

Solano County  
Health and Social Services Department  
Behavioral Health Division  
Solano Mental Health Plan  
FY 2020 - 2021

Quality Assessment and Performance Improvement Plan Evaluation



Gerry Huber, Director, Department of Health and Social Services  
Sandra Sinz, Deputy Director, Behavioral Health Division  
Emery Cowan, Administrator, Behavioral Health Division  
Rob George, Manager, Quality Improvement Unit  
Amanda Davis, Supervisor, Quality Improvement Unit

# Table of Contents

- Quality Assessment and Performance Improvement Program Overview ..... 3
  - QAPI Program Areas of Focus for FY 2020-2021 ..... 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 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 2020 - 2021:

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 2019-2020. 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><b>I. Diversity and Equity:</b></p> <ul style="list-style-type: none"> <li><b>AG-1:</b> System wide Diversity and Equity Training</li> </ul> <p><b>Purpose for Monitoring:</b> DHCS Annual Review Protocols, FY 19-20, Access – Section D, VII. - Item E</p> <p><b>Name of Data Report:</b></p> <ul style="list-style-type: none"> <li>Quality Improvement Training Tracking Sheets</li> <li>Training reports from Contracted Agencies</li> </ul> <p><b>Sub-committee/Staff Responsible:</b></p> <ul style="list-style-type: none"> <li>Quality Improvement – QI Liaisons</li> </ul> <p><b>Annual Goal Items Met:</b></p> <p><input checked="" type="checkbox"/> <b>Met:</b> Item # ____</p> <p><input type="checkbox"/> <b>Partially Met:</b> Item # ____</p> <p><input type="checkbox"/> <b>Not Met:</b> Item # ____</p>	<p><b>AG-1:</b> 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><b>FY 19-20 Baseline:</b></p> <ul style="list-style-type: none"> <li><b>Baseline: County Providers: 106</b></li> <li><b>County Non-Provider: Pending</b></li> <li><b>Contract Provider: 118</b></li> <li><b>Contract Non-Provider: Pending</b></li> </ul> <p><b>Goal:</b> Monitor Annual training and work toward 100% annual training compliance for:</p> <ul style="list-style-type: none"> <li><b>Providers:</b> Include all direct service providers (including medical staff &amp; peer support specialists that can bill for services)</li> <li><b>Non-providers:</b> 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.)</li> </ul>	<p><b>Q1:</b></p> <table border="1" data-bbox="947 240 2041 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>110</td> <td>74%</td> </tr> <tr> <td>County Non-provider</td> <td>17</td> <td>53%</td> </tr> <tr> <td>Contracted Provider</td> <td>154</td> <td>No Data Provided</td> </tr> <tr> <td>Contracted Non-provider</td> <td>4</td> <td>No Data Provided</td> </tr> </tbody> </table> <p><b>Q2:</b></p> <table border="1" data-bbox="947 516 2041 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>121</td> <td>78%</td> </tr> <tr> <td>County Non-provider</td> <td>21</td> <td>42%</td> </tr> <tr> <td>Contracted Provider</td> <td>84</td> <td>51%</td> </tr> <tr> <td>Contracted Non-provider</td> <td>4</td> <td>80%</td> </tr> </tbody> </table> <p><b>Q3:</b></p> <table border="1" data-bbox="947 792 2041 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>286</td> <td>91%</td> </tr> <tr> <td>County Non-provider</td> <td>46</td> <td>66%</td> </tr> <tr> <td>Contracted Provider</td> <td>334</td> <td>90%</td> </tr> <tr> <td>Contracted Non-provider</td> <td>31</td> <td>78%</td> </tr> </tbody> </table> <p><b>Q4:</b></p> <table border="1" data-bbox="947 1068 2041 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>383</td> <td>93%</td> </tr> <tr> <td>County Non-provider</td> <td>83</td> <td>82%</td> </tr> <tr> <td>Contracted Provider</td> <td>422</td> <td>92%</td> </tr> <tr> <td>Contracted Non-provider</td> <td>70</td> <td>88%</td> </tr> </tbody> </table>			Staff Category	Total Staff Trained	% of Staff in Compliance w/ annual requirement	County Provider	110	74%	County Non-provider	17	53%	Contracted Provider	154	No Data Provided	Contracted Non-provider	4	No Data Provided	Staff Category	Total Staff Trained	% of Staff in Compliance w/ annual requirement	County Provider	121	78%	County Non-provider	21	42%	Contracted Provider	84	51%	Contracted Non-provider	4	80%	Staff Category	Total Staff Trained	% of Staff in Compliance w/ annual requirement	County Provider	286	91%	County Non-provider	46	66%	Contracted Provider	334	90%	Contracted Non-provider	31	78%	Staff Category	Total Staff Trained	% of Staff in Compliance w/ annual requirement	County Provider	383	93%	County Non-provider	83	82%	Contracted Provider	422	92%	Contracted Non-provider	70	88%
Staff Category	Total Staff Trained	% of Staff in Compliance w/ annual requirement																																																														
County Provider	110	74%																																																														
County Non-provider	17	53%																																																														
Contracted Provider	154	No Data Provided																																																														
Contracted Non-provider	4	No Data Provided																																																														
Staff Category	Total Staff Trained	% of Staff in Compliance w/ annual requirement																																																														
County Provider	121	78%																																																														
County Non-provider	21	42%																																																														
Contracted Provider	84	51%																																																														
Contracted Non-provider	4	80%																																																														
Staff Category	Total Staff Trained	% of Staff in Compliance w/ annual requirement																																																														
County Provider	286	91%																																																														
County Non-provider	46	66%																																																														
Contracted Provider	334	90%																																																														
Contracted Non-provider	31	78%																																																														
Staff Category	Total Staff Trained	% of Staff in Compliance w/ annual requirement																																																														
County Provider	383	93%																																																														
County Non-provider	83	82%																																																														
Contracted Provider	422	92%																																																														
Contracted Non-provider	70	88%																																																														

