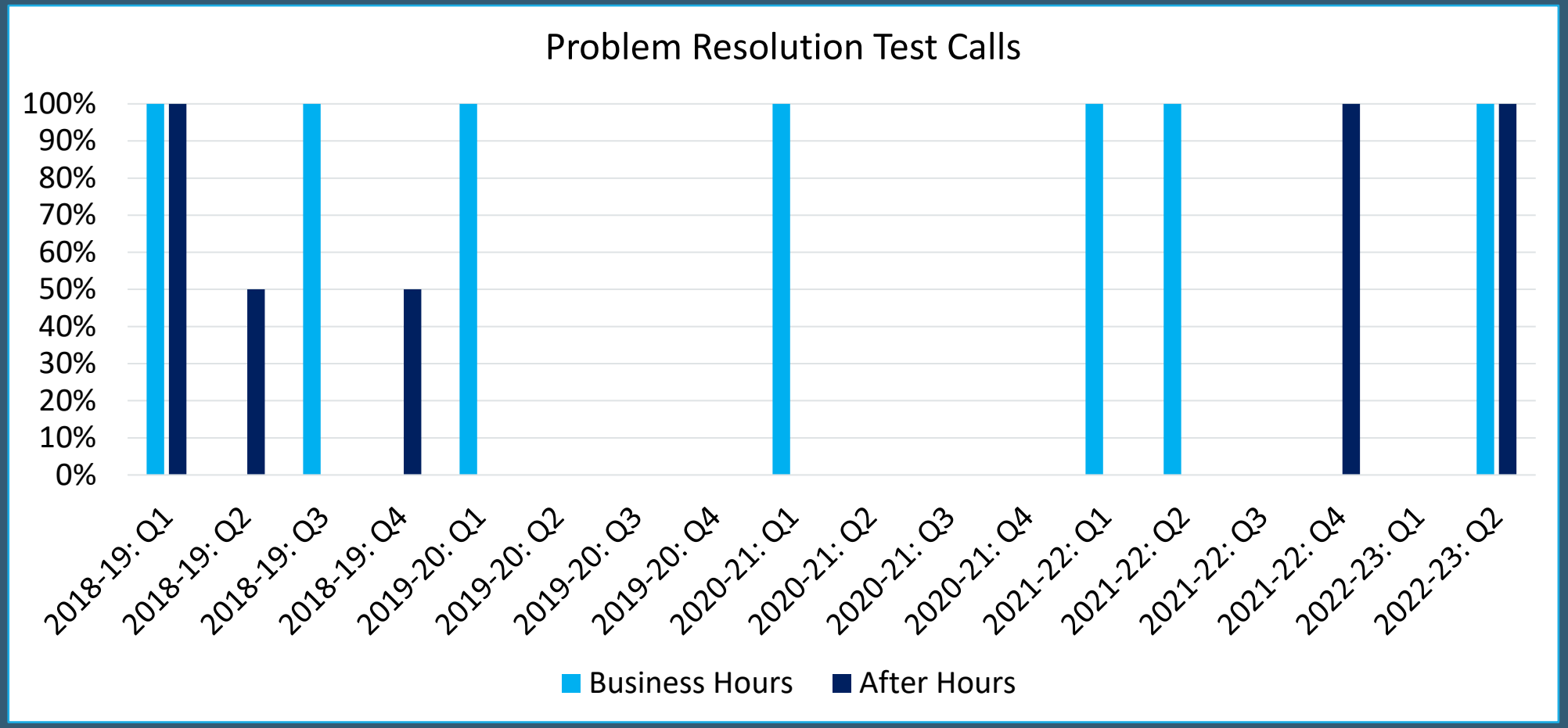
V. SERVICE ACCESS & TIMELINESS



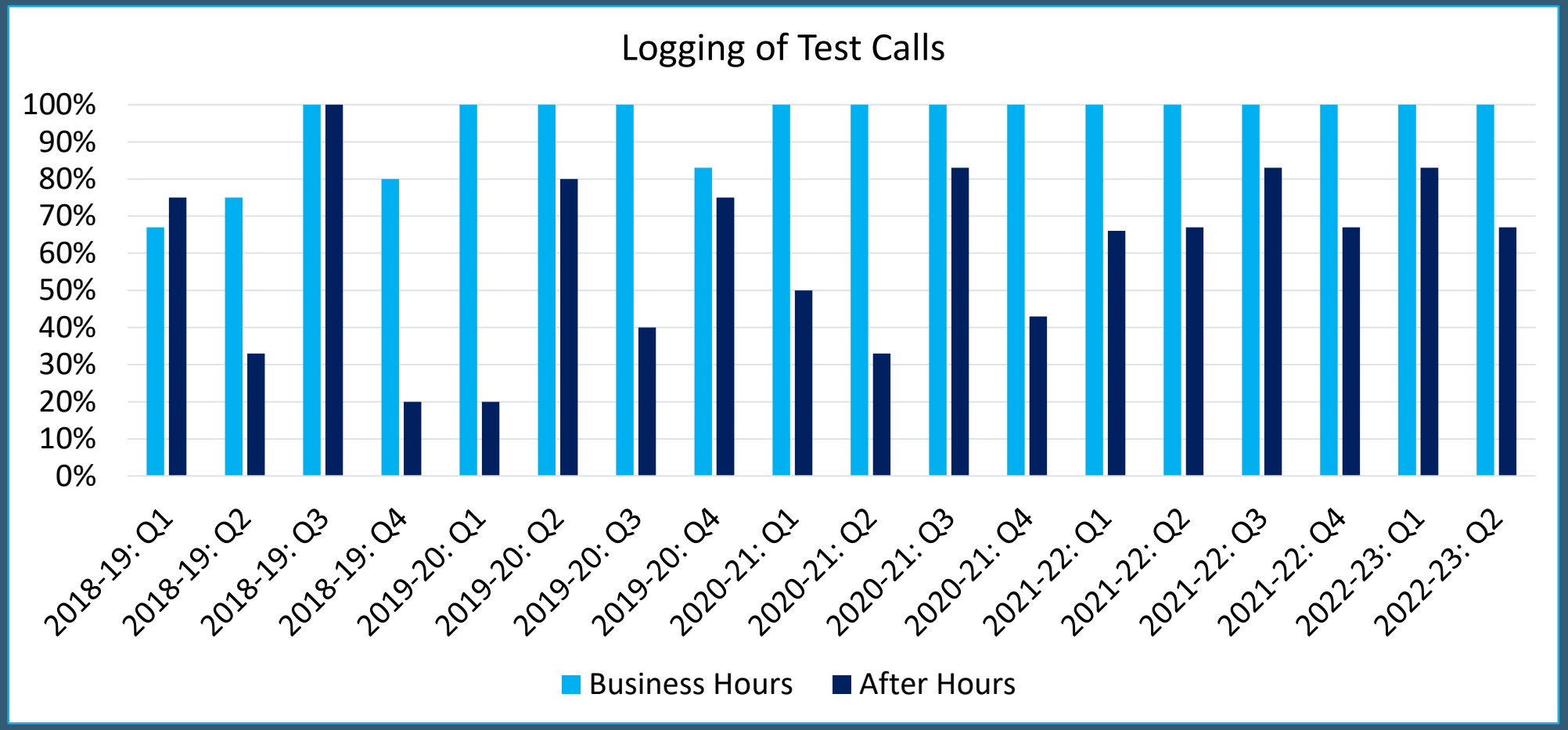
V. SERVICE ACCESS & TIMELINESS



V. SERVICE ACCESS & TIMELINESS



V. SERVICE ACCESS & TIMELINESS



VI. PERFORMANCE IMPROVEMENT PROJECTS

VI. PERFORMANCE IMPROVEMENT PROJECTS

AG-1: Federal & State requirements stipulate that an 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.

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.

