

Solano County
Health and Social Services Department
Behavioral Health Division
Solano Mental Health Plan
FY 2021 - 2022

Quality Assessment and Performance Improvement Plan



Gerry Huber, Director, Department of Health and Social Services
Sandra Sinz, Chief Deputy Director, Behavioral Health Division
Emery Cowan, Deputy Director, Behavioral Health Division
Rob George, Senior Manager, Quality Improvement Unit
Mary Kate Whall, Supervisor, Quality Improvement Unit

Table of Contents

- Quality Assessment and Performance Improvement Program Overview 3
 - QAPI Program Areas of Focus for FY 2021-2022 4

- Cultural Diversity and Equity 5
- Wellness and Recovery 15
- Beneficiary Satisfaction and Protection 13
- Beneficiary Outcomes and System Utilization 19
- Service Timeliness and Access 26
- Performance Improvement Project 37
- Program Integrity 32
- Quality Improvement 36
- Network Adequacy 41

QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM OVERVIEW

Solano MHP's Quality Assessment and Performance Improvement program is responsible for providing support services to the Mental Health Plan (MHP) and its administration, programs, providers, peers, beneficiaries and family members, so that all members of the MHP have an opportunity to develop, implement, coordinate, monitor and evaluate performance activities throughout the fiscal year (July-June). Solano County's Health and Social Services Department, Behavioral Health Division, Quality Improvement team assists the MHP Director to facilitate the program.

Quality Improvement Program

Staffing 12.25 FTE	.25 Mental Health Administrator 1.0 Mental Health Program Senior Manager 1.0 Mental Health Clinical Supervisor 6.0 Licensed Mental Health Clinicians 4.0 Clerical Support Staff
-----------------------	---

QUALITY ASSURANCE	QUALITY MANAGEMENT	QUALITY IMPROVEMENT
Site Certifications Clinical Records Review Problem Resolution/SIR Process Quality Review Process Provider Eligibility Verification Service Verification Service Authorization	Utilization Management Consumer Surveys Provider Satisfaction Surveys Service Capacity Analysis Network Adequacy Evidence-Based Practices Performance Outcomes	Training Coordination Continuing Education Core Competencies Communication via Mental Health Internet Site Communication via the Network of Care Performance Improvement Projects Policies & Procedures

QAPI Program Areas of Focus for FY 2021 - 2022:

The Quality Assessment and Performance Improvement program will continue support and emphasize performance assessment via quantitative measures in order to identify areas of improvement within the MHP.

Quality Improvement continues to steer the MHP toward using system data to identify needs, and to develop Work Plan goals that help with system improvements that improve access, timeliness, outcomes and quality, and overall patient care. The QAPI plan is also developed with the focus and intention of ensuring that Solano MHP remains in compliance with Federal and California State regulations, most notably CFR Title 42, and CCR Title 9, as well as the parameters stipulated in Solano's MHP contract with California Department of Health Care Services. The following areas have been chosen and targeted by the MHP to include in this year's QAPI Work Plan:

- Diversity and Equity
- Wellness and Recovery
- Beneficiary Satisfaction and Protection
- Beneficiary Outcomes and System Utilization
- Service Timeliness and Access
- Performance Improvement Projects
- Program Integrity
- Quality Improvement
- Network Adequacy

The QAPI Work Plan areas of focus are divided into "Active Goals" and "Data Monitoring" sections. Active Goals represent sectors of the system in which data has indicated a need for system improvement. Data Monitoring sections include sectors of the system in which the data is not indicating a need for a specific QAPI goal, but that the MHP monitors on a regular basis to ensure the MHP operates within expected parameters.

Quality Improvement team staffing was relatively stable during FY 2020-2021. The QI team members act as liaisons to the MHP to monitor progress being made on QAPI goals on a quarterly basis. Contract Managers and Clinical Supervisors with a specialty role are encouraged to monitor data to look for areas of the system that could benefit from corrective action.

Solano MHP has taken on the practice of treating the QAPI Work Plan as the "treatment plan" for the MHP, and therefore it guides the various Quality Improvement Committee (QIC) subcommittees during their monthly efforts. Progress is tracked on a monthly basis, and progress and data are reported back to the Quality Improvement Committee once per quarter to inform committee membership and to obtain any feedback and recommendations from the committee for consideration to improve current practices.

I. Diversity and Equity (Active Goals - AG)

Quality Improvement Goal and Means to Accomplish it	Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation																																																														
<p>I. Diversity and Equity:</p> <ul style="list-style-type: none"> AG-1: System wide Diversity and Equity Training <p>Purpose for Monitoring: DHCS Annual Review Protocols, FY 20-21, Access – Category 4 - Item 4.4.4</p> <p>Name of Data Report:</p> <ul style="list-style-type: none"> Quality Improvement Monthly Tracking process Training reports from Contracted Agencies <p>Sub-committee/Staff Responsible:</p> <ul style="list-style-type: none"> Quality Improvement – QI Liaisons <p>Annual Goal Items Met:</p> <p><input type="checkbox"/> Met: Item # ____</p> <p><input type="checkbox"/> Partially Met: Item # ____</p> <p><input type="checkbox"/> Not Met: Item # ____</p>	<p>AG-1: Solano County MHP Diversity and Equity Committee (DEC) endeavors to implement the goals and initiatives contained within the Solano Diversity and Equity Plan. The DEC works with MHP Director/MH Administration and Quality Improvement to develop Diversity and Equity training opportunities.</p> <p>FY 20-21 Q4 Baseline:</p> <ul style="list-style-type: none"> County Providers: 383 County Non-Provider: 83 Contract Provider: 422 Contract Non-Provider: 70 <p>Goal: Monitor Annual training and work toward 100% annual training compliance for:</p> <ul style="list-style-type: none"> Providers: Include all direct service providers (including medical staff & peer support specialists that can bill for services) Non-providers: will include all staff that do not provide direct services (including management, clerical/support staff, board members, peer support specialists/volunteers that do not bill, etc.) 	<p>Q1:</p> <table border="1" data-bbox="947 240 2045 451"> <thead> <tr> <th>Staff Category</th> <th>Total Staff Trained</th> <th>% of Staff in Compliance w/ annual requirement</th> </tr> </thead> <tbody> <tr> <td>County Provider</td> <td></td> <td></td> </tr> <tr> <td>County Non-provider</td> <td></td> <td></td> </tr> <tr> <td>Contracted Provider</td> <td></td> <td></td> </tr> <tr> <td>Contracted Non-provider</td> <td></td> <td></td> </tr> </tbody> </table> <p>Q2:</p> <table border="1" data-bbox="947 516 2045 727"> <thead> <tr> <th>Staff Category</th> <th>Total Staff Trained</th> <th>% of Staff in Compliance w/ annual requirement</th> </tr> </thead> <tbody> <tr> <td>County Provider</td> <td></td> <td></td> </tr> <tr> <td>County Non-provider</td> <td></td> <td></td> </tr> <tr> <td>Contracted Provider</td> <td></td> <td></td> </tr> <tr> <td>Contracted Non-provider</td> <td></td> <td></td> </tr> </tbody> </table> <p>Q3:</p> <table border="1" data-bbox="947 792 2045 1003"> <thead> <tr> <th>Staff Category</th> <th>Total Staff Trained</th> <th>% of Staff in Compliance w/ annual requirement</th> </tr> </thead> <tbody> <tr> <td>County Provider</td> <td></td> <td></td> </tr> <tr> <td>County Non-provider</td> <td></td> <td></td> </tr> <tr> <td>Contracted Provider</td> <td></td> <td></td> </tr> <tr> <td>Contracted Non-provider</td> <td></td> <td></td> </tr> </tbody> </table> <p>Q4:</p> <table border="1" data-bbox="947 1068 2045 1279"> <thead> <tr> <th>Staff Category</th> <th>Total Staff Trained</th> <th>% of Staff in Compliance w/ annual requirement</th> </tr> </thead> <tbody> <tr> <td>County Provider</td> <td></td> <td></td> </tr> <tr> <td>County Non-provider</td> <td></td> <td></td> </tr> <tr> <td>Contracted Provider</td> <td></td> <td></td> </tr> <tr> <td>Contracted Non-provider</td> <td></td> <td></td> </tr> </tbody> </table>			Staff Category	Total Staff Trained	% of Staff in Compliance w/ annual requirement	County Provider			County Non-provider			Contracted Provider			Contracted Non-provider			Staff Category	Total Staff Trained	% of Staff in Compliance w/ annual requirement	County Provider			County Non-provider			Contracted Provider			Contracted Non-provider			Staff Category	Total Staff Trained	% of Staff in Compliance w/ annual requirement	County Provider			County Non-provider			Contracted Provider			Contracted Non-provider			Staff Category	Total Staff Trained	% of Staff in Compliance w/ annual requirement	County Provider			County Non-provider			Contracted Provider			Contracted Non-provider		
Staff Category	Total Staff Trained	% of Staff in Compliance w/ annual requirement																																																														
County Provider																																																																
County Non-provider																																																																
Contracted Provider																																																																
Contracted Non-provider																																																																
Staff Category	Total Staff Trained	% of Staff in Compliance w/ annual requirement																																																														
County Provider																																																																
County Non-provider																																																																
Contracted Provider																																																																
Contracted Non-provider																																																																
Staff Category	Total Staff Trained	% of Staff in Compliance w/ annual requirement																																																														
County Provider																																																																
County Non-provider																																																																
Contracted Provider																																																																
Contracted Non-provider																																																																
Staff Category	Total Staff Trained	% of Staff in Compliance w/ annual requirement																																																														
County Provider																																																																
County Non-provider																																																																
Contracted Provider																																																																
Contracted Non-provider																																																																

I. Diversity and Equity (Data Monitoring - DM)

Quality Improvement Area of Data Monitoring	Results of Evaluation																																																							
<p>I. Diversity and Equity:</p> <ul style="list-style-type: none"> • DM-1: DEC Plan, Training Plan and Committee <p>Purpose for Monitoring: DHCS Annual Review Protocols, FY 20-21, Access – Category 4 - Items 4.4.1-4.4.3</p> <p>Name of Data Report:</p> <ul style="list-style-type: none"> • None <p>Sub-committee/Staff Responsible:</p> <ul style="list-style-type: none"> • Diversity and Equity Committee <p>Previous FY Baseline Averages:</p> <ul style="list-style-type: none"> • CC Subcommittee meetings per Quarter: 1 <p>FY 21-22 Quarterly Averages:</p> <ul style="list-style-type: none"> • Diversity and Equity Subcommittee meetings per Quarter: 	<table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #f2f2f2;"> <th style="width: 10%;">Quarter</th> <th style="width: 20%;">Date of DEC Meeting</th> <th style="width: 20%;">Date of report to QIC</th> <th style="width: 50%;">Date Diversity & Equity Plan Updated</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">2</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">3</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">4</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Quarter	Date of DEC Meeting	Date of report to QIC	Date Diversity & Equity Plan Updated	1												2												3												4											
Quarter	Date of DEC Meeting	Date of report to QIC	Date Diversity & Equity Plan Updated																																																					
1																																																								
2																																																								
3																																																								
4																																																								

Quality Improvement Area of Data Monitoring	Results of Evaluation						
<p>I. Diversity and Equity:</p> <ul style="list-style-type: none"> • DM-2: LGBTQ Visibility QI Action Plan- Campaign to combat stigma for LGBTQ community and intersect for Latinex and Filipinex <p>Purpose for Monitoring: DHCS Annual Review Protocols, FY 20-21, Network Adequacy and Availability of Services – Category 1 – Item 1.3.3.</p> <p>Name of Data Report: MHSA Report</p> <p>Sub-committee/Staff Responsible: MHSA Unit & Ethnic Services Coordinator</p>	Q1:						
	Month	# of Latinex Posters Distributed	# of Filipinex Posters Distributed	# of tags/hits to QR code or website linked to Filipinex posters	# of Access calls because of posters	# of Access referrals from Solano Pride Center	
	JUL						
	AUG						
	SEP						
	OCT						
	NOV						
	DEC						
	JAN						
	FEB						
	MAR						
	APR						
	MAY						
JUN							

Quality Improvement Area of Data Monitoring	Results of Evaluation						
<p>I. Diversity and Equity:</p> <ul style="list-style-type: none"> • DM-3: <i>Takin' CLAS to the Streets</i> QI Action Plan-School Wellness Centers for K-12 and adult ed sites with a cultural lens <p>Purpose for Monitoring: DHCS Annual Review Protocols, FY 20-21, Network Adequacy and Availability of Services – Category 1 – Item 1.3.3.</p> <p>Name of Data Report: MHSA Report</p> <p>Sub-committee/Staff Responsible: MHSA Unit & Ethnic Services Coordinator</p>	Q1:						
	Month	# of K-12 School Wellness Centers/Rooms Opened	# of students who accessed the wellness centers/rooms	Demographics of K-12 students (Only if schools allow us to collect this data)	# of adult school Wellness Centers/Rooms Opened	# of students who accessed the adult Wellness Centers	Demographics of adult ed students (Only if schools allow us to collect this data)
	JUL						
	AUG						
	SEP						
	OCT						
	NOV						
	DEC						
	JAN						
	FEB						
	MAR						
	APR						
	MAY						
JUN							

Quality Improvement Area of Data Monitoring	Results of Evaluation						
<p>I. Diversity and Equity:</p> <ul style="list-style-type: none"> • DM-4: Culturally Responsive Supervision QI Action Plan- Implement Culturally Sensitive Supervision model by Dr. Kenneth Hardy <p>Purpose for Monitoring: DHCS Annual Review Protocols, FY 20-21, Access – Category 4 – Item 4.4.5-4.4.6.</p> <p>Name of Data Report: MHSA Report</p> <p>Sub-committee/Staff Responsible: MHSA Unit & Ethnic Services Coordinator</p>	Q1:						
	Month	# of trainings provided for supervisors and/or managers	# of training participants for supervisor/managers trainings	# of small group consultation groups held for supervisory staff	Will insert a data point to track from training survey tool	# of trainings provided for all staff	# of training participants for all staff trainings
	JUL						
	AUG						
	SEP						
	OCT						
	NOV						
	DEC						
	JAN						
	FEB						
	MAR						
	APR						
	MAY						
JUN							

Quality Improvement Area of Data Monitoring	Results of Evaluation							
<p>I. Diversity and Equity:</p> <ul style="list-style-type: none"> • DM-5: Mental Health Education QI Action Plan-Provide trainings for faith centers; train-the-trainer models Mental Health First Aid (MHFA), ASIST, safeTALK, SCBH system of care. Trainings for youth thru faith centers. <p>Purpose for Monitoring: DHCS Annual Review Protocols, FY 20-21, Access – Category 4 – Item 4.4.5-4.4.6.</p> <p>Name of Data Report: MHSA Report</p> <p>Sub-committee/Staff Responsible: MHSA Unit & Ethnic Services Coordinator</p>	Q1:							
	Month	# of Train the Trainer Sessions Provided for Faith Leaders/Reps	# of Train the Trainer Participants	% of Faith Leaders/Reps Who Endorse Increased Knowledge of MH	# of Trainings Provided by Faith Leaders/Reps	# of Training Participants	# of Trainings Provided for Youth in Faith Centers	# of Youth Training Participants
	JUL							
	AUG							
	SEP							
	OCT							
	NOV							
	DEC							
	JAN							
	FEB							
	MAR							
	APR							
	MAY							
JUN								