# I. Diversity and Equity (Data Monitoring - DM)

Quality Improvement Area of Data Monitoring	Results of Evaluation																				
<p><b>I. Diversity and Equity:</b></p> <ul style="list-style-type: none"> <li>DM-1: DEC Plan, Training Plan and Committee</li> </ul> <p><b>Purpose for Monitoring:</b> DHCS Annual Review Protocols, FY 19-20, Access – Section D, VII. - Items A- C</p> <p><b>Name of Data Report:</b></p> <ul style="list-style-type: none"> <li>None</li> </ul> <p><b>Sub-committee/Staff Responsible:</b></p> <ul style="list-style-type: none"> <li>Diversity and Equity Committee</li> </ul> <p><b>Previous FY Baseline Averages:</b></p> <ul style="list-style-type: none"> <li>CC Subcommittee meetings per Quarter: 1</li> </ul> <p><b>FY 20-21 Quarterly Averages:</b></p> <ul style="list-style-type: none"> <li>Diversity and Equity Subcommittee meetings per Quarter:</li> </ul>	<table border="1"> <thead> <tr> <th data-bbox="583 248 709 285">Quarter</th> <th data-bbox="709 248 999 285">Date of DEC Meeting</th> <th data-bbox="999 248 1287 285">Date of report to QIC</th> <th data-bbox="1287 248 1776 285">Date Diversity &amp; Equity Plan Updated</th> </tr> </thead> <tbody> <tr> <td data-bbox="583 285 709 386">1</td> <td data-bbox="709 285 999 386">7/21/20 8/18/20 9/15/20</td> <td data-bbox="999 285 1287 386">11/12/20</td> <td data-bbox="1287 285 1776 690" rowspan="12">December 2020</td> </tr> <tr> <td data-bbox="583 386 709 487">2</td> <td data-bbox="709 386 999 487">10/20/20 11/17/20 12/15/20</td> <td data-bbox="999 386 1287 487">2/11/21</td> </tr> <tr> <td data-bbox="583 487 709 587">3</td> <td data-bbox="709 487 999 587">1/12/21 2/9/21 3/9/21</td> <td data-bbox="999 487 1287 587">5/13/21</td> </tr> <tr> <td data-bbox="583 587 709 690">4</td> <td data-bbox="709 587 999 690">4/13/21 5/11/21 6/8/21</td> <td data-bbox="999 587 1287 690">8/12/21</td> </tr> </tbody> </table>				Quarter	Date of DEC Meeting	Date of report to QIC	Date Diversity & Equity Plan Updated	1	7/21/20 8/18/20 9/15/20	11/12/20	December 2020	2	10/20/20 11/17/20 12/15/20	2/11/21	3	1/12/21 2/9/21 3/9/21	5/13/21	4	4/13/21 5/11/21 6/8/21	8/12/21
Quarter	Date of DEC Meeting	Date of report to QIC	Date Diversity & Equity Plan Updated																		
1	7/21/20 8/18/20 9/15/20	11/12/20	December 2020																		
2	10/20/20 11/17/20 12/15/20	2/11/21																			
3	1/12/21 2/9/21 3/9/21	5/13/21																			
4	4/13/21 5/11/21 6/8/21	8/12/21																			

Quality Improvement Area of Data Monitoring	Results of Evaluation						
<p><b>I. Diversity and Equity:</b></p> <ul style="list-style-type: none"> <li>• <b>DM-2: LGBTQ Visibility</b> QI Action Plan- Campaign to combat stigma for LGBTQ community and intersect for Latinex and Filipinex</li> </ul> <p><b>Purpose for Monitoring:</b> DHCS Annual Review Protocols, FY 19-20, Network Adequacy and Availability of Services - Section A, IV. - Item C; V. - Item A3.</p> <p><b>Name of Data Report:</b> MHSA Report</p> <p><b>Sub-committee/Staff Responsible:</b> MHSA Unit &amp; Ethnic Services Coordinator</p>	<b>Q1:</b>						
	<b>Month</b>	<b># of Latinex Posters Distributed</b>	<b># of Filipinex Posters Distributed</b>	<b># of tags/hits to QR code or website linked to Filipinex posters</b>	<b># of Access calls because of posters</b>	<b># of Access referrals from Solano Pride Center</b>	
	JUL	0	0	0	0	0	
	AUG	0	0	0	0	0	
	SEP	0	0	0	0	0	
	OCT	0	0	3	0	0	
	NOV	50	32	7	0	0	
	DEC	0	0	5	0	0	
	JAN	3	17	51	0	0	
	FEB	3	17	79	0	0	
	MAR	175	175	105	0	0	
	APR	0	0	75	0	0	
	MAY	107	0	14	0	0	
JUN	162	140	20	0	0		

