QUALITY IMPROVEMENT COMMITTEE

Solano County Behavioral Health

November 10th, 2021

1:30pm – 3:30pm

ANNOUNCEMENTS & ACTION ITEMS

Announcements

- Solano's DHCS Triennial Audit
- CalAIM Redesign:
  - Medical Necessity: January 2022
  - Documentation : July 2022
- Behavioral Health Work Plan –
  - Acting MHP Director: Emery Cowan
- Solano MHP QI Work Plan FY 21-22
  - New Goals?
- QIC Format

Action Items

- No Action Items at this time

QUALITY ASSESSMENT & PERFORMANCE IMPROVEMENT PLAN

QUALITY ASSESSMENT & PERFORMANCE IMPROVEMENT PLAN

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

I. CULTURAL DIVERSITY & EQUITY

I. CULTURAL DIVERSITY & EQUITY

AG-1: System wide Cultural Competence Training

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

I. CULTURAL DIVERSITY & EQUITY

Diversity & Equity Committee Updates:

I. Finalizing Annual Update

II. Voted to change meetings to bimonthly for 2022

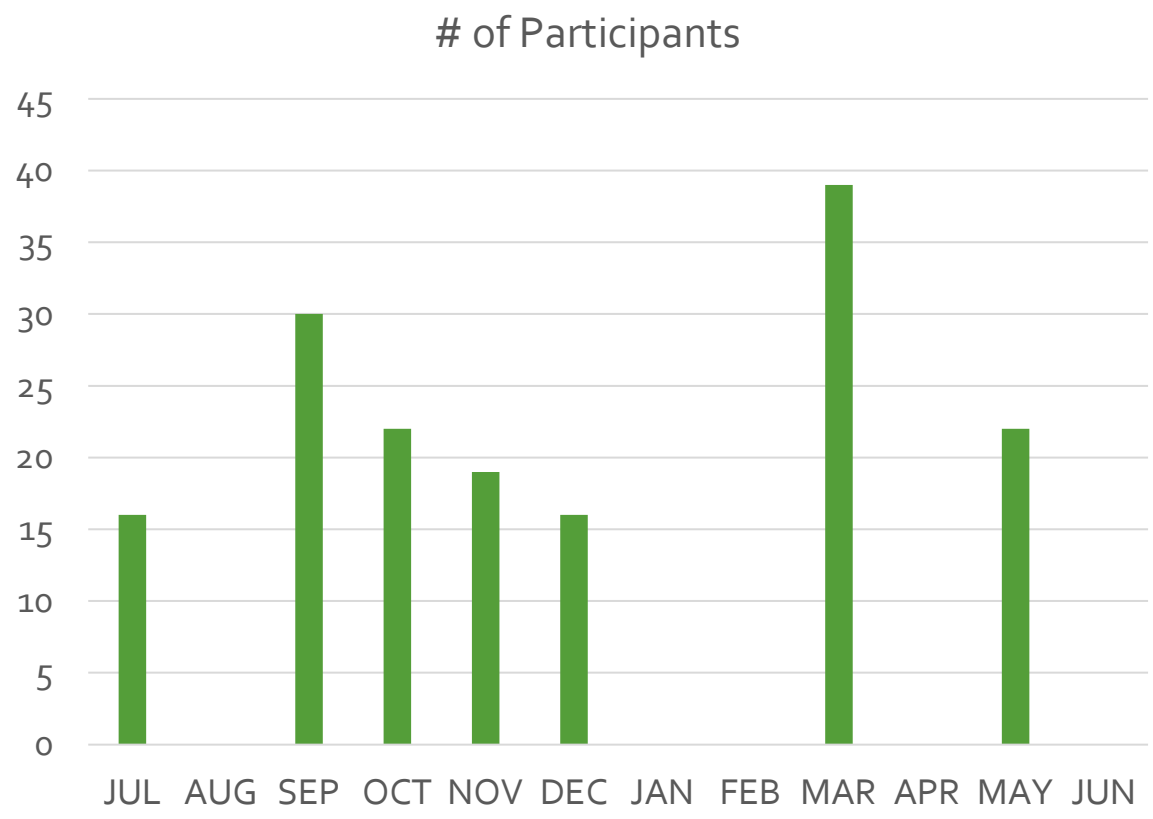
III. Appointed Committee Co-Chair (Caleb Harvey, Seneca)

IV. Developing equity dashboard to establish disparity reduction goals

Next Public Meeting:

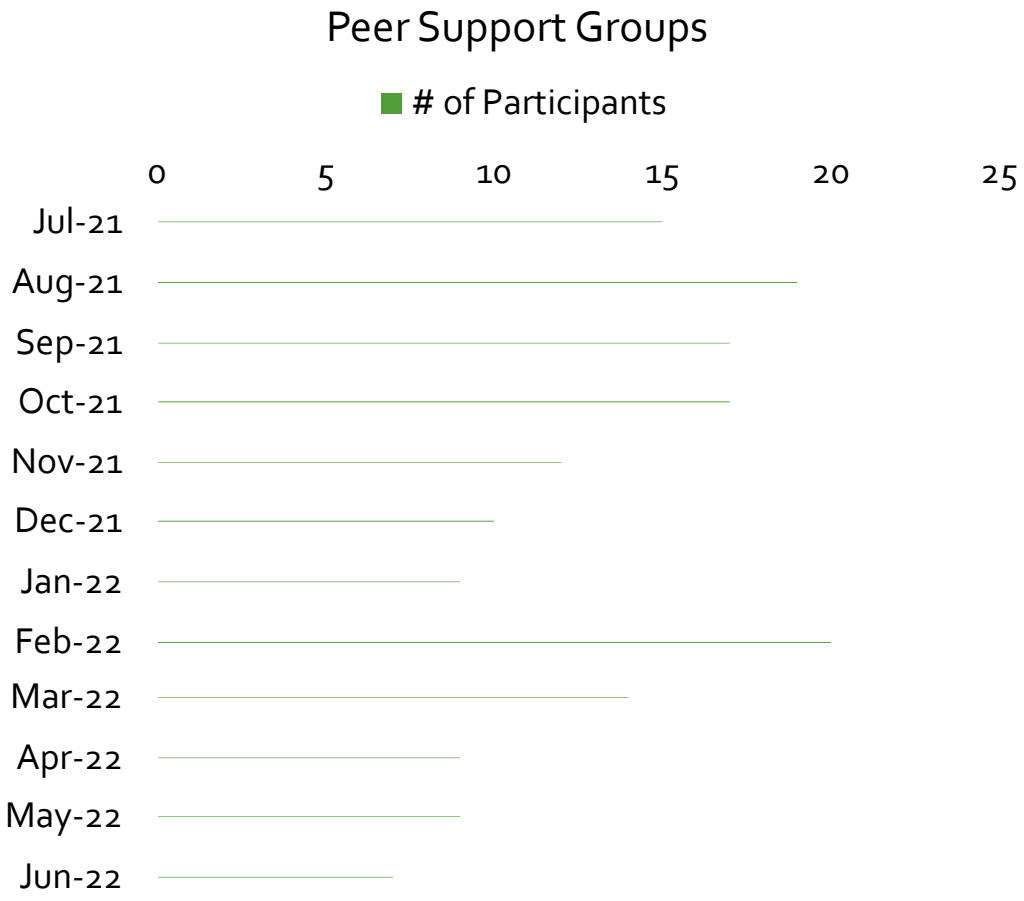
December 14th, 2021

10:30am – 12:00pm



II. WELLNESS & RECOVERY

II. WELLNESS & RECOVERY

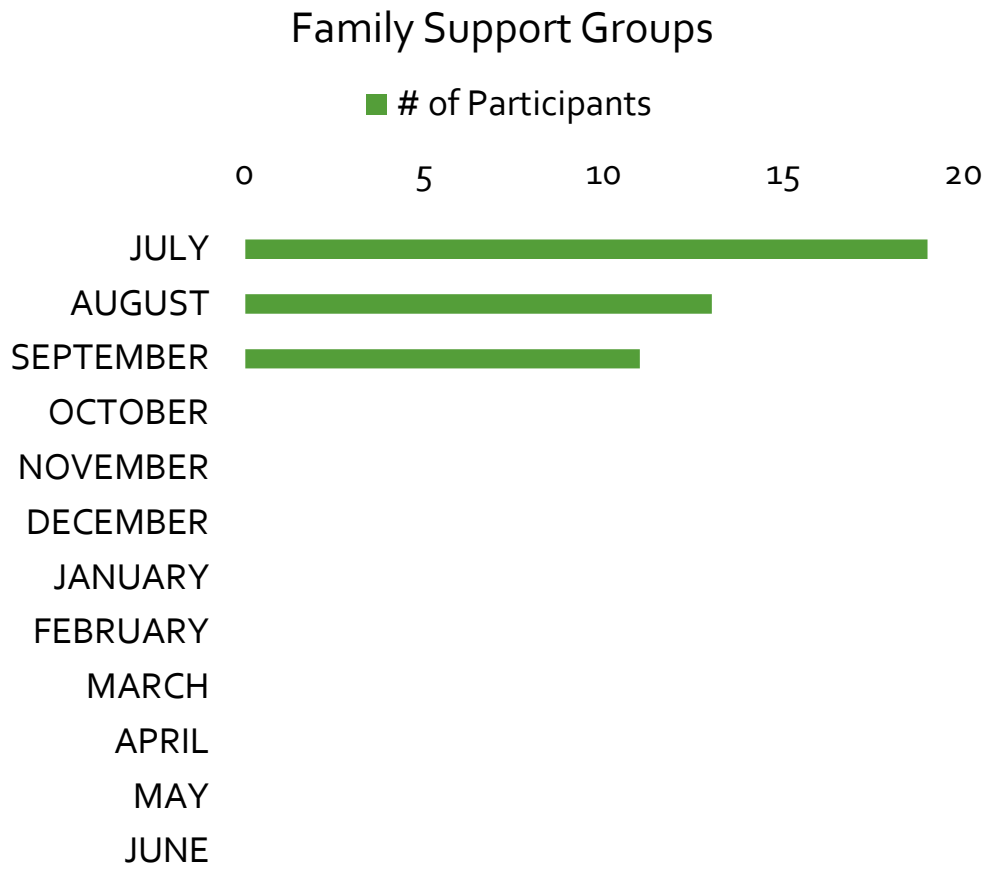


AG-1: Provide Support Groups to Adult and Family community members to better support their understanding of their or their loved one's BH challenges and learn effective ways to cope and seek support.

Goal:

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

II. WELLNESS & RECOVERY



AG-1: Provide Support Groups to Adult and Family community members to better support their understanding of their or their loved one's BH challenges and learn effective ways to cope and seek support.

Goal:

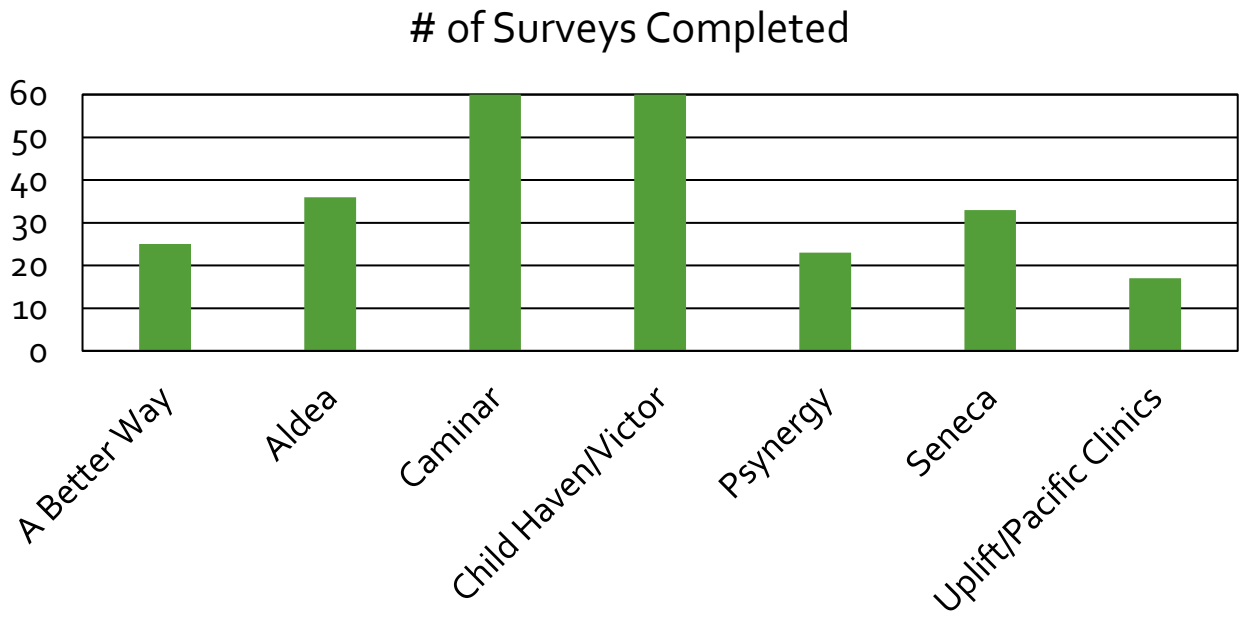
- Increase the # of total unique group members who participate quarterly.
- Increase the % of unduplicated participants who respond positively to the quarterly "Quality of Life Outcome Tool" survey items.

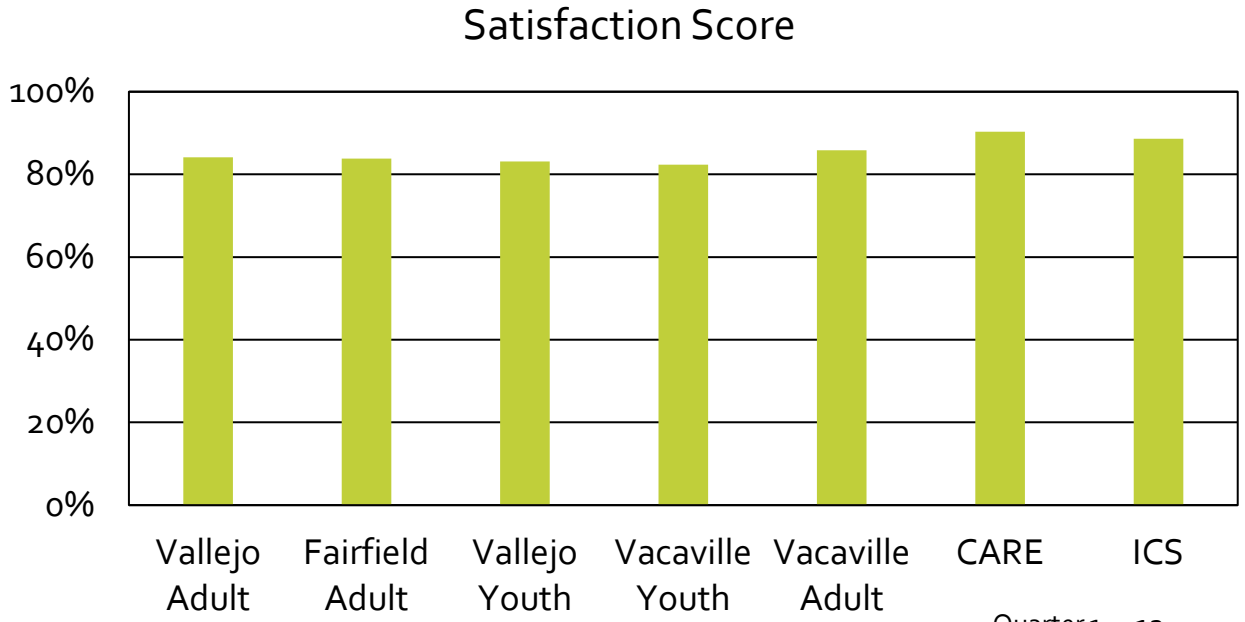
III. BENEFICIARY SATISFACTION & PROTECTION

III. BENEFICIARY SATISFACTION & PROTECTION

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

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





III. Beneficiary Satisfaction & Protection

Question	Yes, definitely	Yes, somewhat	No
1. Did the staff explain things in a way that was easy to understand?	93%	6%	1%
2. Did the staff listen carefully to you?	94%	5%	1%
3. Did the staff show respect for what you had to say?	95%	4%	0%
4. Did you feel the staff was respectful of your race/ethnicity?	95%	3%	1%
5. Did you feel the staff was respectful of your religion/spirituality?	95%	4%	0%
6. Did you feel the staff was respectful of your sexual orientation/gender identity?	94%	4%	0%
	Yes	**No, but I'd like one**	**I don't need one**
7. Was an interpreter/bilingual staff provided?	9%	2%	81%
If yes,	**Yes, definitely**	**Yes, somewhat**	**No**
8. Did the interpreter/bilingual staff meet your needs?	100%	0%	0%
9. Do you feel better?	**Yes, definitely**	**Yes, somewhat**	**No**
10. Would you recommend our services to others?	70%	22%	2%

IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION

IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION

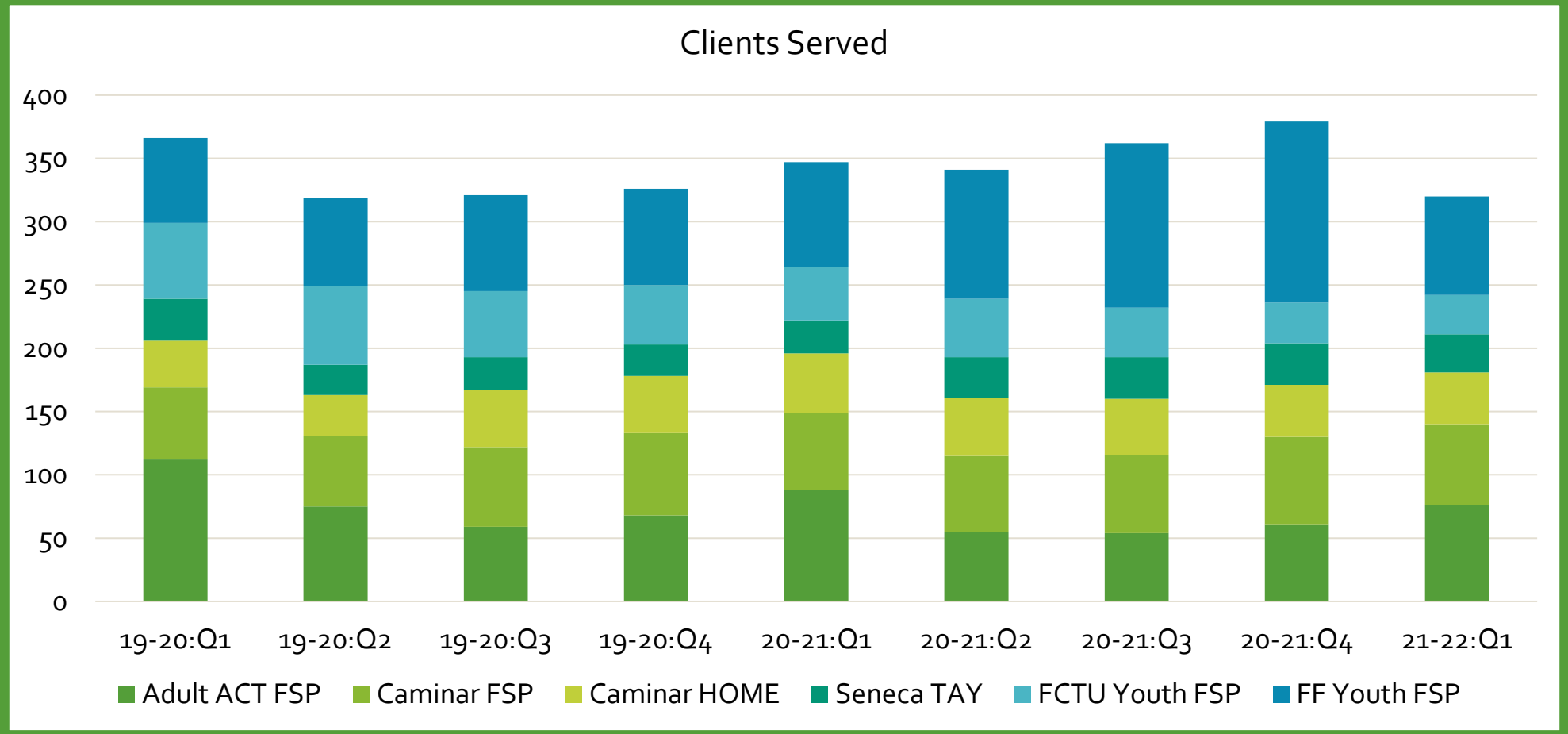
FSP Program	Clients Served	Clients w/ Co-occurring Dx	Hospitalized 1x		Hospitalized >1x		Incarcerated 1x		Exp. 1 Incidence of Homelessness		Loss of Placement (Youth Only)	
			#	%	#	%	#	%	#	%	#	%
Adult ACT FSP	76	29	6	8%	0	0%	5	7%	4	5%	N/A	
Caminar Adult FSP	64	20	2	3%	1	2%	1	2%	0	0%		
Caminar HOME	41	32	6	15%	4	10%	1	2%	1	2%		
Seneca TAY	30		0	0%	0	0%	1	3%	0	0%	2	7%
Foster Care Treatment Unit	31		2	6%	0	0%	0	0%	0	0%	1	3%
Fairfield Youth FSP	78		3	4%	0	0%	3	4%	0	0%	2	3%
Total:	**320**	**81**	**19**	**6%**	**5**	**2%**	**11**	**4%**	**5**	**1%**	**5**	**2%**
Previous Quarter Total:	379	9	2%	5	1%	9	2%	5	1%	6	6	3%

AG-1: Expand FSP to achieve goals per ACT model.

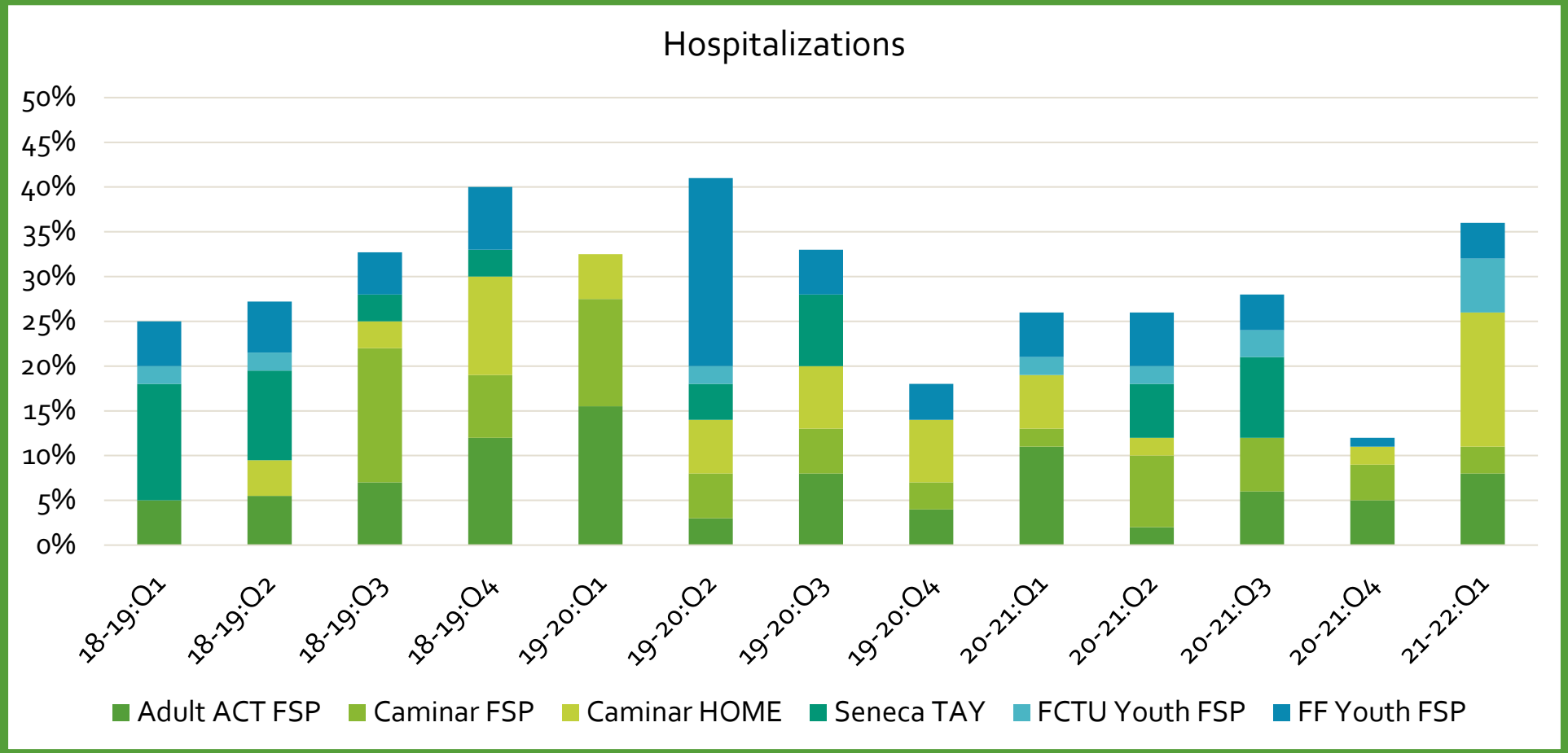
Goal:

- Decrease percentage of FSP clients in inpatient hospitalizations to less than 5%
- Decrease the percentage of FSP clients hospitalized 2 or more times to less than 3%
- Decrease total FSP clients incarcerated by 5%
- Reduce # of FSP clients without stable housing.
- Increase capacity to serve clients with co-occurring MH/SUD; track # clients with dual diagnosis

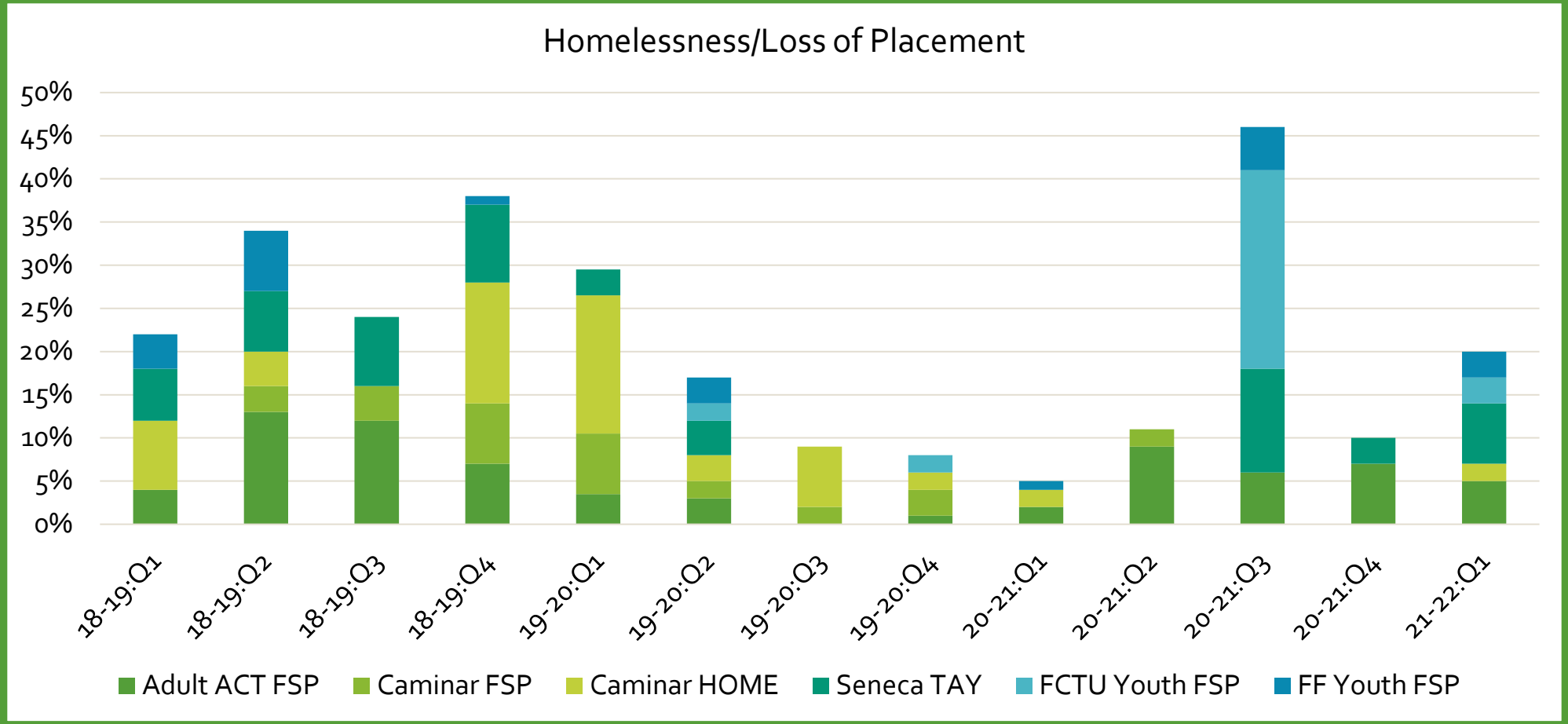
IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION



IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION



IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION



IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION

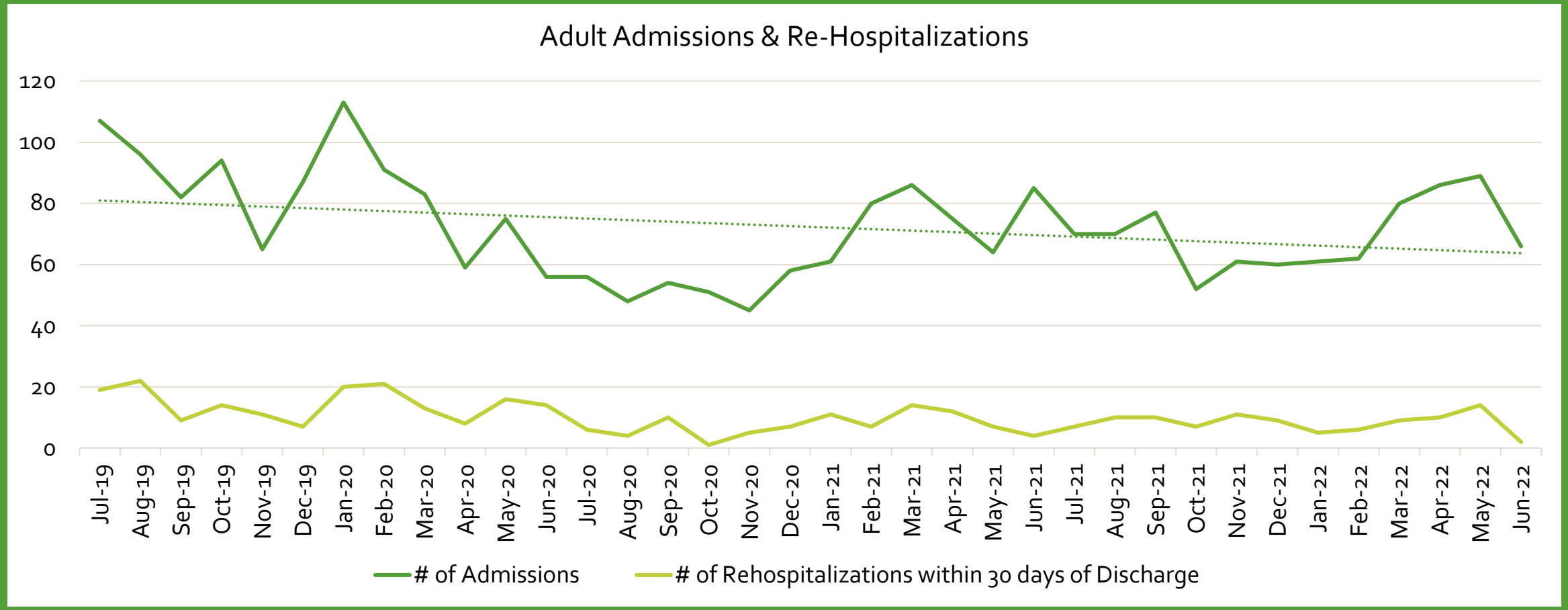
AG-2: Maintain or improve the following hospital-related measures.

Goal:

- Maintain a monthly average of less than 84 total hospitalizations
- Maintain an average of 17% or less of clients re-hospitalized within 30 days of discharge.