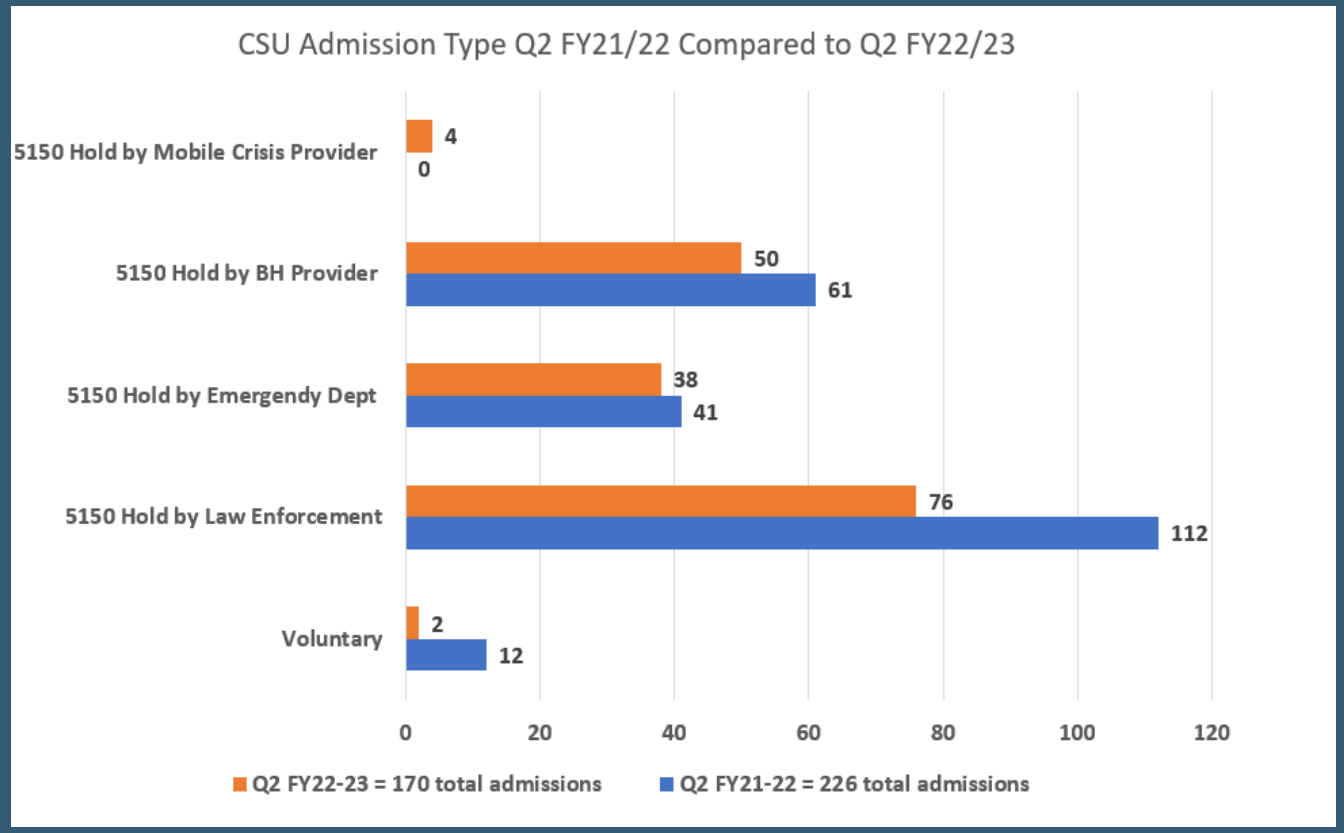
VI. PERFORMANCE IMPROVEMENT PROJECTS

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. CSU Admissions by Law Enforcement



Notes: Holds by Mobile Crisis Provider was not added to report until FY22/23. The Community Based Mobile Crisis Program was not operational during Q2 of FY22/23 which resulted in an increase in admissions due to holds by law enforcement.

SCBH Only

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% 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 **93%**

85% 85% responded their pronouns were used appropriately

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

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

System Wide

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% 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 **94%**