Quality Improvement Area of Data Monitoring	Results of Evaluation						
<p><b>I. Diversity and Equity:</b></p> <ul style="list-style-type: none"> <li>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</li> </ul> <p><b>Purpose for Monitoring:</b> DHCS Annual Review Protocols, FY 19-20, Network Adequacy and Availability of Services - Section A, IV. - Item C; V. - Item A3.</p> <p><b>Name of Data Report:</b> MHSA Report</p> <p><b>Sub-committee/Staff Responsible:</b> MHSA Unit &amp; Ethnic Services Coordinator</p>	<b>Q1:</b>						
	<b>Month</b>	<b># of K-12 School Wellness Centers/Rooms Opened</b>	<b># of students who accessed the wellness centers/rooms</b>	<b>Demographics of K-12 students (Only if schools allow us to collect this data)</b>	<b># of adult school Wellness Centers/Rooms Opened</b>	<b># of students who accessed the adult Wellness Centers</b>	<b>Demographics of adult ed students (Only if schools allow us to collect this data)</b>
	JUL	0	0	0	0	0	0
	AUG	0	0	0	0	0	0
	SEP	0	0	0	0	0	0
	OCT	0	0	0	0	0	0
	NOV	0	0	0	0	0	0
	DEC	0	0	0	0	0	0
	JAN	0	0	0	0	0	0
	FEB	0	0	0	0	0	0
	MAR	0	0	0	0	0	0
	APR	0	0	0	0	0	0
	MAY	0	0	0	0	0	0
JUN	0	0	0	0	0	0	
<p style="color: red;">*This project was implemented in many school sites, but since schools did not fully open in FY20-21 due to COVID pandemic, no data was taken. Plan to monitor in FY21-22.</p>							



Quality Improvement Area of Data Monitoring	Results of Evaluation						
<p><b>I. Diversity and Equity:</b></p> <ul style="list-style-type: none"> <li>• <b>DM-4: Culturally Responsive Supervision</b> QI Action Plan- Implement Culturally Sensitive Supervision model by Dr. Kenneth Hardy</li> </ul> <p><b>Purpose for Monitoring:</b> DHCS Annual Review Protocols, FY 19-20, Access – Section D, VII. - Item D-E</p> <p><b>Name of Data Report:</b> MHSA Report</p> <p><b>Sub-committee/Staff Responsible:</b> MHSA Unit &amp; Ethnic Services Coordinator</p>	<b>Q1:</b>						
	<b>Month</b>	<b># of trainings provided for supervisors and/or managers</b>	<b># of training participants for supervisor/managers trainings</b>	<b># of small group consultation groups held for supervisory staff</b>	<b>Will insert a data point to track from training survey tool</b>	<b># of trainings provided for all staff</b>	<b># of training participants for all staff trainings</b>
	JUL	0	0	0	0	0	0
	AUG	2	18	0	0	0	0
	SEP	0	0	0	0	0	0
	OCT	0	0	0	0	0	0
	NOV	0	0	0	0	0	0
	DEC	0	0	0	0	0	0
	JAN	0	0	2	0	0	0
	FEB	0	0	2	0	0	0
	MAR	0	0	2	0	0	0
	APR	0	0	2	0	0	0
	MAY	0	0	2	0	2	131
JUN	0	0	0	0	0	0	

Quality Improvement Area of Data Monitoring	Results of Evaluation							
<p><b>I. Diversity and Equity:</b></p> <ul style="list-style-type: none"> <li>• <b>DM-5: Mental Health Education</b> 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.</li> </ul> <p><b>Purpose for Monitoring:</b> DHCS Annual Review Protocols, FY 19-20, Access – Section D, VII. - Item D-E</p> <p><b>Name of Data Report:</b> MHSA Report</p> <p><b>Sub-committee/Staff Responsible:</b> MHSA Unit &amp; Ethnic Services Coordinator</p>	<b>Q1:</b>							
	<b>Month</b>	<b># of Train the Trainer Sessions Provided for Faith Leaders/Reps</b>	<b># of Train the Trainer Participants</b>	<b>% of Faith Leaders/Reps Who Endorse Increased Knowledge of MH</b>	<b># of Trainings Provided by Faith Leaders/Reps</b>	<b># of Training Participants</b>	<b># of Trainings Provided for Youth in Faith Centers</b>	<b># of Youth Training Participants</b>
	JUL	0	0	0	0	0	0	0
	AUG	0	0	0	0	0	0	0
	SEP	0	0	0	0	0	0	0
	OCT	0	0	0	0	0	0	0
	NOV	0	0	0	0	0	0	0
	DEC	0	0	0	0	0	0	0
	JAN	0	0	0	0	0	0	0
	FEB	0	0	0	0	0	0	0
	MAR	0	0	0	0	0	0	0
	APR	0	0	0	0	0	0	0
	MAY	0	0	0	0	0	0	0
JUN	0	0	0	0	0	0	0	
<p style="color: red;">*This project implementation was delayed in FY20-21 due to COVID pandemic and therefore no data was taken. Plan to implement and monitor in FY21-22.</p>								