Quality Improvement Area of Data Monitoring	Results of Evaluation																																									
<p>I. Diversity and Equity:</p> <ul style="list-style-type: none"> • DM-6: Gap Finders QI Action Plan- Program/CBO self-eval of true implementation of CLAS standards <p>Purpose for Monitoring: DHCS Annual Review Protocols, FY 20-21, Access – Category 4 – Item 4.4.5-4.4.6.</p> <p>Name of Data Report: N/A</p> <p>Sub-committee/Staff Responsible: Diversity and Equity Committee/Ethnic Services Coordinator</p>	<p>Q1:</p> <table border="1" data-bbox="590 188 2011 659"> <thead> <tr> <th data-bbox="590 188 716 256">Month</th> <th data-bbox="716 188 1362 256"># of CBO partners who submitted Cultural Responsivity Plan</th> <th data-bbox="1362 188 2011 256">% of CBO Cultural Responsivity Plans that addressed at least 10 of the 15 CLAS standards</th> </tr> </thead> <tbody> <tr><td>JUL</td><td></td><td></td></tr> <tr><td>AUG</td><td></td><td></td></tr> <tr><td>SEP</td><td></td><td></td></tr> <tr><td>OCT</td><td></td><td></td></tr> <tr><td>NOV</td><td></td><td></td></tr> <tr><td>DEC</td><td></td><td></td></tr> <tr><td>JAN</td><td></td><td></td></tr> <tr><td>FEB</td><td></td><td></td></tr> <tr><td>MAR</td><td></td><td></td></tr> <tr><td>APR</td><td></td><td></td></tr> <tr><td>MAY</td><td></td><td></td></tr> <tr><td>JUN</td><td></td><td></td></tr> </tbody> </table>			Month	# of CBO partners who submitted Cultural Responsivity Plan	% of CBO Cultural Responsivity Plans that addressed at least 10 of the 15 CLAS standards	JUL			AUG			SEP			OCT			NOV			DEC			JAN			FEB			MAR			APR			MAY			JUN		
Month	# of CBO partners who submitted Cultural Responsivity Plan	% of CBO Cultural Responsivity Plans that addressed at least 10 of the 15 CLAS standards																																								
JUL																																										
AUG																																										
SEP																																										
OCT																																										
NOV																																										
DEC																																										
JAN																																										
FEB																																										
MAR																																										
APR																																										
MAY																																										
JUN																																										

Quality Improvement Area of Data Monitoring	Results of Evaluation																																																																				
<p>I. Diversity and Equity:</p> <p>DM-7: TRUE Care Promoter QI Action Plan-Phase I Roadmap resource guide</p> <p>Purpose for Monitoring: DHCS Annual Review Protocols, FY 20-21, Network Adequacy and Availability of Services – Category 1 – Item 1.3.3.</p> <p>Name of Data Report: N/A HR</p> <p>Sub-committee/Staff Responsible: Ethnic Services Coordinator</p>	<p>Q1:</p> <table border="1" data-bbox="590 188 2024 662"> <thead> <tr> <th data-bbox="590 188 701 256">Month</th> <th data-bbox="701 188 1031 256"># of Paper Roadmaps Dist.</th> <th data-bbox="1031 188 1360 256"># of Paper Roadmaps Dist. To Community Partners</th> <th data-bbox="1360 188 1690 256"># of Hits to QR Code/Web-site</th> <th data-bbox="1690 188 2024 256"># of Access Referrals from Roadmaps</th> </tr> </thead> <tbody> <tr><td>JUL</td><td></td><td></td><td></td><td></td></tr> <tr><td>AUG</td><td></td><td></td><td></td><td></td></tr> <tr><td>SEP</td><td></td><td></td><td></td><td></td></tr> <tr><td>OCT</td><td></td><td></td><td></td><td></td></tr> <tr><td>NOV</td><td></td><td></td><td></td><td></td></tr> <tr><td>DEC</td><td></td><td></td><td></td><td></td></tr> <tr><td>JAN</td><td></td><td></td><td></td><td></td></tr> <tr><td>FEB</td><td></td><td></td><td></td><td></td></tr> <tr><td>MAR</td><td></td><td></td><td></td><td></td></tr> <tr><td>APR</td><td></td><td></td><td></td><td></td></tr> <tr><td>MAY</td><td></td><td></td><td></td><td></td></tr> <tr><td>JUN</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>				Month	# of Paper Roadmaps Dist.	# of Paper Roadmaps Dist. To Community Partners	# of Hits to QR Code/Web-site	# of Access Referrals from Roadmaps	JUL					AUG					SEP					OCT					NOV					DEC					JAN					FEB					MAR					APR					MAY					JUN				
Month	# of Paper Roadmaps Dist.	# of Paper Roadmaps Dist. To Community Partners	# of Hits to QR Code/Web-site	# of Access Referrals from Roadmaps																																																																	
JUL																																																																					
AUG																																																																					
SEP																																																																					
OCT																																																																					
NOV																																																																					
DEC																																																																					
JAN																																																																					
FEB																																																																					
MAR																																																																					
APR																																																																					
MAY																																																																					
JUN																																																																					

I. Diversity and Equity:

- **DM-8:** HOLA Community Information and Education Plans – Outreach re: cultural/linguistic services

Purpose for Monitoring:

DHCS Annual Review Protocols, FY 20-21, Network Adequacy and Availability of Services – Category 1 – Item 1.3.3.

Name of Data Report:

Report 333

Sub-committee/Staff Responsible:

HOLA Coordinator

Previous FY Baseline Averages:

- Outreach Initiatives per Quarter: 6.75
- HOLA calls per quarter: 2.75

FY 21-22 Quarterly Averages:

- Outreach Initiatives per Quarter: ____
- HOLA calls per quarter: ____

Q1:

Month	# of Community Education & Engagement Activities	# of Community Members Present	# of Access calls as a direct result of outreach team
JUL			
AUG			
SEP			
OCT			
NOV			
DEC			
JAN			
FEB			
MAR			
APR			
MAY			
JUN			

II. Wellness and Recovery (Active Goals - AG)

Quality Improvement Goal and Means to Accomplish it	Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation																																																						
<p>II. Wellness and Recovery:</p> <ul style="list-style-type: none"> 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. <p>Purpose for Monitoring: DHCS Annual Review Protocols, FY 20-21, Quality Improvement – Category 3 – Item 3.1.3 and 3.1.5</p> <p>Name of Data Report: Adult and Family Support Group sign-in sheets and Post Group Survey on quarterly basis (point in time data)</p> <p>Sub-committee/Staff Responsible: Community Integration Manager, Recovery Resilience/Peer Liaison, and Family Liaison</p> <p>Annual Goal Met: <input type="checkbox"/> Met: Item # ____ <input type="checkbox"/> Partially Met: Item # ____ <input type="checkbox"/> Not Met: Item # ____</p>	<p>AG-1: Provide Adult and Family Support Groups facilitated by Peer Support Specialists or Family Liaison.</p> <p>Baseline: Data for FY 20-21 Q4 showed 66 peer participants and 47 family members in peer and family groups respectively. Responses to Quality of Life outcome tool were inconsistent to due COVID pandemic and groups being provided online.</p> <p>Goal:</p> <ul style="list-style-type: none"> Increase # of total unique group members who participate quarterly Increase the % of unduplicated participants in WR Peer Support Groups who respond positively to quarterly “Quality of Life Outcome Tool” survey items 	<p>Peer Support Group:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9ead3;"> <th>Quarter</th> <th># of total unique group members who participated</th> <th>% of participants who “have learned tools/ways to support their or their loved one’s behaviors/symptoms”</th> <th>% of participants who feel supported by the group</th> <th>% of participants who would return to the group</th> </tr> </thead> <tbody> <tr><td>Q1</td><td></td><td></td><td></td><td></td></tr> <tr><td>Q2</td><td></td><td></td><td></td><td></td></tr> <tr><td>Q3</td><td></td><td></td><td></td><td></td></tr> <tr><td>Q4</td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>Family Support Group:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9ead3;"> <th>Quarter</th> <th># of total unique group members who participated</th> <th>% of participants who “have learned tools/ways to support their or their loved one’s behaviors/symptoms”</th> <th>% of participants who feel supported by the group</th> <th>% of participants who would return to the group</th> </tr> </thead> <tbody> <tr><td>Q1</td><td></td><td></td><td></td><td></td></tr> <tr><td>Q2</td><td></td><td></td><td></td><td></td></tr> <tr><td>Q3</td><td></td><td></td><td></td><td></td></tr> <tr><td>Q4</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>					Quarter	# of total unique group members who participated	% of participants who “have learned tools/ways to support their or their loved one’s behaviors/symptoms”	% of participants who feel supported by the group	% of participants who would return to the group	Q1					Q2					Q3					Q4					Quarter	# of total unique group members who participated	% of participants who “have learned tools/ways to support their or their loved one’s behaviors/symptoms”	% of participants who feel supported by the group	% of participants who would return to the group	Q1					Q2					Q3					Q4				
Quarter	# of total unique group members who participated	% of participants who “have learned tools/ways to support their or their loved one’s behaviors/symptoms”	% of participants who feel supported by the group	% of participants who would return to the group																																																				
Q1																																																								
Q2																																																								
Q3																																																								
Q4																																																								
Quarter	# of total unique group members who participated	% of participants who “have learned tools/ways to support their or their loved one’s behaviors/symptoms”	% of participants who feel supported by the group	% of participants who would return to the group																																																				
Q1																																																								
Q2																																																								
Q3																																																								
Q4																																																								

III. Beneficiary Satisfaction & Protection (Active Goals - AG)

Quality Improvement Goal and Means to Accomplish it	Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation																												
<p>III. Consumer Perception:</p> <ul style="list-style-type: none"> • AG-1: Quarterly Service Verification Customer Service Survey <p>Purpose of Monitoring:</p> <ul style="list-style-type: none"> • DHCS Annual Review Protocols, 20-21, Quality Improvement – Category 3- Items 3.1.5 and 3.1.7. <p>Name of Data Report:</p> <ul style="list-style-type: none"> • Solano MHP Service Verification/Consumer Perception Surveys <p>Sub-committee/Staff Responsible: Quality Improvement Survey Coordinator</p> <p>Annual Goal Met:</p> <p><input type="checkbox"/> Met: Item # ____</p> <p><input type="checkbox"/> Partially Met: Item # ____</p> <p><input type="checkbox"/> Not Met: Item # ____</p>	<p>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.</p> <p>Baseline: Baselines will be specific to the program’s previous Service Verification/Consumer survey results.</p> <p>Goal: Solano MHP County and Contract programs will each identify an area of Consumer Satisfaction to improve, develop an intervention and goal to address the area of improvement, and demonstrate improvement from baseline to post intervention measure.</p>	<p>Q1:</p> <table border="1" data-bbox="863 326 2051 516"> <thead> <tr> <th data-bbox="863 326 968 380">Program</th> <th data-bbox="974 326 1213 380">Identified Area of Focus</th> <th data-bbox="1220 326 1318 380">Baseline</th> <th data-bbox="1325 326 1885 380">Intervention</th> <th data-bbox="1892 326 2051 380">Post Intervention Change</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>On Hold for FY 21-22.</p>				Program	Identified Area of Focus	Baseline	Intervention	Post Intervention Change																				
Program	Identified Area of Focus	Baseline	Intervention	Post Intervention Change																										

III. Beneficiary Satisfaction & Protection (Data Monitoring - DM)

Quality Improvement Area of Data Monitoring	Results of Evaluation																																																																					
<p>III. Beneficiary Protection:</p> <ul style="list-style-type: none"> • DM-1: Grievance, Appeal and Expedited Appeal <p>Purpose of Monitoring:</p> <ul style="list-style-type: none"> • DHCS Annual Review Protocols, FY 20-21, Quality Improvement – Category 3 - Items 3.1.3 & 3.1.6 & 3.2.2; Beneficiary Rights and Protections – Category - Item 6.1.10. <p>Name of Data Report:</p> <ul style="list-style-type: none"> • ComplyTrack - Problem Resolution Log <p>Sub-committee/Staff Responsible: Problem Resolution Coordinator</p> <p>Previous FY Baseline Averages:</p> <ul style="list-style-type: none"> • Total # of Problem Resolution issues: 23.3 • # of issues requiring a system change: 0 • # of Policies created or amended: 0 <p>FY 21-22 Quarterly Averages:</p> <ul style="list-style-type: none"> • Total # of Problem Resolution issues: • # of issues requiring a system change: • # of System Changes Initiated: • # Referred to Policy Committee: • # of Policies created or amended: 	<p>Q1:</p> <table border="1" data-bbox="590 293 2039 797"> <thead> <tr> <th data-bbox="590 293 787 391">Month Received</th> <th data-bbox="787 293 1289 391">Total # of Problem Resolution issues reported, primarily Grievances and Appeals</th> <th data-bbox="1289 293 1528 391"># of issues Requiring a System Change</th> <th data-bbox="1528 293 1761 391"># Referred to Policy Committee</th> <th data-bbox="1761 293 2039 391"># of Policies created or amended b/c of identified Problem</th> </tr> </thead> <tbody> <tr><td>JUL</td><td></td><td></td><td></td><td></td></tr> <tr><td>AUG</td><td></td><td></td><td></td><td></td></tr> <tr><td>SEP</td><td></td><td></td><td></td><td></td></tr> <tr><td>OCT</td><td></td><td></td><td></td><td></td></tr> <tr><td>NOV</td><td></td><td></td><td></td><td></td></tr> <tr><td>DEC</td><td></td><td></td><td></td><td></td></tr> <tr><td>JAN</td><td></td><td></td><td></td><td></td></tr> <tr><td>FEB</td><td></td><td></td><td></td><td></td></tr> <tr><td>MAR</td><td></td><td></td><td></td><td></td></tr> <tr><td>APR</td><td></td><td></td><td></td><td></td></tr> <tr><td>MAY</td><td></td><td></td><td></td><td></td></tr> <tr><td>JUN</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>					Month Received	Total # of Problem Resolution issues reported, primarily Grievances and Appeals	# of issues Requiring a System Change	# Referred to Policy Committee	# of Policies created or amended b/c of identified Problem	JUL					AUG					SEP					OCT					NOV					DEC					JAN					FEB					MAR					APR					MAY					JUN				
Month Received	Total # of Problem Resolution issues reported, primarily Grievances and Appeals	# of issues Requiring a System Change	# Referred to Policy Committee	# of Policies created or amended b/c of identified Problem																																																																		
JUL																																																																						
AUG																																																																						
SEP																																																																						
OCT																																																																						
NOV																																																																						
DEC																																																																						
JAN																																																																						
FEB																																																																						
MAR																																																																						
APR																																																																						
MAY																																																																						
JUN																																																																						