Month	Total Adult Inpatient Hospitalizations	Total Adult Discharges	Total #/% Adult Rehospitalizations w/in 30 days of discharge	
Jul	70	71	7	10%
Aug	70	75	10	14%
Sep	77	71	10	13%
Total	217	217	27	12%

IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION



IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION

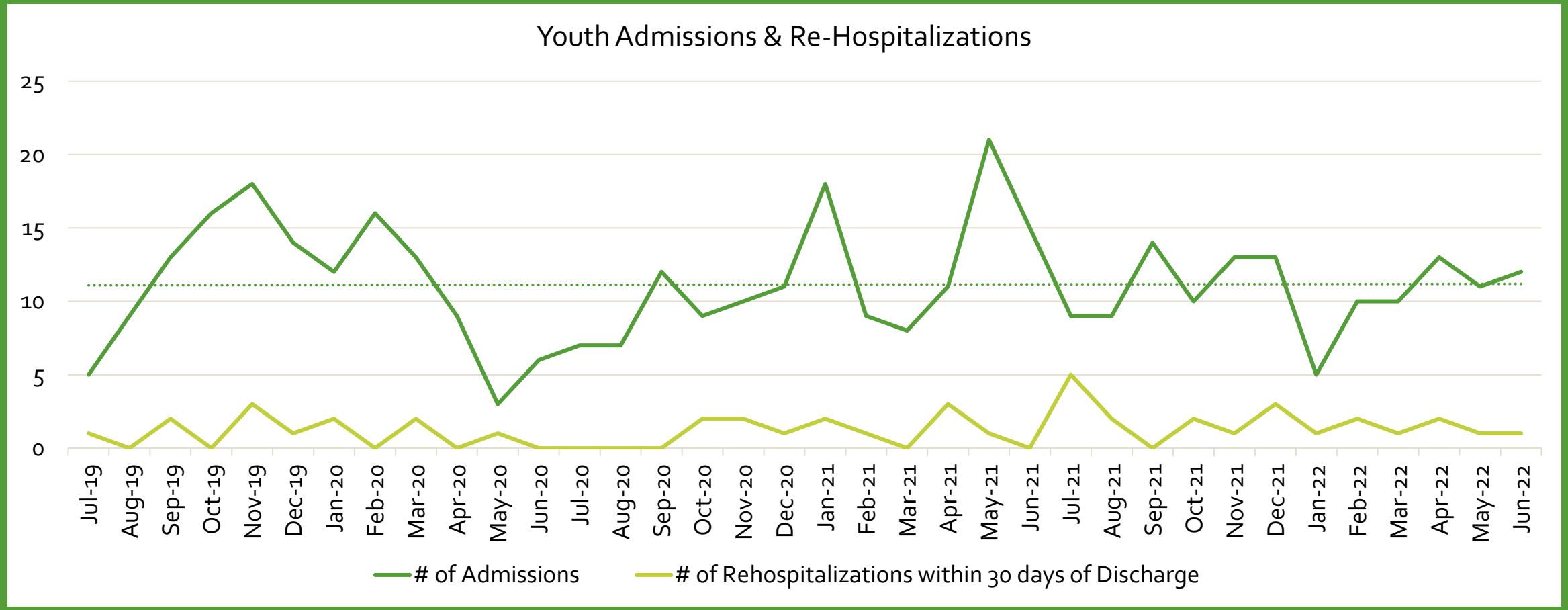
AG-3: Maintain or improve the following hospital-related measures.

Goal:

- Maintain a monthly average of less than 11 total hospitalizations
- Maintain an average of 10% or less of clients re-hospitalized within 30 days of discharge.

Month	Total Child Inpatient Hospitalizations	Total Child Discharges	Total #/% Child Rehospitalizations w/in 30 days of discharge	
Apr	9	7	5	56%
May	9	10	2	22%
Jun	14	13	0	0%
Total	32	30	7	22%

IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION



IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION

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

Goal:

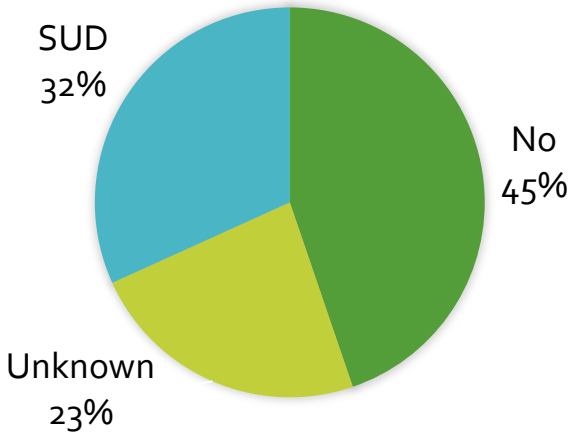
1. Track the # of clients with co-occurring diagnoses engaged in and receiving treatment.
2. Increase the # of staff cross-trained within the mental health & substance use teams.
3. Develop mechanisms to support integration.

Data for FY 20220/2021

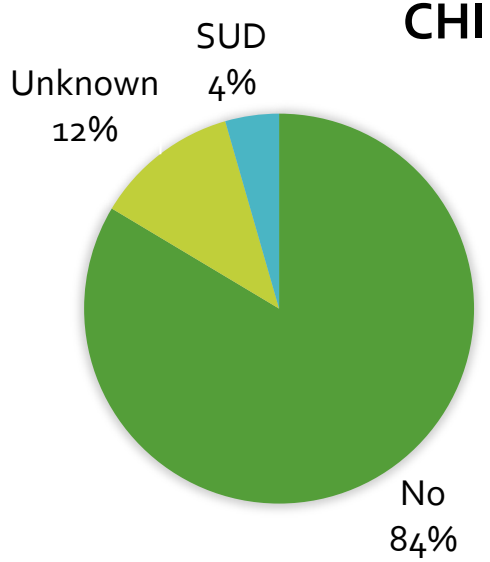
Breakdown by SUD type:

- 49% Alcohol
- 10% Opioid
- 50% Of clients with PTSD have SUD
- 35% Cannabis
- 6% Cocaine

ADULT



CHILD



V. SERVICE ACCESS & TIMELINESS

V. SERVICE ACCESS & TIMELINESS

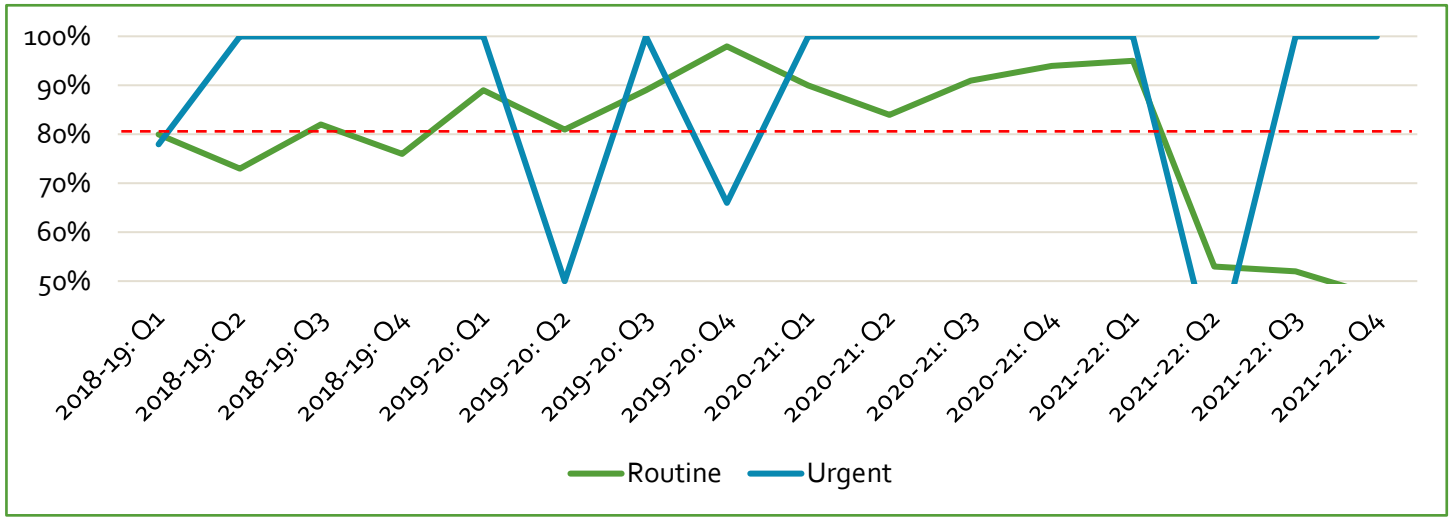
AG-1: Service request to first offered Assessment appointment in Youth System of Care

Goal:

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

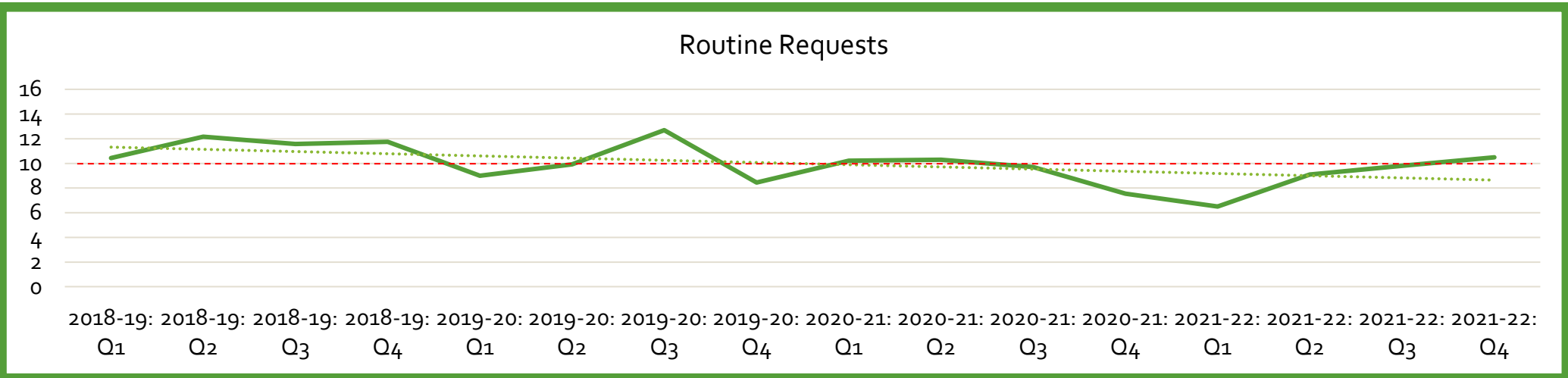
Youth System of Care

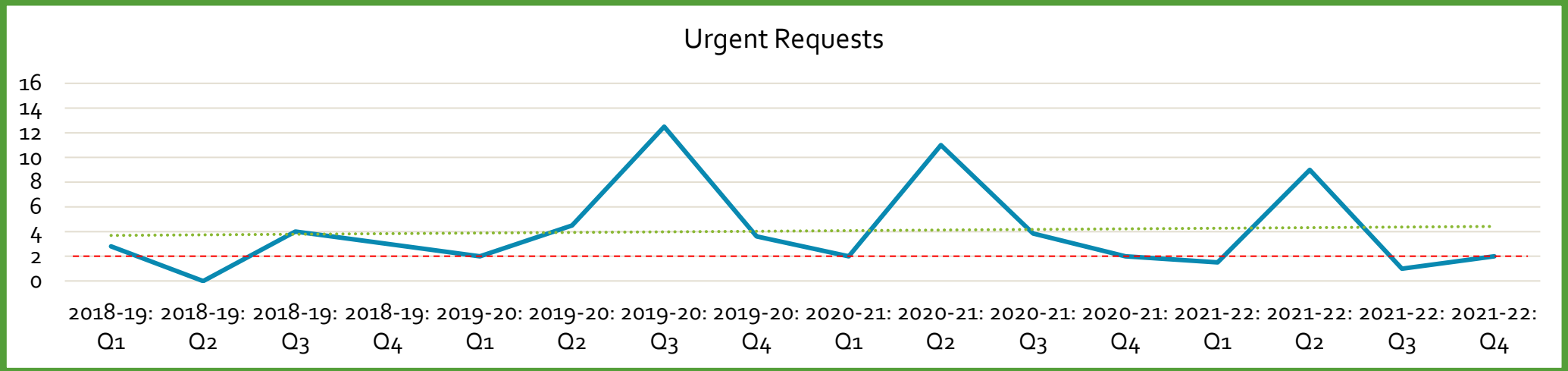
Request Type	Avg. # of Bus. Days from Service Request to 1st Offered Ax Appt	Avg. # of Bus. Days from Ax Completion to 1st Offered Tx Appt
Routine	6.5	6.1
Urgent	1.5	9
Total	6.5	6.2



V. SERVICE ACCESS & TIMELINESS

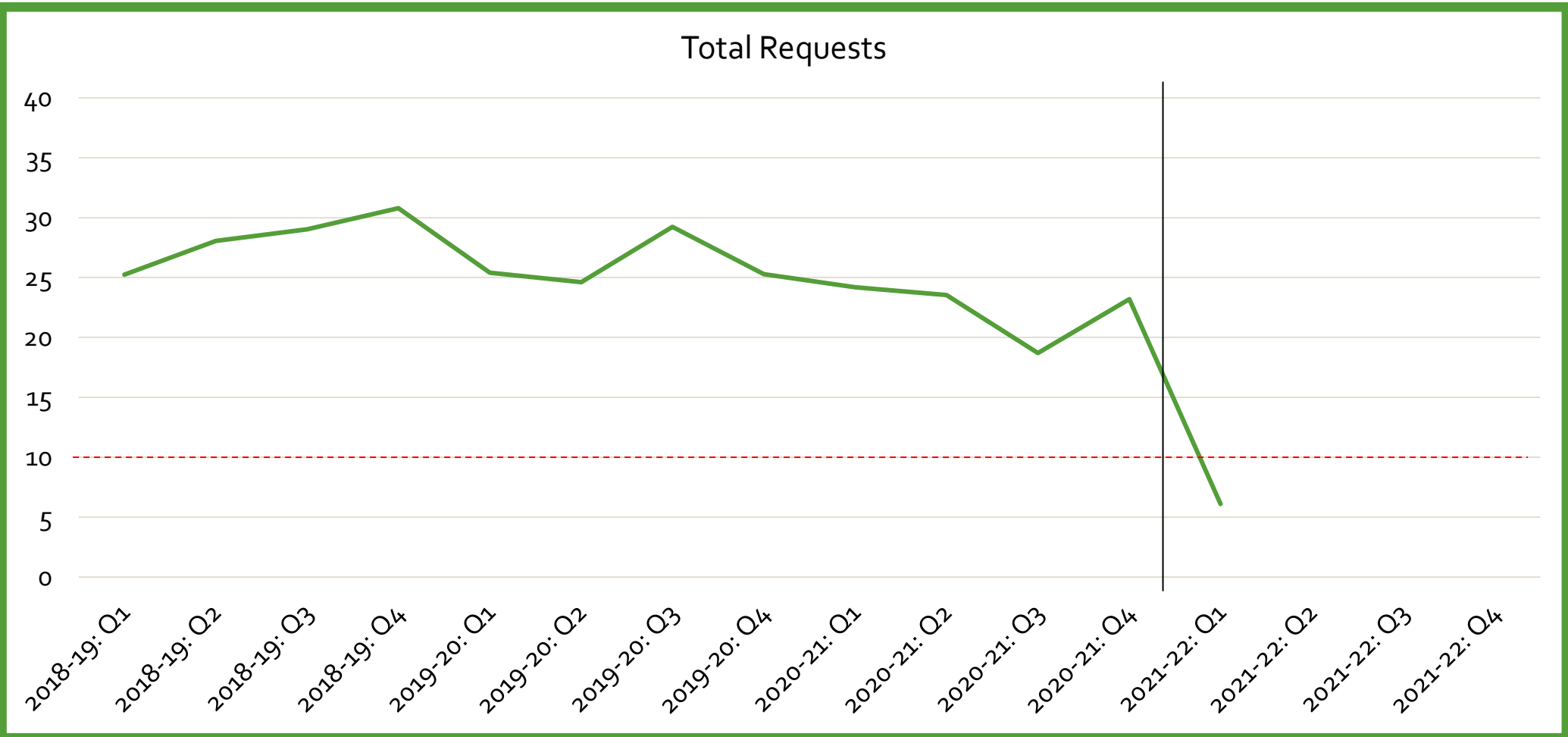
Average Number of Business Days from Service Request to 1st Offered Assessment Appointment





