



QUALITY IMPROVEMENT COMMITTEE

Solano County Behavioral Health

August 11, 2022

1:30pm – 3:30pm

ANNOUNCEMENTS

Announcements

- 9/1/2022: Network Adequacy/NACT data due to DHCS
- 9/1/2022: County and Contractor programs should have the following completed:
 - Staff should have taken CalAIM training
 - Programs adopted CalAIM updated policies
 - Documentation Redesign should be complete or close to completion



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

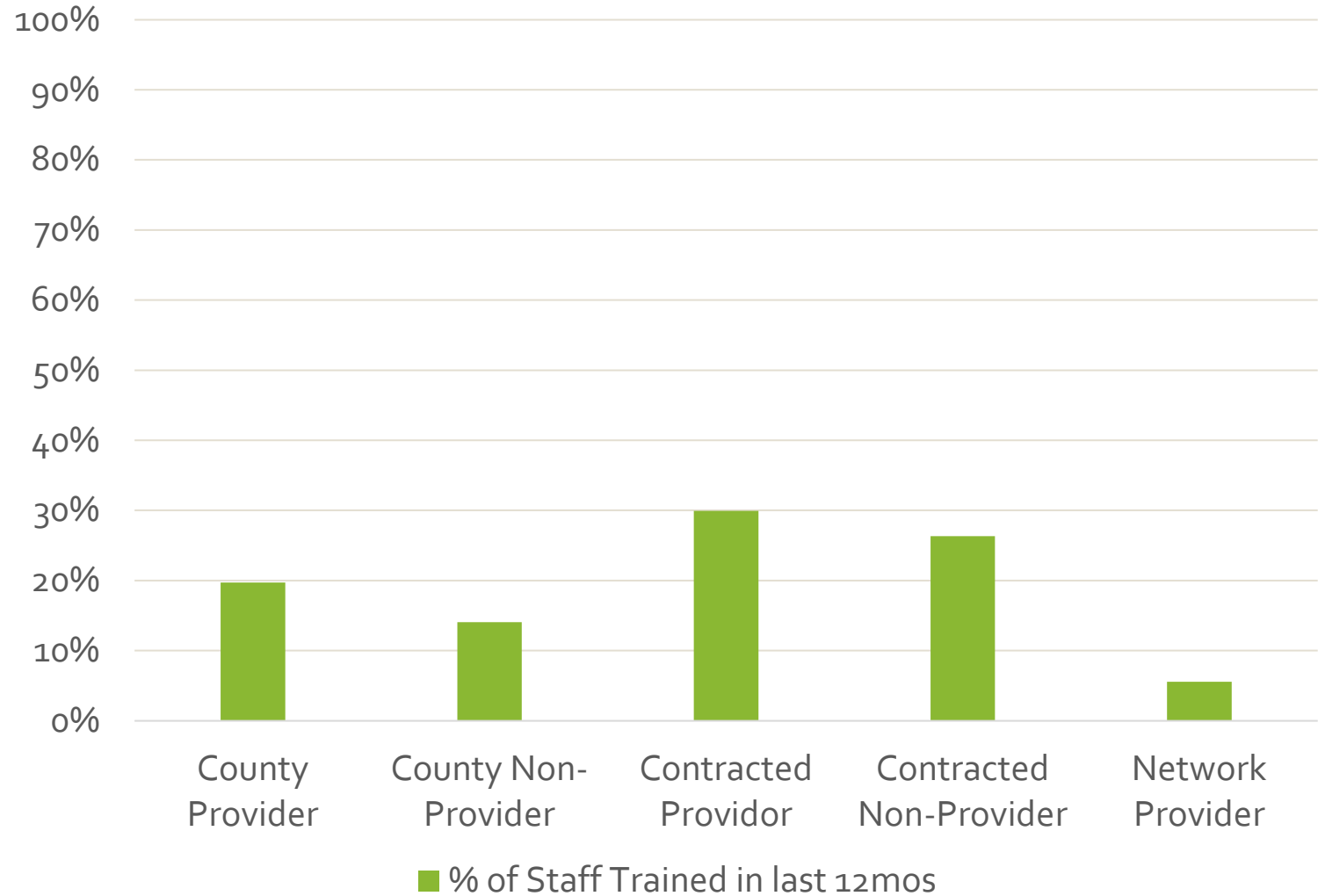


I. CULTURAL DIVERSITY & EQUITY

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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

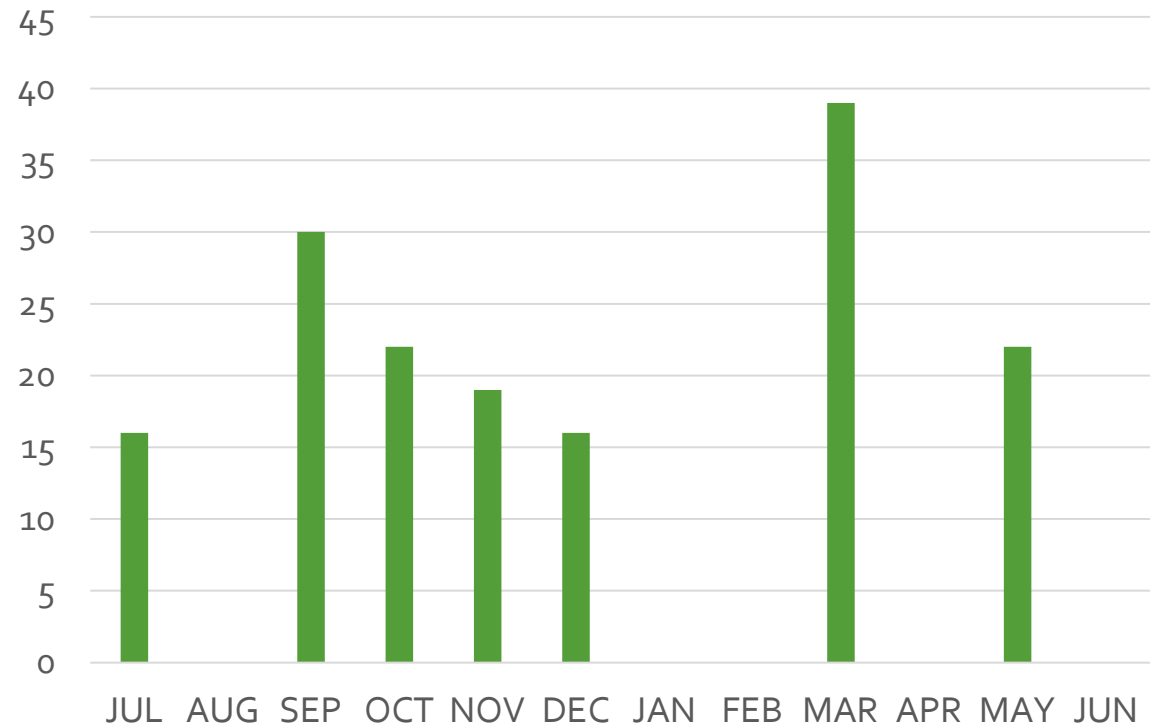
Diversity & Equity Committee Updates:

- I. Diversity & Equity Plan Annual Update 2022
- II. Executive Summary Infographic
- III. May Meeting Recap:
 - I. Website Updates
 - II. Equity Dashboard
 - III. New Online Training/Dr. Hardy "How to Effectively Talk About Racism"

IV. Mission/Vision Statement Updates

- IV. July Meeting:
 - I. Aldea's 2022 CLAS Plan Update
 - II. Organizational assessment specific to language assistance

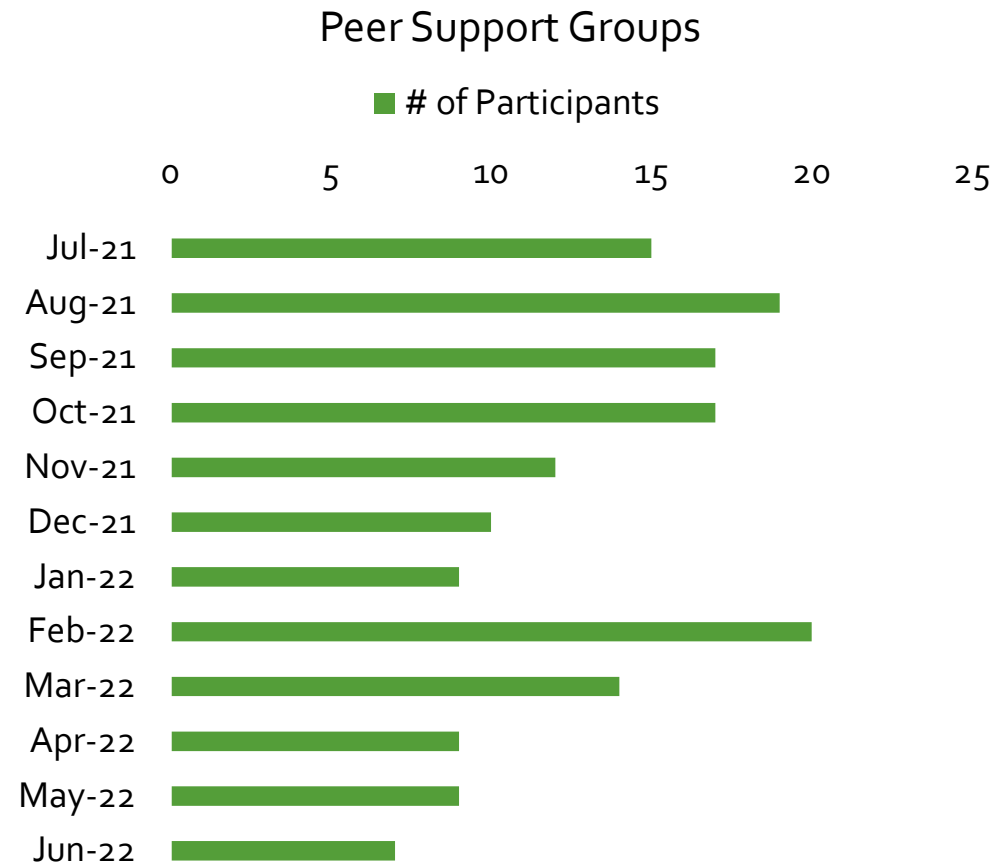
of Participants





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.

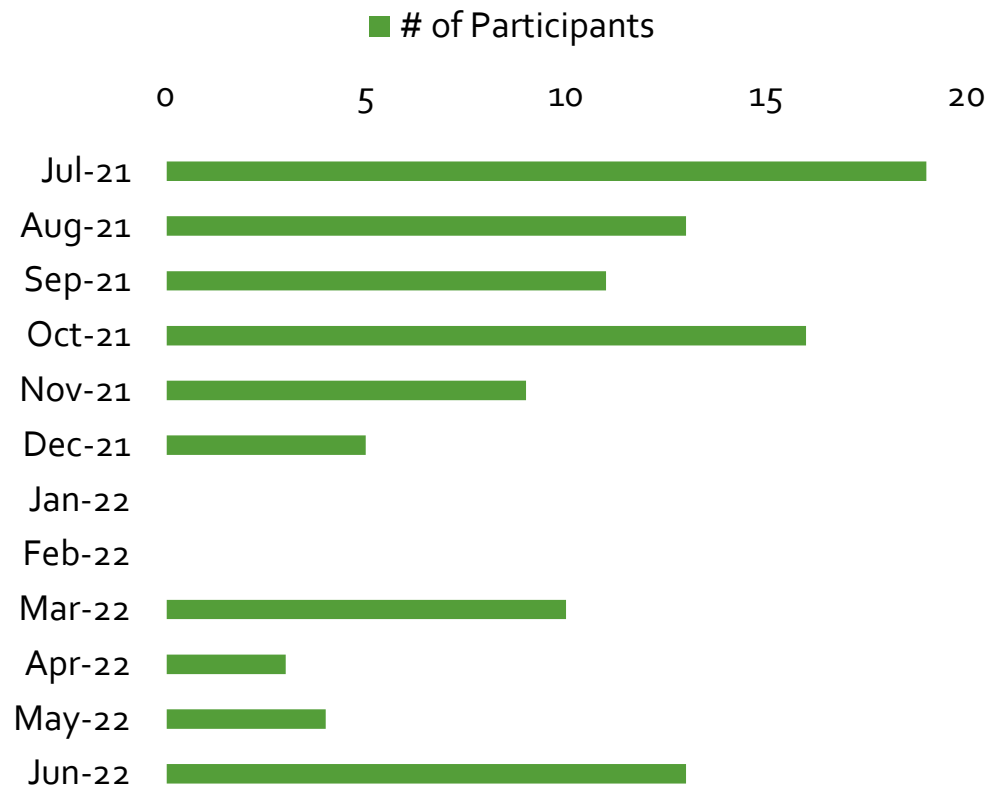
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Family Support Groups





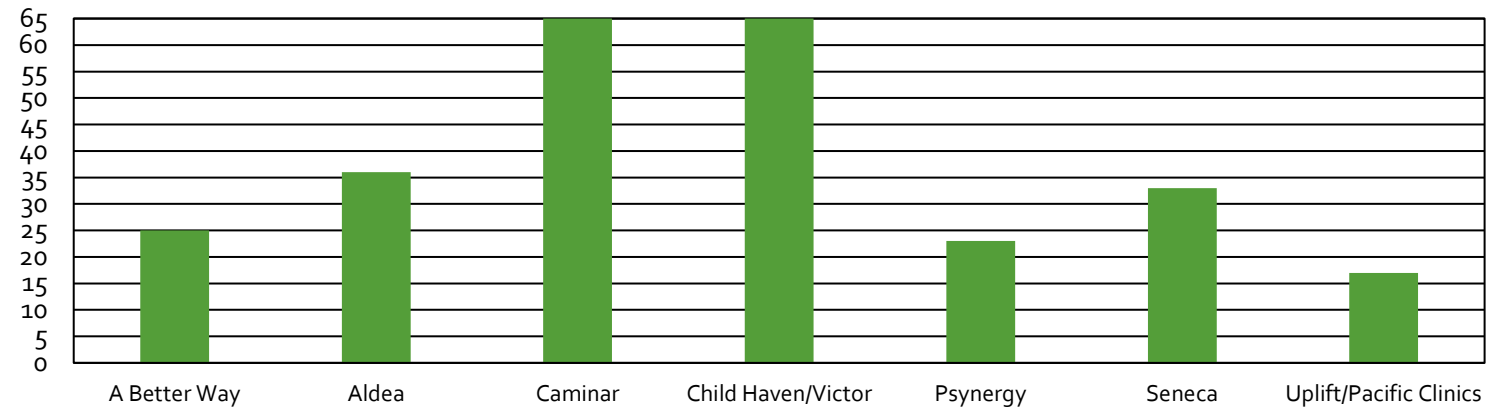
III. BENEFICIARY SATISFACTION & PROTECTION

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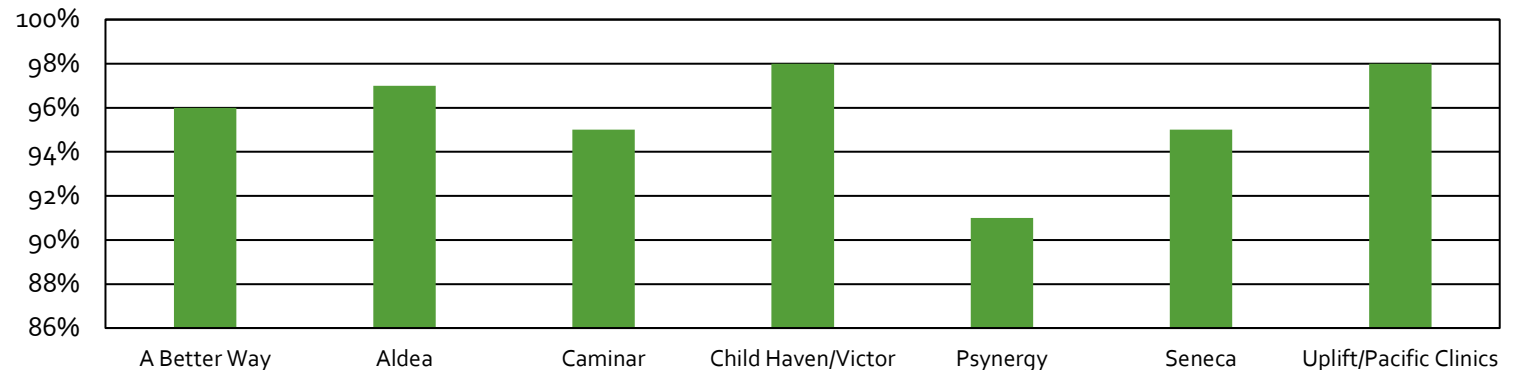
AG-1: Solano BHP will review survey data from our semiannual Solano BHP Service Verification/Consumer survey to begin to look at survey results per program. Each program will be challenged to set a program specific goal for improvement targeting baseline data from Consumer survey. Post intervention measurement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