Quality Improvement Area of Data Monitoring	Results of Evaluation																																									
<p><b>I. Diversity and Equity:</b></p> <ul style="list-style-type: none"> <li>• <b>DM-6: Gap Finders</b> QI Action Plan- Program/CBO self-eval of true implementation of CLAS standards</li> </ul> <p><b>Purpose for Monitoring:</b> DHCS Annual Review Protocols, FY 19-20, Access – Section D, VII. - Item D-E</p> <p><b>Name of Data Report:</b> N/A</p> <p><b>Sub-committee/Staff Responsible:</b> Diversity and Equity Committee/Ethnic Services Coordinator</p>	<p><b>Q1:</b></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 1360 256"># of CBO partners who submitted Cultural Responsivity Plan</th> <th data-bbox="1360 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>0</td><td>0</td></tr> <tr><td>AUG</td><td>0</td><td>0</td></tr> <tr><td>SEP</td><td>1</td><td>0</td></tr> <tr><td>OCT</td><td>0</td><td>0</td></tr> <tr><td>NOV</td><td>2</td><td>0</td></tr> <tr><td>DEC</td><td>1</td><td>0</td></tr> <tr><td>JAN</td><td>2</td><td>0</td></tr> <tr><td>FEB</td><td>0</td><td>0</td></tr> <tr><td>MAR</td><td>0</td><td>0</td></tr> <tr><td>APR</td><td>0</td><td>0</td></tr> <tr><td>MAY</td><td>0</td><td>0</td></tr> <tr><td>JUN</td><td>0</td><td>0</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	0	0	AUG	0	0	SEP	1	0	OCT	0	0	NOV	2	0	DEC	1	0	JAN	2	0	FEB	0	0	MAR	0	0	APR	0	0	MAY	0	0	JUN	0	0
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	0	0																																								
AUG	0	0																																								
SEP	1	0																																								
OCT	0	0																																								
NOV	2	0																																								
DEC	1	0																																								
JAN	2	0																																								
FEB	0	0																																								
MAR	0	0																																								
APR	0	0																																								
MAY	0	0																																								
JUN	0	0																																								

Quality Improvement Area of Data Monitoring	Results of Evaluation																																																																				
<p><b>I. Diversity and Equity:</b></p> <p><b>DM-7: TRUE Care Promoter</b> QI Action Plan-Phase I Roadmap resource guide</p> <p><b>Purpose for Monitoring:</b> DHCS Annual Review Protocols, FY 19-20, Network Adequacy and Availability of Services - Section A, IV. - Item C; V. - Item A3.</p> <p><b>Name of Data Report:</b> N/A HR</p> <p><b>Sub-committee/Staff Responsible:</b> Ethnic Services Coordinator</p>	<p><b>Q1:</b></p> <table border="1" data-bbox="590 188 2024 659"> <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>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>AUG</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>SEP</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>OCT</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>NOV</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>DEC</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>JAN</td><td>0</td><td>0</td><td>161</td><td>0</td></tr> <tr><td>FEB</td><td>0</td><td>0</td><td>274</td><td>0</td></tr> <tr><td>MAR</td><td>0</td><td>0</td><td>288</td><td>0</td></tr> <tr><td>APR</td><td>0</td><td>0</td><td>255</td><td>0</td></tr> <tr><td>MAY</td><td>750</td><td>6</td><td>189</td><td>0</td></tr> <tr><td>JUN</td><td>2655</td><td>15</td><td>186</td><td>0</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	0	0	0	0	AUG	0	0	0	0	SEP	0	0	0	0	OCT	0	0	0	0	NOV	0	0	0	0	DEC	0	0	0	0	JAN	0	0	161	0	FEB	0	0	274	0	MAR	0	0	288	0	APR	0	0	255	0	MAY	750	6	189	0	JUN	2655	15	186	0
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	0	0	0	0																																																																	
AUG	0	0	0	0																																																																	
SEP	0	0	0	0																																																																	
OCT	0	0	0	0																																																																	
NOV	0	0	0	0																																																																	
DEC	0	0	0	0																																																																	
JAN	0	0	161	0																																																																	
FEB	0	0	274	0																																																																	
MAR	0	0	288	0																																																																	
APR	0	0	255	0																																																																	
MAY	750	6	189	0																																																																	
JUN	2655	15	186	0																																																																	

**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 19-20, Network Adequacy and Availability of Services - Section A, IV. - Item C; V. - Item A3.