V. SERVICE ACCESS & TIMELINESS

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



V. SERVICE ACCESS & TIMELINESS

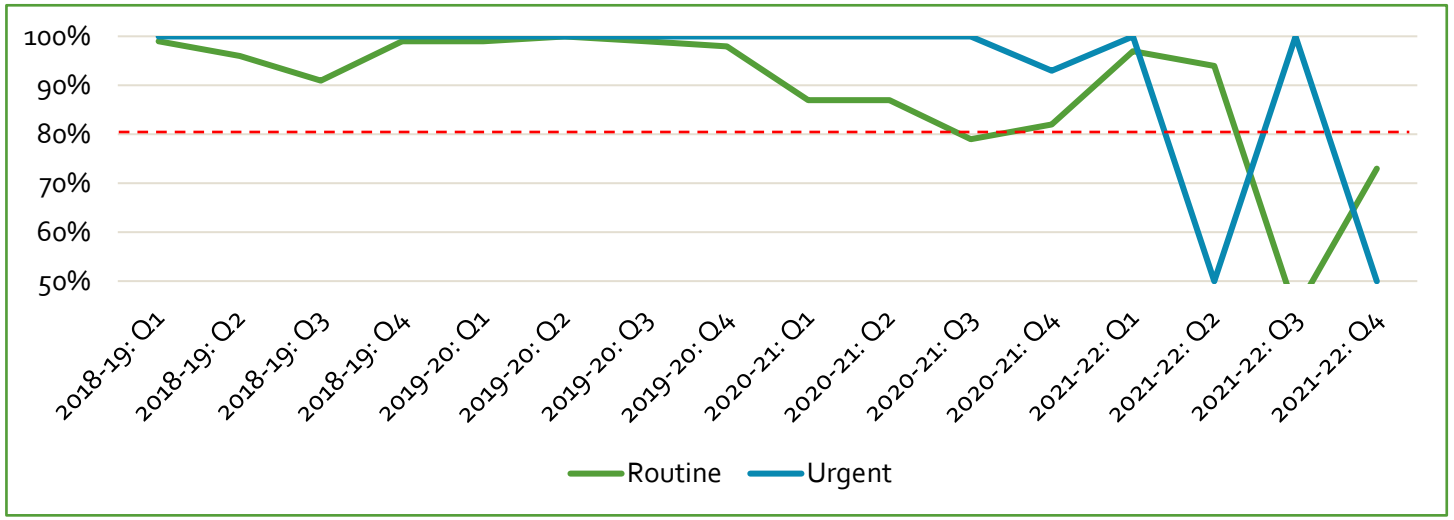
AG-2: Service request to first offered Assessment appointment in Adult System of Care

Goal:

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

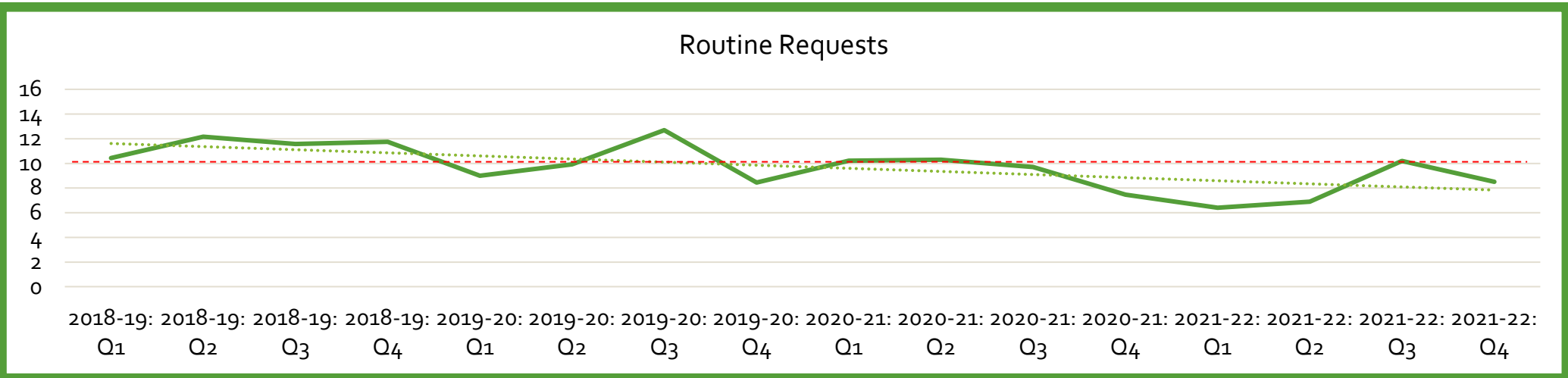
Adult System of Care

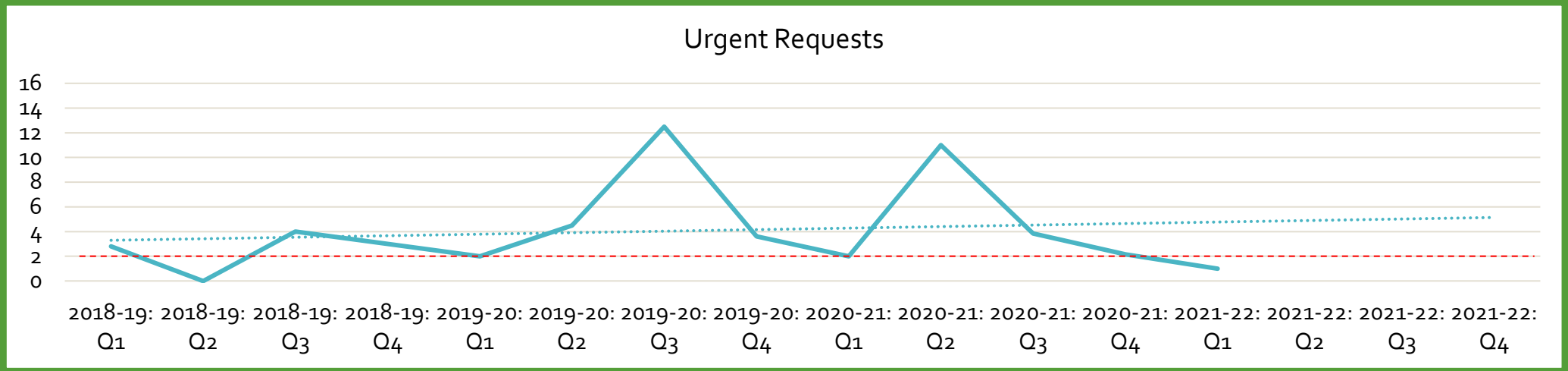
Request Type	Avg. # of Bus. Days from Service Request to 1st Offered Ax Appt	Avg. # of Bus. Days from Ax Completion to 1st Offered Tx Appt
Routine	6.4	9.3
Urgent	1	6.25
Total	6.3	9.3



V. SERVICE ACCESS & TIMELINESS

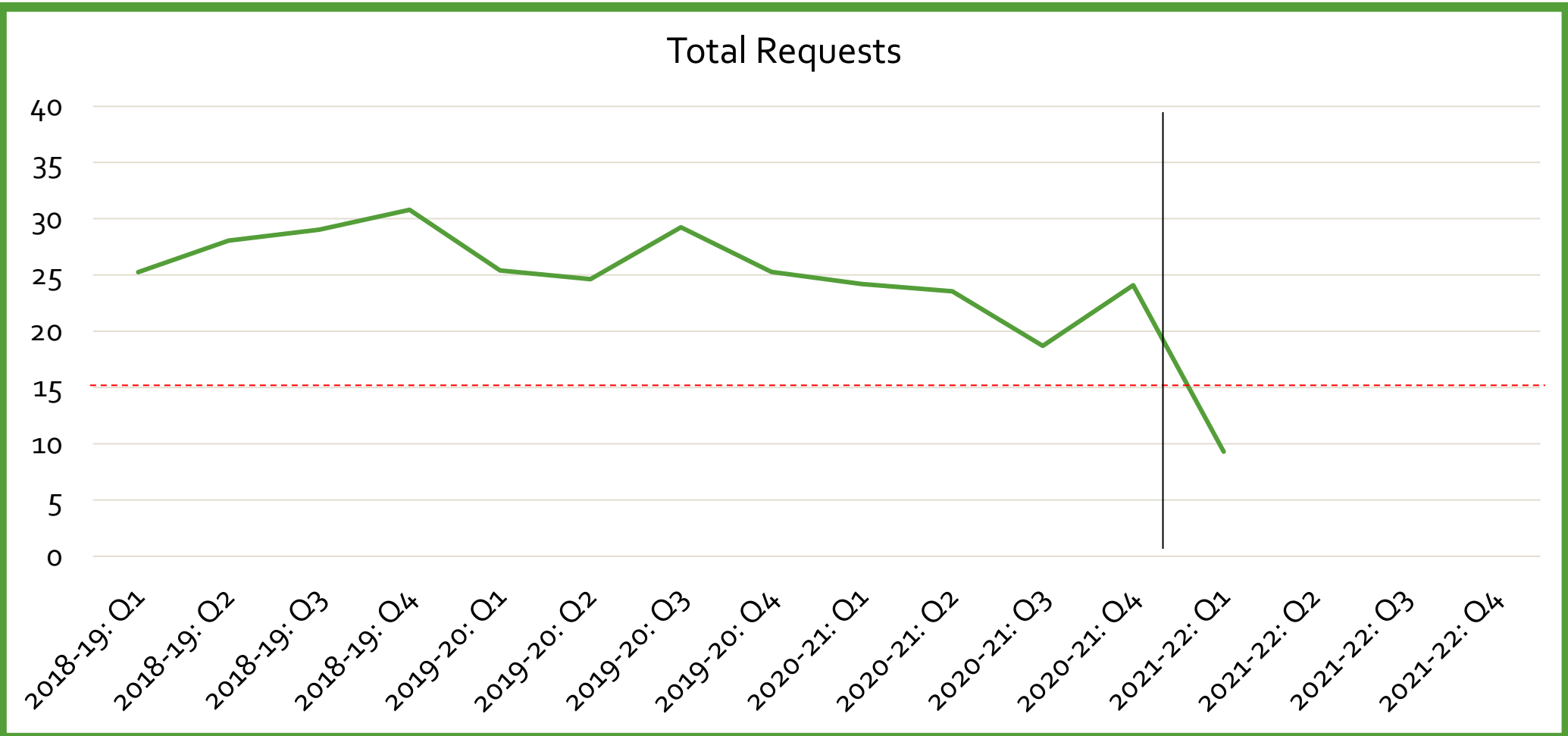
Average Number of Business Days from Service Request to 1st Offered Assessment Appointment





V. SERVICE ACCESS & TIMELINESS

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



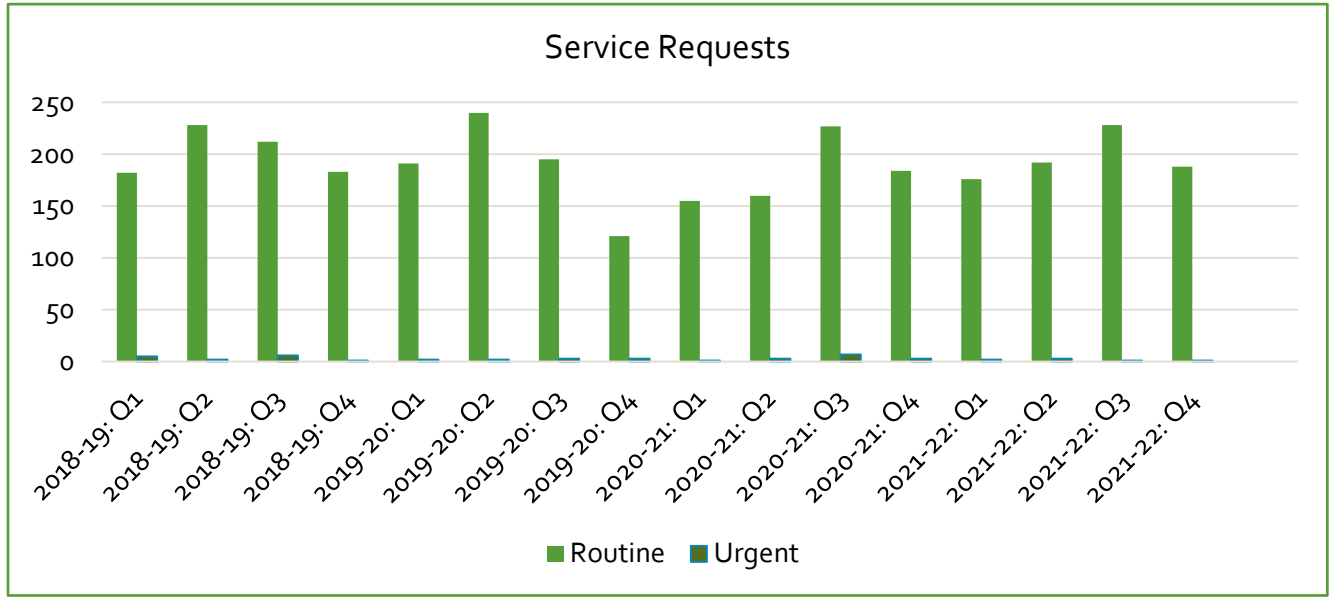
V. SERVICE ACCESS & TIMELINESS

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

Goal:

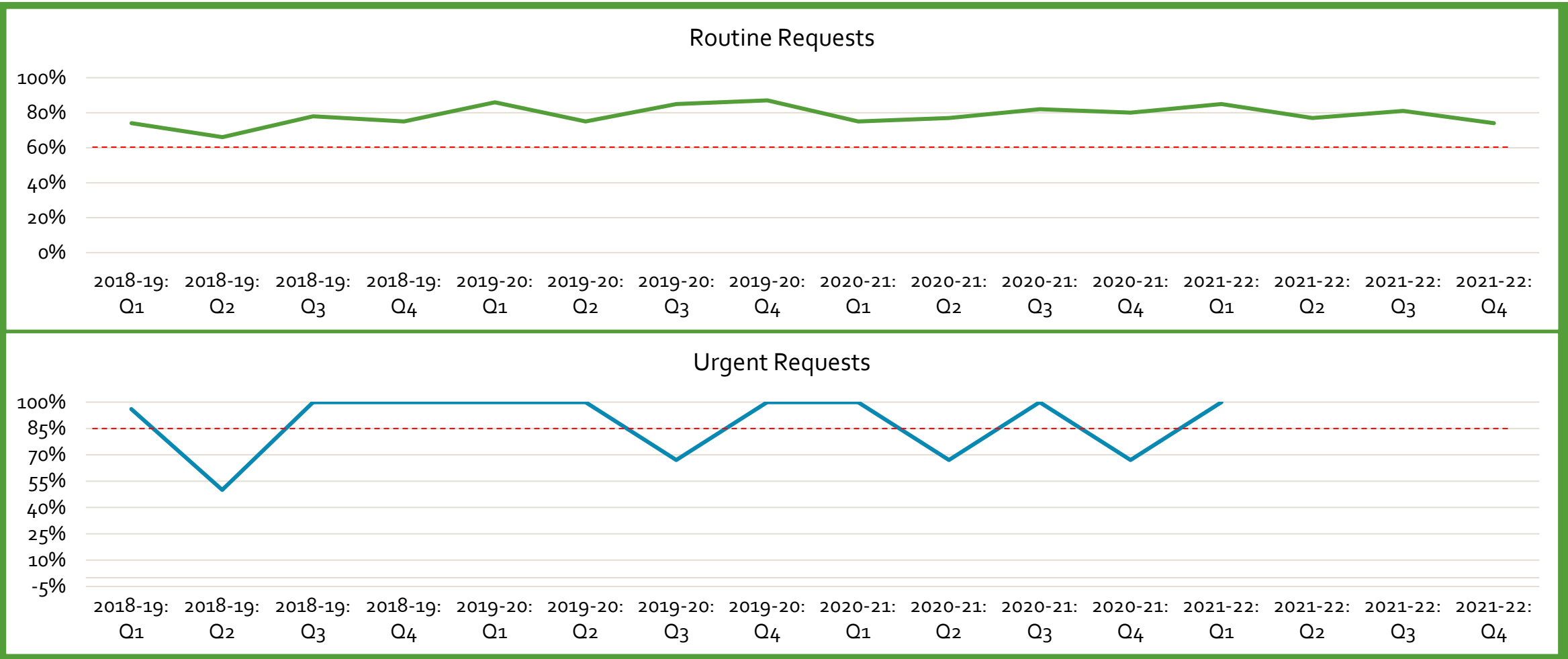
1. For routine requests
   a. 60% of service requests will result in an Ax
   b. 45% of service requests will result in a Tx service
2. For urgent requests
   a. 85% of service requests will result in an Ax
   b. 60% of service requests will result in a Tx service

Youth System of Care	Routine Requests	Urgent Requests	Totals
Total Service Requests	176	2	178
Received Ax (%)	85%	100%	85%
Received Ax (#)	150	2	152
Received Tx (%)	43%	100%	43%
Received Tx (#)	76	2	78