Goal: Solano BHP County & Contracted programs will each identify an area of Consumer Satisfaction to improve, develop an intervention & goal to address the area of improvement, & demonstrate improvement from baseline to post-intervention measure.

of Surveys Completed



Satisfaction Score



III. Beneficiary Satisfaction & Protection

Service Verification Client Satisfaction Survey Question	Yes, definitely	Yes, somewhat	No	Not Answered
1. Did the staff explain things in a way that was easy to understand?	94%	6%	0%	0%
2. Did the staff listen carefully to you?	96%	4%	0%	0%
3. Did the staff show respect for what you had to say?	96%	3%	0%	1%
4. Did you feel the staff was respectful of your race/ethnicity?	96%	4%	0%	0%
5. Did you feel the staff was respectful of your religion/spirituality?	96%	2%	0%	2%
6. Did you feel the staff was respectful of your sexual orientation/gender identity?	95%	3%	1%	2%
	Yes	No, but I'd like one	I don't need one	Not Answered
7. Was an interpreter/bilingual staff provided?	8%	3%	86%	2%
If yes,	Yes, definitely	Yes, somewhat	No	Not Answered
8. Did the interpreter/bilingual staff meet your needs?	88%	4%	0%	8%
	Yes, definitely	Yes, somewhat	No	Not Answered
9. Do you feel better?	72%	22%	0%	5%
10. Would you recommend our services to others?	85%	8%	1%	6%



IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION

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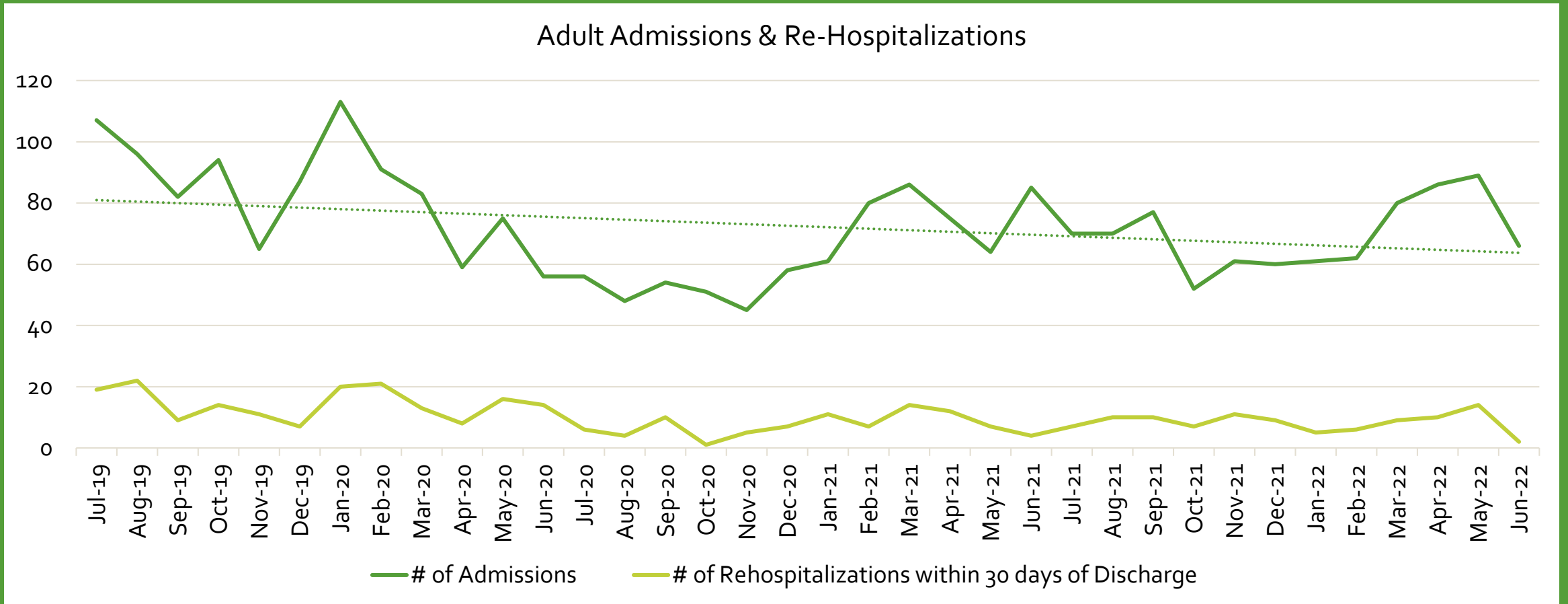
AG-2: Maintain or improve the following hospital-related measures.

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	
April	86	85	10	12%
May	89	81	14	16%
June	66	70	2	3%
Total	241	236	26	10%

IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION



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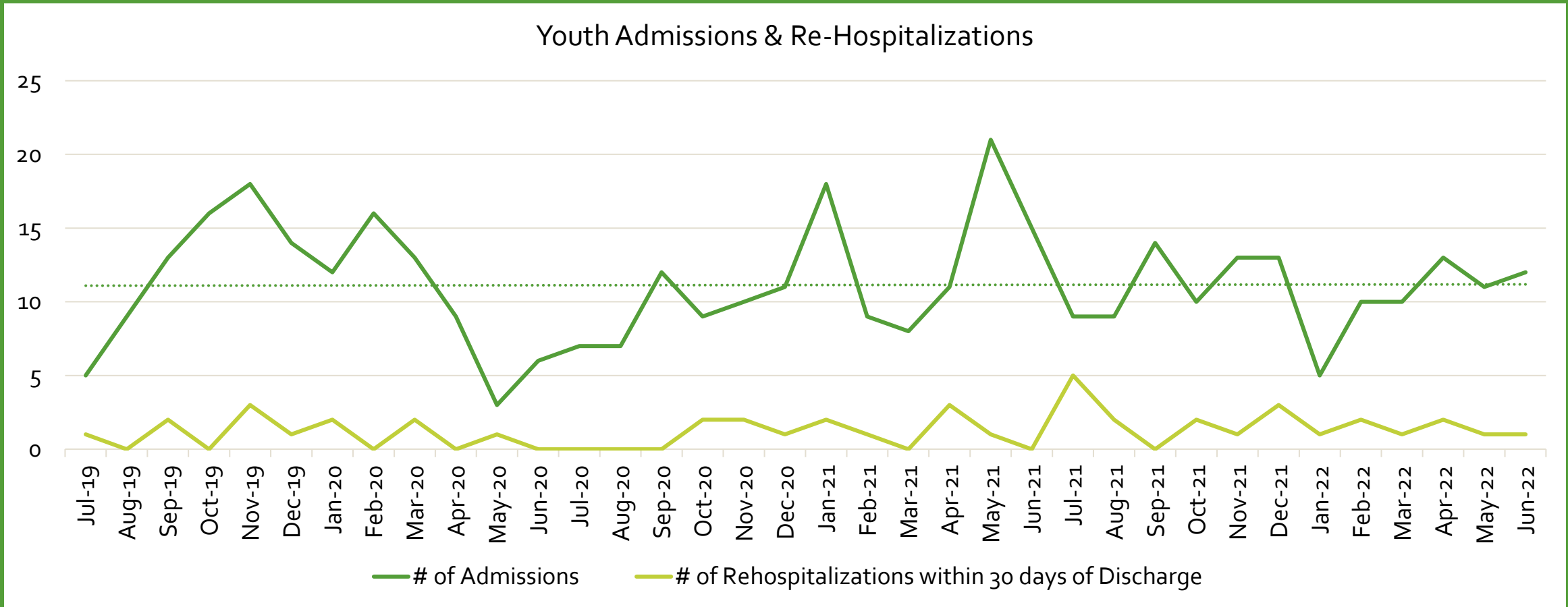
AG-3: Maintain or improve the following hospital-related measures.

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	
April	13	12	2	15%
May	11	9	1	9%
June	12	11	1	8%
Total	36	32	4	11%

IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION



IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION

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

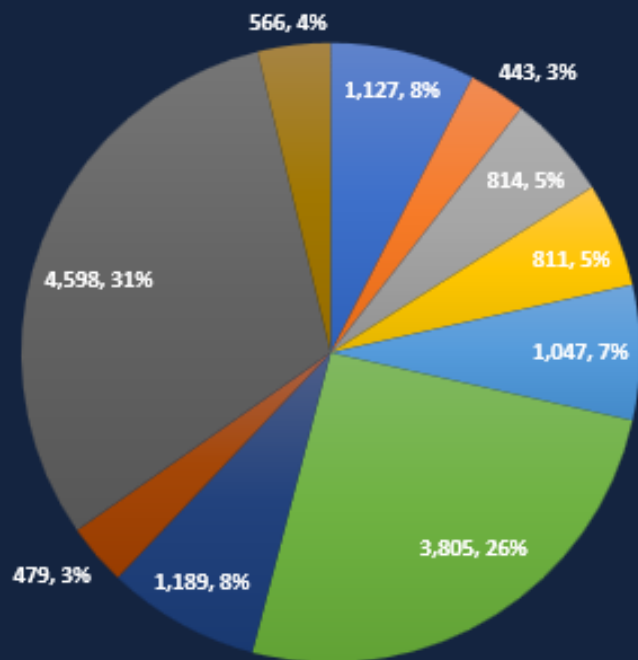
Goal:

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 presented on next slide

Top 10 Diagnosis

Primary Mental Health

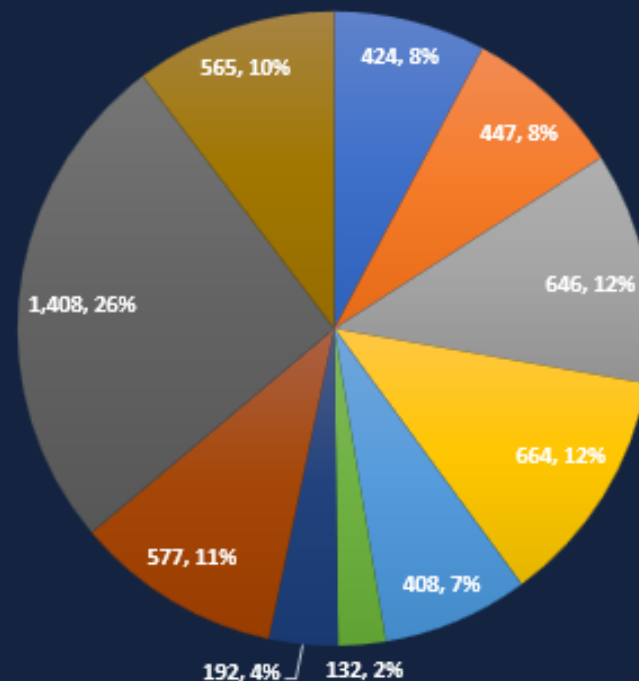


- Bipolar disorder, unspecified
- Generalized anxiety disorder
- Major depressive disorder, recurrent, moderate
- Major depressive disorder, recurrent, unspecified
- Post-traumatic stress disorder, unspecified
- Schizoaffective disorder, bipolar type
- Schizoaffective disorder, depressive type
- Schizoaffective disorder, unspecified
- Schizophrenia, unspecified
- Unspecified psychosis not due to a substance or known physiological condition

Dual Diagnosis

908

Substance Use



- Alcohol abuse, uncomplicated
- Alcohol dependence, in remission
- Alcohol dependence, uncomplicated
- Cannabis abuse, uncomplicated
- Cannabis dependence, uncomplicated
- Opioid dependence, in remission
- Other psychoactive substance dependence, uncomplicated
- Other stimulant abuse, uncomplicated
- Other stimulant dependence, uncomplicated
- Other stimulant dependence, in remission