85% 85% responded their pronouns were used appropriately

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

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

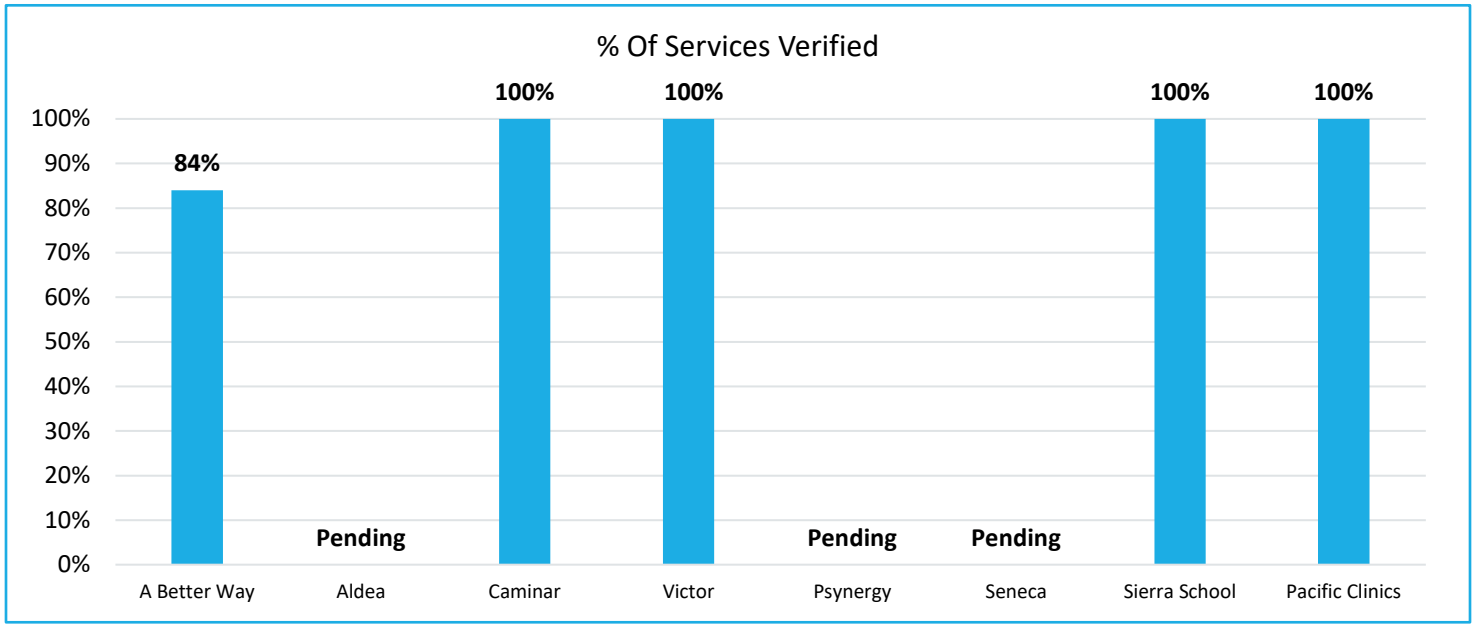
VII. PROGRAM INTEGRITY

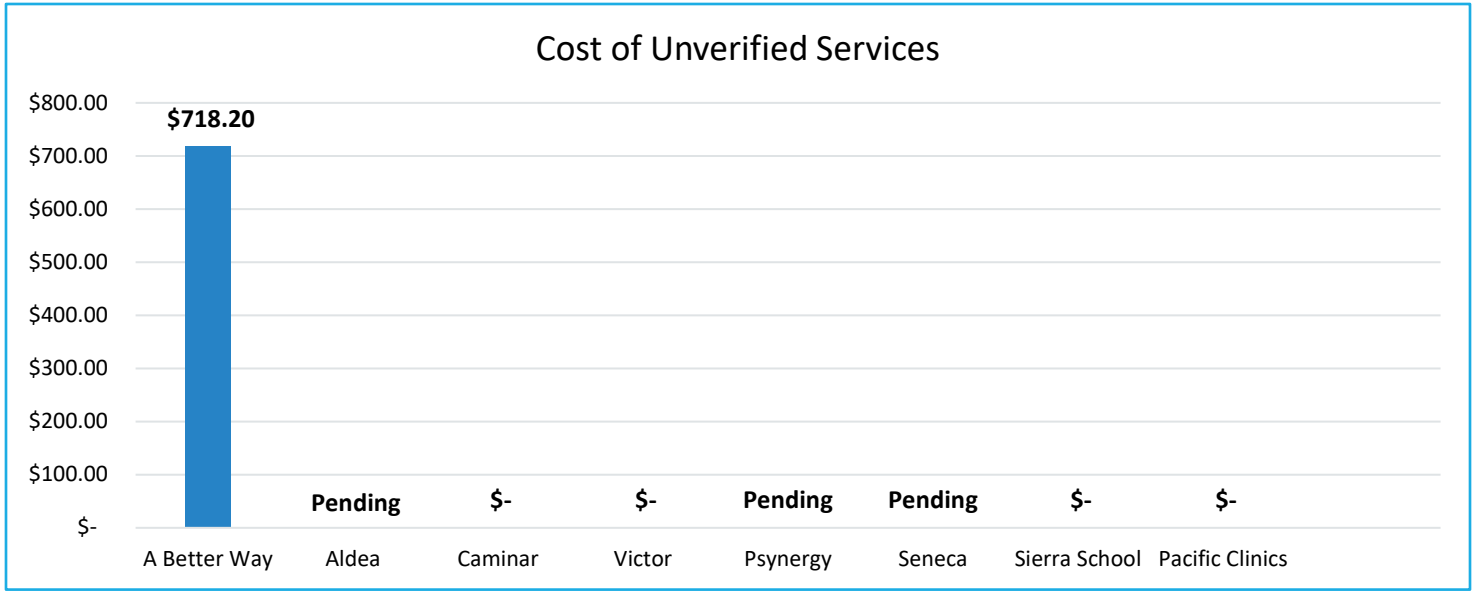
VII. PROGRAM INTEGRITY

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%)





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

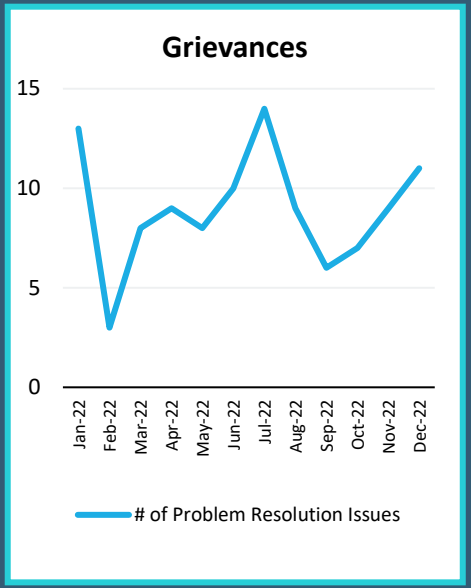