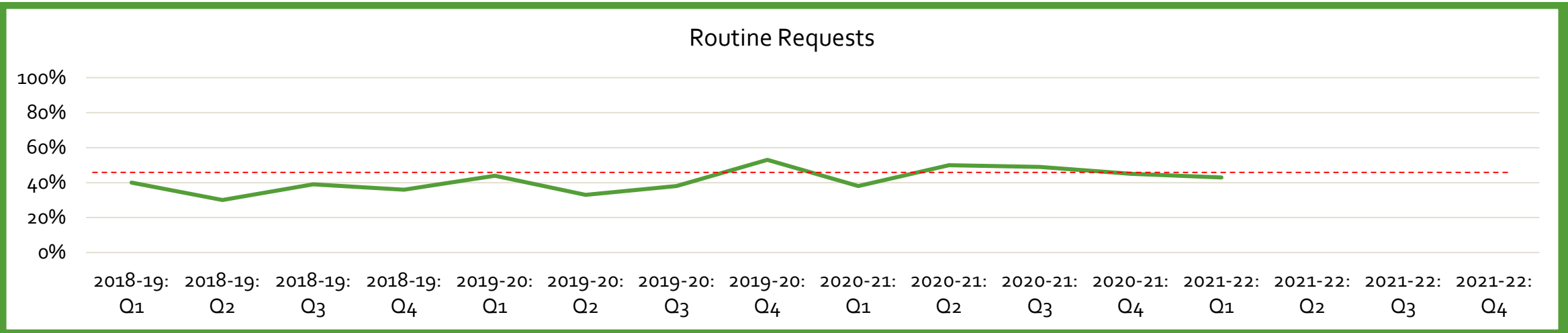
V. SERVICE ACCESS & TIMELINESS

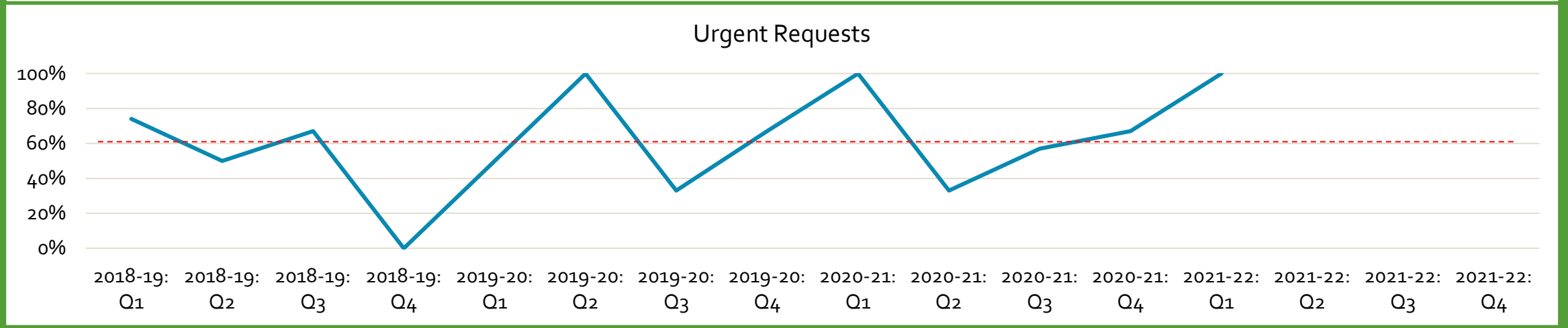
Youth - Percentage of Service Requests with a Completed Assessment



V. SERVICE ACCESS & TIMELINESS

Youth - Percentage of Service Requests with a Treatment Service





V. SERVICE ACCESS & TIMELINESS

- Youth Engagement to Intake Assessment and Initial Treatment Appt.

Youth System of Care	Routine Requests	Urgent Requests	Totals
Total Service Requests	176	2	178
% Didn't Show For Ax	15%	0%	15%
% Received Ax	85%	100%	85%
# Received Ax	150	2	152
Declined Tx	3	0	3
Didn't Meet Medical Necessity	7	0	7
# of clients who need Tx	140	2	140
% Received Tx	54%	100%	55%
# Received Tx	76	2	78

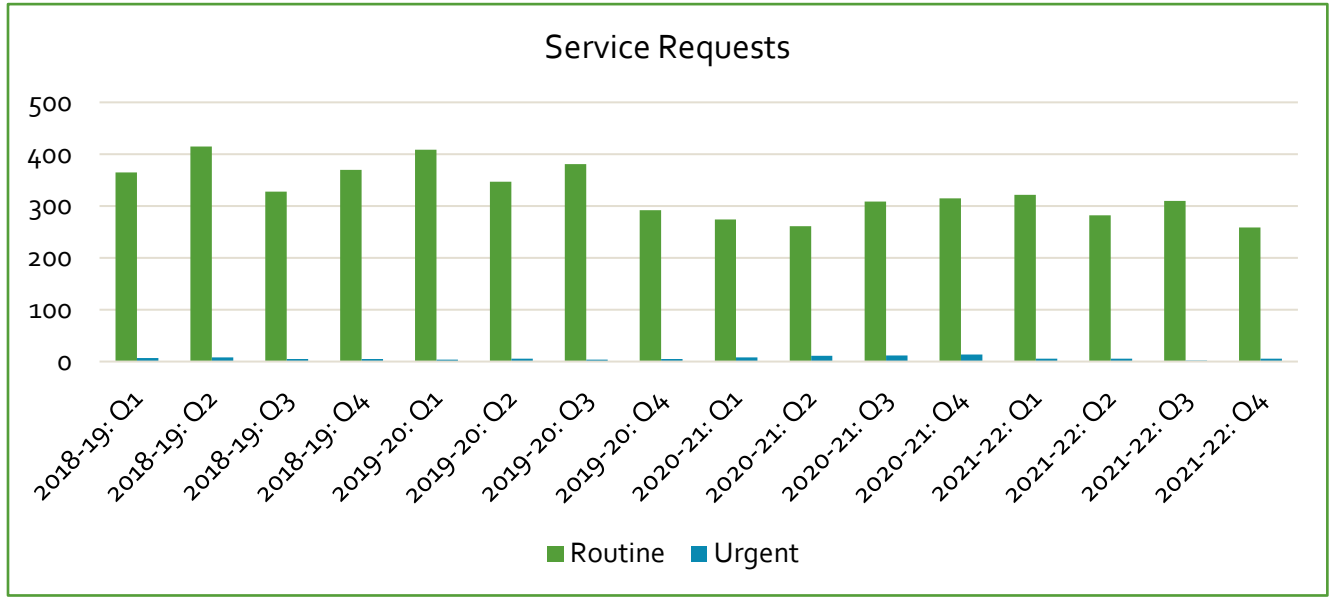
V. SERVICE ACCESS & TIMELINESS

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

Goal:

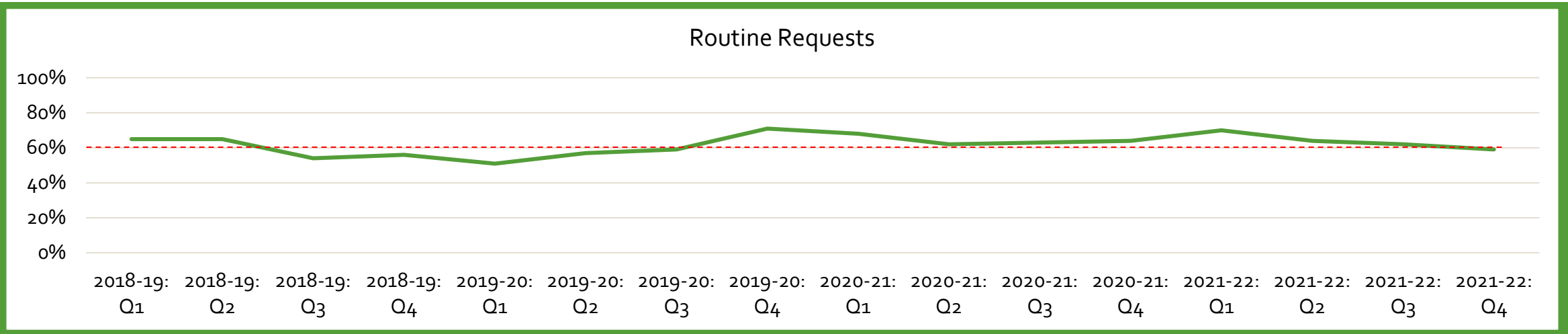
1. For routine requests
   a. 60% of service requests will result in an Ax
   b. 45% of service requests will result in a Tx service
2. For urgent requests
   a. 85% of service requests will result in an Ax
   b. 60% of service requests will result in a Tx service

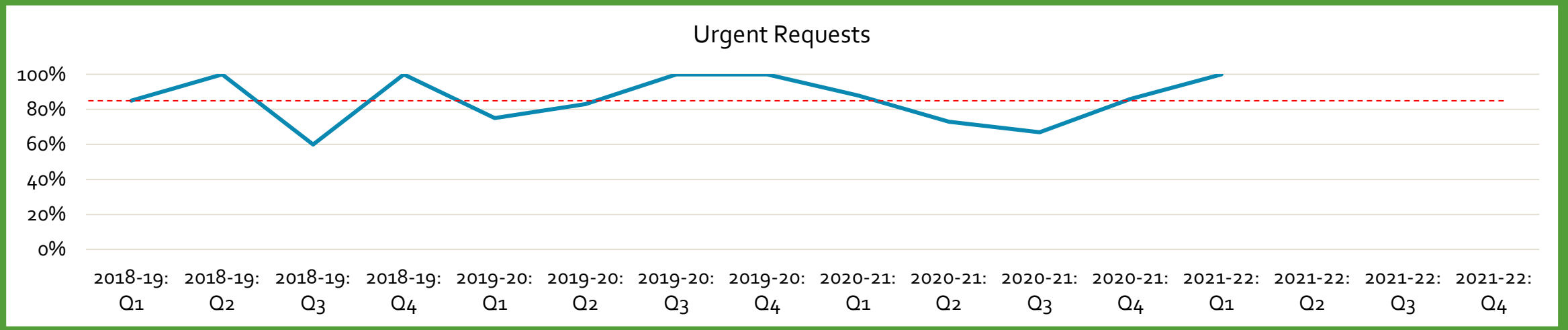
Adult System of Care	Routine Requests	Urgent Requests	Totals
Total Service Requests	322	6	328
Received Ax (%)	70%	100%	70%
Received Ax (#)	225	6	231
Received Tx (%)	40%	83%	41%
Received Tx (#)	129	5	134



V. SERVICE ACCESS & TIMELINESS

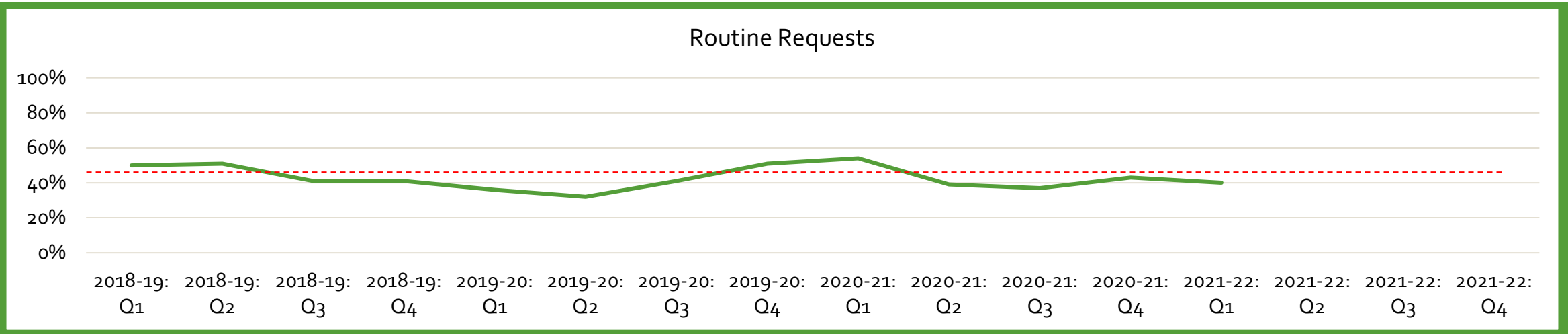
Adult - Percentage of Service Requests with a Completed Assessment

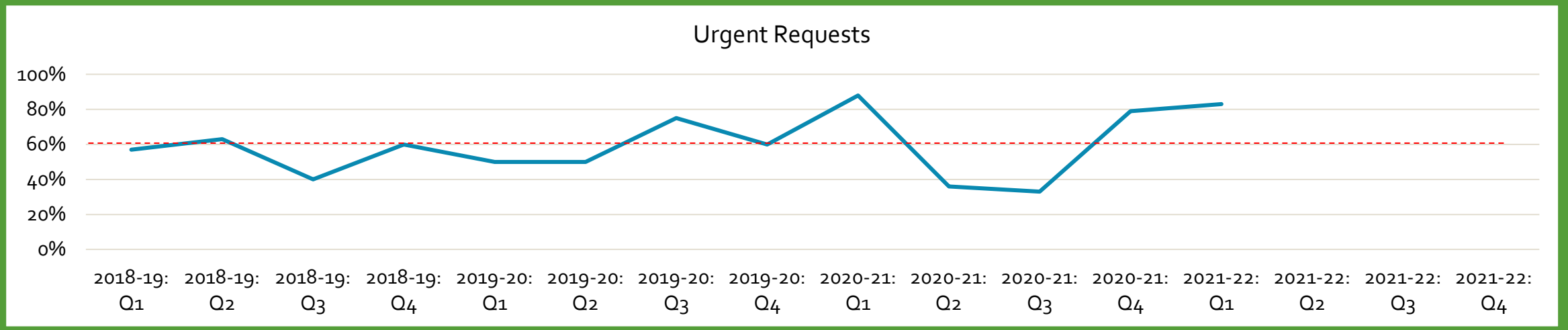




V. SERVICE ACCESS & TIMELINESS

Adult - Percentage of Service Requests with a Treatment Service





V. SERVICE ACCESS & TIMELINESS

- Adult Engagement to Intake Assessment and Initial Treatment Appt.

Adult System of Care	Routine Requests	Urgent Requests	Totals
Total Service Requests	322	6	328
% Didn't Show For Ax	30%	0%	30%
% Received Ax	70%	100%	70
# Received Ax	225	6	231
Declined Tx	2	0	2
Didn't Meet Medical Necessity	23	0	23
# of clients who need Tx	200	6	206
% Received Tx	65%	83%	65%
# Received Tx	129	5	134

V. SERVICE ACCESS & TIMELINESS

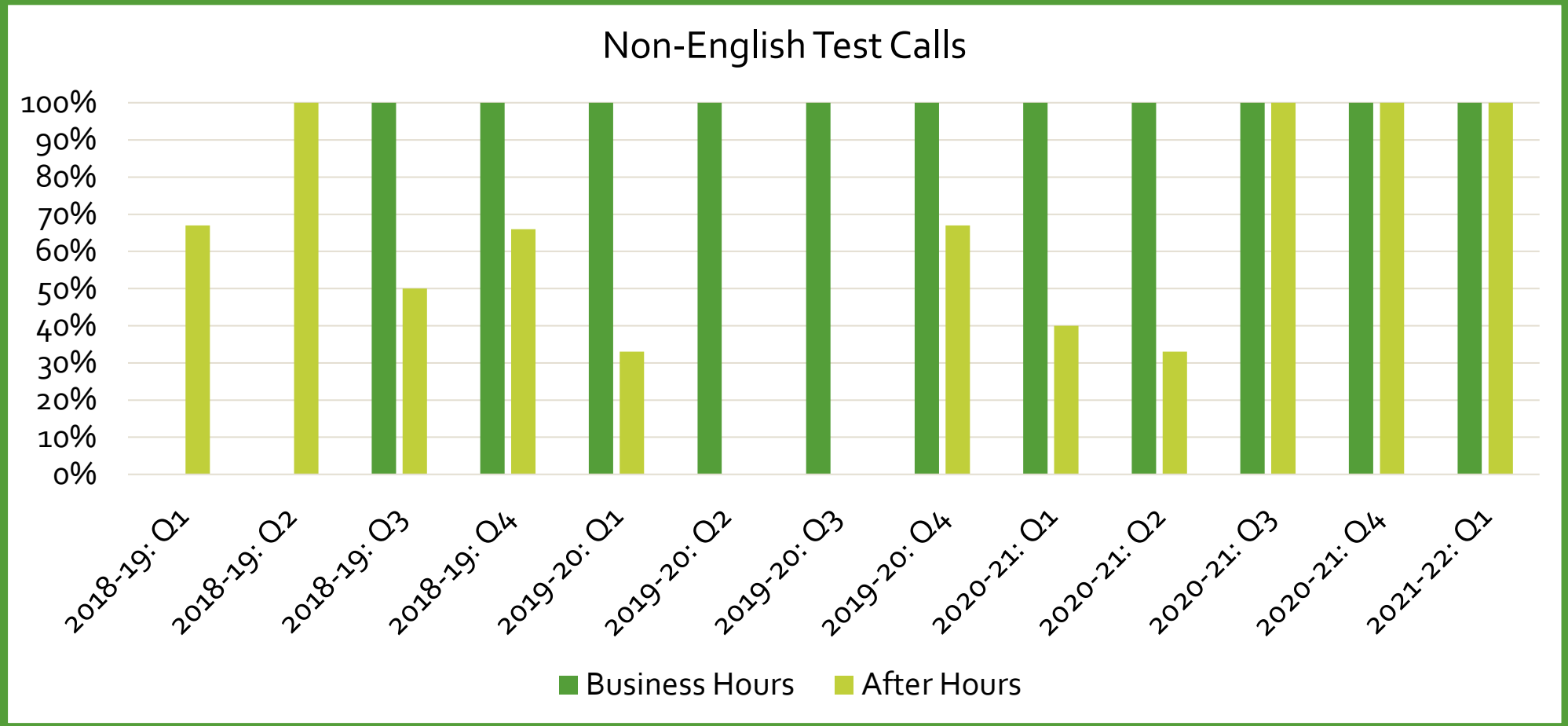
AG-5: Access test call performance

Goal:

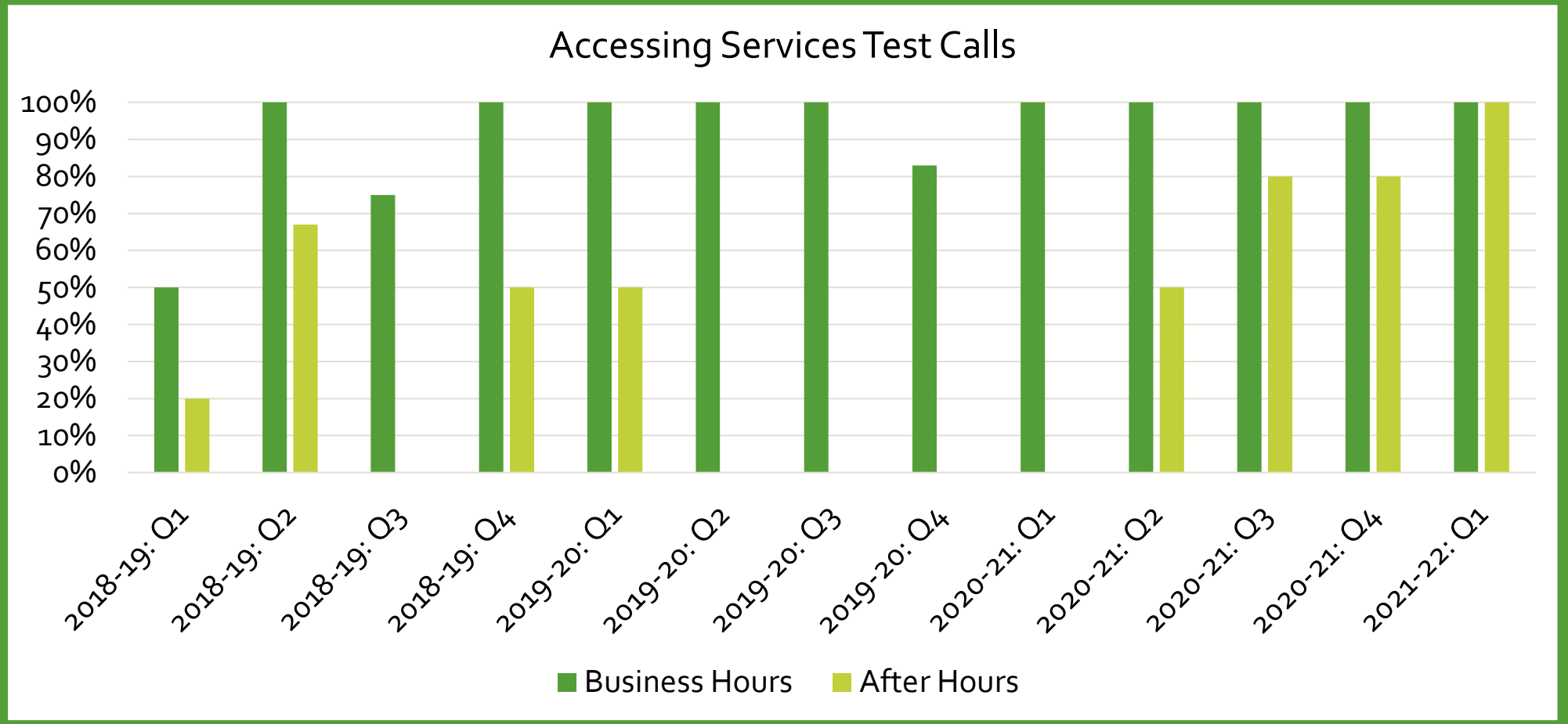
1. Minimum of 4 test calls will be made per month
2. Test for language capabilities
3. Test for appropriate information provided
4. Test for appropriate logging of all calls

	Bus. Hours or After Hours	# of Test Calls	# of Test Calls that Met Standards	% of Test Calls that Met Standards	% of Test Calls that Met Standards Last Year
Language(s) Tested: Spanish & Visayan (Filipino dialect)	B	3	3	100%	100%
	A	3	3	100%	25%
Info provided for accessing SMHS (including getting an Ax)	B	4	4	100%	96%
	A	5	3	60%	50%
Info provided for treating an urgent condition	B	1	1	100%	100%
	A	1	1	100%	50%
Info provided for Problem Resolution/ Fair Hearing	B	1	1	100%	100%
	A	0	0	---	0%
Logging calls	B	6	6	100%	100%
	A	6	4	67%	50%

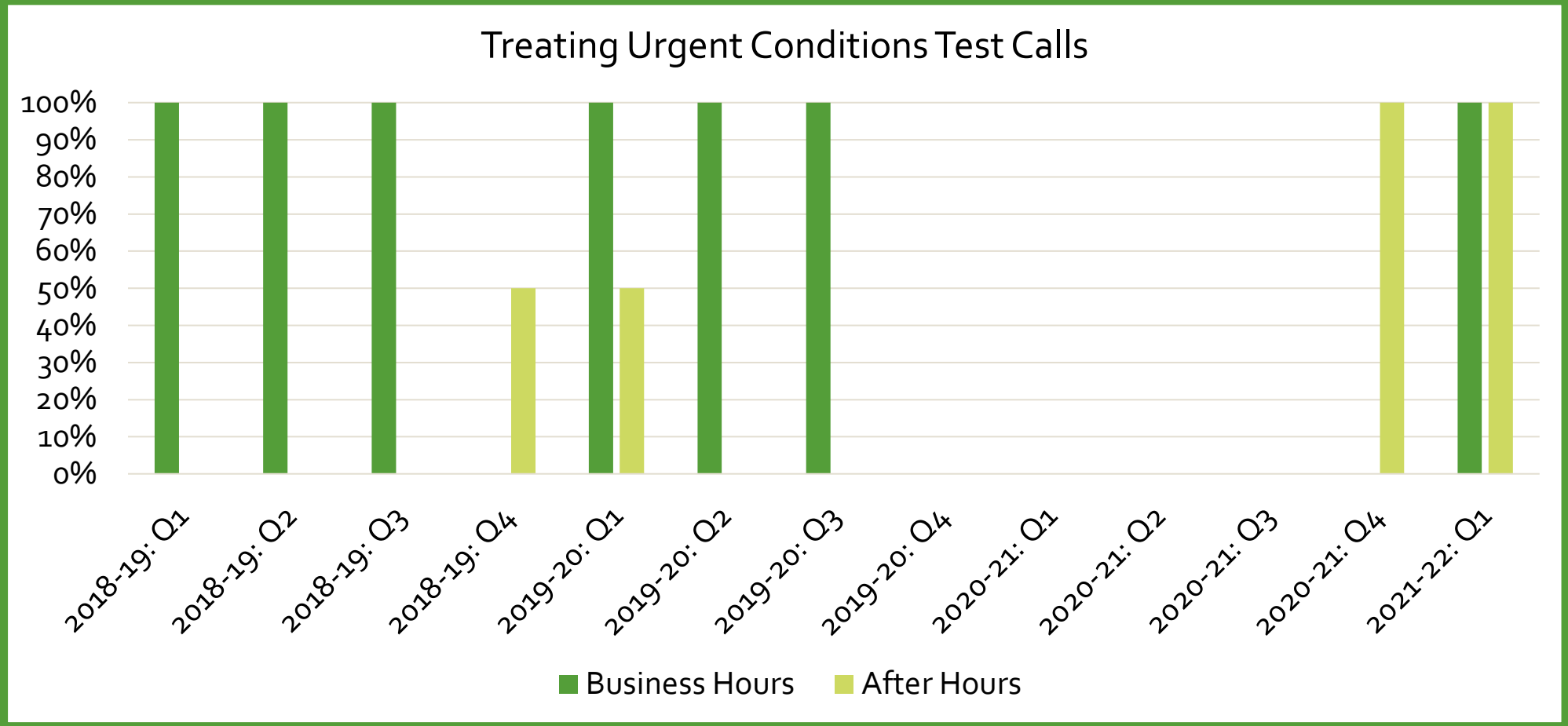
V. SERVICE ACCESS & TIMELINESS



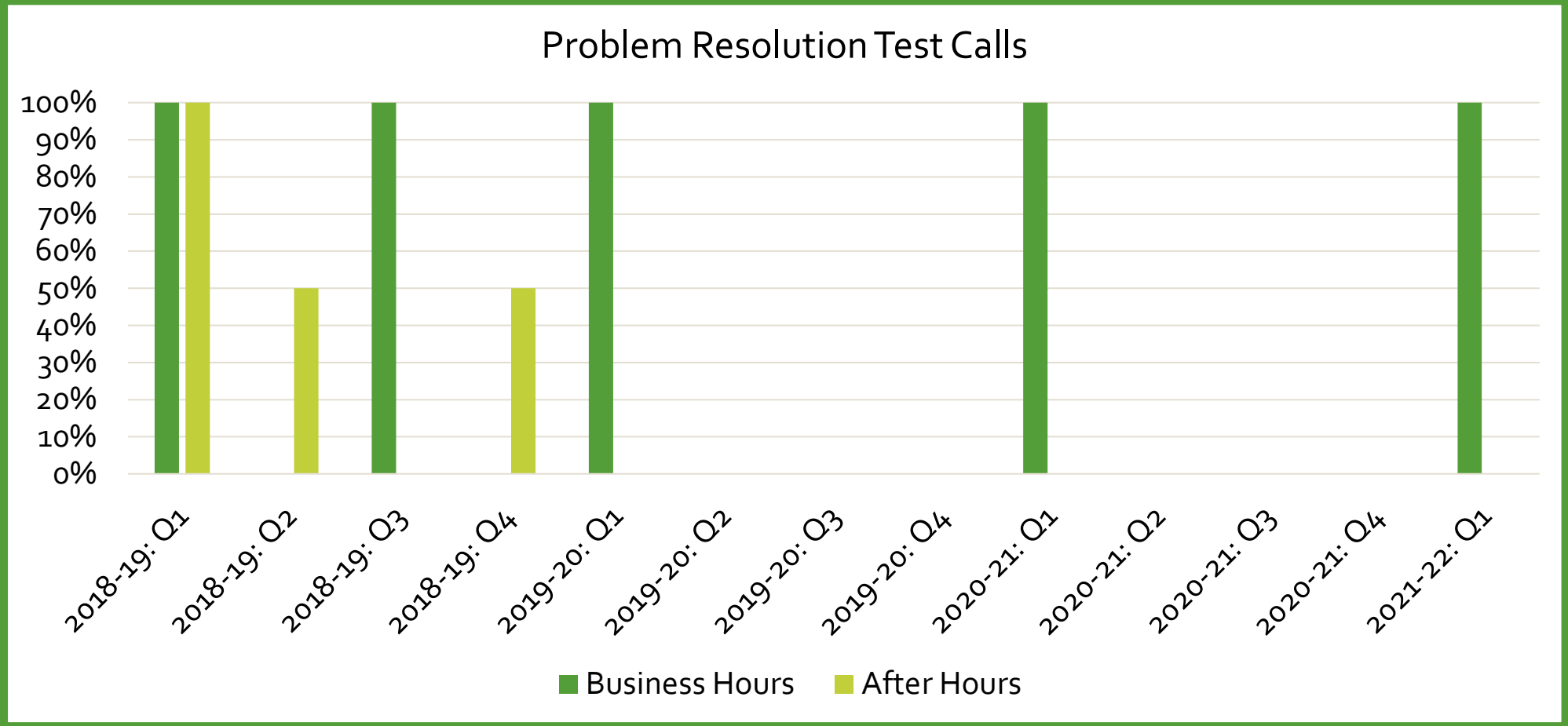
V. SERVICE ACCESS & TIMELINESS



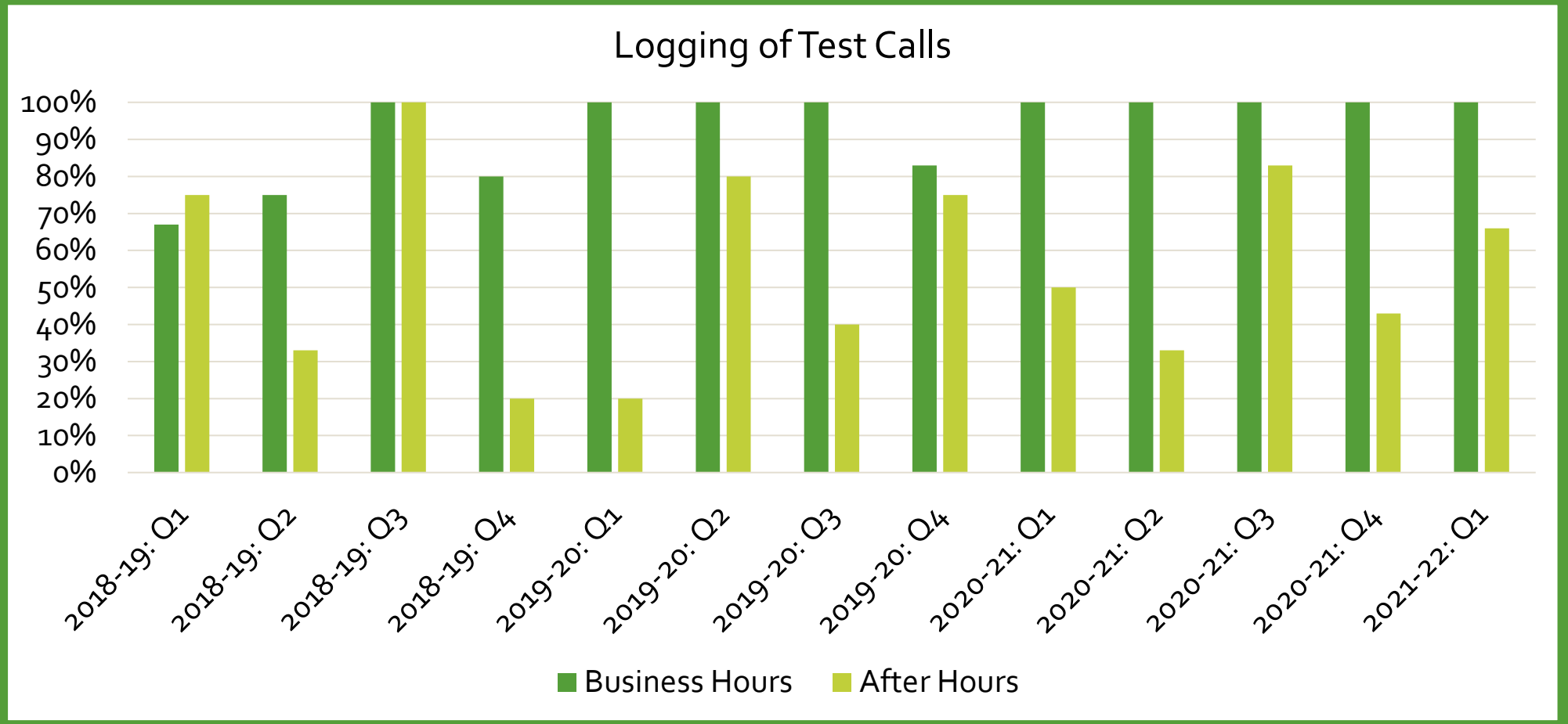
V. SERVICE ACCESS & TIMELINESS



V. SERVICE ACCESS & TIMELINESS



V. SERVICE ACCESS & TIMELINESS



VI. PERFORMANCE IMPROVEMENT PROJECTS

VI. PERFORMANCE IMPROVEMENT PROJECTS

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

PIP #1: Benefits of increased Telehealth

Measurements:

1. Total Adult Services
2. Telehealth Services
3. Telephone Services
4. No Shows

Performance Measures	Baseline (July-Dec 2019)	Re- measure (July-Dec 2020)	Final Measure
Total Adult Services	8770 services	9562 services	+9%
Telehealth services	1432 services	2248 services	+57%
Telephone Services	145 services	2509 services	+2364
No Show	3791	3464	-327

VI. PERFORMANCE IMPROVEMENT PROJECTS

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

PIP #2: Engagement with Beneficiaries discharging from Psychiatric Inpatient or CSU

Measurements:

1. Show rates to 1st follow up Assessment
2. Show rates to 1st follow up Treatment

Baseline: 1st Assessment	Baseline: 1st Treatment	Post Initial Intervention: 1st Assessment	Post Initial Intervention: 1st Treatment
52.58 %	47.77%	41.43%	23.29%

- ***Multi-disciplinary team meets every 1-2 weeks to discuss program processes and workflows for engaging with this vulnerable population. Representation in this team included Adult Outpatient clinic Supervisors/Managers and CARE Team/Hospital Liaison Supervisor and Manager, Access Supervisor and QI Manager.***
- ***Weekly emails are sent to OP Clinics and CARE team with names of referrals from Inpatient/CSU.***
- ***Tracking and monitoring spreadsheet implemented with columns to track who contacted these beneficiaries, if reminder calls, letters, home visits occurred.***
- ***Adult Outpatient Staff provide reminder calls and coordinate with CARE team***
- ***CARE Team/Hospital Liaison staff monitor discharge from inpatient/CSU, connect with beneficiary, coordinate with Adult Outpatient services and provide outreach and linking to follow up care***

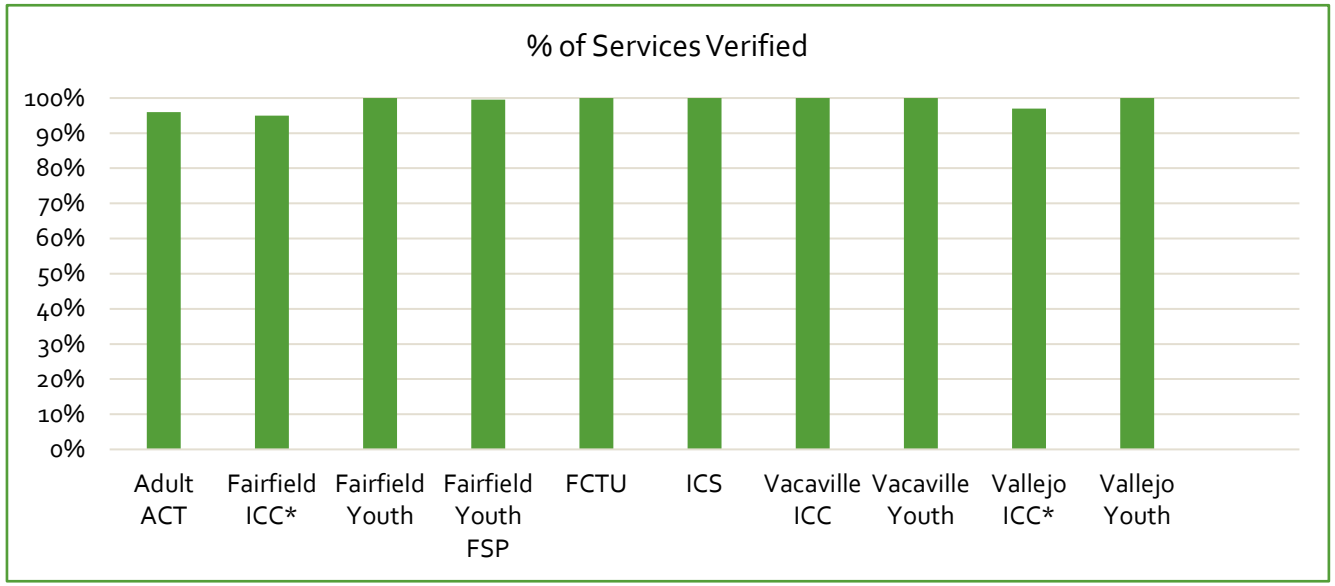
VII. PROGRAM INTEGRITY

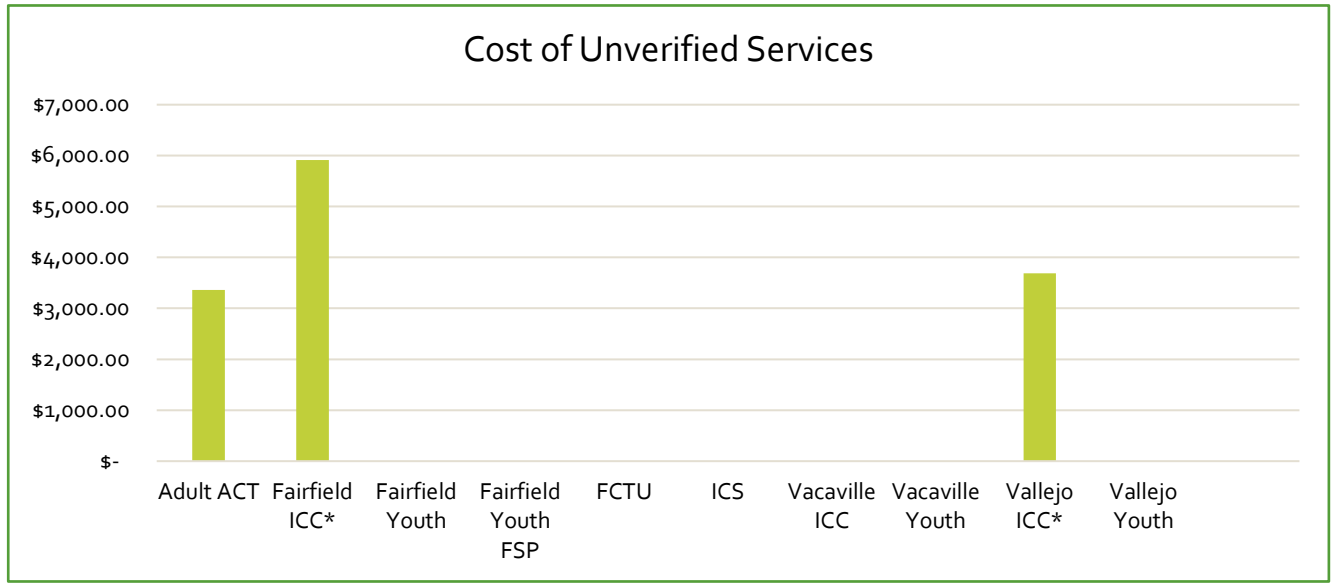
VII. PROGRAM INTEGRITY

AG-3: Service Verification

Goal: The MHP will achieve 90%-100% accountability for each service identified during the sampling period (services not verified will be repaid).

- Measurement 1: 100% of all applicable programs will participate in the Service Verification process
- Measurement 2: 90% - 100% of services will be verified during the Service Verification week (FY 18/19 baseline: 93%)





*Pending final report

VIII. QUALITY IMPROVEMENT

VII. QUALITY IMPROVEMENT

AG-1: Annual Utilization Review Audits

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

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

VII. QUALITY IMPROVEMENT

Audit Season FY 2021/22

What will stay the same:

- At least one primary chart per provider
- Supplemental chart review
- Site review

VII. QUALITY IMPROVEMENT

Audit Season FY 2021/22

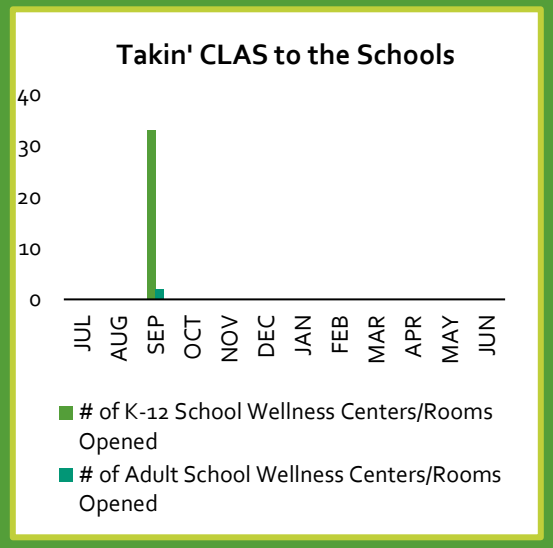
CalAIM will be bringing changes to documentation over the next year

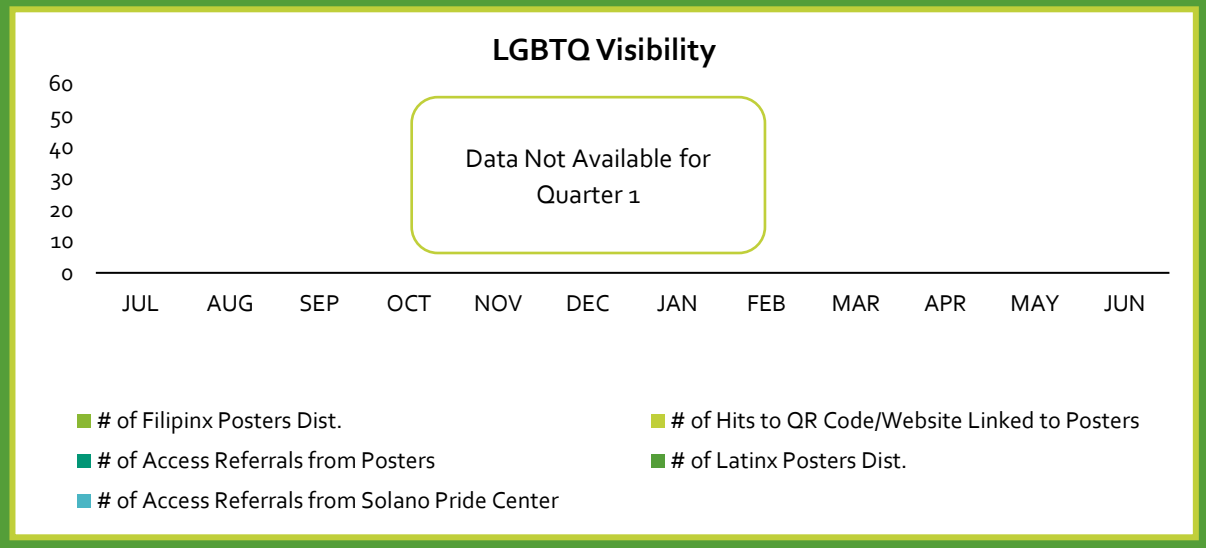
In efforts to adjust to this we have updated our audit process for this fiscal year

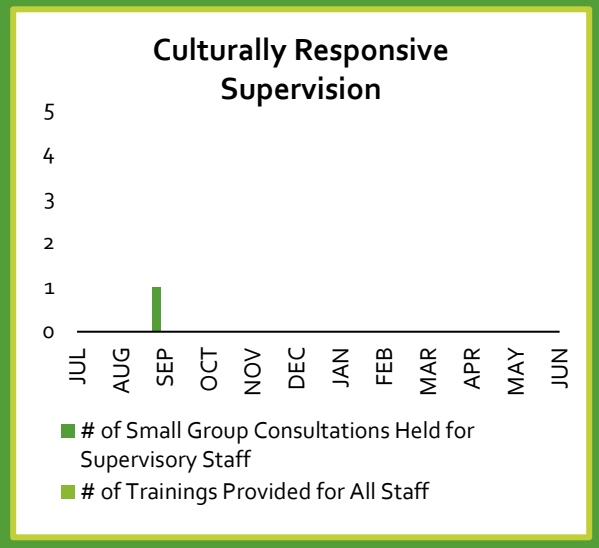
- Audits will begin in early 2022
- A random sampling of Contractor and County programs will be selected
- We will audit by RU, not by program
- 1 month of services will be audited instead of 2 months
- The program will have the choice of an onsite review (if COVID allows) or to send all required documentation to QI prior to the audit date