**Name of Data Report:**

Report 333

**Sub-committee/Staff Responsible:**

HOLA Coordinator

**Previous FY Baseline Averages:**

- Outreach Initiatives per Quarter: 2.6
- HOLA calls per quarter:

**FY 20-21 Quarterly Averages:**

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

**Q1:**

Month	# of Community Education & Engagement Activities	# of Community Members Present	# of Access calls as a direct result of outreach team
JUL	1	11	4
AUG	0	0	1
SEP	4	91	2
OCT	1	8	0
NOV	1	45	1
DEC	1	21	1
JAN	9	0	0
FEB	10	0	0
MAR	0	0	0
APR	0	0	2
MAY	0	0	0
JUN	0	0	0

## 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><b>II. Wellness and Recovery:</b></p> <ul style="list-style-type: none"> <li><b>AG-1:</b> 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.</li> </ul> <p><b>Purpose for Monitoring:</b> DHCS Annual Review Protocols, FY 19-20, Quality Improvement – Section C, I. – Items C &amp; E</p> <p><b>Name of Data Report:</b> Adult and Family Support Group sign-in sheets and Post Group Survey on quarterly basis (point in time data)</p> <p><b>Sub-committee/Staff Responsible:</b> Community Integration Manager, Recovery Resilience/Peer Liaison, and Family Liaison</p> <p><b>Annual Goal Met:</b>  <input checked="" type="checkbox"/> <b>Met:</b> Item # ____  <input type="checkbox"/> <b>Partially Met:</b> Item # ____  <input type="checkbox"/> <b>Not Met:</b> Item # ____</p>	<p><b>AG-1:</b> Provide Adult and Family Support Groups facilitated by Peer Support Specialists or Family Liaison.</p> <p><b>Baseline:</b> Data was</p> <p><b>Goal:</b></p> <ul style="list-style-type: none"> <li><b>Increase # of total unique group members who participate quarterly</b></li> <li>Increase the % of unduplicated participants in WR Peer Support Groups who respond positively to quarterly “Quality of Life Outcome Tool” survey items</li> </ul>	<p><b>Peer Support Group:</b></p> <table border="1" data-bbox="947 334 2003 662"> <thead> <tr> <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>29</td> <td>100%</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Q2</td> <td>53</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>Q3</td> <td>68</td> <td>100%</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Q4</td> <td>66</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> </tr> </tbody> </table> <p><b>Family Support Group:</b></p> <table border="1" data-bbox="947 735 2003 1063"> <thead> <tr> <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>25</td> <td>83%</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Q2</td> <td>47</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>Q3</td> <td>47</td> <td>99%</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Q4</td> <td>47</td> <td>100%</td> <td>100%</td> <td>100%</td> </tr> </tbody> </table> <p>* Responses to Quality of Life outcome tool were inconsistent to due COVID pandemic and groups being provided online.</p>					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	29	100%	100%	100%	Q2	53	N/A	N/A	N/A	Q3	68	100%	100%	100%	Q4	66	N/A	N/A	N/A	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	25	83%	100%	100%	Q2	47	N/A	N/A	N/A	Q3	47	99%	100%	100%	Q4	47	100%	100%	100%
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	29	100%	100%	100%																																																				
Q2	53	N/A	N/A	N/A																																																				
Q3	68	100%	100%	100%																																																				
Q4	66	N/A	N/A	N/A																																																				
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	25	83%	100%	100%																																																				
Q2	47	N/A	N/A	N/A																																																				
Q3	47	99%	100%	100%																																																				
Q4	47	100%	100%	100%																																																				