Contracted Programs

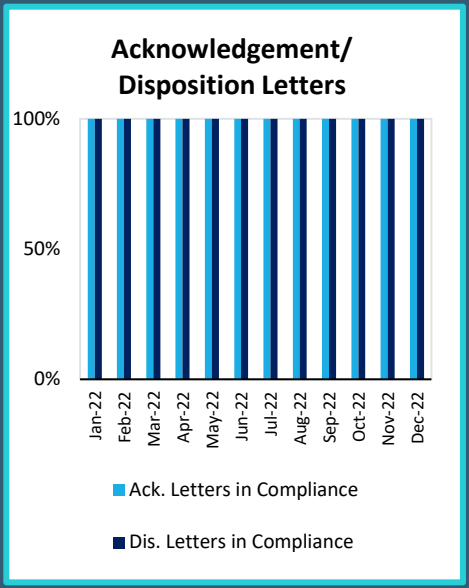
Goal: The following processes are in place to monitor provider compliance with CalAIM and CCR Title 9 documentation standards:

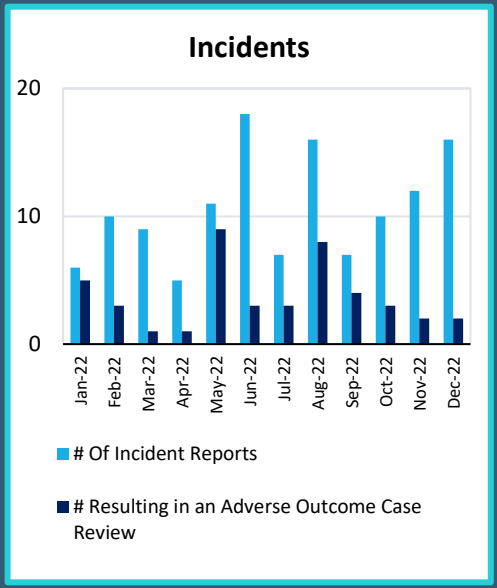
1. At least 90% of UR Audit Reports will be submitted within 60 days after the audit alert period
2. At least 90% of reviewed programs requiring a CAP will submit one that meets QA standards within prescribed timelines