V. SERVICE ACCESS & TIMELINESS

YOUTH SERVICES

Access, Timeliness, Engagement & Retention

V. SERVICE ACCESS & TIMELINESS

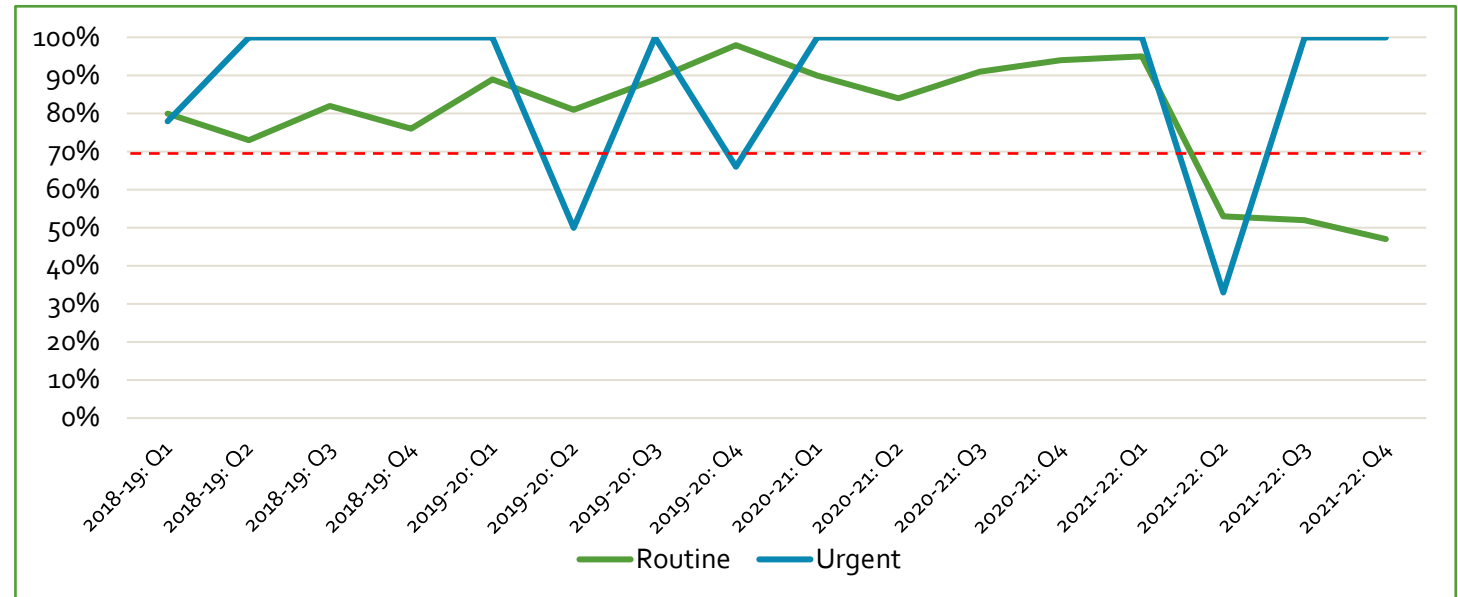
AG-1: Service request to first offered Assessment appointment in Youth System of Care

Goal:

1. For routine requests
 - a. 80% of service requests will be offered an assessment appointment within 10 business days
 - b. Average of 10 business days or less from assessment completion date to first offered treatment appointment
2. For urgent requests
 - a. 80% of service requests will be offered an assessment appointment within 48 hours
 - b. Average of 48 hours or less from service request to actual Ax

Youth System of Care

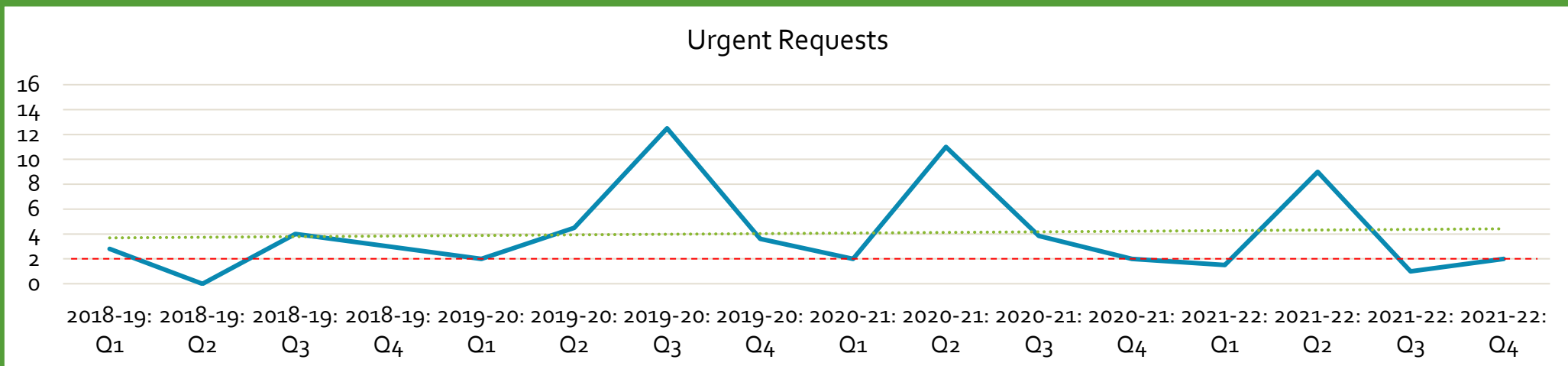
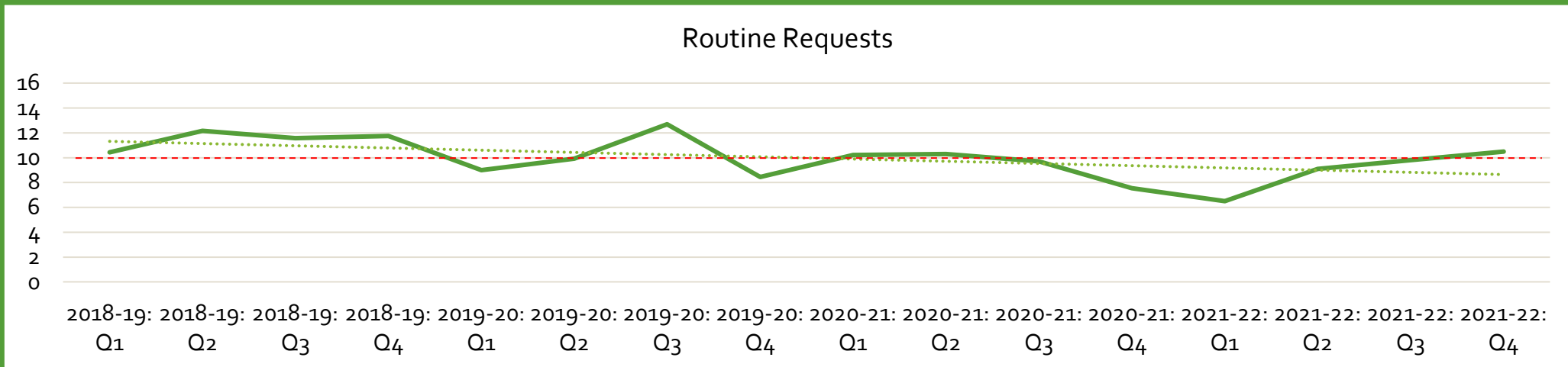
Request Type	Avg. # of Bus. Days from Service Request to 1 st Offered Ax Appt	Avg. # of Bus. Days from Ax Completion to 1 st Offered Tx Appt
Routine	10.5	5.6
Urgent	2	10
Total	10.4	5.6



V. SERVICE ACCESS & TIMELINESS

Youth System of Care

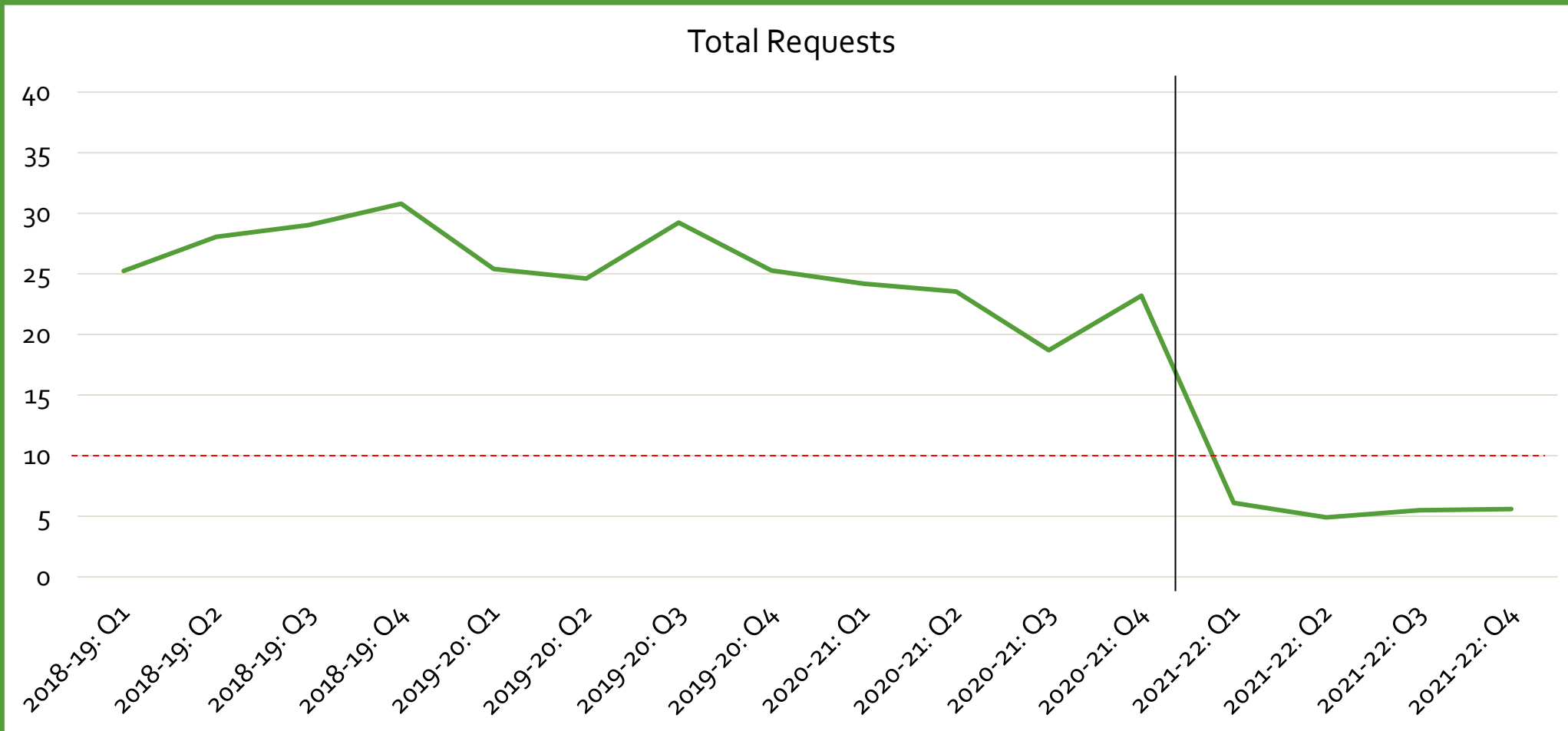
Average Number of Business Days from Service Request to 1st Offered Assessment Appointment



V. SERVICE ACCESS & TIMELINESS

Youth System of Care

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



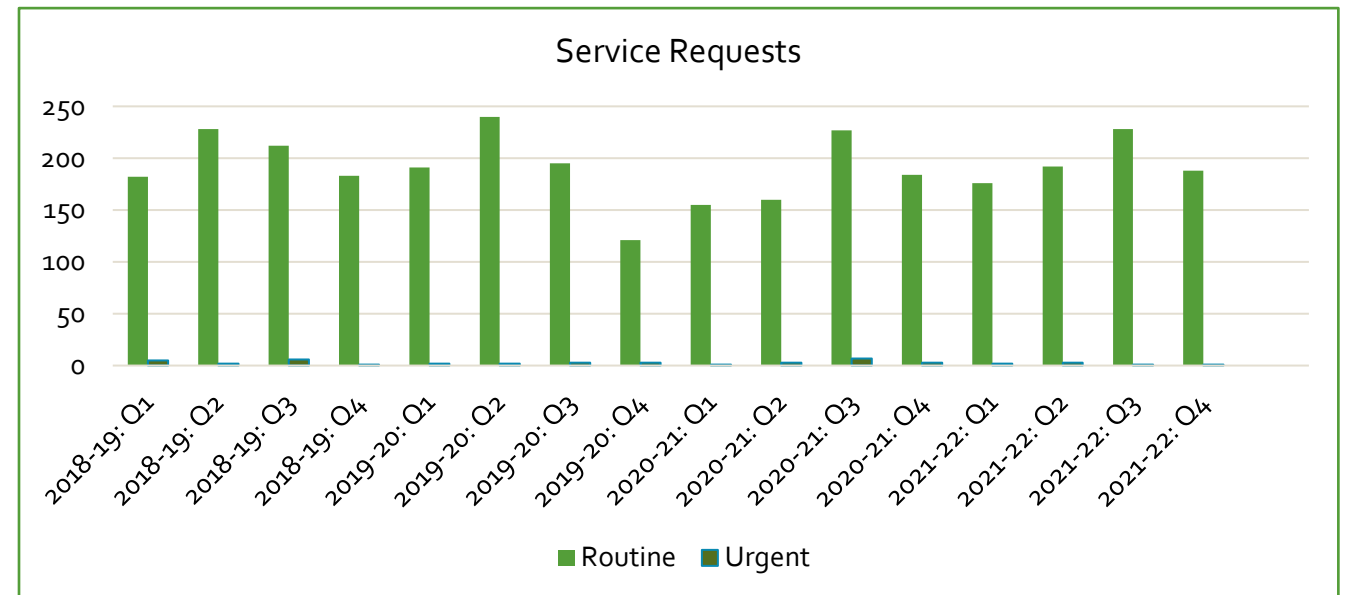
V. SERVICE ACCESS & TIMELINESS

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

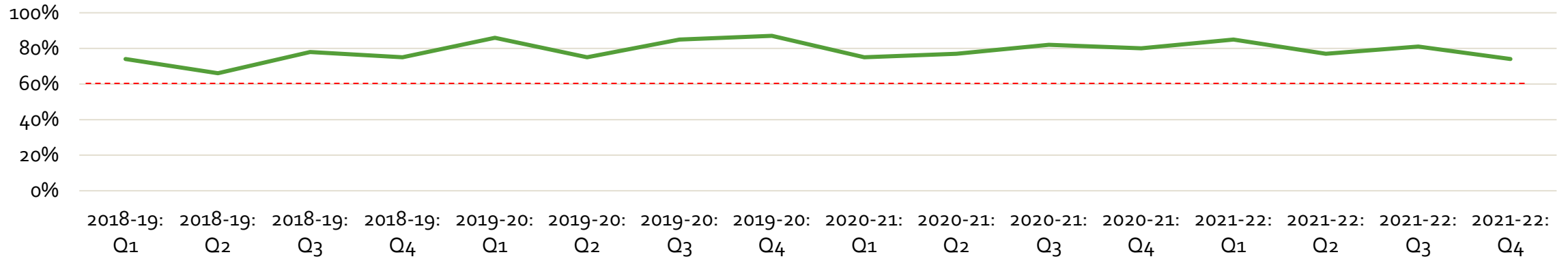
Youth System of Care	Routine Requests	Urgent Requests	Totals
Total Service Requests	188	1	189
Received Ax (%)	74%	100%	74%
Received Ax (#)	140	1	141
Received Tx (%)	46%	100%	46%
Received Tx (#)	81	1	82