### 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><b>III. Consumer Perception:</b></p> <ul style="list-style-type: none"> <li>• <b>AG-1:</b> Quarterly Service Verification Customer Service Survey</li> </ul> <p><b>Purpose of Monitoring:</b></p> <ul style="list-style-type: none"> <li>• DHCS Annual Review Protocols, 19-20, Quality Improvement – Section C, I. - Items E.1. and E.3.</li> </ul> <p><b>Name of Data Report:</b></p> <ul style="list-style-type: none"> <li>• Solano MHP Service Verification/Consumer Perception Surveys</li> </ul> <p><b>Sub-committee/Staff Responsible:</b> Quality Improvement Survey Coordinator</p> <p><b>Annual Goal Met:</b></p> <p><input type="checkbox"/> <b>Met:</b> Item # ____</p> <p><input type="checkbox"/> <b>Partially Met:</b> Item # ____</p> <p><input type="checkbox"/> <b>Not Met:</b> Item # ____</p>	<p><b>AG-1:</b> 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><b>Baseline:</b> Baselines will be specific to the program’s previous Service Verification/Consumer survey results.</p> <p><b>Goal:</b> 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><b>Q1:</b></p> <table border="1" data-bbox="863 326 2043 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 2043 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>*Due to COVID Pandemic, Consumer Survey process was impacted and surveys given to beneficiaries and those completed were minimal. Program operations were also impacted by the pandemic &amp; therefore program specific survey goals were not required by the MHP.</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><b>III. Beneficiary Protection:</b></p> <ul style="list-style-type: none"> <li>• <b>DM-1:</b> Grievance, Appeal and Expedited Appeal</li> </ul> <p><b>Purpose of Monitoring:</b></p> <ul style="list-style-type: none"> <li>• DHCS Annual Review Protocols, FY 19-20, Quality Improvement - Section C, I. - Items C. &amp; E.2., II. - Item B; Beneficiary Rights and Protections – Section F, I. - Item J.</li> </ul> <p><b>Name of Data Report:</b></p> <ul style="list-style-type: none"> <li>• ComplyTrack - Problem Resolution Log</li> </ul> <p><b>Sub-committee/Staff Responsible:</b> Problem Resolution Coordinator</p> <p><b>Previous FY Baseline Averages:</b></p> <ul style="list-style-type: none"> <li>• Total # of Problem Resolution issues: 28.6</li> <li>• # of issues requiring a system change: 2</li> <li>• # of Policies created or amended: 2</li> </ul> <p><b>FY 20-21 Quarterly Averages:</b></p> <ul style="list-style-type: none"> <li>• Total # of Problem Resolution issues: 23.3</li> <li>• # of issues requiring a system change: 0</li> <li>• # of System Changes Initiated: 0</li> <li>• # Referred to Policy Committee: 0</li> <li>• # of Policies created or amended: 0</li> </ul>	<p><b>Q1:</b></p> <table border="1" data-bbox="583 289 2041 799"> <thead> <tr> <th data-bbox="583 289 787 391">Month Re-ceived</th> <th data-bbox="787 289 1289 391">Total # of Problem Resolution issues re-ported, primarily Grievances and Appeals</th> <th data-bbox="1289 289 1528 391"># of issues Requir-ing a System Change</th> <th data-bbox="1528 289 1759 391"># Referred to Pol-icy Committee</th> <th data-bbox="1759 289 2041 391"># of Policies created or amended b/c of identified Problem</th> </tr> </thead> <tbody> <tr><td>JUL</td><td>9</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>AUG</td><td>6</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>SEP</td><td>11</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>OCT</td><td>6</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>NOV</td><td>7</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>DEC</td><td>5</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>JAN</td><td>7</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>FEB</td><td>11</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>MAR</td><td>8</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>APR</td><td>11</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>MAY</td><td>6</td><td>1</td><td>0</td><td>0</td></tr> <tr><td>JUN</td><td>7</td><td>0</td><td>0</td><td>0</td></tr> </tbody> </table>					Month Re-ceived	Total # of Problem Resolution issues re-ported, primarily Grievances and Appeals	# of issues Requir-ing a System Change	# Referred to Pol-icy Committee	# of Policies created or amended b/c of identified Problem	JUL	9	0	0	0	AUG	6	0	0	0	SEP	11	0	0	0	OCT	6	0	0	0	NOV	7	0	0	0	DEC	5	0	0	0	JAN	7	0	0	0	FEB	11	0	0	0	MAR	8	0	0	0	APR	11	0	0	0	MAY	6	1	0	0	JUN	7	0	0	0
Month Re-ceived	Total # of Problem Resolution issues re-ported, primarily Grievances and Appeals	# of issues Requir-ing a System Change	# Referred to Pol-icy Committee	# of Policies created or amended b/c of identified Problem																																																																		
JUL	9	0	0	0																																																																		
AUG	6	0	0	0																																																																		
SEP	11	0	0	0																																																																		
OCT	6	0	0	0																																																																		
NOV	7	0	0	0																																																																		
DEC	5	0	0	0																																																																		
JAN	7	0	0	0																																																																		
FEB	11	0	0	0																																																																		
MAR	8	0	0	0																																																																		
APR	11	0	0	0																																																																		
MAY	6	1	0	0																																																																		
JUN	7	0	0	0																																																																		