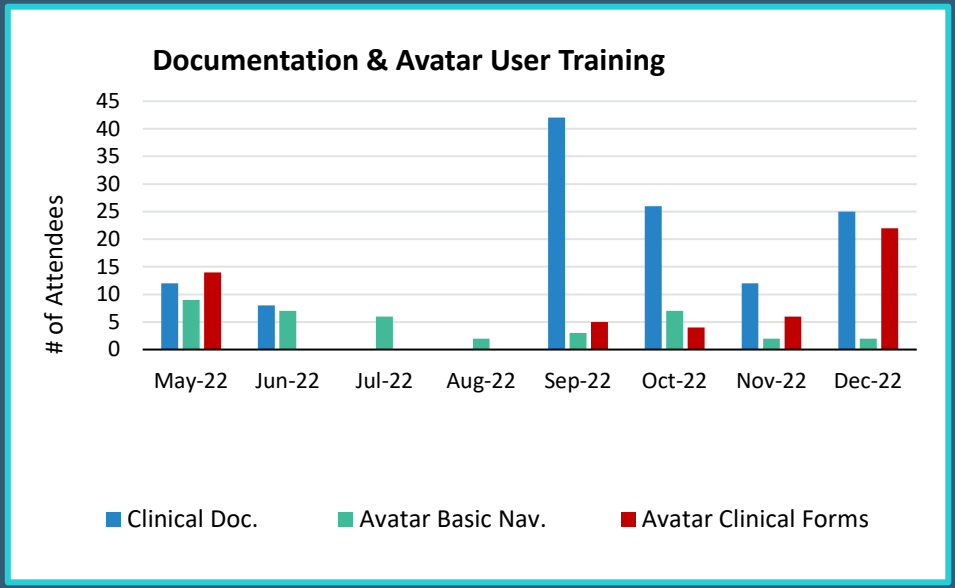
Program	Days to Complete Report (60 days or less)	Required a CAP	Days to Submit a CAP (45 days or less)	CAP Resolution Status
CBO Youth A	15	Yes	Pending	Pending
CBO Adult B	8	Yes	Pending	Pending
CBO Youth C	6	Yes	Pending	Pending
Running Averages	9.6	Yes	Pending	Pending