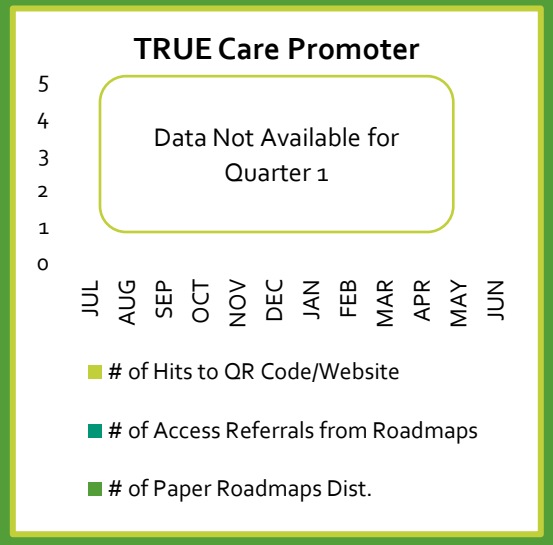
QUALITY IMPROVEMENT DASHBOARD

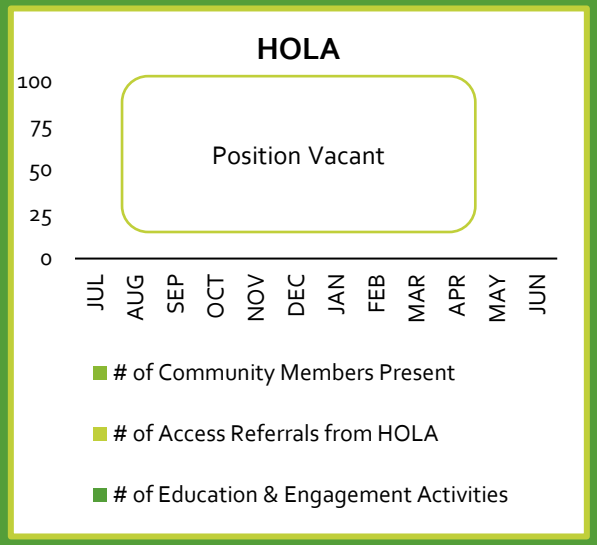
CLAS QI Action Plans

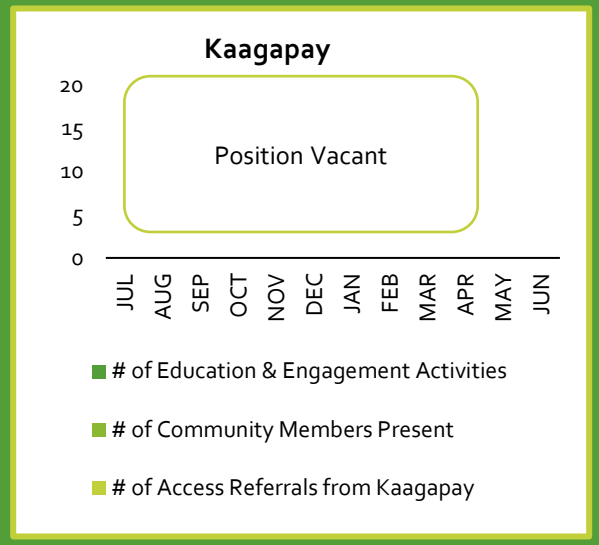




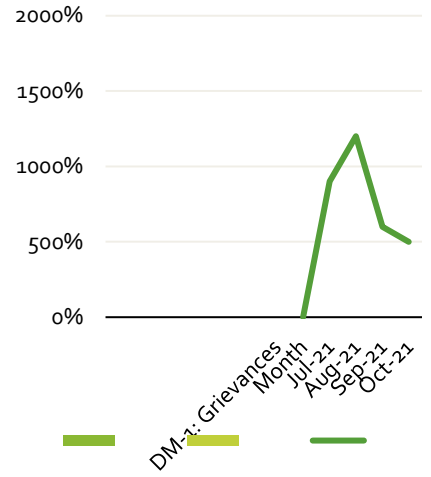




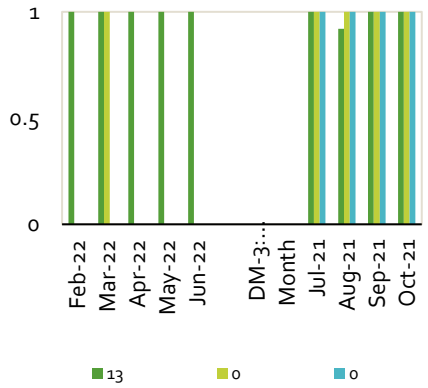




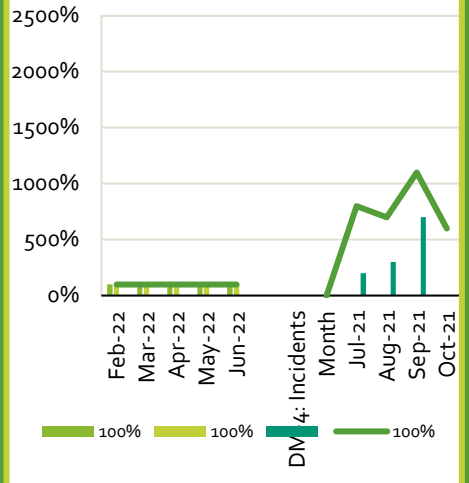
Grievances



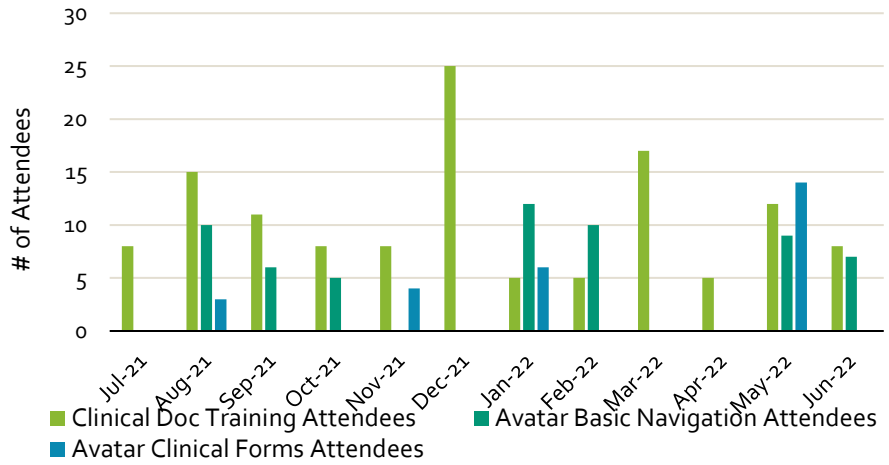
Acknowledgement/ Disposition Letters



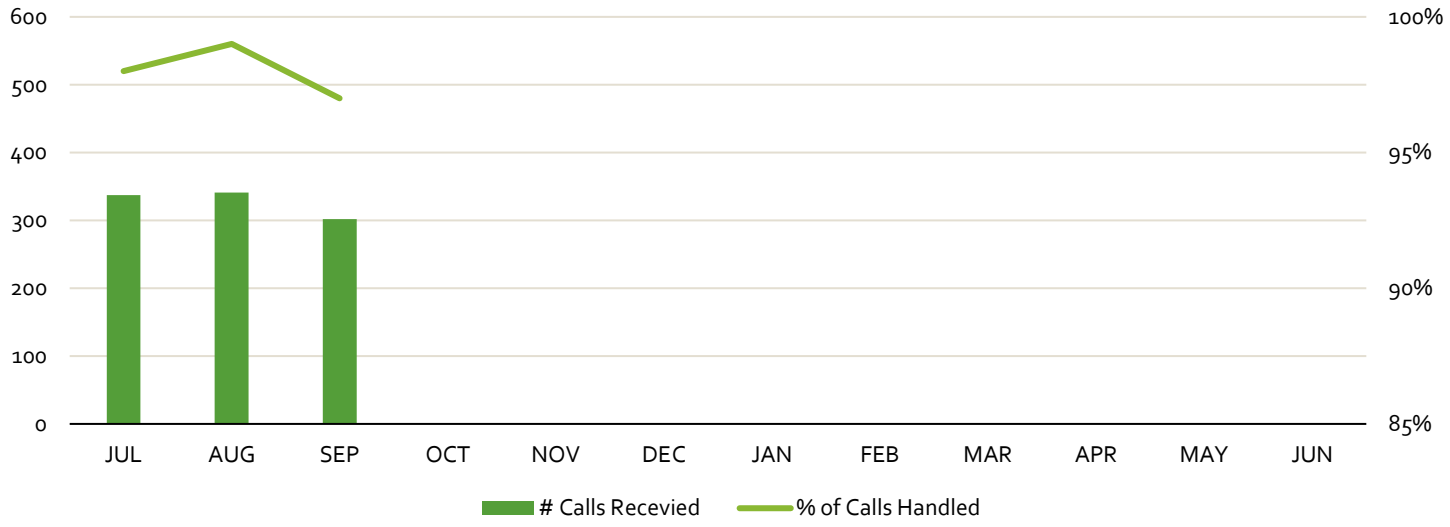
Incidents



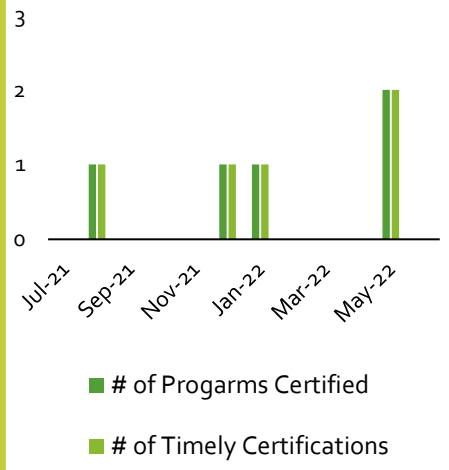
Documentation & Avatar User Training



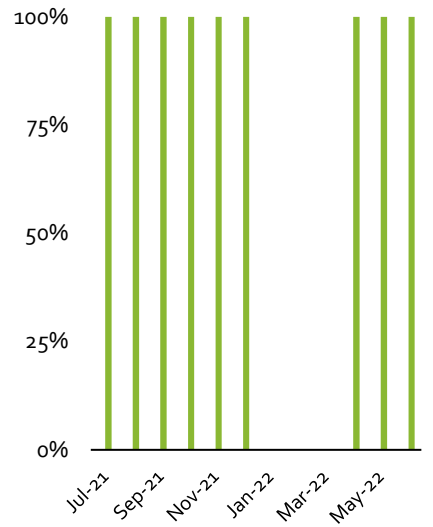
Access Calls



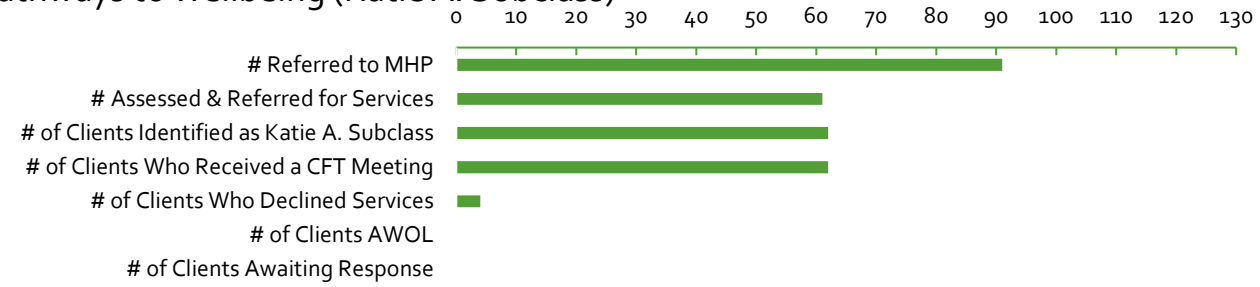
Site Certifications



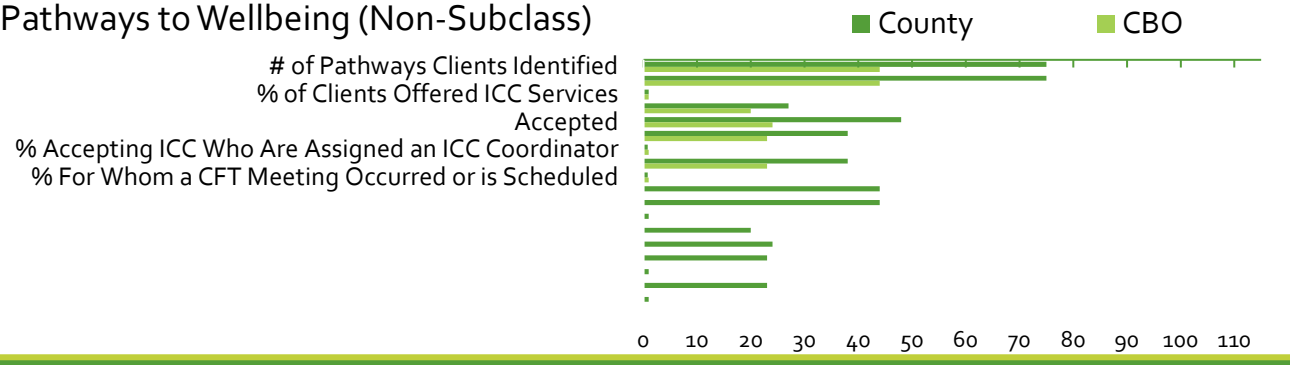
Provider Eligibility



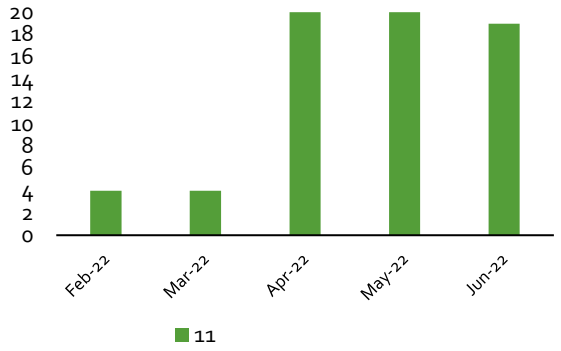
Pathways to Wellbeing (Katie A. Subclass)



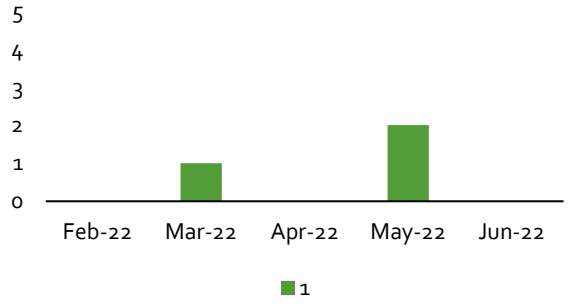
Pathways to Wellbeing (Non-Subclass)



Compliance Training

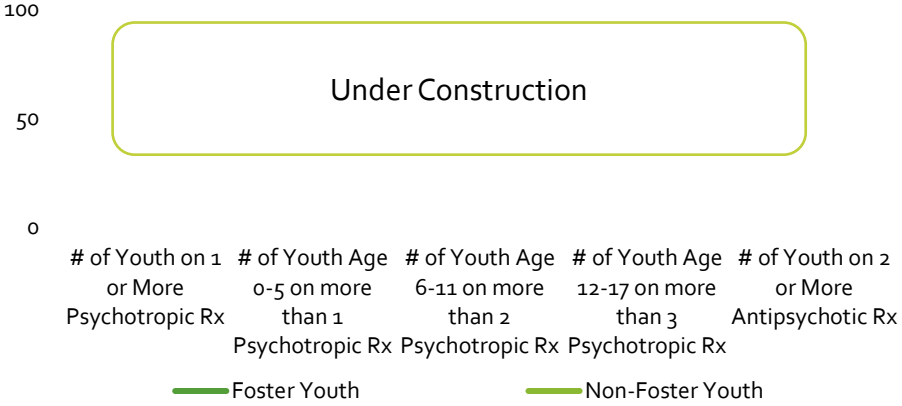


Compliance Communications

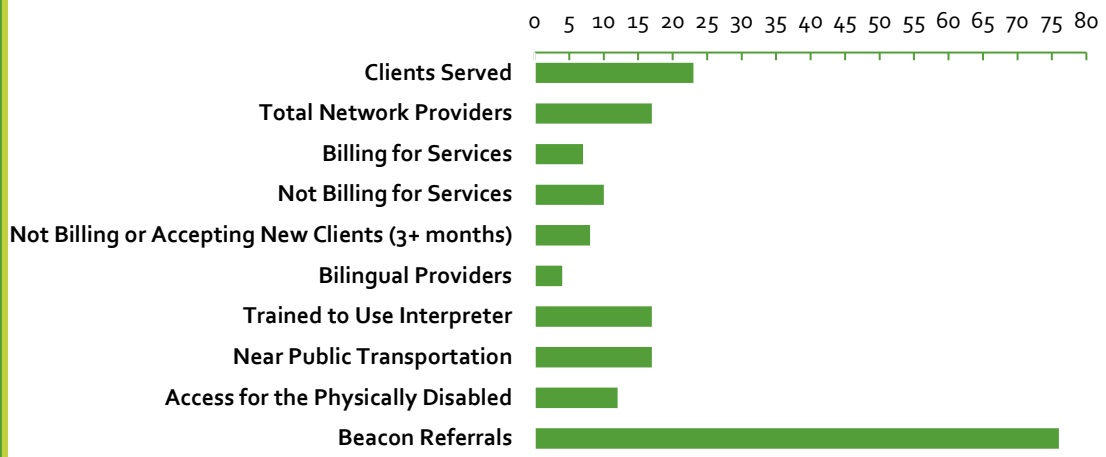


HOPE (Homeless Outreach)

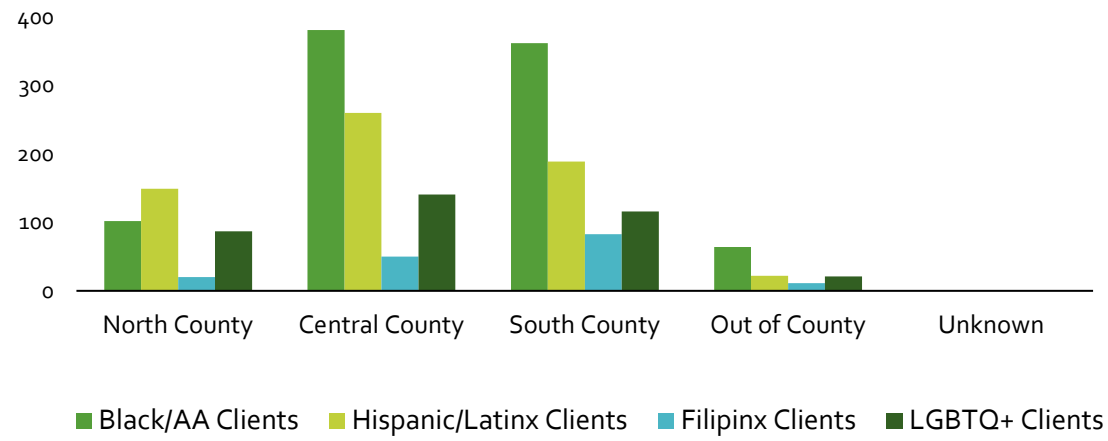
Foster Youth Medication Monitoring



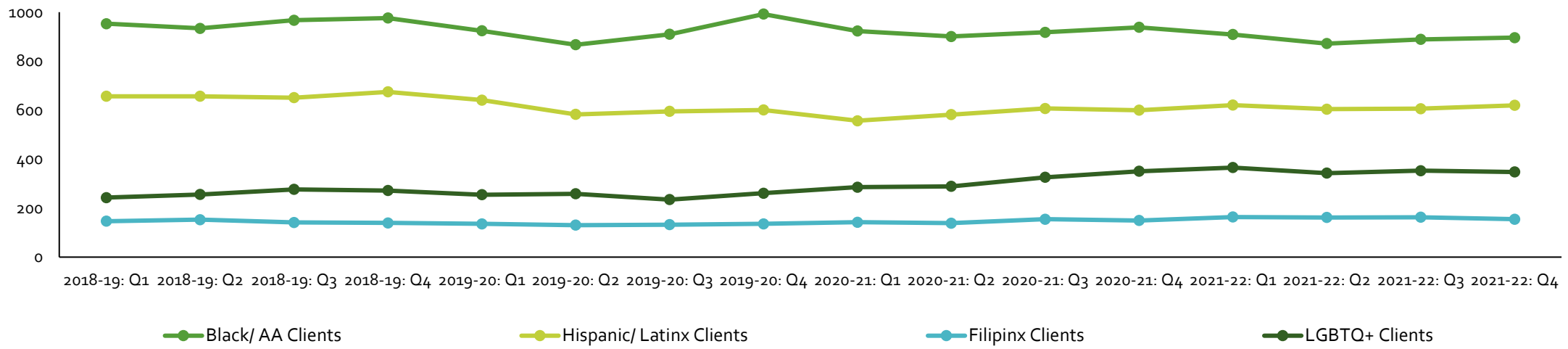
Managed Care Provider Network



Regional Utilization by Cultural Group



Total Utilization by Cultural Group



NEXT MEETING:

Quality Improvement Committee
FY 2021 – 2022: Quarter 2
Thursday February 10th, 2022
1:30pm – 3:30pm

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

QualityImprovement@SolanoCounty.com