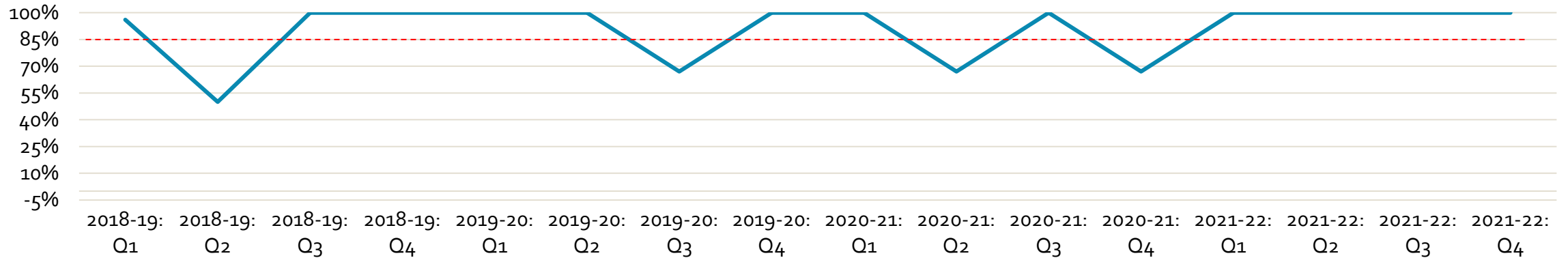
V. SERVICE ACCESS & TIMELINESS

Youth Services - Percentage of Service Requests with a Completed Assessment

Routine Requests



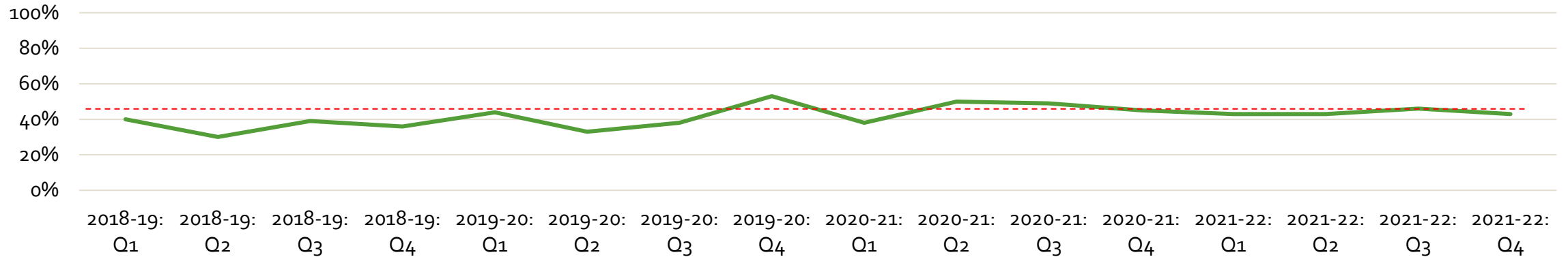
Urgent Requests



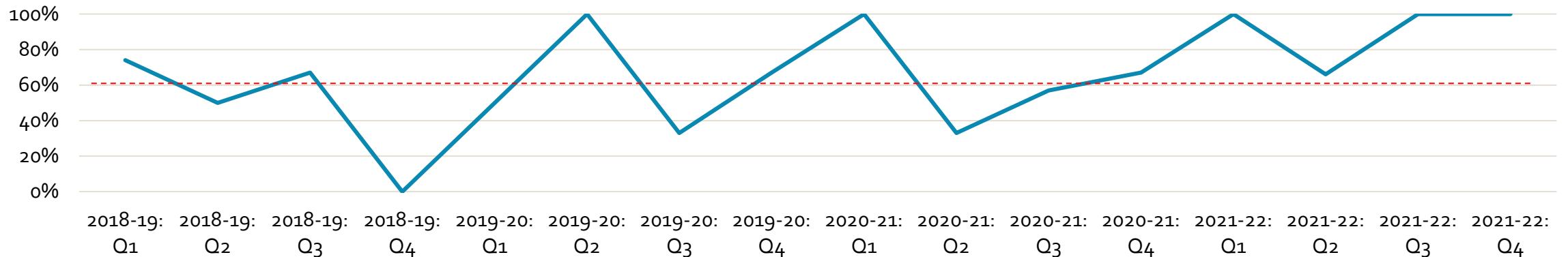
V. SERVICE ACCESS & TIMELINESS

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	188	1	189
% Didn't Show For Ax	26%	0%	26%
% Received Ax	74%	100%	74%
# Received Ax	140	1	141
Declined Tx	3	0	3
Didn't Meet Medical Necessity	3	0	3
# of clients who need Tx	134	1	135
% Received Tx	60%	100%	60%
# Received Tx	81	1	82

ADULT SERVICES

Access, Timeliness, Engagement & Retention

V. SERVICE ACCESS & TIMELINESS

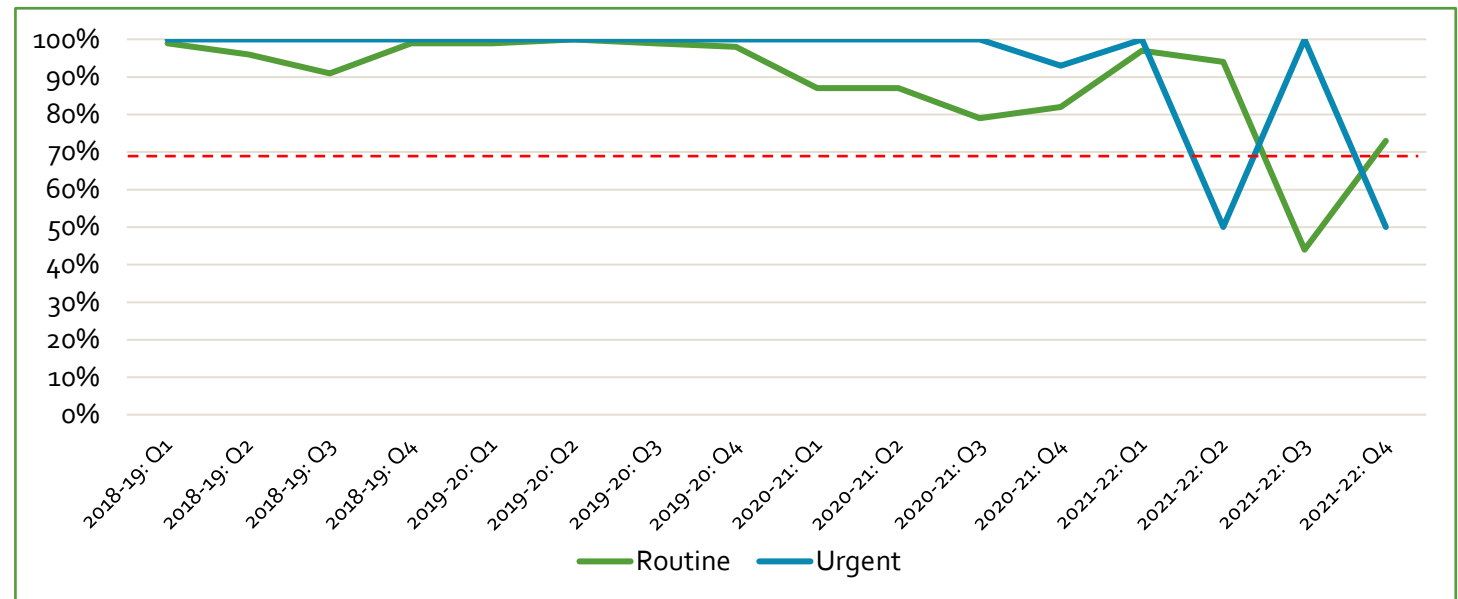
AG-2: Service request to first offered Assessment appointment in Adult System of Care

Goal:

1. For routine requests
 - a. 80% of service requests will be offered an assessment appointment within 10 business days
 - b. Average of 15 business days or less from assessment completion date to first offered treatment appointment
2. For urgent requests
 - a. 80% of service requests will be offered an Ax within 48 hours
 - b. Average of 48 hours or less from service request to actual Ax

Adult System of Care

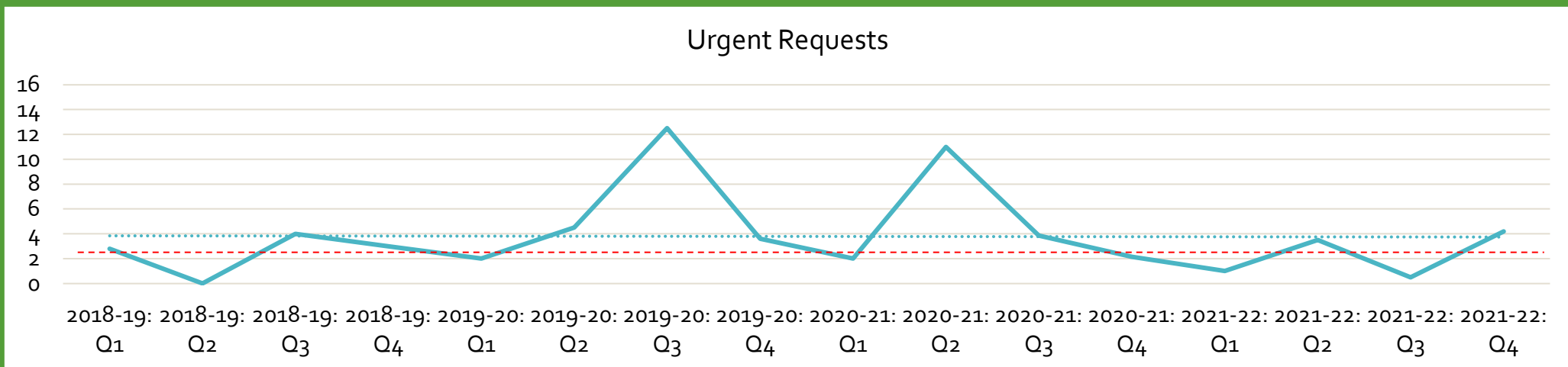
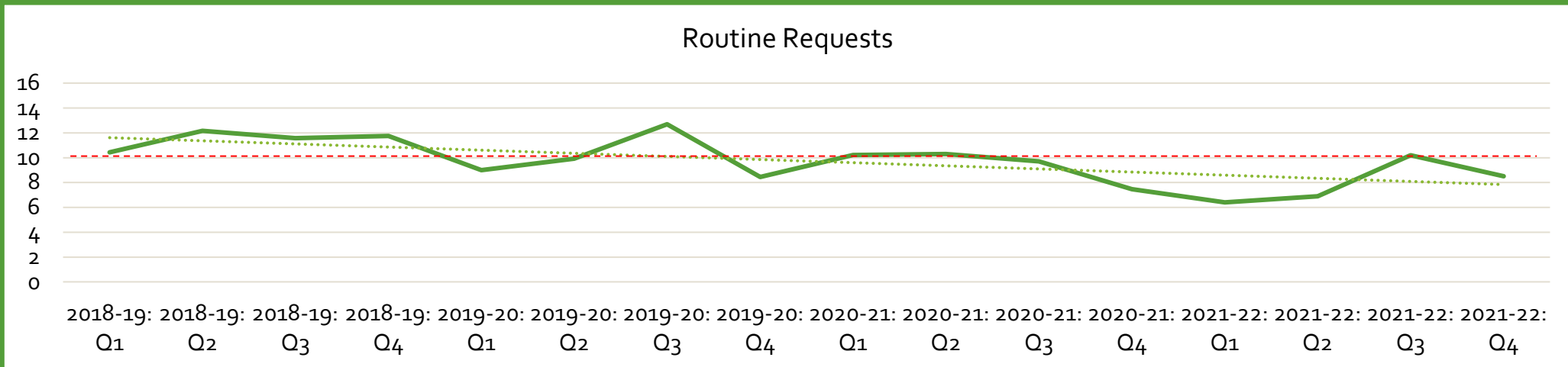
Request Type	Avg. # of Bus. Days from Service Request to 1 st Offered Ax Appt	Avg. # of Bus. Days from Ax Completion to 1 st Offered Tx Appt
Routine	8.5	4.2
Urgent	3	4.6
Total	8.4	4.2



V. SERVICE ACCESS & TIMELINESS

Adult System of Care

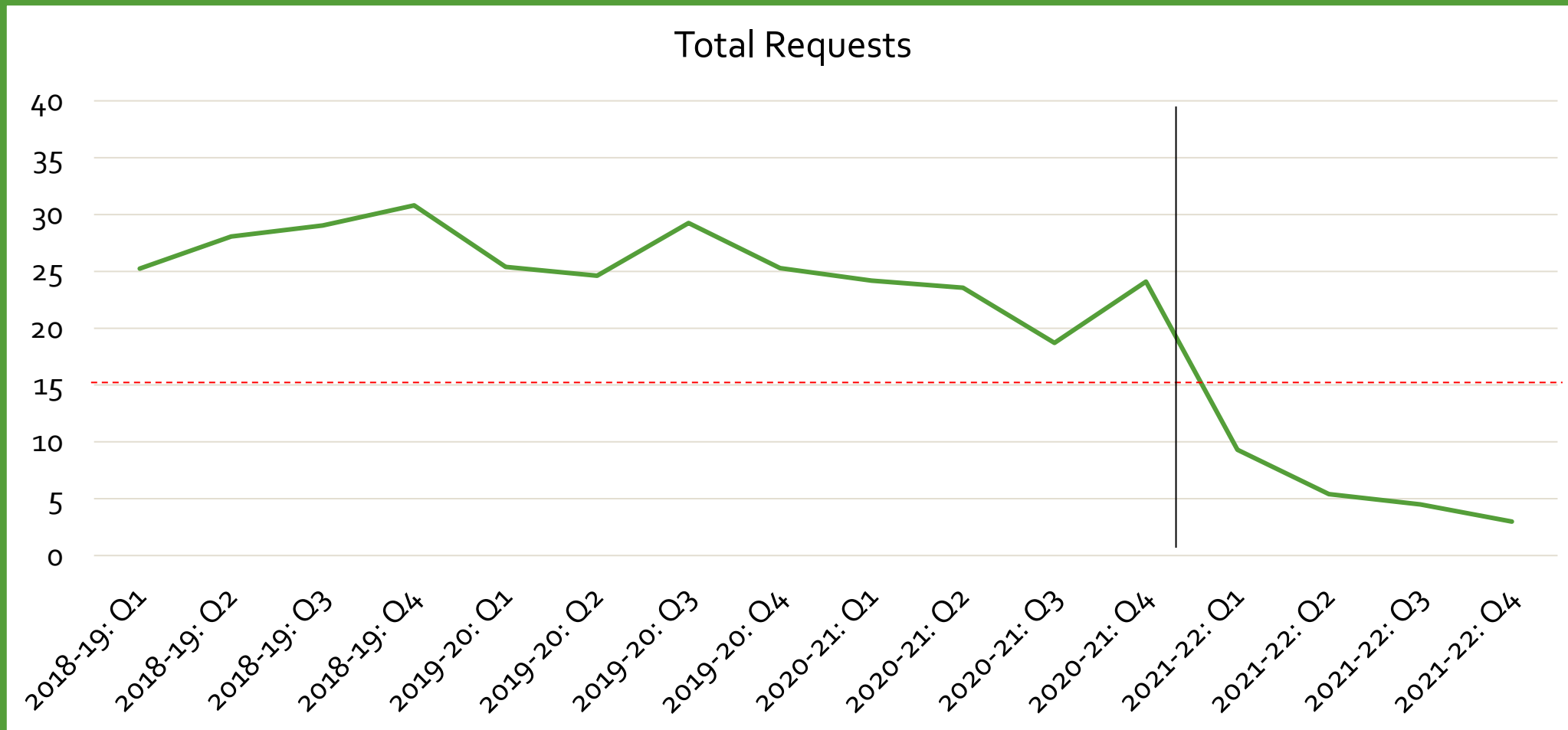
Average Number of Business Days from Service Request to 1st Offered Assessment Appointment