Quality Improvement Area of Data Monitoring	Results of Evaluation							
<p>III. Beneficiary Protection:</p> <ul style="list-style-type: none"> • DM-2: Tracking and trending of Beneficiary Grievances and Appeals to meet DHCS annual reporting standards <p>Purpose of Monitoring:</p> <ul style="list-style-type: none"> • DHCS Annual Review Protocols FY 20-21, Quality Improvement - Category 3 - Items 3.1.3 & 3.1.6 & 3.2.2; Beneficiary Rights & Protections – Category 6 – Items 6.1.1, 6.1.3, 6.1.4. <p>Name of Data Report:</p> <ul style="list-style-type: none"> • ComplyTrack - Problem Resolution Log <p>Sub-committee/Staff Responsible: Problem Resolution Coordinator</p> <p>Previous FY Baseline Averages:</p> <ul style="list-style-type: none"> • Were all Problem Resolution processes logged and monitored: Yes • Data Trends: More Appeals due to more NOABDs appropriately being delivered. <p>FY 21-22 Quarterly Averages:</p> <ul style="list-style-type: none"> • Were all Problem Resolution processes logged and monitored: • Data Trends: 	Category		Process				Grievance Disposition	
		Grievance	Exempt Grievances	Appeal	Expedited Appeal	Grievances pending as of 6/30	Resolved	Referred
	Appeals from NOABDs							
	ACCESS							
	Quality of Care							
	Change of Provider							
	Confidentiality							
	Other							
	Total:							
	Appeals Resulting from NOABD	Appeal Disposition			Expedited Appeal Disposition			NOABD/NOA
		Appeals pending as of 6/30	Decision Upheld	Decision Overturned	Expedited Appeals Pending as of 6/30	Decision Upheld	Decision Overturned	Total # of NOABD Issued
	Denial Notice (NOA-A)							
	Payment Denial Notice (NOA-C)							
	Delivery System Notice							
Modification Notice								
Termination Notice								
Authorization Delay Notice								
Timely Access Notice (NOA-E)								
Financial Liability Notice								
Grievance and Appeal Timely Resolution Notice								
Total:								

Quality Improvement Area of Data Monitoring	Results of Evaluation					
<p>III. Beneficiary Protection:</p> <ul style="list-style-type: none"> • DM-3: Tracking the compliance of sending the beneficiary an acknowledgement and Disposition letter. <p>Purpose of Monitoring:</p> <ul style="list-style-type: none"> • DHCS Annual Review Protocols FY 20-21, Quality Improvement - Category 3 - Items 3.1.3 & 3.1.6 & 3.2.2; Beneficiary Rights & Protections – Category 6 - Item 6.1.5, 6.1.10, 6.3.2, 6.3.3, 6.4.3 & 6.4.8. <p>Name of Data Report:</p> <ul style="list-style-type: none"> • ComplyTrack - Problem Resolution Log <p>Sub-committee/Staff Responsible: Problem Resolution Coordinator</p> <p>Previous FY Baseline Averages:</p> <ul style="list-style-type: none"> • % of Acknowledgement letters sent within timeframes: 95% • % of Disposition letters sent within timeframes: 100% <p>FY 21-22 Quarterly Averages:</p> <ul style="list-style-type: none"> • % of Acknowledgement letters sent within timeframes: • % of Disposition letters (NGR's and NAR's) sent within timeframes: 	Q1:	Month Rec'd	Total # of Grievances, Appeals and Expedited Appeals Rec'd	% of Acknowledgement letters in compliance	% of Disposition letters in compliance	% of Provides notified of Disposition
	JUL		100%	100%	100%	
	AUG		100%	100%	100%	
	SEP		100%	100%	100%	
	OCT		83%	100%	100%	
	NOV		100%	100%	100%	
	DEC		80%	100%	100%	
	JAN		100%	100%	100%	
	FEB		90%	100%	100%	
	MAR		100%	100%	100%	
	APR		100%	100%	100%	
	MAY		100%	100%	100%	
	JUN		100%	100%	100%	

Quality Improvement Area of Data Monitoring	Results of Evaluation																																																																					
<p>III. Beneficiary Protection:</p> <ul style="list-style-type: none"> • DM-4: Tracking and trending of Internal system improvement needs <p>Purpose of Monitoring: DHCS Annual Review Protocols FY 20-21, Quality Improvement - Category 3 - Items 3.1.3 & 3.1.6 & 3.2.2</p> <p>Frequency of Evaluation: Quarterly</p> <p>Name of Data Report:</p> <ul style="list-style-type: none"> • Problem Resolution Log • QIC Internal System Improvement Report <p>Sub-committee/Staff Responsible: Problem Resolution Coordinator</p> <p>Previous FY Baseline Quarterly Averages: See FY 20-21 for:</p> <ul style="list-style-type: none"> • Total # of Problem Resolution issues: 34.3 • # of issues requiring a system change: 0 • # Referred to Policy Committee: 0 • # Referred for Adverse Outcome Mtg: 8 <p>FY 21-22 Quarterly Averages:</p> <ul style="list-style-type: none"> • Total # of Problem Resolution issues: • # of issues requiring a system change: • # of System Changes Initiated: • # Referred to Policy Committee: • # of Policies created or amended: • # Referred for Adverse Outcome Mtg: 	<p>Q1:</p> <table border="1"> <thead> <tr> <th data-bbox="621 155 785 282">Month</th> <th data-bbox="793 155 1192 282">Total quarterly # of Internally Identified System Needs, including quality of care issues</th> <th data-bbox="1201 155 1444 282"># of System Change Requests</th> <th data-bbox="1453 155 1696 282"># Referred to Policy Committee</th> <th data-bbox="1705 155 2032 282"># of Internally Identified System Needs Resulting in an Adverse Outcome Case Review</th> </tr> </thead> <tbody> <tr><td>JUL</td><td></td><td></td><td></td><td></td></tr> <tr><td>AUG</td><td></td><td></td><td></td><td></td></tr> <tr><td>SEP</td><td></td><td></td><td></td><td></td></tr> <tr><td>OCT</td><td></td><td></td><td></td><td></td></tr> <tr><td>NOV</td><td></td><td></td><td></td><td></td></tr> <tr><td>DEC</td><td></td><td></td><td></td><td></td></tr> <tr><td>JAN</td><td></td><td></td><td></td><td></td></tr> <tr><td>FEB</td><td></td><td></td><td></td><td></td></tr> <tr><td>MAR</td><td></td><td></td><td></td><td></td></tr> <tr><td>APR</td><td></td><td></td><td></td><td></td></tr> <tr><td>MAY</td><td></td><td></td><td></td><td></td></tr> <tr><td>JUN</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>					Month	Total quarterly # of Internally Identified System Needs, including quality of care issues	# of System Change Requests	# Referred to Policy Committee	# of Internally Identified System Needs Resulting in an Adverse Outcome Case Review	JUL					AUG					SEP					OCT					NOV					DEC					JAN					FEB					MAR					APR					MAY					JUN				
Month	Total quarterly # of Internally Identified System Needs, including quality of care issues	# of System Change Requests	# Referred to Policy Committee	# of Internally Identified System Needs Resulting in an Adverse Outcome Case Review																																																																		
JUL																																																																						
AUG																																																																						
SEP																																																																						
OCT																																																																						
NOV																																																																						
DEC																																																																						
JAN																																																																						
FEB																																																																						
MAR																																																																						
APR																																																																						
MAY																																																																						
JUN																																																																						

IV. Beneficiary Outcomes and System Utilization (Active Goals - AG)

Goal Purpose and Monitoring	Goal/Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation																																																																						
<p>IV. Outcomes & Utilization:</p> <p>AG-1: Expand Full Service Partnership to achieve goals that center on best practices around enrollment, discharge, interventions, utilization and outcomes. Guiding EBP for adults is the ACT model; for TAY, it is the TIP model.</p> <p>Authority: DHCS Annual Review Protocols, FY 20-21, Quality Improvement - Category - Items 3.1.3 & 3.1.4.</p> <p>Name of Data Report: MHSA data form, TMACT fidelity document for adult programs.</p> <p>Sub-committee/Staff Responsible: Adult Specialty Services Manager and Children’s FSP Manager</p> <p>Annual Goal Items Met: <input type="checkbox"/> Met: Item # ____ <input type="checkbox"/> Partially Met: Item # ____ <input type="checkbox"/> Not Met: Item # ____</p>	<p>AG-1: Full Service Partnerships are intended to do “whatever it takes” in terms of service provision to stabilize vulnerable, high risk clients, and to keep them from falling into highly restrictive, high cost services such as inpatient hospitalization, incarceration, etc. Due to difficulty recovering data from the statewide ITWS DCR system to measure success Solano MHP will explore the feasibility of having all FSP programs being able to use Avatar E.H.R to enter data that will link or upload to the DCR system</p> <p>Baseline: See FY 20-21 Q4 showed the following:</p> <ul style="list-style-type: none"> • % of FSP Program clients (including TAY population) were hospitalized: 2% • % were hospitalized 2 or more times: 1% • % of FSP Program clients who were homeless: 1% <p>Goal: Solano MHP will:</p> <ol style="list-style-type: none"> 1. Decrease percentage of FSP clients in inpatient hospitalizations to less than 5% 2. Decrease the percentage of FSP clients hospitalized 2 or more times to less than 3% 3. Decrease total FSP clients incarcerated to less than 5% 4. Reduce % of FSP clients without stable housing to less than 2% 5. Increase capacity to serve clients with co-occurring MH/SUD; track # clients with dual diagnosis 	<p>Q1:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #d9ead3;"> <th>FSP Programs this Quarter</th> <th># of Clients Served</th> <th># of Clients w/ Co-occurring Dx</th> <th>Total % of clients hosp. 1x</th> <th>% of clients hosp. > 1x</th> <th>Total % inc. 1x</th> <th>% of clients exp. 1x inc. of homelessness</th> <th>% Loss of Placement</th> </tr> </thead> <tbody> <tr> <td>Adult ACT Team FSP</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Caminar Adult FSP</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Caminar HOME FSP</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Seneca Tay</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>FCTU Youth FSP</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fairfield Youth FSP</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr style="background-color: #d9ead3;"> <td>Totals</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Q2:</p> <p>Q3:</p> <p>Q4:</p>							FSP Programs this Quarter	# of Clients Served	# of Clients w/ Co-occurring Dx	Total % of clients hosp. 1x	% of clients hosp. > 1x	Total % inc. 1x	% of clients exp. 1x inc. of homelessness	% Loss of Placement	Adult ACT Team FSP								Caminar Adult FSP								Caminar HOME FSP								Seneca Tay								FCTU Youth FSP								Fairfield Youth FSP								Totals							
FSP Programs this Quarter	# of Clients Served	# of Clients w/ Co-occurring Dx	Total % of clients hosp. 1x	% of clients hosp. > 1x	Total % inc. 1x	% of clients exp. 1x inc. of homelessness	% Loss of Placement																																																																	
Adult ACT Team FSP																																																																								
Caminar Adult FSP																																																																								
Caminar HOME FSP																																																																								
Seneca Tay																																																																								
FCTU Youth FSP																																																																								
Fairfield Youth FSP																																																																								
Totals																																																																								

Goal Purpose and Monitoring	Goal/Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation																																																																																								
<p>IV. Outcomes & Utilization:</p> <ul style="list-style-type: none"> • AG-2: ADULT: Adult Inpatient Hospitalizations <p>Purpose of Monitoring: DHCS Annual Review Protocols, FY 20-21, Quality Improvement - Category - Items 3.1.3 & 3.1.4.</p> <p>Name of Data Report: Quality and Utilization Review of CSU services</p> <p>Sub-committee/Staff Responsible: Acute Care Manager</p> <p>Annual Goal Items Met:</p> <p><input type="checkbox"/> Met: Item # 1 & 2</p> <p><input type="checkbox"/> Partially Met: Item # ____</p> <p><input type="checkbox"/> Not Met: Item # ____</p>	<p>AG-2: The Hospital Liaison team and the Utilization Management Committee is charged with monitoring the effectiveness of the MHP’s infrastructure to reduce inpatient stays and recidivism.</p> <p>Baseline: FY 20-21 Averages</p> <p>Goal: Maintain or improve the following hospital-related measures (based on Solano Adult Medi-Cal clients, excludes 0-17 y.o., private insurance, Kaiser Medi-Cal, or other county insurance):</p> <ul style="list-style-type: none"> • Measurement #1: Maintain a quarterly average of less than 190 total hospitalizations. Baseline: Quarterly average of 191 average Adult inpatient hospitalizations in FY 20-21 • Measurement #2 Maintain a baseline average of 12% or less of clients re-hospitalized within 30 days of discharge from inpatient hospitalization. Baseline: Quarterly average of 12% readmission rate in FY 20-21 	<p>Q1:</p> <table border="1" data-bbox="940 245 2047 480"> <thead> <tr> <th>Month</th> <th>Total # of Adult Inpatient Hospitalizations</th> <th>Total # of Adult Discharges</th> <th colspan="2">Total # of Adult Rehospitalizations within 30 days of discharge & % of total of discharges</th> </tr> </thead> <tbody> <tr> <td>Jul</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Aug</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sep</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TOTALS:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Q2:</p> <table border="1" data-bbox="940 513 2047 651"> <tbody> <tr> <td>Oct</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Nov</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dec</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TOTALS:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Q3:</p> <table border="1" data-bbox="940 683 2047 821"> <tbody> <tr> <td>Jan</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Feb</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Mar</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TOTALS:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Q4:</p> <table border="1" data-bbox="940 854 2047 992"> <tbody> <tr> <td>Apr</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>May</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Jun</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TOTALS:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Month	Total # of Adult Inpatient Hospitalizations	Total # of Adult Discharges	Total # of Adult Rehospitalizations within 30 days of discharge & % of total of discharges		Jul					Aug					Sep					TOTALS:					Oct					Nov					Dec					TOTALS:					Jan					Feb					Mar					TOTALS:					Apr					May					Jun					TOTALS:				
Month	Total # of Adult Inpatient Hospitalizations	Total # of Adult Discharges	Total # of Adult Rehospitalizations within 30 days of discharge & % of total of discharges																																																																																							
Jul																																																																																										
Aug																																																																																										
Sep																																																																																										
TOTALS:																																																																																										
Oct																																																																																										
Nov																																																																																										
Dec																																																																																										
TOTALS:																																																																																										
Jan																																																																																										
Feb																																																																																										
Mar																																																																																										
TOTALS:																																																																																										
Apr																																																																																										
May																																																																																										
Jun																																																																																										
TOTALS:																																																																																										