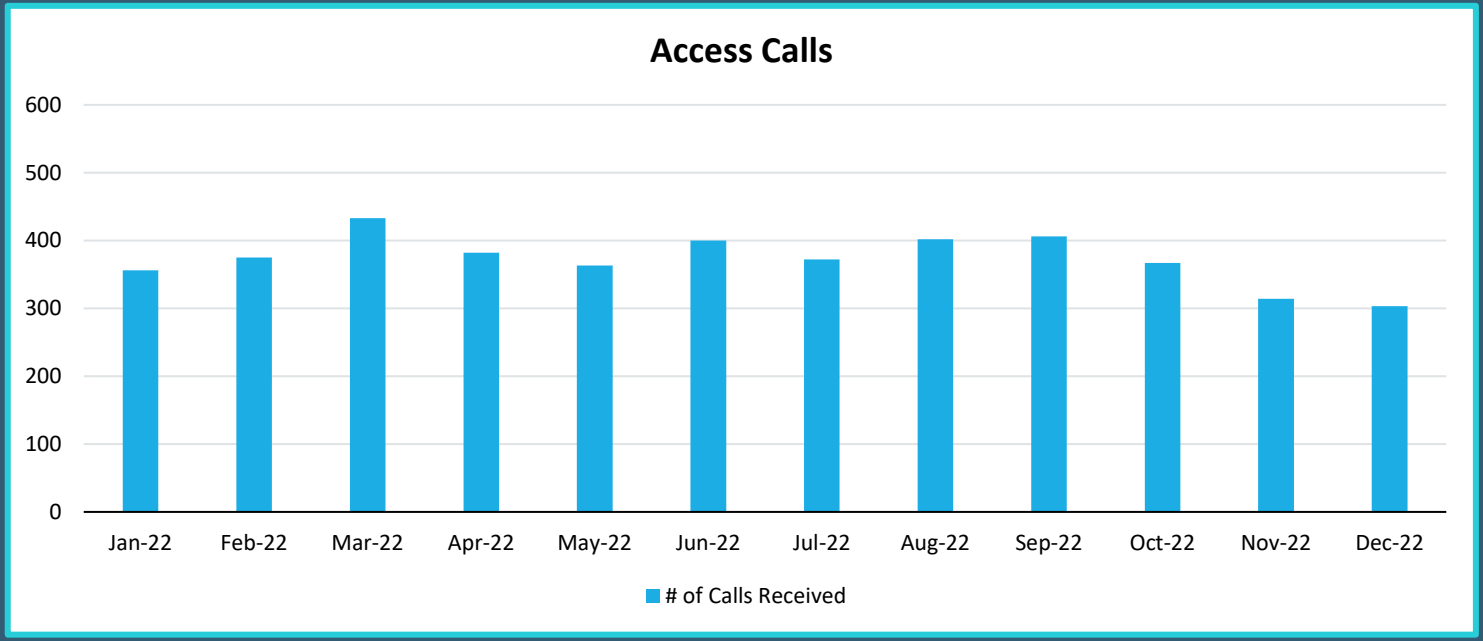
QUALITY IMPROVEMENT DASHBOARD

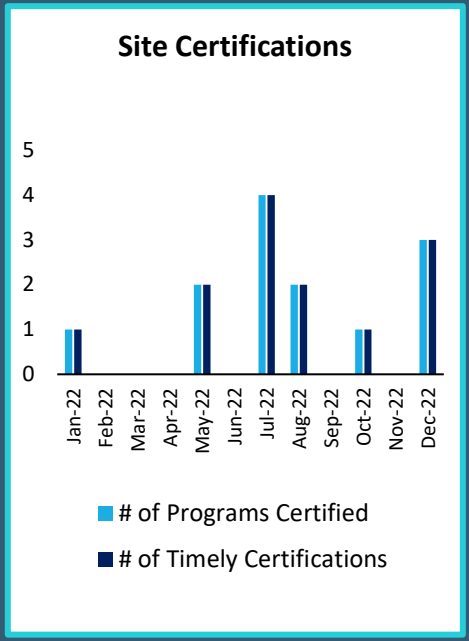

Grievances
15
10
5
0
Jan-22
Feb-22
Mar-22
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
# of Problem Resolution Issues

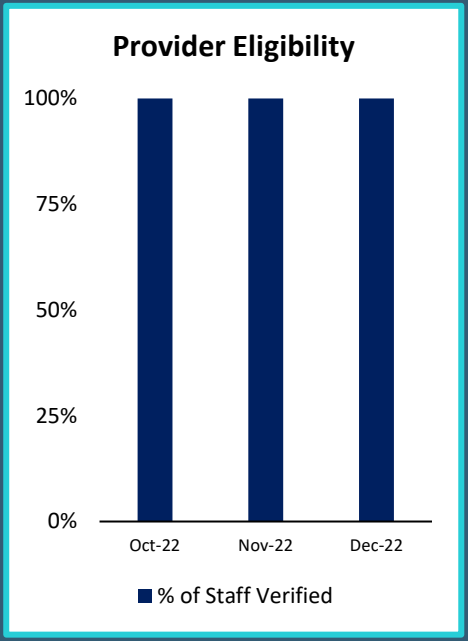

Acknowledgement/ Disposition Letters
100%
50%
0%
Jan-22
Feb-22
Mar-22
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Ack. Letters in Compliance
Dis. Letters in Compliance

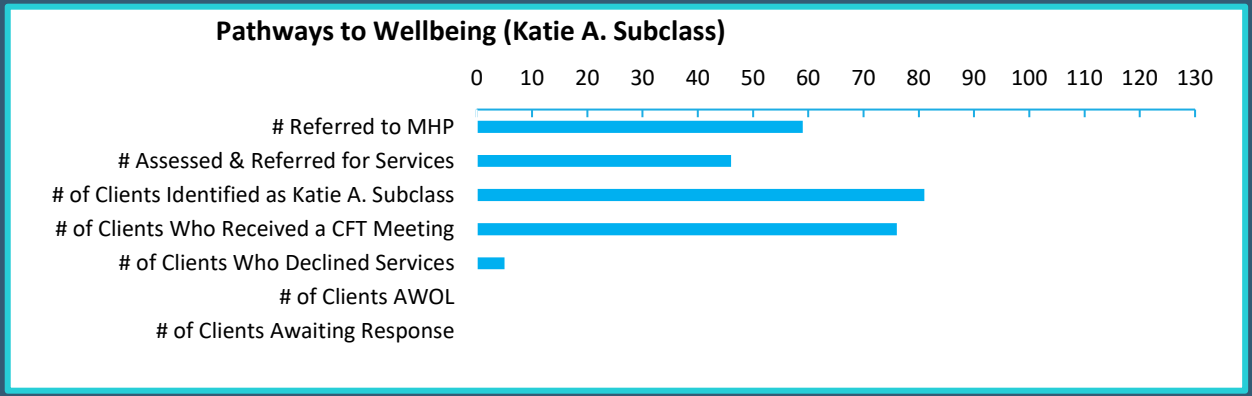

Incidents
20
10
0
Jan-22
Feb-22
Mar-22
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Of Incident Reports
Resulting in an Adverse Outcome Case Review