V. SERVICE ACCESS & TIMELINESS

Adult System of Care

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



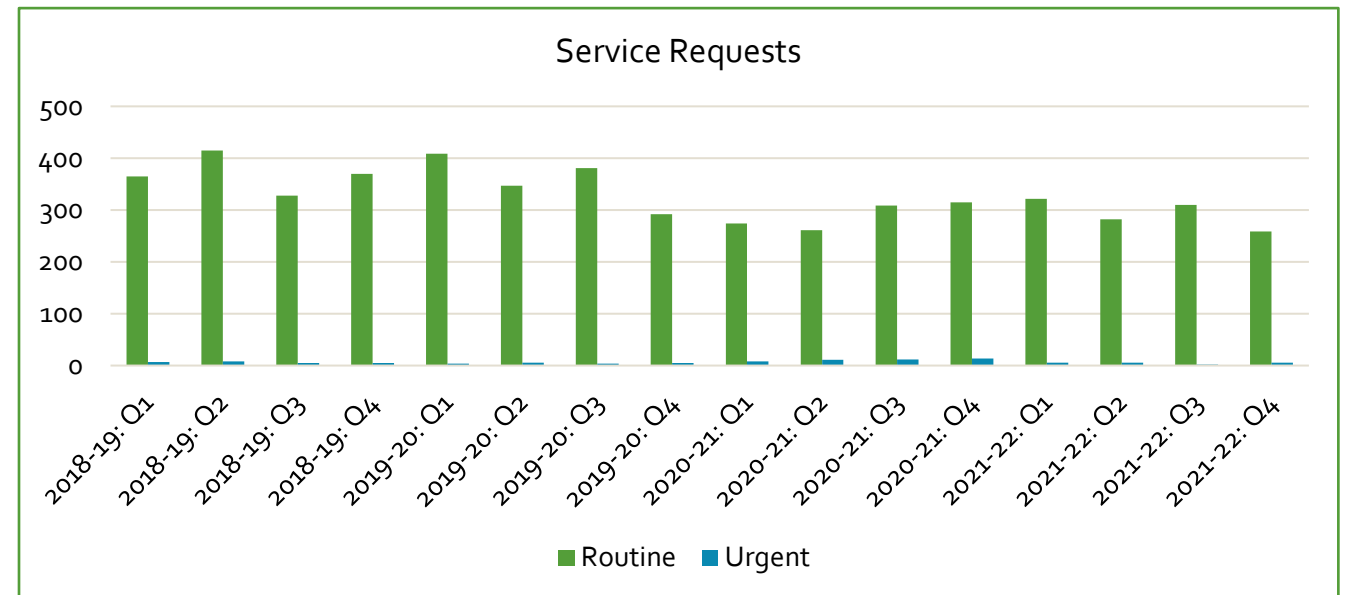
V. SERVICE ACCESS & TIMELINESS

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

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1. For routine requests
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 - 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

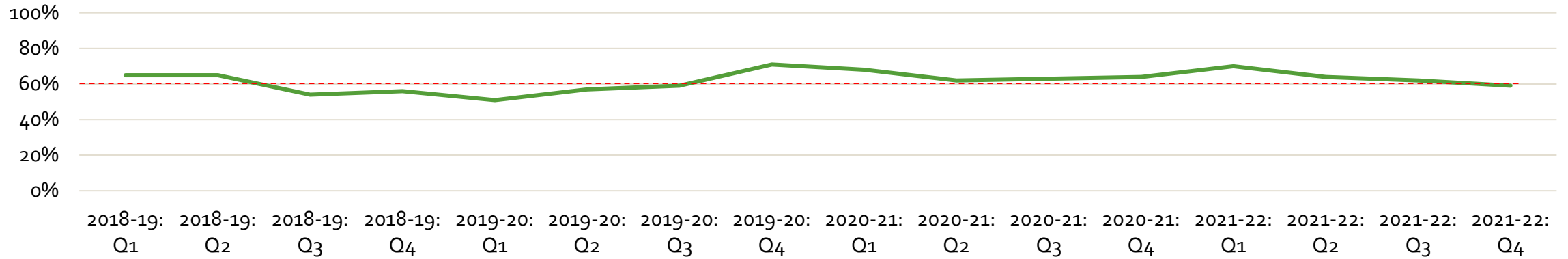
Adult System of Care	Routine Requests	Urgent Requests	Totals
Total Service Requests	259	6	265
Received Ax (%)	59%	66%	59%
Received Ax (#)	153	4	157
Received Tx (%)	39%	33%	39%
Received Tx (#)	100	2	102



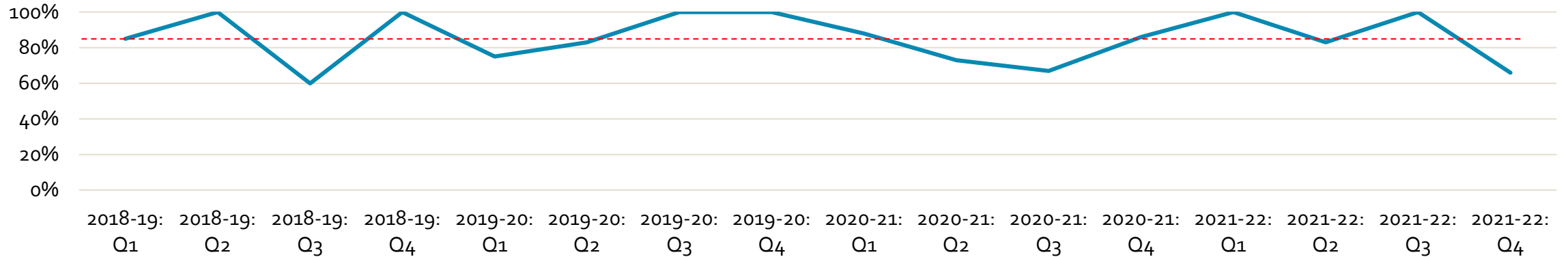
V. SERVICE ACCESS & TIMELINESS

Adult Services - Percentage of Service Requests with a Completed Assessment

Routine Requests



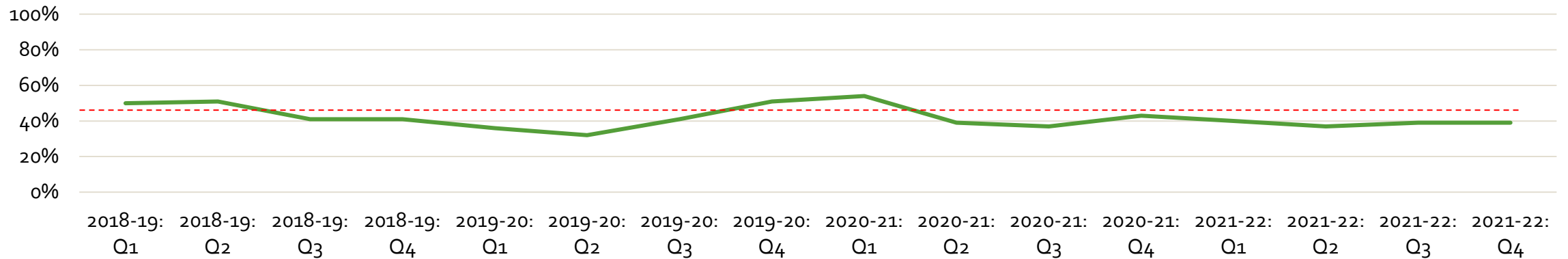
Urgent Requests



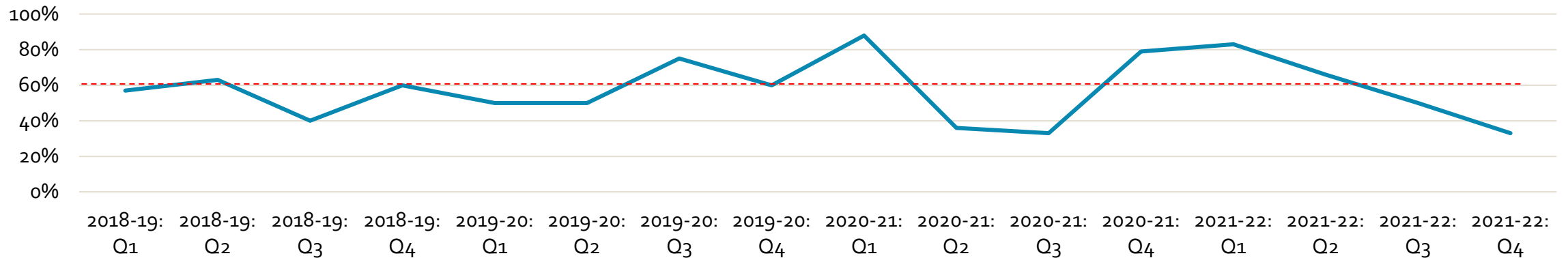
V. SERVICE ACCESS & TIMELINESS

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	259	6	265
% Didn't Show For Ax	41%	33%	41%
% Received Ax	59%	66%	59%
# Received Ax	153	4	157
Declined Tx	3	0	3
Didn't Meet Medical Necessity	12	1	13
# of clients who need Tx	138	3	141
% Received Tx	72%	66%	73%
# Received Tx	100	2	102

V. SERVICE ACCESS & TIMELINESS

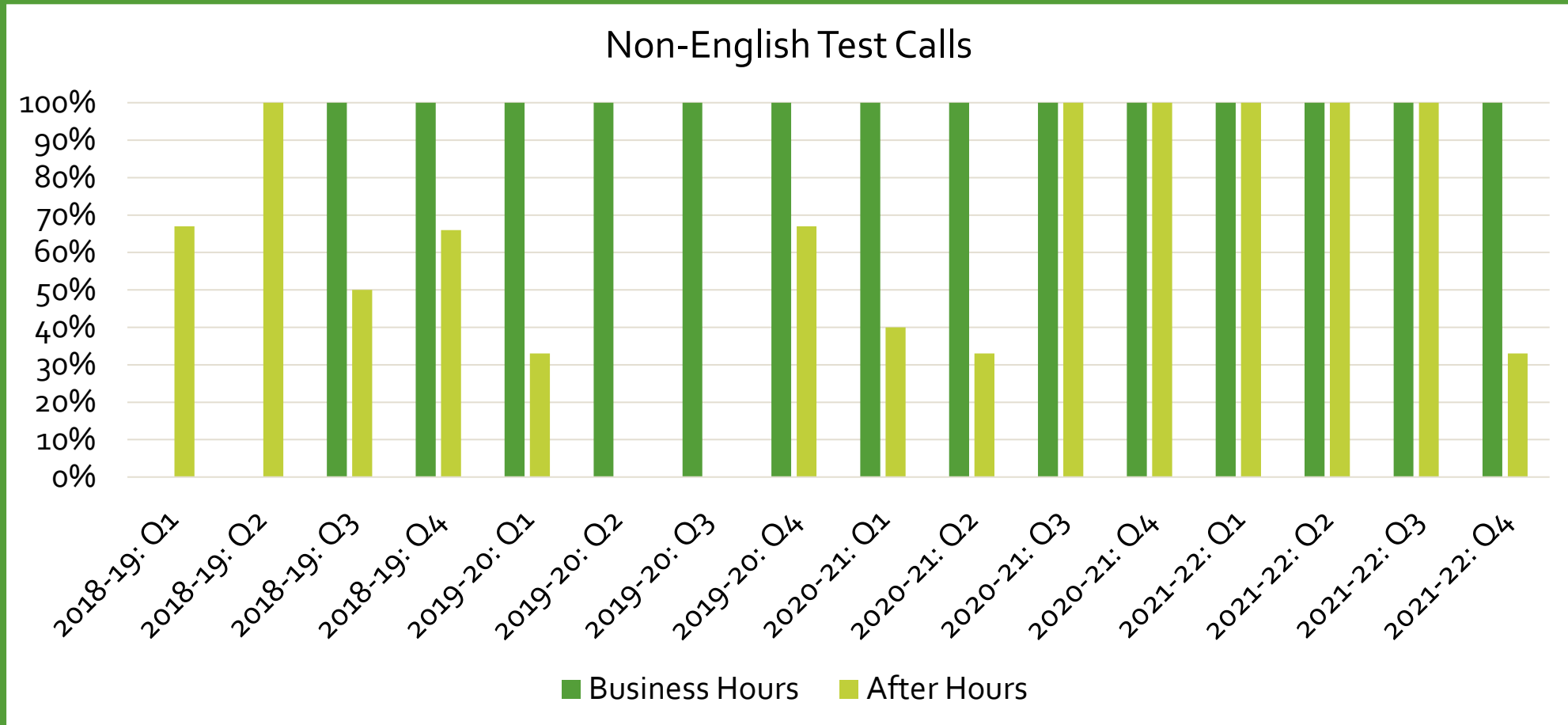
AG-5: Access test call performance

Goal:

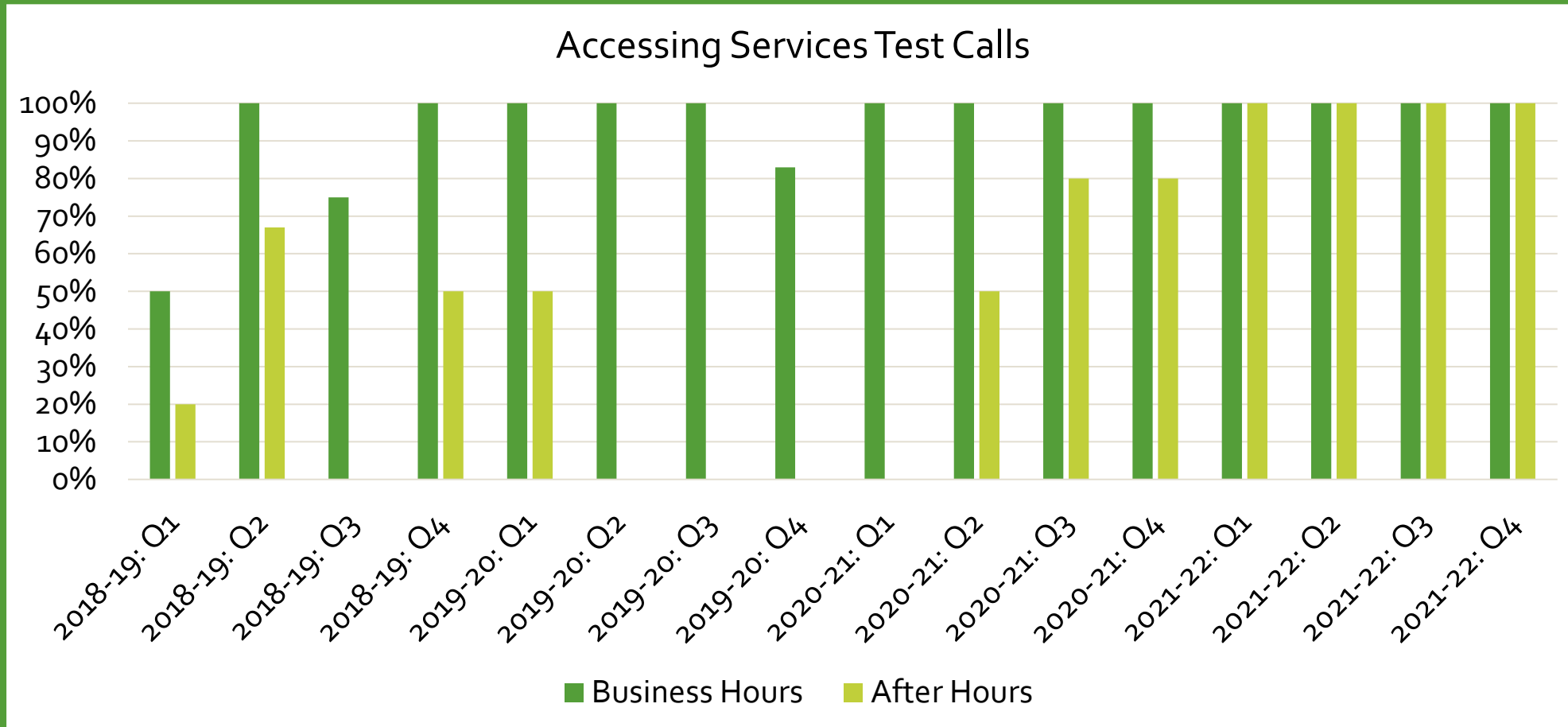
1. Minimum of 4 test calls will be made per month
2. Test for language capabilities
3. Test for appropriate information provided
4. Test for appropriate logging of all calls