Goal Purpose and Monitoring	Goal/Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation																																																																																								
<p>IV. Outcomes & Utilization:</p> <ul style="list-style-type: none"> • AG-3: CHILD: Adult Inpatient Hospitalizations <p>Purpose of Monitoring: DHCS Annual Review Protocols, FY 20-21, Quality Improvement - Category - Items 3.1.3 & 3.1.4.</p> <p>Name of Data Report: Quality and Utilization Review of CSU services</p> <p>Sub-committee/Staff Responsible: Acute Care Manager, Children’s Manager</p> <p>Annual Goal Items Met: <input type="checkbox"/> Met: Item # 2 <input type="checkbox"/> Partially Met: Item # 1 <input type="checkbox"/> Not Met: Item # ___</p>	<p>AG-3: The Utilization Management Committee is charged with monitoring the effectiveness of the MHP’s infrastructure to reduce inpatient stays and recidivism.</p> <p>Baseline: FY 20-21 Averages</p> <p>Goal: Monitor data on hospitalization and re-hospitalization rates for Solano County Child clients age 0-17 (excluding private insurance, Kaiser Medi-Cal, and other county Medi-Cal clients):</p> <ul style="list-style-type: none"> • Measurement #1: Maintain a quarterly average of less than 30 total hospitalizations. Baseline: 34.5 Child inpatient hospitalizations in FY 20-21 • Measurement #2: Improve quarterly average to 10% or less clients re-hospitalized within 30 days of discharge from inpatient hospitalization. Baseline: 9% average readmission rate in FY 20-21 	<p>Q1:</p> <table border="1" data-bbox="932 191 2037 425"> <thead> <tr> <th>Month</th> <th>Total # of Child Inpatient Hospitalizations</th> <th>Total # of Child Discharges</th> <th colspan="2">Total # of Child Rehospitalizations within 30 days of discharge & % of total of discharges</th> </tr> </thead> <tbody> <tr><td>Jul</td><td></td><td></td><td></td><td></td></tr> <tr><td>Aug</td><td></td><td></td><td></td><td></td></tr> <tr><td>Sep</td><td></td><td></td><td></td><td></td></tr> <tr><td>TOTALS:</td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>Q2:</p> <table border="1" data-bbox="932 457 2037 594"> <tbody> <tr><td>Oct</td><td></td><td></td><td></td><td></td></tr> <tr><td>Nov</td><td></td><td></td><td></td><td></td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td></td></tr> <tr><td>TOTALS:</td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>Q3:</p> <table border="1" data-bbox="932 626 2037 763"> <tbody> <tr><td>Jan</td><td></td><td></td><td></td><td></td></tr> <tr><td>Feb</td><td></td><td></td><td></td><td></td></tr> <tr><td>Mar</td><td></td><td></td><td></td><td></td></tr> <tr><td>TOTALS:</td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>Q4:</p> <table border="1" data-bbox="932 795 2037 932"> <tbody> <tr><td>Apr</td><td></td><td></td><td></td><td></td></tr> <tr><td>May</td><td></td><td></td><td></td><td></td></tr> <tr><td>June</td><td></td><td></td><td></td><td></td></tr> <tr><td>TOTALS:</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>				Month	Total # of Child Inpatient Hospitalizations	Total # of Child Discharges	Total # of Child Rehospitalizations within 30 days of discharge & % of total of discharges		Jul					Aug					Sep					TOTALS:					Oct					Nov					Dec					TOTALS:					Jan					Feb					Mar					TOTALS:					Apr					May					June					TOTALS:				
Month	Total # of Child Inpatient Hospitalizations	Total # of Child Discharges	Total # of Child Rehospitalizations within 30 days of discharge & % of total of discharges																																																																																							
Jul																																																																																										
Aug																																																																																										
Sep																																																																																										
TOTALS:																																																																																										
Oct																																																																																										
Nov																																																																																										
Dec																																																																																										
TOTALS:																																																																																										
Jan																																																																																										
Feb																																																																																										
Mar																																																																																										
TOTALS:																																																																																										
Apr																																																																																										
May																																																																																										
June																																																																																										
TOTALS:																																																																																										

Goal Purpose and Monitoring	Goal/Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation																										
<p>IV. Outcomes & Utilization:</p> <ul style="list-style-type: none"> • AG-6: Expand our system of care to become Co-Occurring Capable to serve and improve outcomes for individuals with multiple complex conditions such as serious Mental illness and substance use disorders. <p>Purpose of Monitoring: DHCS Annual Review Protocols, FY 20-21, Quality Improvement - Category - Items 3.1.9 & 3.2.3 & 3.2.4 & 3.5.1.</p> <p>Name of Data Report: Avatar KPI Co-occurring Data, Avatar Treatment Plan Report (still to be created)</p> <p>Sub-committee/Staff Responsible:</p> <ul style="list-style-type: none"> • Quality Improvement <p>Annual Goal Met:</p> <p><input type="checkbox"/> Met: Item # ____</p> <p><input type="checkbox"/> Partially Met: Item # 1-3</p> <p><input type="checkbox"/> Not Met: Item # ____</p>	<p>AG-6: Persons with co-occurring mental health and co-occurring substance use challenges need cross-trained staff to support their recovery, as well as systems and policies that support integrated services, billing and documentation.</p> <p>Baseline: FY 20-21:</p> <ul style="list-style-type: none"> • Total # of Clients experiencing Co-Occurring Challenges: 1032 <p>Goal: Co-Occurring System goals include:</p> <ol style="list-style-type: none"> 1. Track the # of clients with co-occurring engaged in and receiving treatment 2. Increase # of staff cross-trained within the mental health and substance use teams 3. Develop mechanisms to support integrated documentation of treatment, billing, ROIs, engagement through access, and follow through with outpatient providers as needed. 	<p>Q1:</p> <p>Q2:</p> <table border="1" data-bbox="947 261 2053 565"> <thead> <tr> <th>County Program</th> <th>Total # Clients experiencing co-occurring challenges</th> <th>Total # of Clients with integrated treatment plans</th> </tr> </thead> <tbody> <tr> <td>Fairfield ICC</td> <td></td> <td></td> </tr> <tr> <td>Vallejo ICC</td> <td></td> <td></td> </tr> <tr> <td>Vacaville ICC</td> <td></td> <td></td> </tr> <tr> <td>Caminar FSP</td> <td></td> <td></td> </tr> <tr> <td>ACT Team</td> <td></td> <td></td> </tr> <tr> <td>FTT</td> <td></td> <td></td> </tr> <tr> <td>TOTAL:</td> <td></td> <td></td> </tr> </tbody> </table> <p>Q3:</p> <p>Q4:</p>			County Program	Total # Clients experiencing co-occurring challenges	Total # of Clients with integrated treatment plans	Fairfield ICC			Vallejo ICC			Vacaville ICC			Caminar FSP			ACT Team			FTT			TOTAL:		
County Program	Total # Clients experiencing co-occurring challenges	Total # of Clients with integrated treatment plans																										
Fairfield ICC																												
Vallejo ICC																												
Vacaville ICC																												
Caminar FSP																												
ACT Team																												
FTT																												
TOTAL:																												

IV. Beneficiary Outcomes and System Utilization (Data Monitoring - DM)

Quality Improvement Area of Data Monitoring	Results of Evaluation																												
<p>IV. Outcomes & Utilization:</p> <ul style="list-style-type: none"> DM-1: Youth Medication Monitoring <p>Purpose of Monitoring: DHCS Annual Review Protocols, FY 20-21, Quality Improvement – Category 3 – Item 3.1.8.</p> <p>Name of Data Report: Avatar Report # 339C</p> <p>Sub-committee/Staff Responsible: Clinical Quality Review Committee, Medical Director or Designee</p> <p>Previous FY Baseline Averages (Q4):</p> <ul style="list-style-type: none"> FY 20-21 # of Youth on 1 or more Anti-psychotic medications: 27 FY 20-21 # of Youth Age 12-17 on 4 or more Psychotropic medications: 5 FY 20-21 # of Youth Age 6-11 on 3 or more Psychotropic medications: 4 FY 20-21 # of Youth Age 0-5 on 2 or more Psychotropic medications: 0 FY 20-21 # of Youth on 2 or more Anti-psychotic Medications: 0 <p>FY 20-21 Quarterly Averages:</p>	<p>Q1:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 20px;"> <thead> <tr style="background-color: #d9ead3;"> <th style="width: 15%;"></th> <th style="width: 20%;"># of Youth on 1 or more Psychotropic Medication:</th> <th style="width: 20%;"># of Youth Age 12-17 years on more than 3 Psychotropic Medications:</th> <th style="width: 20%;"># of Youth Age 6-11 years on more than 2 Psychotropic Medications:</th> <th style="width: 20%;"># of Youth Age 0-5 years on more than 1 Psychotropic Medications:</th> <th style="width: 25%;"># of Youth on 2 or more Antipsychotic Medications:</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Foster Youth</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Non-Foster Youth</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Total</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Q2:</p> <p>Q3:</p> <p>Q4:</p>						# of Youth on 1 or more Psychotropic Medication:	# of Youth Age 12-17 years on more than 3 Psychotropic Medications:	# of Youth Age 6-11 years on more than 2 Psychotropic Medications:	# of Youth Age 0-5 years on more than 1 Psychotropic Medications:	# of Youth on 2 or more Antipsychotic Medications:	Foster Youth						Non-Foster Youth						Total					
	# of Youth on 1 or more Psychotropic Medication:	# of Youth Age 12-17 years on more than 3 Psychotropic Medications:	# of Youth Age 6-11 years on more than 2 Psychotropic Medications:	# of Youth Age 0-5 years on more than 1 Psychotropic Medications:	# of Youth on 2 or more Antipsychotic Medications:																								
Foster Youth																													
Non-Foster Youth																													
Total																													

Quality Improvement Area of Data Monitoring	Results of Evaluation				
<p>IV. Outcomes & Utilization:</p> <ul style="list-style-type: none"> • DM-2: Regional Utilization and Service Penetration by cultural group <p>Purpose of Monitoring: Not in current Protocols</p> <p>Name of Data Report:</p> <ul style="list-style-type: none"> • Avatar Report # 347 <p>Sub-committee/Staff Responsible:</p> <ul style="list-style-type: none"> • Utilization Management Committee membership or QI Manager <p>Previous FY Baseline Averages:</p> <ul style="list-style-type: none"> • FY 20-21 African American Quarterly Average Served: 920 • FY 20-21 Hispanic/Latino Quarterly Average Served: 592 • FY 20-21 Filipino Quarterly Average Served: 147 • FY 20-21 LGBT Quarterly Average Served: 379 <p>FY 21-22 Quarterly Averages:</p>	Q1:				
	Region	Black/AA Clients	Hispanic/ Latino Clients	Filipino Clients	LGBTQ Clients
	North County				
	Central County				
	South County				
	Out of County				
	Unknown				
	Quarter Total:				
	Previous Quarter:				
	FY 20-21 Q Ave (Baseline)				
	Q2:				
	Region	Black/AA Clients	Hispanic/ Latino Clients	Filipino Clients	LGBTQ Clients
	North County				
	Central County				
	South County				
	Out of County				
	Unknown				
	Quarter Total:				
	Previous Quarter:				
	FY 20-21 Q Ave (Baseline)				
	Q3:				
	Region	Black/AA Clients	Hispanic/ Latino Clients	Filipino Clients	LGBTQ Clients
	North County				
	Central County				
	South County				
	Out of County				
	Unknown				
	Quarter Total:				
Previous Quarter:					
FY 20-21 Q Ave (Baseline)					
Q4:					
Region	Black/AA Clients	Hispanic/ Latino Clients	Filipino Clients	LGBTQ Clients	
North County					
Central County					
South County					
Out of County					

Quality Improvement Area of Data Monitoring	Results of Evaluation				
	Unknown				
	Quarter Total:				
	Previous Quarter:				
	FY 20-21 Q Ave (Baseline)				

Quality Improvement Area of Data Monitoring	Results of Evaluation
<p>IV. Outcomes & Utilization:</p> <ul style="list-style-type: none"> • DM-3: Homeless Outreach Services (HOS) to SMI populations: Provide outreach, engagement, and support to homeless mentally ill adults toward acquiring benefits, resources, and services they need. <p>Purpose of Monitoring: DHCS Annual Review Protocols, FY 20-21, Network Adequacy and Availability of Resources – Category 1 – Item 1.3.3.</p> <p>Name of Data Report: ARCH/MHSA Data; Homeless Outreach data</p> <p>Sub-committee/Staff Responsible: ARCH/Homeless Outreach Staff, Community Integration manager-housing/homeless team</p> <p>Previous FY Baseline Averages:</p> <ul style="list-style-type: none"> • FY 20-21 <p>FY 20-21 Quarterly Averages:</p>	

V. Service Access and Timeliness (Active Goals - AG)

Quality Improvement Goal and Means to Accomplish it	Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation																																																							
<p>V. Access & Timeliness:</p> <ul style="list-style-type: none"> • AG-1: CHILD: Service Request to First Offered Assessment Appointment <p>Purpose of Monitoring: DHCS Annual Review Protocols, FY 20-21, Network Adequacy and Availability of Services – Category 1 - Item 1.1.4 & 1.1.6</p> <p>Name of Data Report: Avatar Assessment Timeliness Report #422</p> <p>Sub-committee/Staff Responsible: Access Supervisor</p> <p>Annual Goal Items Met: <input type="checkbox"/> Met: <input type="checkbox"/> Partially Met: <input type="checkbox"/> Not Met: Item # ____</p>	<p>AG-1: Solano MHP has made significant progress since FY 2015-16 to improve timeliness from point of access to the date of first-offered assessment appointment.</p> <p>Baseline: See FY 20-21 average timeliness for Children’s services</p> <p>Goal:</p> <ol style="list-style-type: none"> For Routine requests for service, County Children’s programs will: <ol style="list-style-type: none"> Maintain goal of 80% resulting in an offered assessment within 10 business days (FY 20-21 baseline: 89.8%) Maintain goal of an average of 10 business days or less from service request to actual assessment (FY 20-21 baseline: 9.4) Achieve goal of an average of 10 business days or less from Assessment Completion date to tx service initiation (See FY 20-21 baseline for time from service request to tx service initiation) For Urgent requests for service, County Children’s programs will: <ol style="list-style-type: none"> Achieve goal of 80% resulting in an offered assessment within 48 hours (FY 20-21 baseline: 100%) Achieve goal of an average of 48 hours or less from service request to actual assessment (FY 20-21 baseline: 4.7 days) 	<p>Q1:</p> <table border="1" data-bbox="947 289 2053 521"> <thead> <tr> <th>Request Type</th> <th>Service Request to Offered Ax Appt (% w/in 10 bus days for Routine & 48 hrs for Urgent)</th> <th>Average # of Business Days from Service Request to Actual Ax Appt</th> <th>Average # of Business Days from Assessment Completion Date to First Tx Service</th> </tr> </thead> <tbody> <tr> <td>Routine</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Urgent</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Q2:</p> <table border="1" data-bbox="947 586 2053 688"> <tbody> <tr> <td>Routine</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Urgent</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Q3:</p> <table border="1" data-bbox="947 753 2053 855"> <tbody> <tr> <td>Routine</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Urgent</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Q4:</p> <table border="1" data-bbox="947 920 2053 1023"> <tbody> <tr> <td>Routine</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Urgent</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Request Type	Service Request to Offered Ax Appt (% w/in 10 bus days for Routine & 48 hrs for Urgent)	Average # of Business Days from Service Request to Actual Ax Appt	Average # of Business Days from Assessment Completion Date to First Tx Service	Routine				Urgent				Total:				Routine				Urgent				Total:				Routine				Urgent				Total:				Routine				Urgent				Total:			
Request Type	Service Request to Offered Ax Appt (% w/in 10 bus days for Routine & 48 hrs for Urgent)	Average # of Business Days from Service Request to Actual Ax Appt	Average # of Business Days from Assessment Completion Date to First Tx Service																																																						
Routine																																																									
Urgent																																																									
Total:																																																									
Routine																																																									
Urgent																																																									
Total:																																																									
Routine																																																									
Urgent																																																									
Total:																																																									
Routine																																																									
Urgent																																																									
Total:																																																									