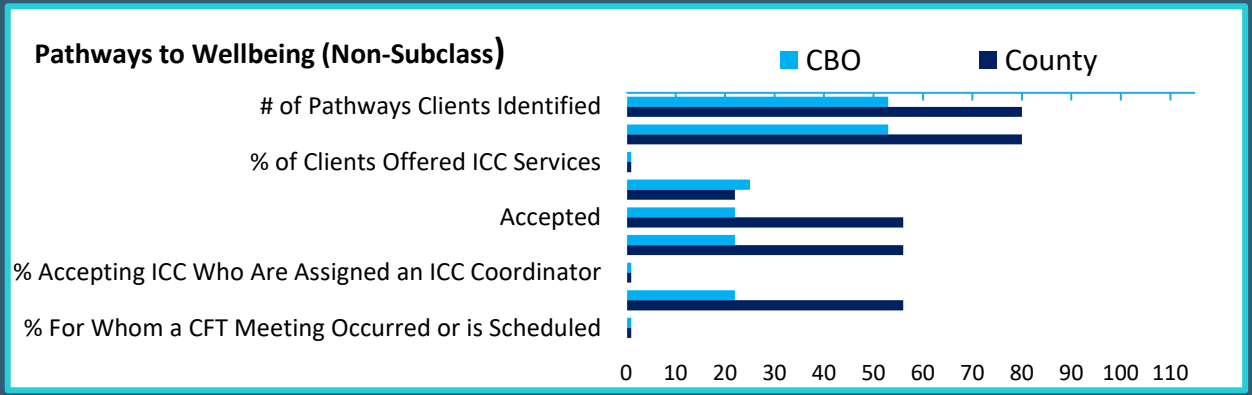

Documentation & Avatar User Training
45
40
35
30
25
20
15
10
5
0
# of Attendees
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Clinical Doc.
Avatar Basic Nav.
Avatar Clinical Forms

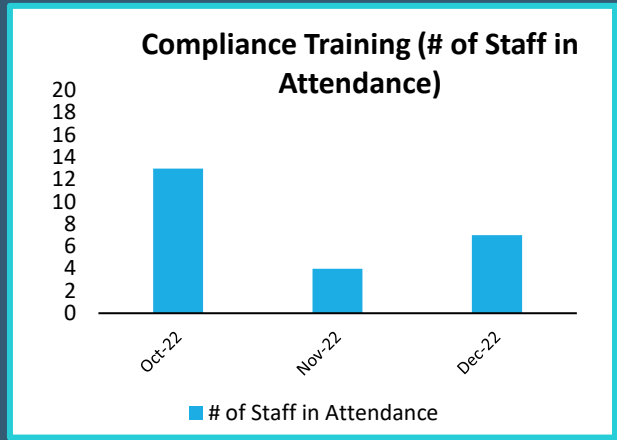

Access Calls
600
500
400
300
200
100
0
Jan-22
Feb-22
Mar-22
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
# of Calls Received

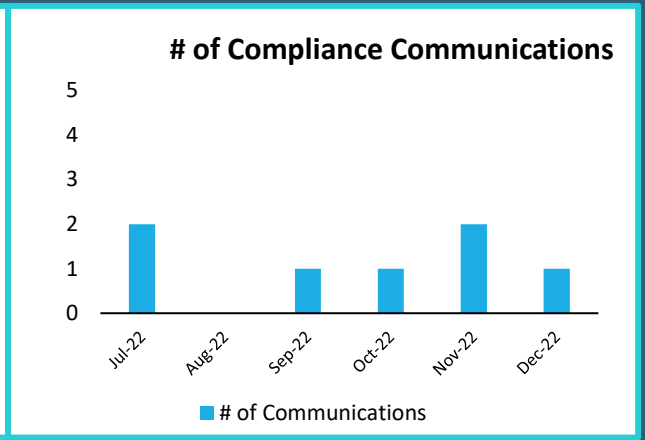

Site Certifications
5
4
3
2
1
0
Jan-22
Feb-22
Mar-22
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
# of Programs Certified
# of Timely Certifications


Provider Eligibility
100%
75%
50%
25%
0%
Oct-22
Nov-22
Dec-22
% of Staff Verified