Quality Improvement Area of Data Monitoring	Results of Evaluation																							
<p><b>III. Beneficiary Protection:</b></p> <ul style="list-style-type: none"> <li>• <b>DM-2:</b> Tracking and trending of Beneficiary Grievances and Appeals to meet DHCS annual reporting standards</li> </ul> <p><b>Purpose of Monitoring:</b></p> <ul style="list-style-type: none"> <li>• DHCS Annual Review Protocols FY 19-20, Quality Improvement - Section C, I. - Items C. &amp; E.2., II. - Item B; Beneficiary Rights &amp; Protections – Section F, I. - Items A,C,D, II. - Item 2.B.</li> </ul> <p><b>Name of Data Report:</b></p> <ul style="list-style-type: none"> <li>• ComplyTrack - Problem Resolution Log</li> </ul> <p><b>Sub-committee/Staff Responsible:</b> Problem Resolution Coordinator</p> <p><b>Previous FY Baseline Averages:</b></p> <ul style="list-style-type: none"> <li>• Were all Problem Resolution processes logged and monitored: Yes</li> <li>• Data Trends: Significant increase in NOABDs and related appeals</li> </ul> <p><b>FY 20-21 Quarterly Averages:</b></p> <ul style="list-style-type: none"> <li>• Were all Problem Resolution processes logged and monitored: Yes</li> <li>• Data Trends: More Appeals due to more NOABDs appropriately being delivered.</li> </ul>	<table border="1"> <thead> <tr> <th data-bbox="590 220 905 256">Category</th> <th colspan="4" data-bbox="911 220 1503 256">Process</th> <th colspan="3" data-bbox="1509 220 2053 256">Grievance Disposition</th> </tr> <tr> <th data-bbox="590 256 905 386"></th> <th data-bbox="911 256 1058 386">Grievance</th> <th data-bbox="1064 256 1224 386">Exempt Grievances</th> <th data-bbox="1230 256 1346 386">Appeal</th> <th data-bbox="1352 256 1503 386">Expedited Appeal</th> <th data-bbox="1509 256 1751 386">Grievances pending as of 6/30</th> <th data-bbox="1757 256 1904 386">Resolved</th> <th data-bbox="1911 256 2053 386">Referred</th> </tr> </thead> </table>	Category	Process				Grievance Disposition				Grievance	Exempt Grievances	Appeal	Expedited Appeal	Grievances pending as of 6/30	Resolved	Referred							
		Category	Process				Grievance Disposition																	
		Grievance	Exempt Grievances	Appeal	Expedited Appeal	Grievances pending as of 6/30	Resolved	Referred																
	<table border="1"> <tbody> <tr> <td data-bbox="590 391 905 423"><b>Appeals from NOABDs</b></td> <td data-bbox="911 391 1058 423"></td> <td data-bbox="1064 391 1224 423"></td> <td data-bbox="1230 391 1346 423">17</td> <td data-bbox="1352 391 1503 423">0</td> <td data-bbox="1509 391 1751 423"></td> <td data-bbox="1757 391 1904 423"></td> <td data-bbox="1911 391 2053 423"></td> </tr> </tbody> </table>	<b>Appeals from NOABDs</b>			17	0						17	0											
	<b>Appeals from NOABDs</b>			17	0																			
	ACCESS	2	0			0	2	0																
	Quality of Care	10	0			2	61	0																
	Change of Provider	53	0			1	61	0																
	Confidentiality	0	0			0	0	0																
	Other	0	0			0	0	0																
	<b>Total:</b>	<b>65</b>	<b>0</b>	<b>17</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>																

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)	0	0	0	0	0	0	88
Payment Denial Notice (NOA-C)	0	0	0	0	0	0	44																																			
Delivery System Notice	0	0	0	0	0	0	42																																			
Modification Notice	0	0	1	0	0	0	1																																			
Termination Notice	4	0	14	0	0	0	859																																			
Authorization Delay Notice	0	0	0	0	0	0	0																																			
Timely Access Notice (NOA-E)	0	1	0	0	0	0	69																																			
Financial Liability Notice	0	1	0	0	0	0	1																																			
Grievance and Appeal Timely Resolution Notice	0	0	0	0	0	0	0																																			
**Total:**	**4**	**2**	**15**	**0**	**0**	**0**	**1104**																																			

Quality Improvement Area of Data Monitoring	Results of Evaluation				
<p><b>III. Beneficiary Protection:</b></p> <ul style="list-style-type: none"> <li>• <b>DM-3:</b> Tracking the compliance of sending the beneficiary an acknowledgement and Disposition letter.</li> </ul> <p><b>Purpose of Monitoring:</b></p> <ul style="list-style-type: none"> <li>• DHCS Annual Review Protocols FY 19-20, Quality Improvement - Section C, I. - Items C. &amp; E.2., II. - Item B; Beneficiary Rights and Protections – Section F, I. - Item E.1-3, J., III. - Items B &amp; C, IV. - Items A.3. &amp; B.1.</li> </ul> <p><b>Name of Data Report:</b></p> <ul style="list-style-type: none"> <li>• ComplyTrack - Problem Resolution Log</li> </ul> <p><b>Sub-committee/Staff Responsible:</b> Problem Resolution Coordinator</p> <p><b>Previous FY Baseline Averages:</b></p> <ul style="list-style-type: none"> <li>• % of Acknowledgement letters sent within timeframes:</li> <li>• % of Disposition letters sent within timeframes:</li> </ul> <p><b>FY 20-21 Quarterly Averages:</b></p> <ul style="list-style-type: none"> <li>• % of Acknowledgement letters sent within timeframes: 95%</li> <li>• % of Disposition letters (NGR's and NAR's) sent within timeframes: 100%</li> </ul>	<b>Q1:</b>				
	<b>Month Rec'd</b>	<b>Total # of Grievances, Appeals and Expedited Appeals Rec'd</b>	<b>% of Acknowledgement letters in compliance</b>	<b>% of Disposition letters in compliance</b>	<b>% of Provides notified of Disposition</b>
	JUL	9	100%	100%	100%
	AUG	6	100%	100%	100%
	SEP	11	100%	100%	100%
	OCT	6	83%	100%	100%
	NOV	7	100%	100%	100%
	DEC	5	80%	100%	100%
	JAN	7	100%	100%	100%
	FEB	11	90%	100%	100%
	MAR	8	100%	100%	100%
	APR	11	100%	100%	100%
	MAY	6	100%	100%	100%
JUN	7	100%	100%	100%	