Quality Improvement Goal and Means to Accomplish it	Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation																																																							
<p>V. Access & Timeliness:</p> <ul style="list-style-type: none"> • AG-2: Vallejo OP and Vacaville OP Adult Services: Service Request to First Offered Assessment Appointment <p>Purpose of Monitoring: DHCS Annual Review Protocols, FY 20-21, Network Adequacy and Availability of Services – Category 1 - Item 1.1.4 & 1.1.6</p> <p>Name of Data Report: Avatar Assessment Timeliness Report #422</p> <p>Sub-committee/Staff Responsible: Access Supervisor</p> <p>Annual Goal Items Met: <input type="checkbox"/> Met: <input type="checkbox"/> Partially Met: <input type="checkbox"/> Not Met: Item # ____</p>	<p>AG-2: Solano MHP made significant progress over the past few years to improve timeliness from point of access to the date of first-offered assessment appointment. Baseline: See FY 20-21 average timeliness for Adult services Goal:</p> <ol style="list-style-type: none"> 1. For Routine requests for service, VV, FF and VJO County Adult programs will: <ol style="list-style-type: none"> a. Achieve goal of 90% resulting in an offered assessment within 10 business days (FY 20-21 baseline for all Adults: 83.7%) b. Achieve goal of an average of 10 business days or less from service request to actual assessment (FY 20-21 baseline for all adults: 8.6 days) c. Achieve goal of an average of 15 business days or less from Assessment Completion date to Psychiatry tx service initiation (See FY 20-21 baseline for time from service request to tx service initiation) 2. For Urgent requests for service, County Adult programs will: <ol style="list-style-type: none"> a. Maintain goal of 95% resulting in an offered assessment within 48 hours (FY 20-21 baseline for all adults: 98.3%) b. Achieve goal of an average of 48 hours or less from service request to actual assessment (FY 20-21 baseline for all adults: 2.9 days) 	<p>Q1:</p> <table border="1" data-bbox="947 188 2053 423"> <thead> <tr> <th data-bbox="947 188 1077 318">Request Type</th> <th data-bbox="1077 188 1362 318">Service Request to Offered Ax Appt (% w/in 10 bus days for Routine & 48 hrs for Urgent)</th> <th data-bbox="1362 188 1719 318">Average # of Business Days from Service Request to Actual Ax Appt</th> <th data-bbox="1719 188 2053 318">Average # of Business Days from Assessment Completion Date to First Tx Service</th> </tr> </thead> <tbody> <tr> <td data-bbox="947 318 1077 354">Routine</td> <td data-bbox="1077 318 1362 354"></td> <td data-bbox="1362 318 1719 354"></td> <td data-bbox="1719 318 2053 354"></td> </tr> <tr> <td data-bbox="947 354 1077 389">Urgent</td> <td data-bbox="1077 354 1362 389"></td> <td data-bbox="1362 354 1719 389"></td> <td data-bbox="1719 354 2053 389"></td> </tr> <tr> <td data-bbox="947 389 1077 423">Total:</td> <td data-bbox="1077 389 1362 423"></td> <td data-bbox="1362 389 1719 423"></td> <td data-bbox="1719 389 2053 423"></td> </tr> </tbody> </table> <p>Q2:</p> <table border="1" data-bbox="947 488 2053 589"> <tbody> <tr> <td data-bbox="947 488 1077 524">Routine</td> <td data-bbox="1077 488 1362 524"></td> <td data-bbox="1362 488 1719 524"></td> <td data-bbox="1719 488 2053 524"></td> </tr> <tr> <td data-bbox="947 524 1077 560">Urgent</td> <td data-bbox="1077 524 1362 560"></td> <td data-bbox="1362 524 1719 560"></td> <td data-bbox="1719 524 2053 560"></td> </tr> <tr> <td data-bbox="947 560 1077 589">Total:</td> <td data-bbox="1077 560 1362 589"></td> <td data-bbox="1362 560 1719 589"></td> <td data-bbox="1719 560 2053 589"></td> </tr> </tbody> </table> <p>Q3:</p> <table border="1" data-bbox="947 686 2053 787"> <tbody> <tr> <td data-bbox="947 686 1077 722">Routine</td> <td data-bbox="1077 686 1362 722"></td> <td data-bbox="1362 686 1719 722"></td> <td data-bbox="1719 686 2053 722"></td> </tr> <tr> <td data-bbox="947 722 1077 758">Urgent</td> <td data-bbox="1077 722 1362 758"></td> <td data-bbox="1362 722 1719 758"></td> <td data-bbox="1719 722 2053 758"></td> </tr> <tr> <td data-bbox="947 758 1077 787">Total:</td> <td data-bbox="1077 758 1362 787"></td> <td data-bbox="1362 758 1719 787"></td> <td data-bbox="1719 758 2053 787"></td> </tr> </tbody> </table> <p>Q4:</p> <table border="1" data-bbox="947 885 2053 985"> <tbody> <tr> <td data-bbox="947 885 1077 920">Routine</td> <td data-bbox="1077 885 1362 920"></td> <td data-bbox="1362 885 1719 920"></td> <td data-bbox="1719 885 2053 920"></td> </tr> <tr> <td data-bbox="947 920 1077 956">Urgent</td> <td data-bbox="1077 920 1362 956"></td> <td data-bbox="1362 920 1719 956"></td> <td data-bbox="1719 920 2053 956"></td> </tr> <tr> <td data-bbox="947 956 1077 985">Total:</td> <td data-bbox="1077 956 1362 985"></td> <td data-bbox="1362 956 1719 985"></td> <td data-bbox="1719 956 2053 985"></td> </tr> </tbody> </table>				Request Type	Service Request to Offered Ax Appt (% w/in 10 bus days for Routine & 48 hrs for Urgent)	Average # of Business Days from Service Request to Actual Ax Appt	Average # of Business Days from Assessment Completion Date to First Tx Service	Routine				Urgent				Total:				Routine				Urgent				Total:				Routine				Urgent				Total:				Routine				Urgent				Total:			
Request Type	Service Request to Offered Ax Appt (% w/in 10 bus days for Routine & 48 hrs for Urgent)	Average # of Business Days from Service Request to Actual Ax Appt	Average # of Business Days from Assessment Completion Date to First Tx Service																																																						
Routine																																																									
Urgent																																																									
Total:																																																									
Routine																																																									
Urgent																																																									
Total:																																																									
Routine																																																									
Urgent																																																									
Total:																																																									
Routine																																																									
Urgent																																																									
Total:																																																									

Quality Improvement Goal and Means to Accomplish it	Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation																																																																																																																																																								
<p>V. Access & Timeliness:</p> <ul style="list-style-type: none"> AG-3: CHILDREN's SERVICES Retention: Service Request to First Offered Assessment Appointment <p>Purpose of Monitoring: DHCS Annual Review Protocols, FY 20-21, Network Adequacy and Availability of Services – Category 1 – Item 1.1.1.</p> <p>Name of Data Report: Avatar Timeliness Report # 422</p> <p>Sub-committee/Staff Responsible: Access Supervisor</p> <p>Annual Goal Items Met: <input type="checkbox"/> Met: Item # ____ <input type="checkbox"/> Partially Met: ____ <input type="checkbox"/> Not Met: Item # ____</p>	<p>AG-3: Maintain or improve the following engagement & attrition measures for Children: Baseline: See FY 20-21 average engagement & attrition for Children's services Goal:</p> <ol style="list-style-type: none"> For Routine requests for service, County Children's programs will: <ol style="list-style-type: none"> Maintain goal of 80% resulting in an Assessment (FY 20-21 baseline: 78.8%) Achieve goal of 55% resulting in initiation of treatment (FY 20-21 baseline: 45.5%) For Urgent requests for service, County Children's programs will: <ol style="list-style-type: none"> Maintain goal of 90% resulting in an assessment (FY 20-21 baseline: 85.7%) Achieve goal of 70% resulting in initiation of treatment (FY 20-21 baseline: 57.1%) 	<p>Q1:</p> <table border="1" data-bbox="947 188 2043 428"> <thead> <tr> <th>Request Type</th> <th># of Service Requests</th> <th>% did not accept Ax offer dates</th> <th>% did not show for Ax</th> <th>% show to Ax, but did not complete Ax</th> <th>% received Ax</th> <th>% declined Tx</th> <th>% did not meet medical necessity</th> <th>% Re-ceived Tx</th> </tr> </thead> <tbody> <tr> <td>Routine</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Urgent</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Q2:</p> <table border="1" data-bbox="947 493 2043 734"> <thead> <tr> <th>Request Type</th> <th># of Service Requests</th> <th>% did not accept Ax offer dates</th> <th>% did not show for Ax</th> <th>% show to Ax, but did not complete Ax</th> <th>% received Ax</th> <th>% declined Tx</th> <th>% did not meet medical necessity</th> <th>% Re-ceived Tx</th> </tr> </thead> <tbody> <tr> <td>Routine</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Urgent</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Q3:</p> <table border="1" data-bbox="947 799 2043 1039"> <thead> <tr> <th>Request Type</th> <th># of Service Requests</th> <th>% did not accept Ax offer dates</th> <th>% did not show for Ax</th> <th>% show to Ax, but did not complete Ax</th> <th>% received Ax</th> <th>% declined Tx</th> <th>% did not meet medical necessity</th> <th>% Re-ceived Tx</th> </tr> </thead> <tbody> <tr> <td>Routine</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Urgent</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Q4:</p> <table border="1" data-bbox="947 1104 2043 1344"> <thead> <tr> <th>Request Type</th> <th># of Service Requests</th> <th>% did not accept Ax offer dates</th> <th>% did not show for Ax</th> <th>% show to Ax, but did not complete Ax</th> <th>% received Ax</th> <th>% declined Tx</th> <th>% did not meet medical necessity</th> <th>% Re-ceived Tx</th> </tr> </thead> <tbody> <tr> <td>Routine</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Urgent</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>									Request Type	# of Service Requests	% did not accept Ax offer dates	% did not show for Ax	% show to Ax, but did not complete Ax	% received Ax	% declined Tx	% did not meet medical necessity	% Re-ceived Tx	Routine									Urgent									Total:									Request Type	# of Service Requests	% did not accept Ax offer dates	% did not show for Ax	% show to Ax, but did not complete Ax	% received Ax	% declined Tx	% did not meet medical necessity	% Re-ceived Tx	Routine									Urgent									Total:									Request Type	# of Service Requests	% did not accept Ax offer dates	% did not show for Ax	% show to Ax, but did not complete Ax	% received Ax	% declined Tx	% did not meet medical necessity	% Re-ceived Tx	Routine									Urgent									Total:									Request Type	# of Service Requests	% did not accept Ax offer dates	% did not show for Ax	% show to Ax, but did not complete Ax	% received Ax	% declined Tx	% did not meet medical necessity	% Re-ceived Tx	Routine									Urgent									Total:								
Request Type	# of Service Requests	% did not accept Ax offer dates	% did not show for Ax	% show to Ax, but did not complete Ax	% received Ax	% declined Tx	% did not meet medical necessity	% Re-ceived Tx																																																																																																																																																		
Routine																																																																																																																																																										
Urgent																																																																																																																																																										
Total:																																																																																																																																																										
Request Type	# of Service Requests	% did not accept Ax offer dates	% did not show for Ax	% show to Ax, but did not complete Ax	% received Ax	% declined Tx	% did not meet medical necessity	% Re-ceived Tx																																																																																																																																																		
Routine																																																																																																																																																										
Urgent																																																																																																																																																										
Total:																																																																																																																																																										
Request Type	# of Service Requests	% did not accept Ax offer dates	% did not show for Ax	% show to Ax, but did not complete Ax	% received Ax	% declined Tx	% did not meet medical necessity	% Re-ceived Tx																																																																																																																																																		
Routine																																																																																																																																																										
Urgent																																																																																																																																																										
Total:																																																																																																																																																										
Request Type	# of Service Requests	% did not accept Ax offer dates	% did not show for Ax	% show to Ax, but did not complete Ax	% received Ax	% declined Tx	% did not meet medical necessity	% Re-ceived Tx																																																																																																																																																		
Routine																																																																																																																																																										
Urgent																																																																																																																																																										
Total:																																																																																																																																																										