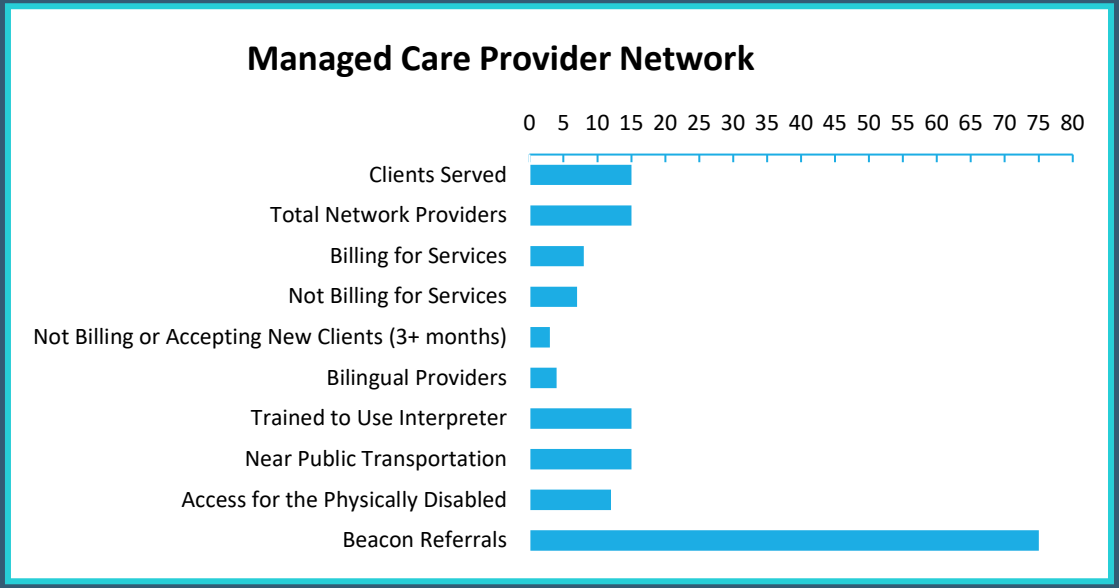


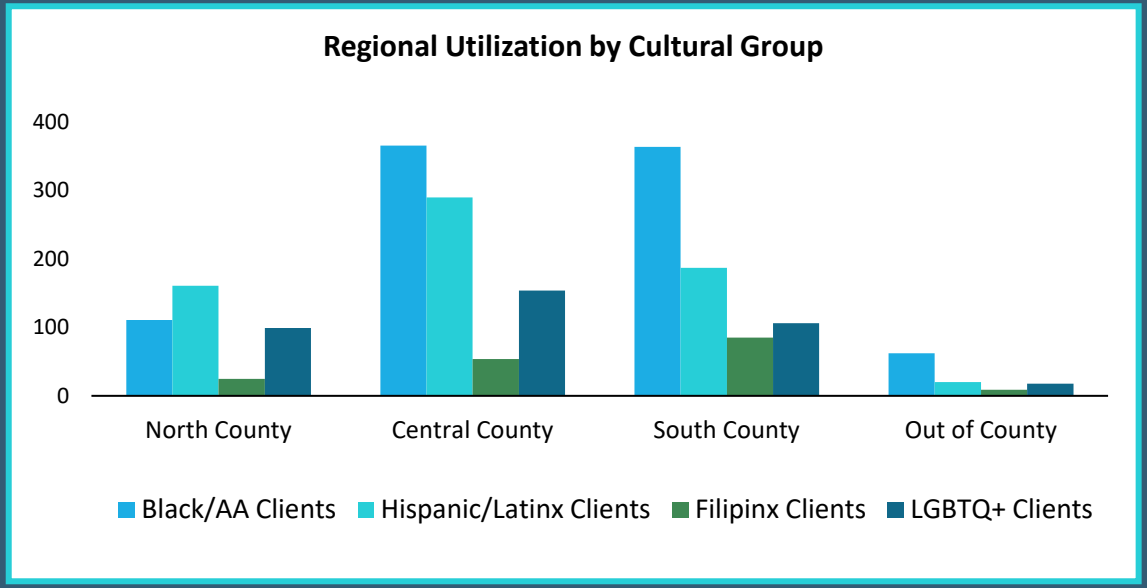


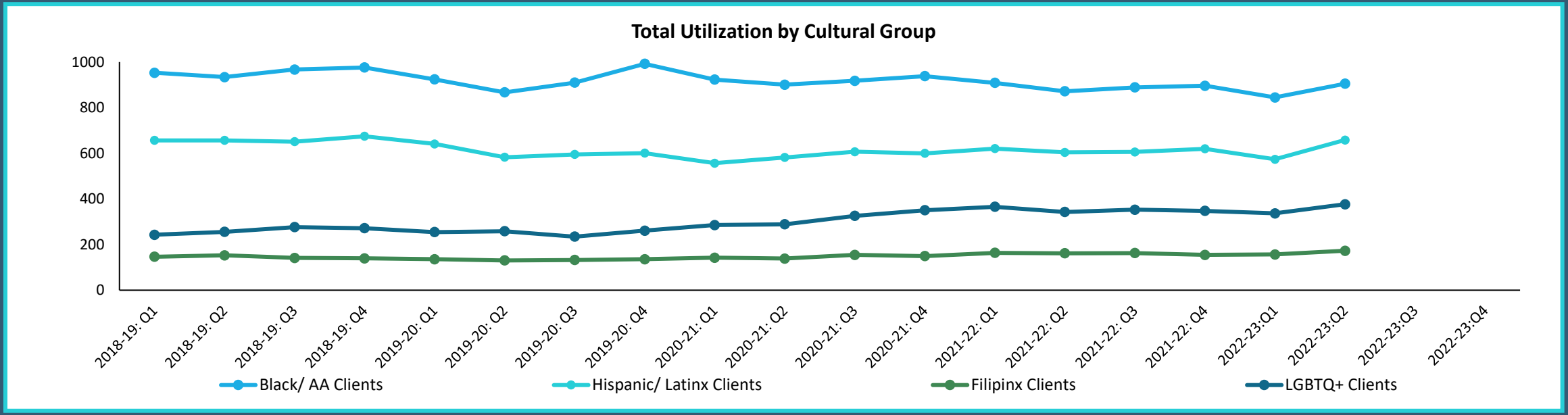
Youth Medication Monitoring

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	15	N/A	0	0	0
Non-Foster Youth	109	N/A	2	6	0
Total	124	N/A	2	6	0


Managed Care Provider Network
0 5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80
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
400
300
200
100
0
North County
Central County
South County
Out of 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 3
Thursday May 11th, 2023
1:30pm – 3:30pm

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

QualityAssurance@SolanoCounty.com