	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: Tagalog, Spanish	B	3	3	100%	100%
	A	3	1	33%	100%
Info provided for accessing SMHS (including getting an Ax)	B	4	4	100%	100%
	A	4	4	100%	80%
Info provided for treating an urgent condition	B	1	1	100%	N/A
	A	1	0	0%	100%
Info provided for Problem Resolution/ Fair Hearing	B	0	N/A	N/A	N/A
	A	1	1	100%	N/A
Logging calls	B	5	5	100%	100%
	A	6	4	67%	43%

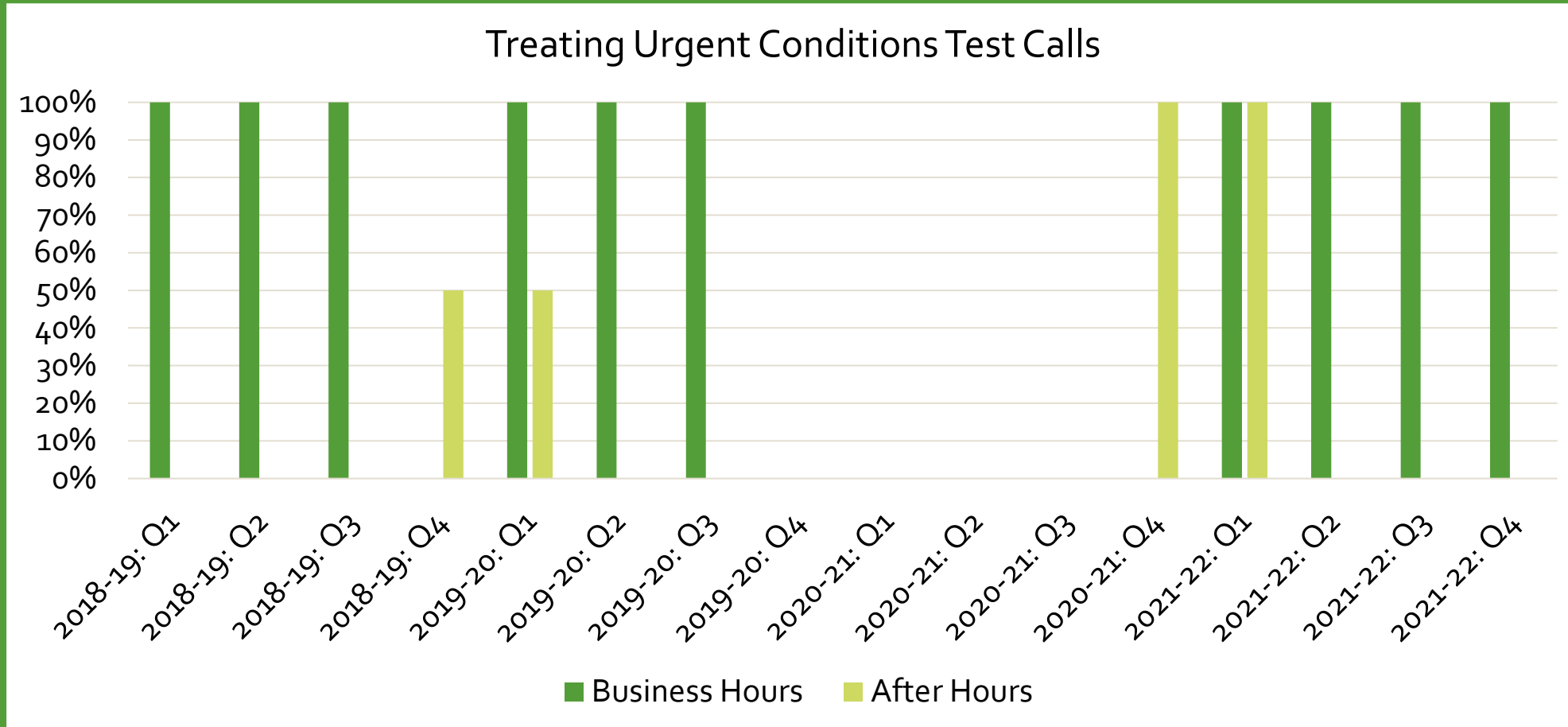
V. SERVICE ACCESS & TIMELINESS



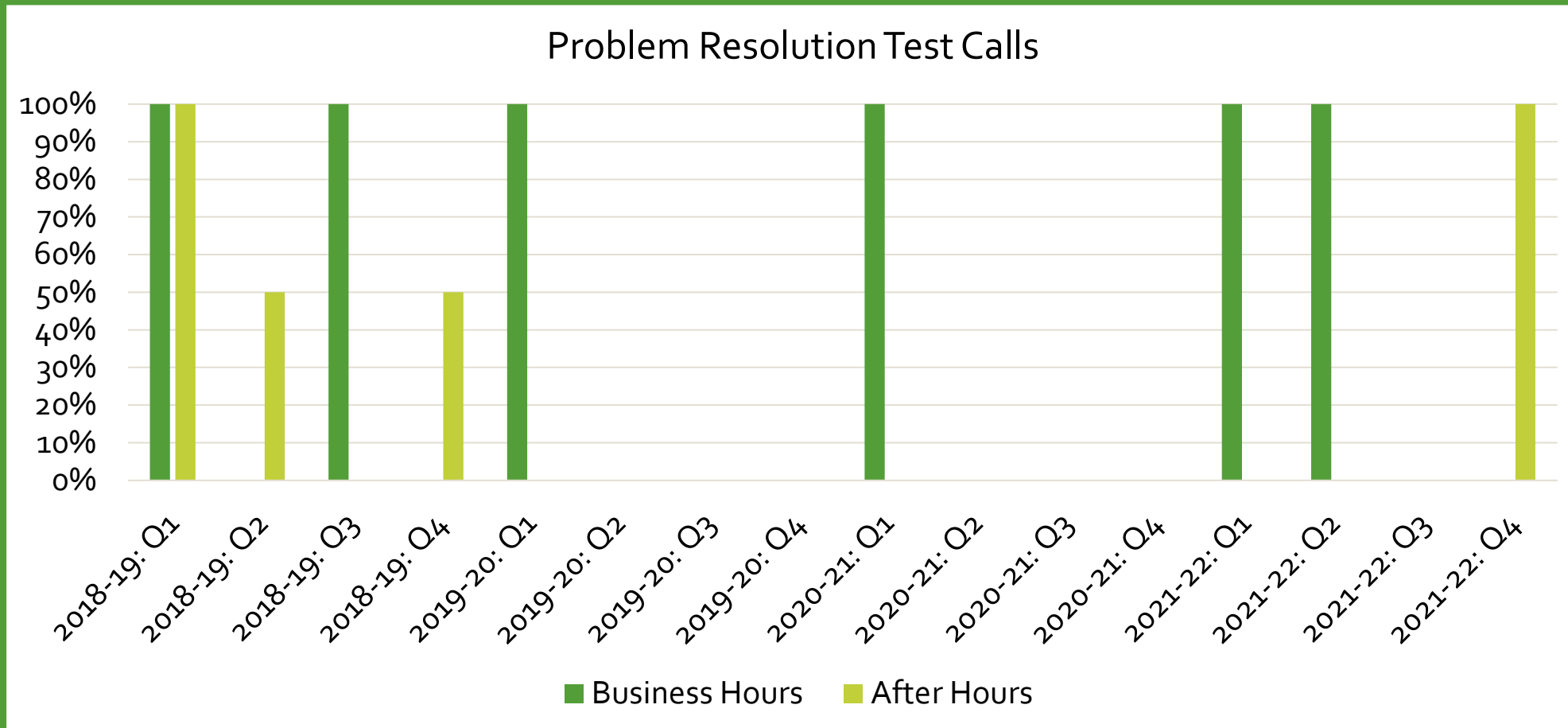
V. SERVICE ACCESS & TIMELINESS



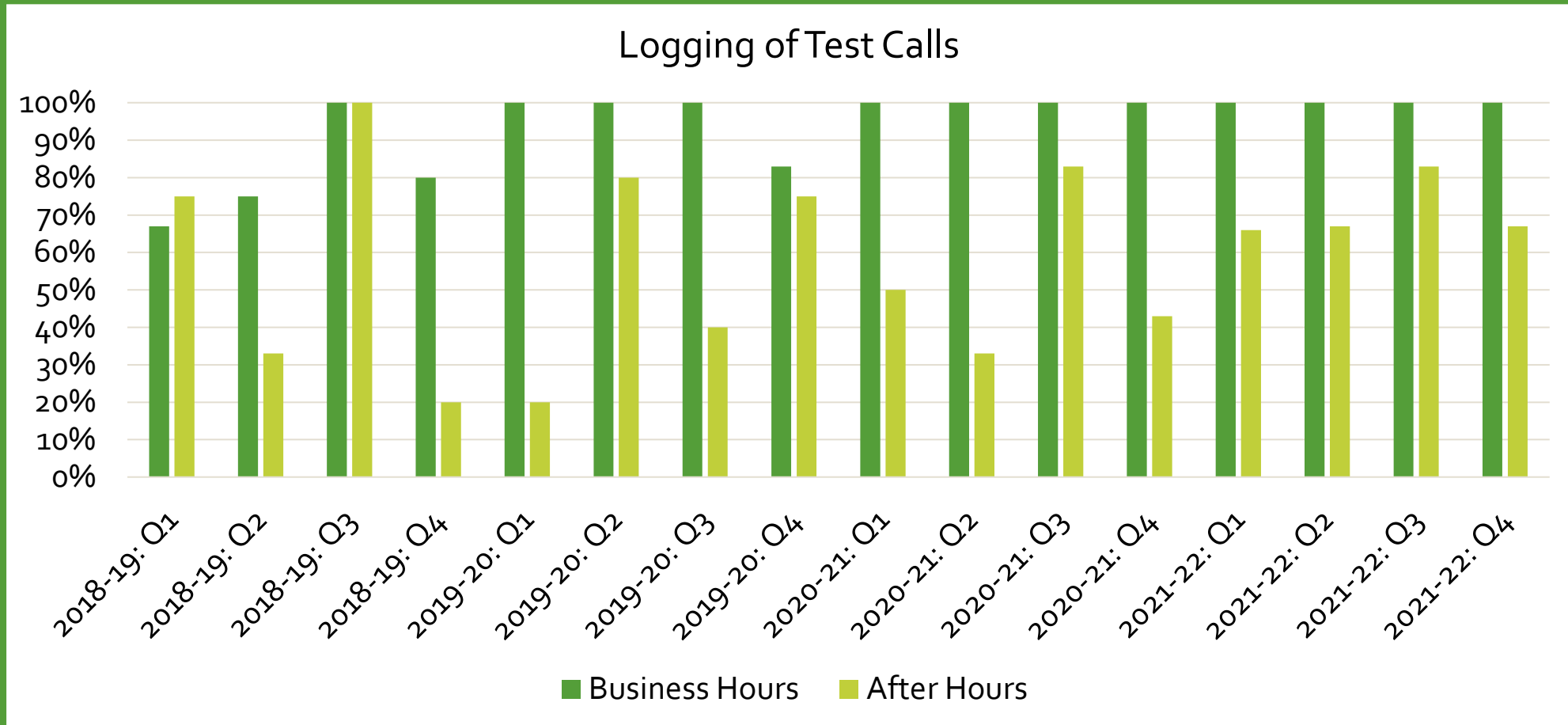
V. SERVICE ACCESS & TIMELINESS



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VI. PERFORMANCE IMPROVEMENT PROJECTS

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

PIP #1: Mobile Crisis Services

Measurements:

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

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).