Quality Improvement Goal and Means to Accomplish it	Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation																																																																																																																																																								
<p>V. Access & Timeliness:</p> <ul style="list-style-type: none"> • AG-4: ADULT SERVICES Retention: Service Request to First Offered Assessment Appointment <p>Purpose of Monitoring: DHCS Annual Review Protocols, FY 20-21, Network Adequacy and Availability of Services – Category 1 – Item 1.1.1.</p> <p>Name of Data Report: Avatar Timeliness Report #422</p> <p>Sub-committee/Staff Responsible: Access Supervisor</p> <p>Annual Goal Items Met: <input type="checkbox"/> Met: ____ <input type="checkbox"/> Partially Met: ____ <input type="checkbox"/> Not Met: Item # ____</p>	<p>AG-4: Maintain or improve the following engagement & attrition measures for Adults: Baseline: See FY 20-21 average engagement & attrition for Adult services Goal:</p> <ol style="list-style-type: none"> For Routine requests for service, County Adult programs will: <ol style="list-style-type: none"> Achieve goal of 60% resulting in an Assessment (FY 20-21 baseline: 64.2%) Achieve goal of 45% resulting in initiation of treatment (FY 20-21 baseline: 43.2%) For Urgent requests for service, County Adult programs will: <ol style="list-style-type: none"> Maintain goal of 85% resulting in an assessment (FY 20-21 baseline: 78.6%) Achieve goal of 60% resulting in initiation of treatment (FY 20-21 baseline: 57.8%) 	<p>Q1:</p> <table border="1" data-bbox="947 188 2041 428"> <thead> <tr> <th>Request Type</th> <th># of Service Requests</th> <th>% did not accept Ax offer dates</th> <th>% did not show for Ax</th> <th>% show to Ax, but did not complete Ax</th> <th>% re-ceived Ax</th> <th>% de-clined Tx</th> <th>% did not meet medical necessity</th> <th>% Re-ceived Tx</th> </tr> </thead> <tbody> <tr> <td>Routine</td> <td>274</td> <td>2.19%</td> <td>24.45%</td> <td>1.46%</td> <td>67.88%</td> <td>1.09%</td> <td>5.11%</td> <td>54.01%</td> </tr> <tr> <td>Urgent</td> <td>8</td> <td>0%</td> <td>12.5%</td> <td>0%</td> <td>87.50%</td> <td>0%</td> <td>0%</td> <td>87.50%</td> </tr> <tr> <td>Total:</td> <td>282</td> <td>2.13%</td> <td>12.76%</td> <td>1.42%</td> <td>68.44%</td> <td>1.42%</td> <td>4.96%</td> <td>54.96%</td> </tr> </tbody> </table> <p>Q2:</p> <table border="1" data-bbox="947 493 2041 734"> <thead> <tr> <th>Request Type</th> <th># of Service Requests</th> <th>% did not accept Ax offer dates</th> <th>% did not show for Ax</th> <th>% show to Ax, but did not complete Ax</th> <th>% re-ceived Ax</th> <th>% de-clined Tx</th> <th>% did not meet medical necessity</th> <th>% Re-ceived Tx</th> </tr> </thead> <tbody> <tr> <td>Routine</td> <td>261</td> <td>0.77%</td> <td>25.29%</td> <td>0.77%</td> <td>62.45%</td> <td>3.07%</td> <td>3.45%</td> <td>38.7%</td> </tr> <tr> <td>Urgent</td> <td>11</td> <td>0%</td> <td>27.27%</td> <td>0%</td> <td>72.73%</td> <td>9.09%</td> <td>0%</td> <td>36.36%</td> </tr> <tr> <td>Total:</td> <td>272</td> <td>0.74%</td> <td>25.37%</td> <td>0.74%</td> <td>62.87%</td> <td>3.31%</td> <td>3.31%</td> <td>38.60%</td> </tr> </tbody> </table> <p>Q3:</p> <table border="1" data-bbox="947 799 2041 1039"> <thead> <tr> <th>Request Type</th> <th># of Service Requests</th> <th>% did not accept Ax offer dates</th> <th>% did not show for Ax</th> <th>% show to Ax, but did not complete Ax</th> <th>% re-ceived Ax</th> <th>% de-clined Tx</th> <th>% did not meet medical necessity</th> <th>% Re-ceived Tx</th> </tr> </thead> <tbody> <tr> <td>Routine</td> <td>309</td> <td>0%</td> <td>37.22%</td> <td>1.9%</td> <td>62.78%</td> <td>0.32%</td> <td>4.5%</td> <td>37.22%</td> </tr> <tr> <td>Urgent</td> <td>12</td> <td>8.3%</td> <td>33.33%</td> <td>0%</td> <td>66.67%</td> <td>0%</td> <td>8.3%</td> <td>33.33%</td> </tr> <tr> <td>Total:</td> <td>321</td> <td>0.31%</td> <td>37.07%</td> <td>1.8%</td> <td>62.93%</td> <td>0.31%</td> <td>4.6%</td> <td>37.07%</td> </tr> </tbody> </table> <p>Q4:</p> <table border="1" data-bbox="947 1104 2041 1344"> <thead> <tr> <th>Request Type</th> <th># of Service Requests</th> <th>% did not accept Ax offer dates</th> <th>% did not show for Ax</th> <th>% show to Ax, but did not complete Ax</th> <th>% re-ceived Ax</th> <th>% de-clined Tx</th> <th>% did not meet medical necessity</th> <th>% Re-ceived Tx</th> </tr> </thead> <tbody> <tr> <td>Routine</td> <td>315</td> <td>0.32%</td> <td>36.19%</td> <td>1.59%</td> <td>63.81%</td> <td>0.63%</td> <td>6.35%</td> <td>42.86%</td> </tr> <tr> <td>Urgent</td> <td>14</td> <td>0.00%</td> <td>14.29%</td> <td>0.00%</td> <td>85.71%</td> <td>0.00%</td> <td>0.00%</td> <td>78.57%</td> </tr> <tr> <td>Total:</td> <td>329</td> <td>0.30%</td> <td>35.26%</td> <td>1.52%</td> <td>64.74%</td> <td>0.61%</td> <td>6.08%</td> <td>44.38%</td> </tr> </tbody> </table>									Request Type	# of Service Requests	% did not accept Ax offer dates	% did not show for Ax	% show to Ax, but did not complete Ax	% re-ceived Ax	% de-clined Tx	% did not meet medical necessity	% Re-ceived Tx	Routine	274	2.19%	24.45%	1.46%	67.88%	1.09%	5.11%	54.01%	Urgent	8	0%	12.5%	0%	87.50%	0%	0%	87.50%	Total:	282	2.13%	12.76%	1.42%	68.44%	1.42%	4.96%	54.96%	Request Type	# of Service Requests	% did not accept Ax offer dates	% did not show for Ax	% show to Ax, but did not complete Ax	% re-ceived Ax	% de-clined Tx	% did not meet medical necessity	% Re-ceived Tx	Routine	261	0.77%	25.29%	0.77%	62.45%	3.07%	3.45%	38.7%	Urgent	11	0%	27.27%	0%	72.73%	9.09%	0%	36.36%	Total:	272	0.74%	25.37%	0.74%	62.87%	3.31%	3.31%	38.60%	Request Type	# of Service Requests	% did not accept Ax offer dates	% did not show for Ax	% show to Ax, but did not complete Ax	% re-ceived Ax	% de-clined Tx	% did not meet medical necessity	% Re-ceived Tx	Routine	309	0%	37.22%	1.9%	62.78%	0.32%	4.5%	37.22%	Urgent	12	8.3%	33.33%	0%	66.67%	0%	8.3%	33.33%	Total:	321	0.31%	37.07%	1.8%	62.93%	0.31%	4.6%	37.07%	Request Type	# of Service Requests	% did not accept Ax offer dates	% did not show for Ax	% show to Ax, but did not complete Ax	% re-ceived Ax	% de-clined Tx	% did not meet medical necessity	% Re-ceived Tx	Routine	315	0.32%	36.19%	1.59%	63.81%	0.63%	6.35%	42.86%	Urgent	14	0.00%	14.29%	0.00%	85.71%	0.00%	0.00%	78.57%	Total:	329	0.30%	35.26%	1.52%	64.74%	0.61%	6.08%	44.38%
Request Type	# of Service Requests	% did not accept Ax offer dates	% did not show for Ax	% show to Ax, but did not complete Ax	% re-ceived Ax	% de-clined Tx	% did not meet medical necessity	% Re-ceived Tx																																																																																																																																																		
Routine	274	2.19%	24.45%	1.46%	67.88%	1.09%	5.11%	54.01%																																																																																																																																																		
Urgent	8	0%	12.5%	0%	87.50%	0%	0%	87.50%																																																																																																																																																		
Total:	282	2.13%	12.76%	1.42%	68.44%	1.42%	4.96%	54.96%																																																																																																																																																		
Request Type	# of Service Requests	% did not accept Ax offer dates	% did not show for Ax	% show to Ax, but did not complete Ax	% re-ceived Ax	% de-clined Tx	% did not meet medical necessity	% Re-ceived Tx																																																																																																																																																		
Routine	261	0.77%	25.29%	0.77%	62.45%	3.07%	3.45%	38.7%																																																																																																																																																		
Urgent	11	0%	27.27%	0%	72.73%	9.09%	0%	36.36%																																																																																																																																																		
Total:	272	0.74%	25.37%	0.74%	62.87%	3.31%	3.31%	38.60%																																																																																																																																																		
Request Type	# of Service Requests	% did not accept Ax offer dates	% did not show for Ax	% show to Ax, but did not complete Ax	% re-ceived Ax	% de-clined Tx	% did not meet medical necessity	% Re-ceived Tx																																																																																																																																																		
Routine	309	0%	37.22%	1.9%	62.78%	0.32%	4.5%	37.22%																																																																																																																																																		
Urgent	12	8.3%	33.33%	0%	66.67%	0%	8.3%	33.33%																																																																																																																																																		
Total:	321	0.31%	37.07%	1.8%	62.93%	0.31%	4.6%	37.07%																																																																																																																																																		
Request Type	# of Service Requests	% did not accept Ax offer dates	% did not show for Ax	% show to Ax, but did not complete Ax	% re-ceived Ax	% de-clined Tx	% did not meet medical necessity	% Re-ceived Tx																																																																																																																																																		
Routine	315	0.32%	36.19%	1.59%	63.81%	0.63%	6.35%	42.86%																																																																																																																																																		
Urgent	14	0.00%	14.29%	0.00%	85.71%	0.00%	0.00%	78.57%																																																																																																																																																		
Total:	329	0.30%	35.26%	1.52%	64.74%	0.61%	6.08%	44.38%																																																																																																																																																		

Quality Improvement Goal and Means to Accomplish it	Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation																																																																													
<p>V. Access & Timeliness:</p> <ul style="list-style-type: none"> • AG-5: Access: Test Call Performance <p>Purpose of Monitoring: DHCS Annual Review Protocols, FY 20-21, Network Adequacy and Availability of Services – Category 1 – Item 1.1.4; Access and Information Requirements – Category 4 – Item 4.3.2-4.3.4.</p> <p>Name of Data Report: Avatar Access Screen Tree form and QI Test Call Log</p> <p>Sub-committee/Staff Responsible:</p> <ul style="list-style-type: none"> • Quality Improvement Test Call Coordinator • Access Supervisor <p>Annual Goal Items Met:</p> <p><input type="checkbox"/> Met: Item # ____</p> <p><input type="checkbox"/> Partially Met: Item # ____</p> <p><input type="checkbox"/> Not Met: Item # ____</p>	<p>AG-5: All calls to (800) 547-0495 MH Access unit are routed to a Care Manager, 24 hours/day, 7 days/week. Care Managers provide or arrange for Access services in any language spoken in Solano County. Additionally, calls should:</p> <ul style="list-style-type: none"> • Provide information about how to access specialty MH services, including how to access an intake assessment. • Provide information about urgent services. • Provide information about how to access Problem Resolution and State Fair Hearing processes. <p>Baseline: See % that met standards from FY 20-21</p> <p>Goal: During QI initiated test calls, the MHP will demonstrate the following in Business and Afterhours calls:</p> <ul style="list-style-type: none"> • Measure #1: Provide a Minimum of 4 test calls/month. • Measure #2: Testing for language capabilities (Spanish & Tagalog primarily) • Measure #3: Testing for appropriate information given (SMHS access, Urgent conditions, and Problem Resolution): 75% • Measure #4: Logging all appropriate data 90% of the time 	<p>Q1:</p> <table border="1" data-bbox="947 232 2053 737"> <thead> <tr> <th>Test Category</th> <th>Bus or After Hours</th> <th># of Test Calls</th> <th># of Test Calls That Met Standards</th> <th>% of Test Calls That Met Standards</th> <th>% of Test Calls that Met Standards in FY 20-21</th> </tr> </thead> <tbody> <tr> <td>Languages Tested:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Was Information given about how to access SMHS, including how to get an Ax.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Info about how to treat a client's urgent condition</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Info about how to use the Problem Resolution/Fair Hearing process</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Logging Name of client, date of request, & initial disposition</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Q2:</p> <table border="1" data-bbox="947 818 2053 1323"> <thead> <tr> <th>Test Category</th> <th>Bus or After Hours</th> <th># of Test Calls</th> <th># of Test Calls That Met Standards</th> <th>% of Test Calls That Met Standards</th> <th>% of Test Calls that Met Standards in FY 20-21</th> </tr> </thead> <tbody> <tr> <td>Languages Tested:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Was Information given about how to access SMHS, including how to get an Ax.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Info about how to treat a client's urgent condition</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Info about how to use the Problem Resolution/Fair Hearing process</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Logging Name of client, date of request, & initial disposition</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Q3:</p>						Test Category	Bus or After Hours	# of Test Calls	# of Test Calls That Met Standards	% of Test Calls That Met Standards	% of Test Calls that Met Standards in FY 20-21	Languages Tested:						Was Information given about how to access SMHS, including how to get an Ax.						Info about how to treat a client's urgent condition						Info about how to use the Problem Resolution/Fair Hearing process						Logging Name of client, date of request, & initial disposition						Test Category	Bus or After Hours	# of Test Calls	# of Test Calls That Met Standards	% of Test Calls That Met Standards	% of Test Calls that Met Standards in FY 20-21	Languages Tested:						Was Information given about how to access SMHS, including how to get an Ax.						Info about how to treat a client's urgent condition						Info about how to use the Problem Resolution/Fair Hearing process						Logging Name of client, date of request, & initial disposition					
Test Category	Bus or After Hours	# of Test Calls	# of Test Calls That Met Standards	% of Test Calls That Met Standards	% of Test Calls that Met Standards in FY 20-21																																																																										
Languages Tested:																																																																															
Was Information given about how to access SMHS, including how to get an Ax.																																																																															
Info about how to treat a client's urgent condition																																																																															
Info about how to use the Problem Resolution/Fair Hearing process																																																																															
Logging Name of client, date of request, & initial disposition																																																																															
Test Category	Bus or After Hours	# of Test Calls	# of Test Calls That Met Standards	% of Test Calls That Met Standards	% of Test Calls that Met Standards in FY 20-21																																																																										
Languages Tested:																																																																															
Was Information given about how to access SMHS, including how to get an Ax.																																																																															
Info about how to treat a client's urgent condition																																																																															
Info about how to use the Problem Resolution/Fair Hearing process																																																																															
Logging Name of client, date of request, & initial disposition																																																																															

Quality Improvement Goal and Means to Accomplish it	Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation					
		Test Category	Bus or Af-ter Hours	# of Test Calls	# of Test Calls That Met Stand-ards	% of Test Calls That Met Stand-ards	% of Test Calls that Met Standards in FY 20-21
		Languages Tested:					
		Was Information given about how to access SMHS, including how to get an Ax.					
		Info about how to treat a client's urgent condition					
		Info about how to use the Problem Resolution/Fair Hearing process					
		Logging Name of client, date of request, & initial disposition					

Q4:

Test Category	Bus or Af-ter Hours	# of Test Calls	# of Test Calls That Met Stand-ards	% of Test Calls That Met Stand-ards	% of Test Calls that Met Standards in FY 20-21
Languages Tested:					
Was Information given about how to access SMHS, including how to get an Ax.					
Info about how to treat a client's urgent condition					
Info about how to use the Problem Resolution/Fair Hearing process					
Logging Name of client, date of request, & initial disposition					