Community-Based Mobile Crisis - Uplift/Pacific Clinics

QTR.	Total Calls	%/# of Calls Stabilized in Field	%/# of Calls Resulting in Hold	Consumer Satisfaction Rating
Q1	58	52% (30)	47% (27)	78%
Q2	81	49% (40)	46% (37)	100%
Q3	79	65% (51)	30% (24)	91%
Q4	140	60% (84)	39% (54)	86%
FY Total	358 for 301 Unduplicated Consumers	57% (205)	40% (142)	89%

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

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School-Based Mobile Crisis - SCOE

QTR.	Total Calls	%/# of Calls Stabilized in Field	%/# of Calls Resulting in Hold	Consumer Satisfaction Rating
Q1	42	71% (30)	29% (12)	N/A
Q2	80	75% (60)	20% (20)	N/A
Q3	86	77% (66)	22% (19)	N/A
Q4	44	61% (27)	39% (17)	N/A
FY Total	252 for 215 Unduplicated Consumers	73% (183)	27% (69)	SCOE will start surveys for FY22/23

VI. PERFORMANCE IMPROVEMENT PROJECTS

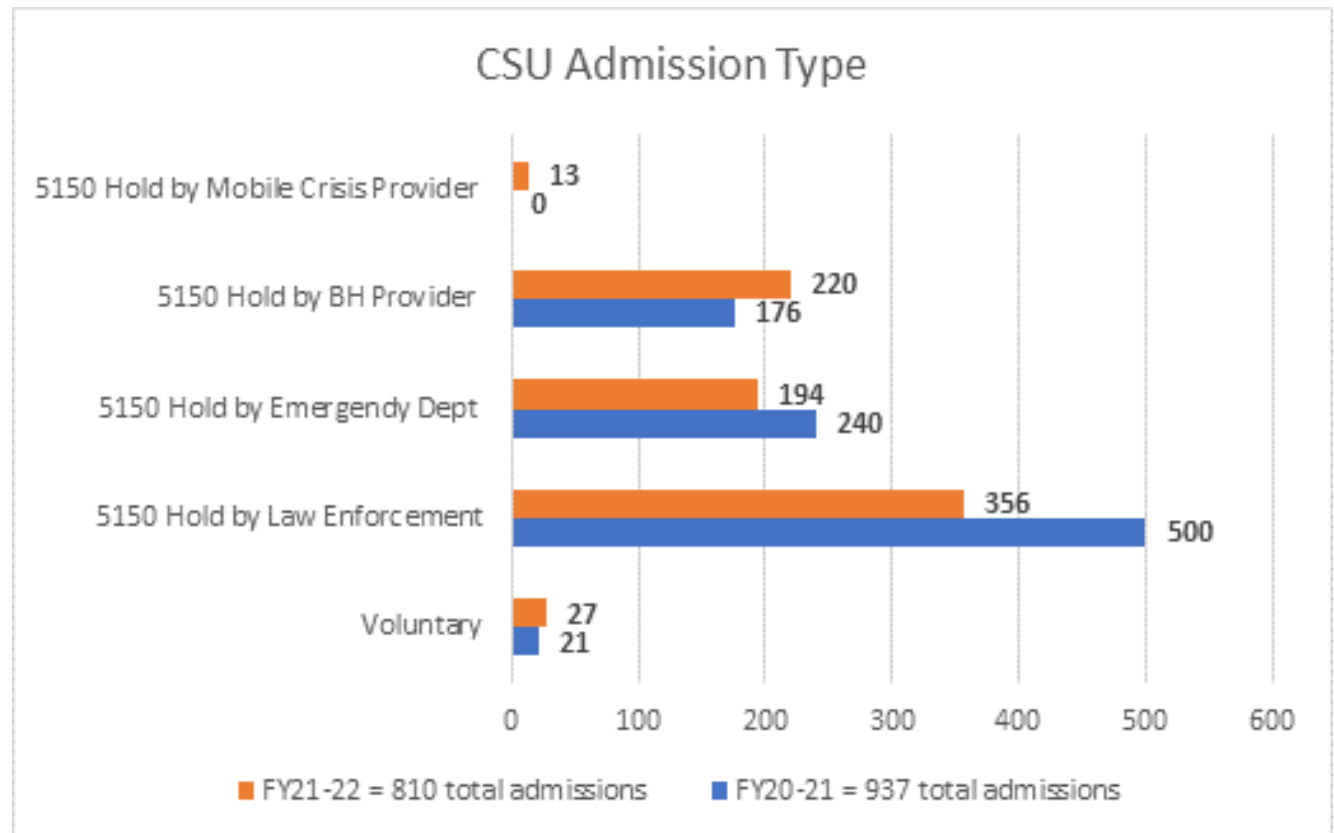
AG-1: Federal & State requirements stipulate that an BHP shall have two (2) active & ongoing Performance Improvement Projects (PIP)

PIP #1: Mobile Crisis Services

Measurements:

1. CSU Admissions by Law Enforcement

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).





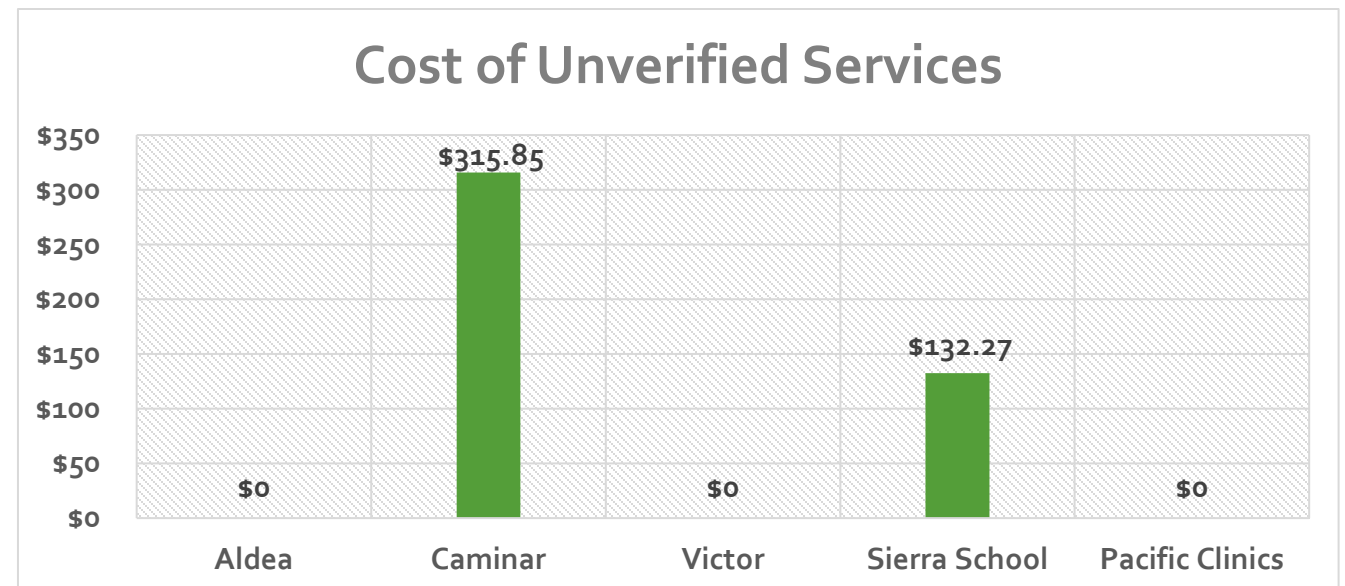
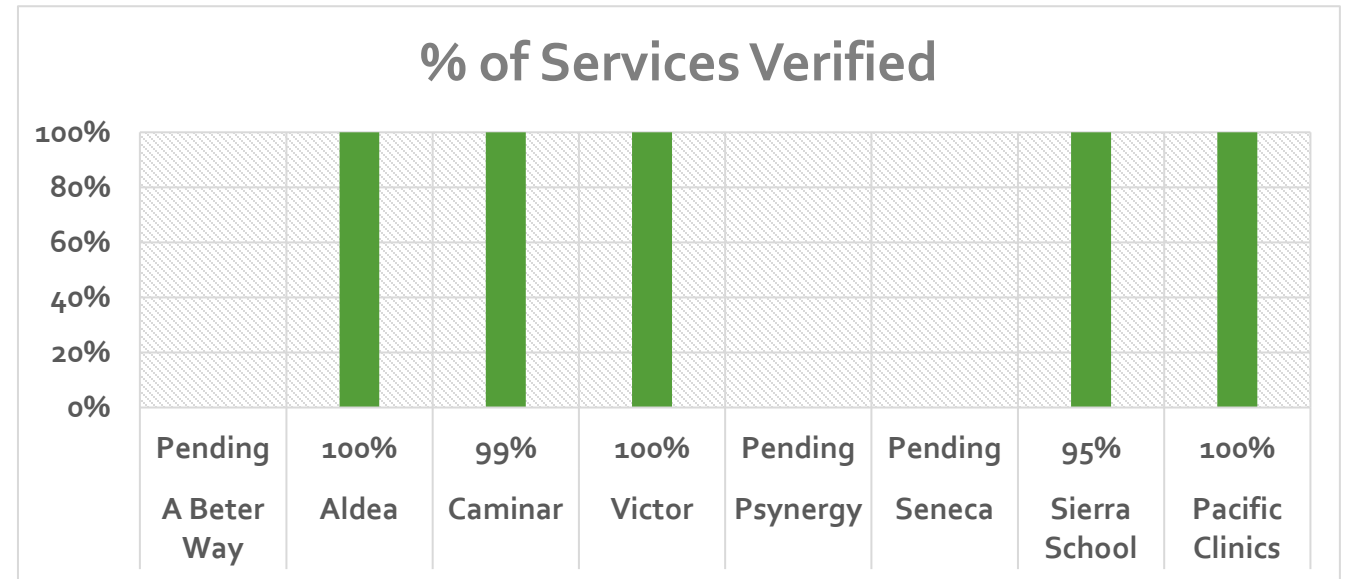
VII. PROGRAM INTEGRITY

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AG-3: Service Verification

Goal: The BHP 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 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 21/22

CalAIM brought changes to documentation this year

In efforts to adjust to this we updated our audit process for this fiscal year

- Audits began in early 2022
- A random sampling of Contractor and County programs were selected
- We audited by RU, not by program
- 1 month of services was audited instead of 2 months
- Audits continued to be remote

We are in process of determining how FY 22/23 audits will look

VII. QUALITY IMPROVEMENT

AG-1: Annual Utilization Review Audits

Contracted Programs

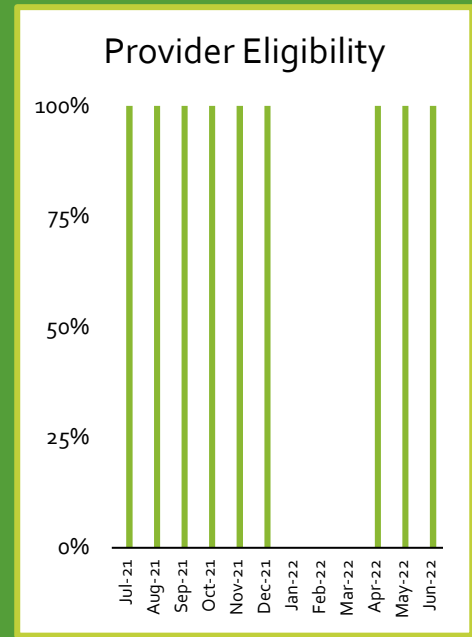
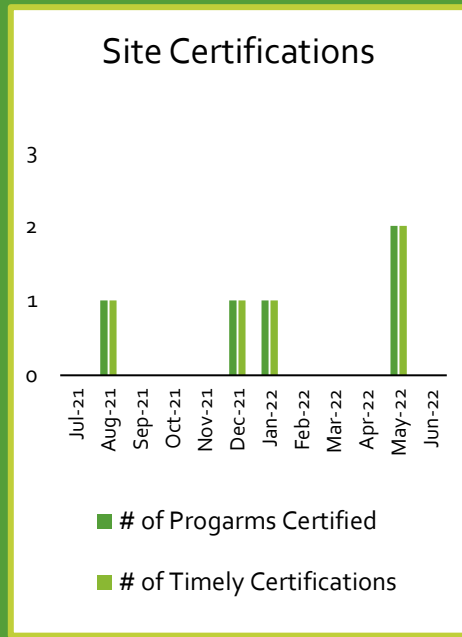
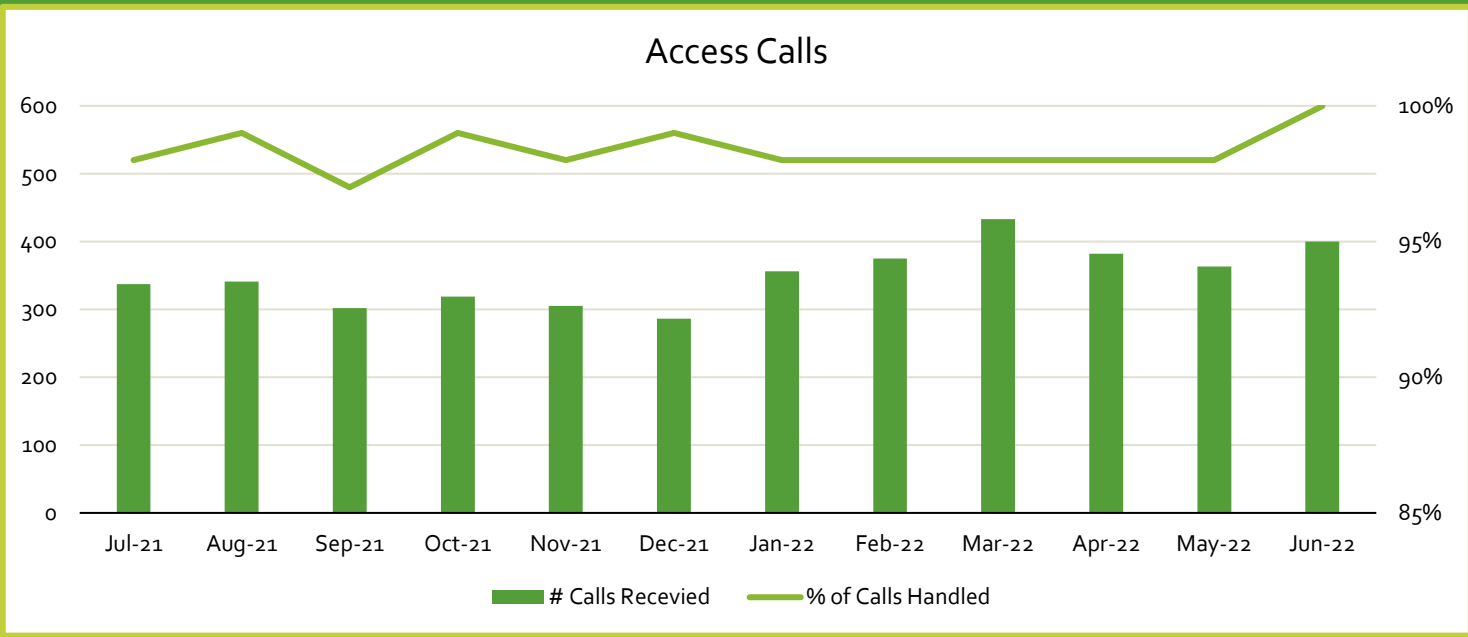
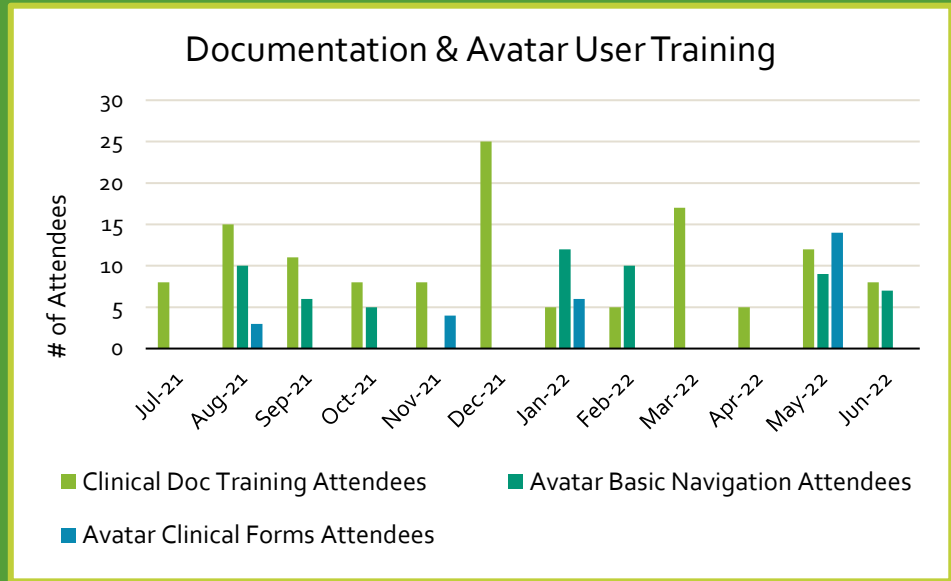
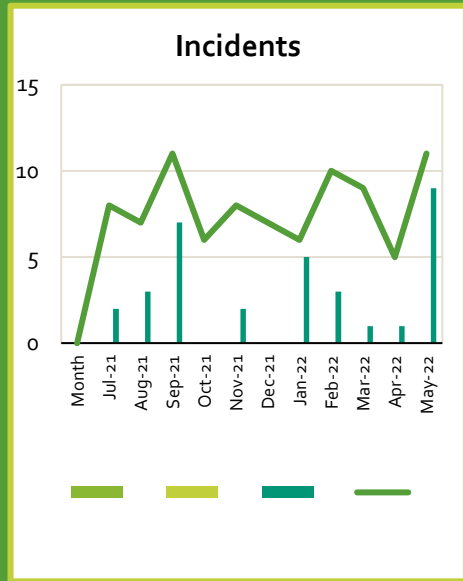
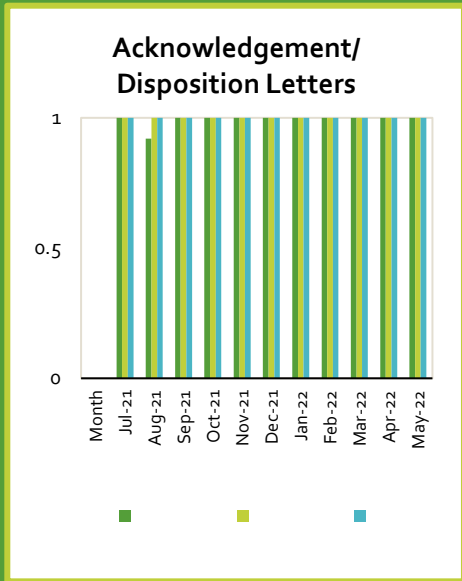
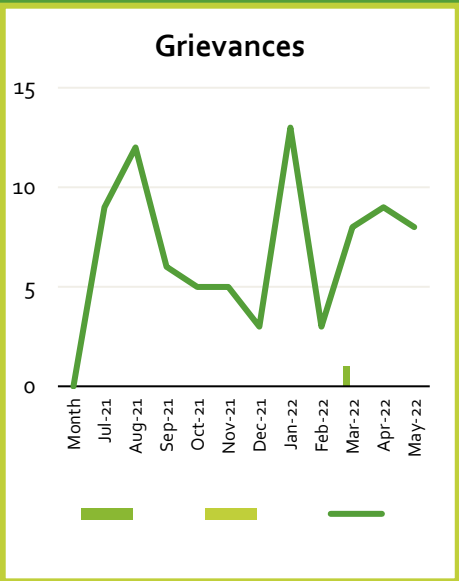
Goal: The following processes are in place to monitor provider compliance with CCR Title 9 documentation standards:

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

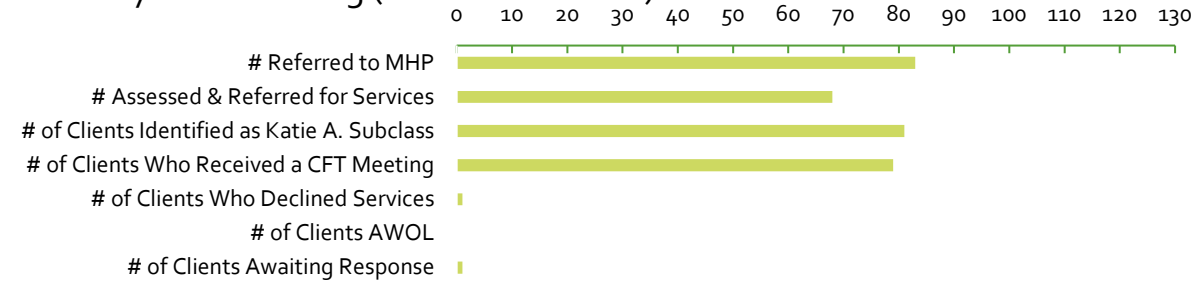
Program	Days to Complete Report (60 days or less)	Required a CAP	Days to Submit a CAP (60 days or less)	CAP Resolution Status
CBO Youth A	6	No	N/A	N/A
CBO Adult B	17	Yes	58	Resolved
CBO Youth C	11	Yes	60	Resolved
CBO Adult D	13	Yes	75	Pending
CBO Youth E	8	Yes	55	Resolved
CBO Youth F	8	Yes	55	Pending
County Youth G	8	Yes	41	Resolved
County Adult H	12	Yes	55	Resolved
County Youth I	8	Yes	20	Resolved
County Adult J	15	Yes	56	Pending
County Adult K	19	Yes	Pending	Pending
County Youth L	13	Yes	53	Pending
County Adult M	22	Yes	Pending	Pending



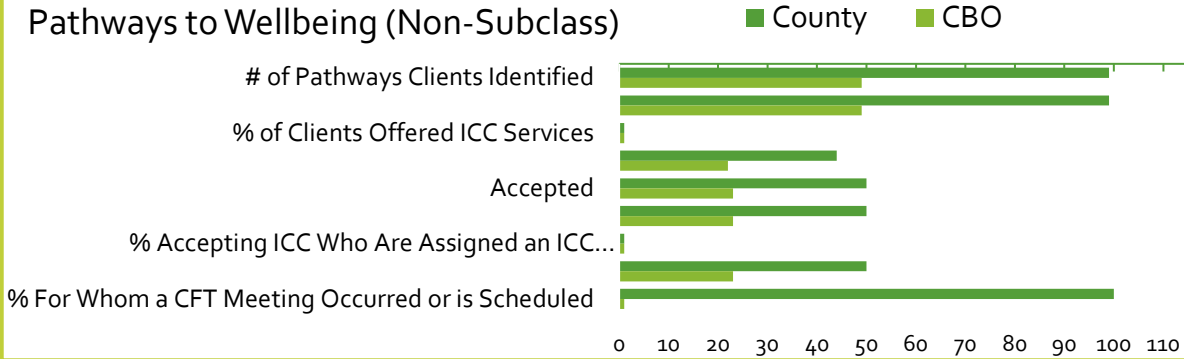
QUALITY IMPROVEMENT DASHBOARD



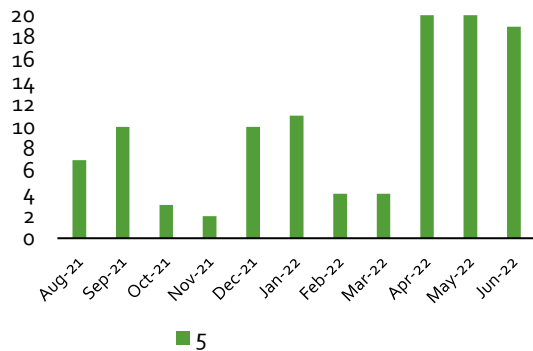
Pathways to Wellbeing (Katie A. Subclass)



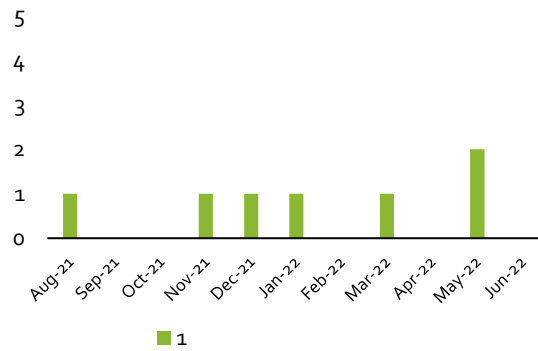
Pathways to Wellbeing (Non-Subclass)



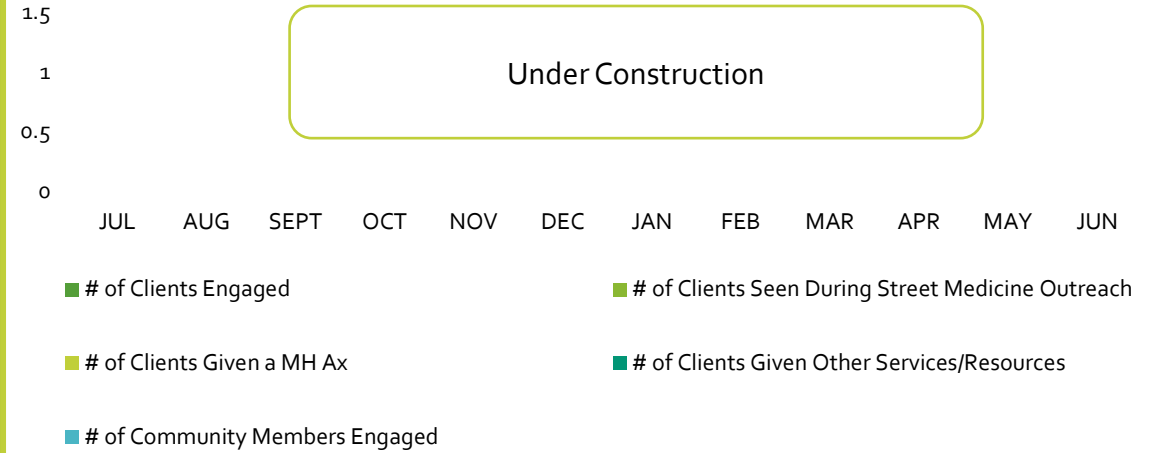
Compliance Training



Compliance Communications



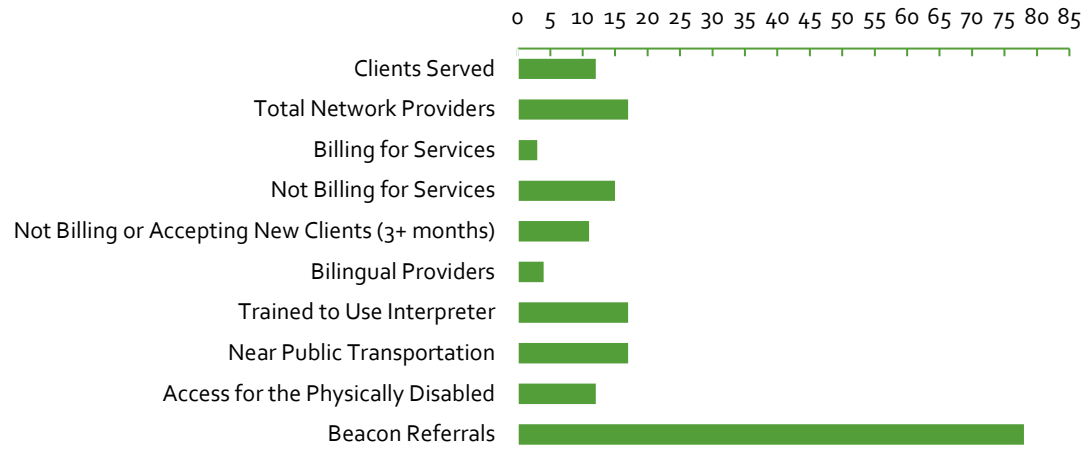
HOPE (Homeless Outreach)



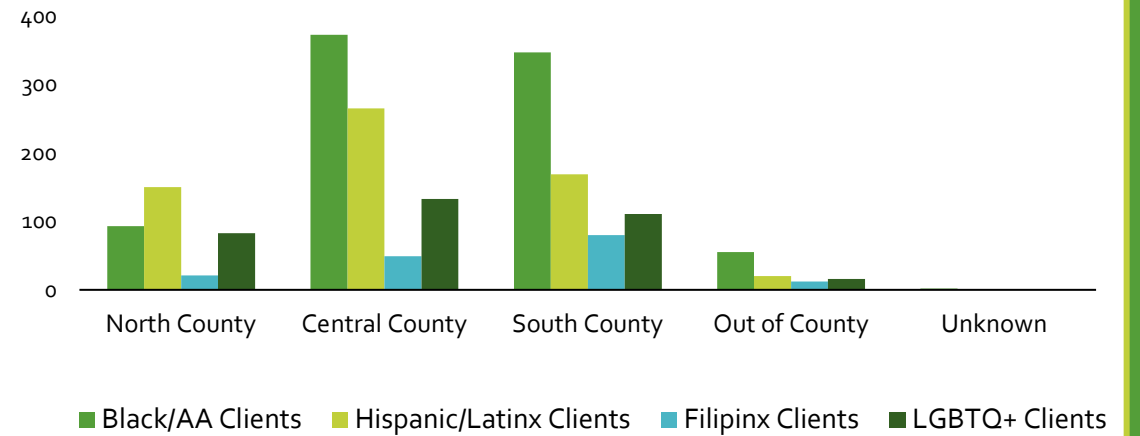
Youth Medication Monitoring



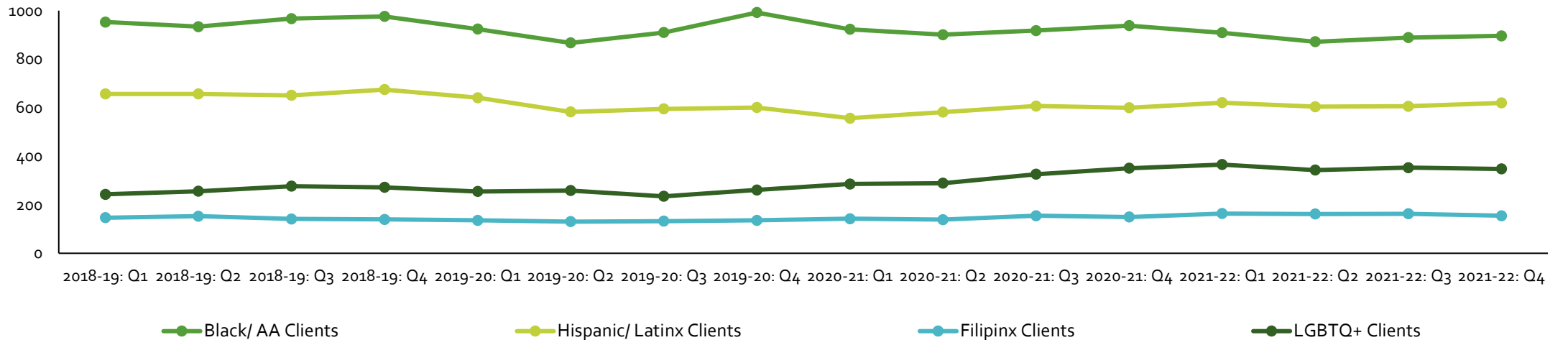
Managed Care Provider Network



Regional Utilization by Cultural Group



Total Utilization by Cultural Group



NEXT MEETING:

Quality Improvement Committee
FY 2022-2023: Quarter 1
Thursday, October 13th 2022
1:30pm – 3:30pm

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

QualityImprovement@SolanoCounty.com