V. Service Access and Timeliness (Data Monitoring - DM)

Quality Improvement Area of Data Monitoring	Results of Evaluation					
<p>V. Access and Timeliness:</p> <ul style="list-style-type: none"> DM-1: Access Calls Handled <p>Purpose for Monitoring: DHCS Annual Review Protocols, FY 20-21, Network Adequacy and Availability of Services – Category 1 – Item 1.1.4.</p> <p>Name of Data Report: CISCO-Contact Service Queue Activity Report (by CSQ)</p> <p>Sub-committee/Staff Responsible:</p> <ul style="list-style-type: none"> Quality Improvement unit Access Supervisor <p>Previous FY Baseline Averages:</p> <ul style="list-style-type: none"> Quarterly Average of % of Calls Handled “Live” during FY 20-21: 98.7% Quarterly Average of % of Abandoned calls in FY 20-21: 1.3% <p>FY 21-22 Quarterly Averages:</p> <ul style="list-style-type: none"> 	Month	Calls Received	Calls Handled/Received	% Handled/Received	Calls Abandoned/Dropped	% Abandoned/Dropped
	Jul					
	Aug					
	Sep					
	Oct					
	Nov					
	Dec					
	Jan					
	Feb					
	Mar					
	Apr					
	May					
	Jun					

VI. Performance Improvement Projects (Active Goals - AG)

Quality Improvement Goal and Means to Accomplish it	Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation
<p>VI. PIPs:</p> <ul style="list-style-type: none"> AG-1: PIP #1 Measuring the impact of telehealth and tele-phone services <p>Purpose of Monitoring: DHCS Annual Review Protocols, FY 20-21, Quality Assurance and Performance Improvement – Category 3 – Item 3.2.3.</p> <p>Name of Data Report: TBD</p> <p>Sub-committee/Staff Responsible:</p> <ul style="list-style-type: none"> QI PIP Coordinator and PIP Team <p>Annual Goal Items Met:</p> <p><input type="checkbox"/> Met: Item # ____</p> <p><input type="checkbox"/> Partially Met: Item # ____</p> <p><input type="checkbox"/> Not Met: Item # ____</p>	<p>AG-1: Federal and State requirements stipulate that an MHP shall have two active and ongoing performance improvement projects.</p> <p>Baseline: TBD</p> <p>Goal: TBD</p> <ul style="list-style-type: none"> Measurement #1: 	<p>Q1: TBD</p> <p>Q2: TBD</p> <p>Q3:</p> <p>Q4:</p>

Quality Improvement Goal and Means to Accomplish it	Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation
<p>VI. PIPs:</p> <ul style="list-style-type: none"> • AG-2: PIP #2: Measuring Solano MHP’s ability to increase show rates for follow up care after discharge from inpatient hospitalization and Crisis Stabilization. <p>Purpose of Monitoring: DHCS Annual Review Protocols, FY 20-21, Quality Assurance and Performance Improvement – Category 3 – Item 3.2.3.</p> <p>Name of Data Report: TBD</p> <p>Sub-committee/Staff Responsible:</p> <ul style="list-style-type: none"> • QI PIP Coordinator and PIP Team <p>Annual Goal Items Met:</p> <p><input type="checkbox"/> Met: Item # ____</p> <p><input type="checkbox"/> Partially Met: Item # ____</p> <p><input type="checkbox"/> Not Met: Item # ____</p>	<p>AG-: Federal and State requirements stipulate that an MHP shall have two active and ongoing performance improvement projects.</p> <p>Baseline: TBD</p> <p>Goal: TBD</p> <ul style="list-style-type: none"> • Measurement #1: 	<p>Q1: TBD</p> <p>Q2: TBD</p> <p>Q3:</p> <p>Q4:</p>

VI. Program Integrity (Active Goals - AG)

Quality Improvement Goal and Means to Accomplish it	Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation																																																																																																															
<p>VI. Program Integrity:</p> <ul style="list-style-type: none"> • AG-1: Service Verification County Programs <p>Purpose of Monitoring: DHCS Annual Review Protocols, FY 20-21, Program Integrity – Category 7 – Item 7.3.1.</p> <p>Name of Data Report: QI-Compliance Service Verification Spreadsheet</p> <p>Sub-committee/Staff Responsible:</p> <ul style="list-style-type: none"> • Quality Improvement Service Verification Coordinator • Compliance Committee <p>Annual Goal Items Met:</p> <p><input type="checkbox"/> Met: Item # ____</p> <p><input type="checkbox"/> Partially Met: Item # ____</p> <p><input type="checkbox"/> Not Met: Item # ____</p>	<p>AG-1: According to Program Integrity requirements of 42 CFR §455.1(a)(2) as set forth in the MHP Contract between the State of California and the County of Solano, there is a need to maintain a process of verifying whether services were actually furnished to beneficiaries.</p> <p>Baseline: The MHP began implementing a service verification process during FY 2013-14. Expectation is that all programs will participate in Service Verification.</p> <p>Goal: The MHP will continue to implement a service verification model during Q1 and Q3, and endeavor to demonstrate 90-100% accountability for each service identified during the sampling period (services not verified will be re-paid).</p> <ul style="list-style-type: none"> • Measurement #1: 100% of all applicable County programs participate in the service verification process? • Measurement #2: 90-100% of services will be verified during the week of Service Verification. 	<p>Q1:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9ead3;"> <th style="width: 25%;">County Program</th> <th style="width: 25%;">% of services verified</th> <th style="width: 25%;">Cost of unverified services</th> <th style="width: 25%;">Were NOBE's submitted for all unverified services?</th> </tr> </thead> <tbody> <tr><td>FACT</td><td></td><td></td><td></td></tr> <tr><td>Fairfield ICC</td><td></td><td></td><td></td></tr> <tr><td>Fairfield Youth</td><td></td><td></td><td></td></tr> <tr><td>Fairfield Youth FSP</td><td></td><td></td><td></td></tr> <tr><td>FCTU</td><td></td><td></td><td></td></tr> <tr><td>ICS</td><td></td><td></td><td></td></tr> <tr><td>Vacaville ICC</td><td></td><td></td><td></td></tr> <tr><td>Vacaville Youth</td><td></td><td></td><td></td></tr> <tr><td>Vallejo Adult FSP</td><td></td><td></td><td></td></tr> <tr><td>Vallejo ICC</td><td></td><td></td><td></td></tr> <tr><td>Vallejo Youth</td><td></td><td></td><td></td></tr> <tr><td>FACT</td><td></td><td></td><td></td></tr> </tbody> </table> <p>Q2: (Per MHP Policy, No County SV required during Q2 and Q4)</p> <p>Q3:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9ead3;"> <th style="width: 25%;">County Program</th> <th style="width: 25%;">% of services verified</th> <th style="width: 25%;">Cost of unverified services</th> <th style="width: 25%;">Were NOBE's submitted for all unverified services?</th> </tr> </thead> <tbody> <tr><td>ACT Team</td><td></td><td></td><td></td></tr> <tr><td>Embedded</td><td></td><td></td><td></td></tr> <tr><td>Fairfield ICC</td><td></td><td></td><td></td></tr> <tr><td>Fairfield Youth</td><td></td><td></td><td></td></tr> <tr><td>Fairfield Youth FSP</td><td></td><td></td><td></td></tr> <tr><td>FCTU</td><td></td><td></td><td></td></tr> <tr><td>FCTU - CANS Ax</td><td></td><td></td><td></td></tr> <tr><td>FCTU - CFT ICC</td><td></td><td></td><td></td></tr> <tr><td>ICS</td><td></td><td></td><td></td></tr> <tr><td>Vacaville ICC</td><td></td><td></td><td></td></tr> <tr><td>Vacaville Youth</td><td></td><td></td><td></td></tr> <tr><td>Vallejo ICC</td><td></td><td></td><td></td></tr> <tr><td>Vallejo Youth</td><td></td><td></td><td></td></tr> </tbody> </table> <p>Q4: (Per MHP Policy, No County SV required during Q2 and Q4)</p>				County Program	% of services verified	Cost of unverified services	Were NOBE's submitted for all unverified services?	FACT				Fairfield ICC				Fairfield Youth				Fairfield Youth FSP				FCTU				ICS				Vacaville ICC				Vacaville Youth				Vallejo Adult FSP				Vallejo ICC				Vallejo Youth				FACT				County Program	% of services verified	Cost of unverified services	Were NOBE's submitted for all unverified services?	ACT Team				Embedded				Fairfield ICC				Fairfield Youth				Fairfield Youth FSP				FCTU				FCTU - CANS Ax				FCTU - CFT ICC				ICS				Vacaville ICC				Vacaville Youth				Vallejo ICC				Vallejo Youth			
County Program	% of services verified	Cost of unverified services	Were NOBE's submitted for all unverified services?																																																																																																														
FACT																																																																																																																	
Fairfield ICC																																																																																																																	
Fairfield Youth																																																																																																																	
Fairfield Youth FSP																																																																																																																	
FCTU																																																																																																																	
ICS																																																																																																																	
Vacaville ICC																																																																																																																	
Vacaville Youth																																																																																																																	
Vallejo Adult FSP																																																																																																																	
Vallejo ICC																																																																																																																	
Vallejo Youth																																																																																																																	
FACT																																																																																																																	
County Program	% of services verified	Cost of unverified services	Were NOBE's submitted for all unverified services?																																																																																																														
ACT Team																																																																																																																	
Embedded																																																																																																																	
Fairfield ICC																																																																																																																	
Fairfield Youth																																																																																																																	
Fairfield Youth FSP																																																																																																																	
FCTU																																																																																																																	
FCTU - CANS Ax																																																																																																																	
FCTU - CFT ICC																																																																																																																	
ICS																																																																																																																	
Vacaville ICC																																																																																																																	
Vacaville Youth																																																																																																																	
Vallejo ICC																																																																																																																	
Vallejo Youth																																																																																																																	

Quality Improvement Goal and Means to Accomplish it	Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation																																											
<p>VI. Program Integrity:</p> <ul style="list-style-type: none"> AG-2: Service Verification Contract Programs <p>Authority: DHCS Annual Review Protocols, FY 20-21, Program Integrity – Category 7 – Item 7.3.1.</p> <p>Name of Data Report: QI-Compliance Service Verification Spreadsheet</p> <p>Sub-committee/Staff Responsible:</p> <ul style="list-style-type: none"> Quality Improvement Service Verification Coordinator Compliance Committee <p>Annual Goal Items Met:</p> <p><input type="checkbox"/> Met: Item # ____</p> <p><input type="checkbox"/> Partially Met: Item # ____</p> <p><input type="checkbox"/> Not Met: Item # ____</p>	<p>AG-2: According to Program Integrity requirements of 42 CFR §455.1(a)(2) as set forth in the MHP Contract between the State of California and the County of Solano, there is a need to maintain a process of verifying whether services were actually furnished to beneficiaries.</p> <p>Baseline: The MHP began implementing a service verification process during FY 2013-14. Expectation is that all programs will participate in Service Verification.</p> <p>Goal: The MHP will continue to implement a service verification model during Q2 and Q4, and endeavor to demonstrate 90-100% accountability for each service identified during the sampling period (services not verified will be re-paid).</p> <ul style="list-style-type: none"> Measurement #1: 100% of all applicable Contract Agency programs participate in the service verification process? Measurement #2: 90-100% of services will be verified during the week of Service Verification. 	<p>Q1: (Per MHP Policy, No Contract Agency SV required during Q1 and Q3)</p> <p>Q2:</p>																																											
		<table border="1"> <thead> <tr> <th data-bbox="932 280 1171 378">Contract Program</th> <th data-bbox="1171 280 1507 378">Did all applicable programs participate in Service Verification?</th> <th data-bbox="1507 280 1766 378">Were 100% of services accounted for?</th> <th data-bbox="1766 280 2062 378">Was a NOBE submitted for all unverified services?</th> </tr> </thead> <tbody> <tr><td>A Better Way</td><td></td><td></td><td></td></tr> <tr><td>Aldea</td><td></td><td></td><td></td></tr> <tr><td>Caminar</td><td></td><td></td><td></td></tr> <tr><td>Child Haven</td><td></td><td></td><td></td></tr> <tr><td>Psynergy</td><td></td><td></td><td></td></tr> <tr><td>Rio Vista CARE</td><td></td><td></td><td></td></tr> <tr><td>Seneca*</td><td></td><td></td><td></td></tr> <tr><td>Sierra School</td><td></td><td></td><td></td></tr> <tr><td>Uplift Family Services</td><td></td><td></td><td></td></tr> </tbody> </table>	Contract Program	Did all applicable programs participate in Service Verification?	Were 100% of services accounted for?	Was a NOBE submitted for all unverified services?	A Better Way				Aldea				Caminar				Child Haven				Psynergy				Rio Vista CARE				Seneca*				Sierra School				Uplift Family Services						
Contract Program	Did all applicable programs participate in Service Verification?	Were 100% of services accounted for?	Was a NOBE submitted for all unverified services?																																										
A Better Way																																													
Aldea																																													
Caminar																																													
Child Haven																																													
Psynergy																																													
Rio Vista CARE																																													
Seneca*																																													
Sierra School																																													
Uplift Family Services																																													
		<p>Q3: (Per MHP Policy, No Contract Agency SV required during Q1 and Q3)</p> <p>Q4:</p>																																											

VI. Program Integrity (Data Monitoring - DM)

Quality Improvement Area of Data Monitoring	Results of Evaluation		
<p>VI. Program Integrity:</p> <ul style="list-style-type: none"> • DM-1: Compliance Committee <p>Purpose of Monitoring: DHCS Annual Review Protocols, FY 20-21, Program Integrity – Category 7 – Item 7.1.4.</p> <p>Name of Data Report: Compliance Committee meeting minutes/Compliance Unit report</p> <p>Sub-committee/Staff Responsible: Compliance Committee</p>	Q1:		
	Month	Compliance Meeting Held?	Date of Mtg(s) and General Issues Addressed
	Q2:		
	Month	Compliance Meeting Held?	Date of Mtg(s) and General Issues Addressed
	Q3:		
	Month	Compliance Meeting Held?	Date of Mtg(s) and General Issues Addressed
	Q4:		
	Month	Compliance Meeting Held?	Date of Mtg(s) and General Issues Addressed

Quality Improvement Area of Data Monitoring	Results of Evaluation					
<p>VI. Program Integrity:</p> <ul style="list-style-type: none"> DM-2: Compliance Training and Communication to the MHP <p>Purpose of Monitoring: DHCS Annual Review Protocols, FY 20-21, Program Integrity – Category 7 - Item 7.1.6-7.1.7.</p> <p>Name of Data Report: TBD</p> <p>Sub-committee/Staff Responsible: Compliance Committee meeting minutes/Compliance Unit report</p>	Q1:					
	Month	Did Dept. Offer Compliance Training this month?	How many Behavioral Health staff completed the training?	Did Compliance Officer send out communication of compliance issues?	Dates and Topics of Communication	
	Jul					
	Aug					
	Sep					
	Oct					
	Nov					
	Dec					
	Jan					
	Feb					
	Mar					
	Apr					
	May					
Jun						

VII. Quality Improvement (Active Goals - AG)

Quality Improvement Goal and Means to Accomplish it	Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation																																																											
<p>VII. Quality Improvement:</p> <ul style="list-style-type: none"> AG-1: Annual Utilization Review Audits - Timeliness and Appropriate Resolution of Annual Utilization Review Audit Findings <p>Purpose of Monitoring: DHCS Annual Review Protocols, FY 20-21, Network Adequacy and Availability of Services – Category 1 – Item 1.4.5-1.4.6.</p> <p>Name of Data Report: UR Audit Tracking Log (to be created)</p> <p>Sub-committee/Staff Responsible: QI Audit Supervisor and team</p> <p>Annual Goal Items Met: <input type="checkbox"/> Met: Item # ____ <input type="checkbox"/> Partially Met: Item # ____ <input type="checkbox"/> Not Met: Item # ____</p>	<p>AG-1: Solano County MHP Quality Improvement (QI) unit conducts Annual Utilization Review Audits of all County and Contracted Organizational Providers who bill Medi-Cal services, to ensure all such providers utilized by Solano MHP are in compliance with the documentation standards requirements, per CCR Title 9.</p> <p>Baseline: See Quality Improvement annual UR Audits during FY 20-21.</p> <p>Goal: The following processes are in place for FY 20-21 to monitor Provider compliance with CCR Title 9 documentation standards requirements:</p> <ul style="list-style-type: none"> Measurement #1: At least 90% of UR Audit Reports will be submitted within 60 days after the audit alert period. Measurement #2: At least 90% of reviewed programs requiring a CAP will submit one that meets QI standards, within prescribed timelines. 	<p>Q1:</p> <table border="1" data-bbox="947 321 2053 695"> <thead> <tr> <th>Program</th> <th>Days to Complete Report (60 days or less)</th> <th>% of Programs Requiring a CAP</th> <th>Days to Submit a CAP (60 days or less)</th> <th>% of Resolved CAPs</th> </tr> </thead> <tbody> <tr><td>CBO Youth A</td><td></td><td></td><td></td><td></td></tr> <tr><td>CBO Youth B</td><td></td><td></td><td></td><td></td></tr> <tr><td>CBO Youth C</td><td></td><td></td><td></td><td></td></tr> <tr><td>CBO Adult D1</td><td></td><td></td><td></td><td></td></tr> <tr><td>CBO Adult D2</td><td></td><td></td><td></td><td></td></tr> <tr><td>CBO Youth E</td><td></td><td></td><td></td><td></td></tr> <tr><td>Running Averages</td><td>---</td><td>---</td><td>---</td><td>---</td></tr> </tbody> </table>					Program	Days to Complete Report (60 days or less)	% of Programs Requiring a CAP	Days to Submit a CAP (60 days or less)	% of Resolved CAPs	CBO Youth A					CBO Youth B					CBO Youth C					CBO Adult D1					CBO Adult D2					CBO Youth E					Running Averages	---	---	---	---															
Program	Days to Complete Report (60 days or less)	% of Programs Requiring a CAP	Days to Submit a CAP (60 days or less)	% of Resolved CAPs																																																									
CBO Youth A																																																													
CBO Youth B																																																													
CBO Youth C																																																													
CBO Adult D1																																																													
CBO Adult D2																																																													
CBO Youth E																																																													
Running Averages	---	---	---	---																																																									
		<p>Q2:</p> <table border="1" data-bbox="947 763 2053 1237"> <thead> <tr> <th>Program</th> <th>Days to Complete Report (60 days or less)</th> <th>% of Programs Requiring a CAP</th> <th>Days to Submit a CAP (60 days or less)</th> <th>% of Resolved CAPs</th> </tr> </thead> <tbody> <tr><td>CBO Youth A</td><td></td><td></td><td></td><td></td></tr> <tr><td>CBO Youth B</td><td></td><td></td><td></td><td></td></tr> <tr><td>CBO Youth C</td><td></td><td></td><td></td><td></td></tr> <tr><td>CBO Adult D1</td><td></td><td></td><td></td><td></td></tr> <tr><td>CBO Adult D2</td><td></td><td></td><td></td><td></td></tr> <tr><td>CBO Youth E</td><td></td><td></td><td></td><td></td></tr> <tr><td>CBO Adult F</td><td></td><td></td><td></td><td></td></tr> <tr><td>CBO Youth G</td><td></td><td></td><td></td><td></td></tr> <tr><td>CBO Youth H</td><td></td><td></td><td></td><td></td></tr> <tr><td>Running Averages</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>					Program	Days to Complete Report (60 days or less)	% of Programs Requiring a CAP	Days to Submit a CAP (60 days or less)	% of Resolved CAPs	CBO Youth A					CBO Youth B					CBO Youth C					CBO Adult D1					CBO Adult D2					CBO Youth E					CBO Adult F					CBO Youth G					CBO Youth H					Running Averages				
Program	Days to Complete Report (60 days or less)	% of Programs Requiring a CAP	Days to Submit a CAP (60 days or less)	% of Resolved CAPs																																																									
CBO Youth A																																																													
CBO Youth B																																																													
CBO Youth C																																																													
CBO Adult D1																																																													
CBO Adult D2																																																													
CBO Youth E																																																													
CBO Adult F																																																													
CBO Youth G																																																													
CBO Youth H																																																													
Running Averages																																																													
		<p>Q3:</p> <table border="1" data-bbox="947 1307 2053 1507"> <thead> <tr> <th>Program</th> <th>Days to Complete Report (60 days or less)</th> <th>% of Programs Requiring a CAP</th> <th>Days to Submit a CAP (60 days or less)</th> <th>% of Resolved CAPs</th> </tr> </thead> <tbody> <tr><td>County Youth A</td><td></td><td></td><td></td><td></td></tr> <tr><td>County Youth B</td><td></td><td></td><td></td><td></td></tr> <tr><td>County Youth C</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>					Program	Days to Complete Report (60 days or less)	% of Programs Requiring a CAP	Days to Submit a CAP (60 days or less)	% of Resolved CAPs	County Youth A					County Youth B					County Youth C																																							
Program	Days to Complete Report (60 days or less)	% of Programs Requiring a CAP	Days to Submit a CAP (60 days or less)	% of Resolved CAPs																																																									
County Youth A																																																													
County Youth B																																																													
County Youth C																																																													

Quality Improvement Goal and Means to Accomplish it	Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation				
		County Adult D1				
		County Adult D2				
		County Youth E				
		County Adult F				
		County Youth G				
		County Youth H				
		County Youth I				
		Running Averages				
		Q4:				
		Program	Days to Complete Report (60 days or less)	% of Programs Requiring a CAP	Days to Submit a CAP (60 days or less)	% of Resolved CAPs
		County Youth A				
		County Youth B				
		County Youth C				
		County Adult D1				
		County Adult D2				
		County Youth E				
		County Adult F				
		County Youth G				
		County Youth H				
		County Youth I				
		County Youth J				
		County Youth K				
		County Adult L				
		Running Averages				

VII. Quality Improvement (Data Monitoring - DM)

Quality Improvement Area of Data Monitoring	Results of Evaluation			
<p>VII. Quality Improvement:</p> <ul style="list-style-type: none"> • DM-1: Documentation Training and Avatar User Training <p>Purpose of Monitoring: DHCS Annual Review Protocols, FY 20-21, Network Adequacy and Availability of Services – Category 1 – Item 1.4.5-1.4.6.</p> <p>Name of Data Report: QI Excel Monitoring Spreadsheet</p> <p>Sub-committee/Staff Responsible: QI Training Lead and team</p>	Month	Doc Training Attendees	Avatar Phase 1 Attendees	Avatar Phase 2 Attendees
	Jul			
	Aug			
	Sep			
	Oct			
	Nov			
	Dec			
	Jan			
	Feb			
	Mar			
	Apr			
	May			
	Jun			

Quality Improvement Area of Data Monitoring	Results of Evaluation			
<p>VII. Quality Improvement:</p> <ul style="list-style-type: none"> • DM-2: Site Certifications <p>Purpose of Monitoring: DHCS Annual Review Protocols, FY 20-21, Network Adequacy and Availability of Services – Category 1 - Item 1.1.4.</p> <p>Name of Data Report: Monthly Site Certification Tracking Report</p> <p>Sub-committee/Staff Responsible: QI Site Certification Lead and team</p>	Month	# Programs Certified this Month?	Was the MHP’s tracking report reviewed to ensure no Solano MHP programs were missed?	% of Site Certifications completed in a timely manner?
	Jul			
	Aug			
	Sep			
	Oct			
	Nov			
	Dec			
	Jan			
	Feb			
	Mar			
	Apr			
	May			
	Jun			

Quality Improvement Area of Data Monitoring	Results of Evaluation																											
<p>VII. Quality Improvement:</p> <ul style="list-style-type: none"> • DM-3: Medi-Cal Provider Eligibility and Verification <p>Purpose of Monitoring: DHCS Annual Review Protocols, FY 20-21, Program Integrity – Category 7 - Item 7.5.1-7.5.3..</p> <p>Name of Data Report: Provider Eligibility and Verification Tracking Report</p> <p>Sub-committee/Staff Responsible: QI Provider Eligibility Verification Lead</p>	<p>Q1:</p> <table border="1" data-bbox="598 188 1106 725"> <thead> <tr> <th data-bbox="598 188 747 321">Month</th> <th data-bbox="753 188 1106 321">Were 100% of County, Contract and Network Providers verified on the exclusion lists?</th> </tr> </thead> <tbody> <tr><td data-bbox="598 321 747 355">Jul</td><td data-bbox="753 321 1106 355"></td></tr> <tr><td data-bbox="598 355 747 389">Aug</td><td data-bbox="753 355 1106 389"></td></tr> <tr><td data-bbox="598 389 747 423">Sep</td><td data-bbox="753 389 1106 423"></td></tr> <tr><td data-bbox="598 423 747 457">Oct</td><td data-bbox="753 423 1106 457"></td></tr> <tr><td data-bbox="598 457 747 492">Nov</td><td data-bbox="753 457 1106 492"></td></tr> <tr><td data-bbox="598 492 747 526">Dec</td><td data-bbox="753 492 1106 526"></td></tr> <tr><td data-bbox="598 526 747 560">Jan</td><td data-bbox="753 526 1106 560"></td></tr> <tr><td data-bbox="598 560 747 594">Feb</td><td data-bbox="753 560 1106 594"></td></tr> <tr><td data-bbox="598 594 747 628">Mar</td><td data-bbox="753 594 1106 628"></td></tr> <tr><td data-bbox="598 628 747 662">Apr</td><td data-bbox="753 628 1106 662"></td></tr> <tr><td data-bbox="598 662 747 696">May</td><td data-bbox="753 662 1106 696"></td></tr> <tr><td data-bbox="598 696 747 725">Jun</td><td data-bbox="753 696 1106 725"></td></tr> </tbody> </table>		Month	Were 100% of County, Contract and Network Providers verified on the exclusion lists?	Jul		Aug		Sep		Oct		Nov		Dec		Jan		Feb		Mar		Apr		May		Jun	
Month	Were 100% of County, Contract and Network Providers verified on the exclusion lists?																											
Jul																												
Aug																												
Sep																												
Oct																												
Nov																												
Dec																												
Jan																												
Feb																												
Mar																												
Apr																												
May																												
Jun																												

VIII. Network Adequacy (Data Monitoring - DM)

Quality Improvement Area of Data Monitoring	Results of Evaluation						
<p>VIII: Network Adequacy:</p> <ul style="list-style-type: none"> DM-1: Pathways to Well-Being (Subclass) <p>Purpose of Monitoring: DHCS Annual Review Protocols, FY 20-21, Network Adequacy and Availability of Services – Category 1. - Item 1.2.1-1.2.6.</p> <p>Name of Data Report: Pathways Database maintained by CCR Team</p> <p>Sub-committee/Staff Responsible:</p> <ul style="list-style-type: none"> Pathways/Katie A. Implementation Team 	Q1:						
	# Referred to MHP	# Assessed & Referred for Services	# of Clients Identified as Katie A. Subclass	# of Clients Who Received a CFT Mtg	# of Clients Who Declined Services	# of Clients AWOL	# of Clients Awaiting Response
	Q2:						
	# Referred to MHP	# Assessed & Referred for Services	# of Clients Identified as Katie A. Subclass	# of Clients Who Received a CFT Mtg	# of Clients Who Declined Services	# of Clients AWOL	# of Clients Awaiting Response
	Q3:						
	# Referred to MHP	# Assessed & Referred for Services	# of Clients Identified as Katie A. Subclass	# of Clients Who Received a CFT Mtg	# of Clients Who Declined Services	# of Clients AWOL	# of Clients Awaiting Response
	Q4:						
	# Referred to MHP	# Assessed & Referred for Services	# of Clients Identified as Katie A. Subclass	# of Clients Who Received a CFT Mtg	# of Clients Who Declined Services	# of Clients AWOL	# of Clients Awaiting Response

Quality Improvement Area of Data Monitoring	Results of Evaluation								
<p>VIII: Network Adequacy:</p> <ul style="list-style-type: none"> DM-2: Pathways to Well-Being (non-Sub-class) <p>Purpose of Monitoring: DHCS Annual Review Protocols, FY 20-21, Network Adequacy and Availability of Services – Category 1. - Item 1.2.1-1.2.6.</p> <p>Name of Data Report: Pathways Database maintained by CCR Team</p> <p>Sub-committee/Staff Responsible:</p> <ul style="list-style-type: none"> Pathways/Katie A. Implementation Team 	Q1:								
		# of Pathways Clients Identified	Offered ICC Services # and %	Declined or AWOL	Accepted	Assigned an ICC Coordinator # and %	CFT Meeting Held or Scheduled		
	SCMH								
	Contract Agency								
	Q2:								
		# of Pathways Clients Identified	Offered ICC Services # and %	Declined or AWOL	Accepted	Assigned an ICC Coordinator # and %	CFT Meeting Held or Scheduled		
	SCMH								
	Contract Agency								
	Q3:								
		# of Pathways Clients Identified	Offered ICC Services # and %	Declined or AWOL	Accepted	Assigned an ICC Coordinator # and %	CFT Meeting Held or Scheduled		
	SCMH								
	Contract Agency								
	Q4:								
		# of Pathways Clients Identified	Offered ICC Services # and %	Declined or AWOL	Accepted	Assigned an ICC Coordinator # and %	CFT Meeting Held or Scheduled		
	SCMH								
	Contract Agency								

Goal Purpose and Monitoring	Results of Evaluation										
<p>VIII: Network Adequacy:</p> <ul style="list-style-type: none"> • DM-3: Provider Network Data <p>Purpose of Monitoring: DHCS Annual Review Protocols, FY 20-21, Network Adequacy and Availability of Services – Category 1 - Item 1.1.1.</p> <p>Name of Data Report: Solano County Mental Health (MH) Managed Care Tracking; CALWIN Medi-Cal Eligible crystal report</p> <p>Sub-committee/Staff Responsible: Managed Care/Provider Relations</p>	Q1:										
	Quarter	Clients Served	Network Providers	# of Providers Billing for Services	# of Providers Not Billing for Services	# of Providers Not Billing or Accepting New Clients (3+ months)	Bilingual Providers	Trained to Use Interpreter Services	Near Public Transportation	Access for the Physically Disabled	Beacon Referrals
	Q1										
	Q2										
	Q3										
	Q4										