Quality Improvement Area of Data Monitoring	Results of Evaluation																																																																					
<p><b>III. Beneficiary Protection:</b></p> <ul style="list-style-type: none"> <li>DM-4: Tracking and trending of Internal system improvement needs</li> </ul> <p><b>Purpose of Monitoring:</b> DHCS Annual Review Protocols, FY 19-20, Quality Improvement - Section C, I. - Items C. &amp; E.2., II. - Item B</p> <p><b>Frequency of Evaluation:</b> Quarterly</p> <p><b>Name of Data Report:</b></p> <ul style="list-style-type: none"> <li>Problem Resolution Log</li> <li>QIC Internal System Improvement Report</li> </ul> <p><b>Sub-committee/Staff Responsible:</b> Problem Resolution Coordinator</p> <p><b>Previous FY Baseline Quarterly Averages: See FY 19-20 for:</b></p> <ul style="list-style-type: none"> <li>Total # of Problem Resolution issues: 39.5</li> <li># of issues requiring a system change: 0</li> <li># Referred to Policy Committee: 0</li> <li># Referred for Adverse Outcome Mtg: 4.25</li> </ul> <p><b>FY 20-21 Quarterly Averages:</b></p> <ul style="list-style-type: none"> <li>Total # of Problem Resolution issues: 34.3</li> <li># of issues requiring a system change: 0</li> <li># of System Changes Initiated: 0</li> <li># Referred to Policy Committee: 0</li> <li># of Policies created or amended: 0</li> <li># Referred for Adverse Outcome Mtg: 8</li> </ul>	<p><b>Q1:</b></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>19</td><td>0</td><td>0</td><td>1</td></tr> <tr><td>AUG</td><td>10</td><td>0</td><td>0</td><td>1</td></tr> <tr><td>SEP</td><td>11</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>OCT</td><td>14</td><td>0</td><td>0</td><td>1</td></tr> <tr><td>NOV</td><td>4</td><td>0</td><td>0</td><td>2</td></tr> <tr><td>DEC</td><td>9</td><td>0</td><td>0</td><td>4</td></tr> <tr><td>JAN</td><td>10</td><td>0</td><td>0</td><td>6</td></tr> <tr><td>FEB</td><td>12</td><td>0</td><td>0</td><td>4</td></tr> <tr><td>MAR</td><td>14</td><td>0</td><td>0</td><td>5</td></tr> <tr><td>APR</td><td>10</td><td>1</td><td>0</td><td>3</td></tr> <tr><td>MAY</td><td>8</td><td>0</td><td>0</td><td>4</td></tr> <tr><td>JUN</td><td>8</td><td>1</td><td>0</td><td>3</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	19	0	0	1	AUG	10	0	0	1	SEP	11	0	0	0	OCT	14	0	0	1	NOV	4	0	0	2	DEC	9	0	0	4	JAN	10	0	0	6	FEB	12	0	0	4	MAR	14	0	0	5	APR	10	1	0	3	MAY	8	0	0	4	JUN	8	1	0	3
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	19	0	0	1																																																																		
AUG	10	0	0	1																																																																		
SEP	11	0	0	0																																																																		
OCT	14	0	0	1																																																																		
NOV	4	0	0	2																																																																		
DEC	9	0	0	4																																																																		
JAN	10	0	0	6																																																																		
FEB	12	0	0	4																																																																		
MAR	14	0	0	5																																																																		
APR	10	1	0	3																																																																		
MAY	8	0	0	4																																																																		
JUN	8	1	0	3																																																																		

## 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><b>IV. Outcomes &amp; Utilization:</b></p> <p><b>AG-1:</b> 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><b>Authority:</b> DHCS Annual Review Protocols, FY 19-20, Quality Improvement - Section C, I. - Items C. &amp; D.</p> <p><b>Name of Data Report:</b> MHSA data form, TMACT fidelity document for adult programs.</p> <p><b>Sub-committee/Staff Responsible:</b> Adult Specialty Services Manager and Children's FSP Manager</p> <p><b>Annual Goal Items Met:</b>  <input checked="" type="checkbox"/> <b>Met:</b> Item # _____  <input type="checkbox"/> <b>Partially Met:</b> Item # _____  <input type="checkbox"/> <b>Not Met:</b> Item # _____</p>	<p><b>AG-1:</b> 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><b>Baseline:</b> See FY 19-20 showed the following:</p> <ul style="list-style-type: none"> <li>• # of adult FSP Program clients (including TAY population) were hospitalized and # were hospitalized 2 or more times.</li> <li>• # of Children/Youth FSP Program clients were hospitalized and # were hospitalized 2 or more times.</li> </ul> <p><b>Goal:</b> Solano MHP will:</p> <ol style="list-style-type: none"> <li>1. Decrease percentage of FSP clients in inpatient hospitalizations to less than 5%</li> <li>2. Decrease the percentage of FSP clients hospitalized 2 or more times to less than 3%</li> <li>3. Decrease total FSP clients incarcerated by 5%</li> <li>4. Reduce # of FSP clients without stable housing.</li> <li>5. Increase capacity to serve clients with co-occurring MH/SUD; track # clients with dual diagnosis</li> </ol>	<p><b>Q1:</b></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>Total % of clients hosp. 1x</th> <th>% of clients hosp. &gt; 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>88</td> <td>11%</td> <td>0%</td> <td>7%</td> <td>2%</td> <td rowspan="3">N/A</td> </tr> <tr> <td>Caminar Adult FSP</td> <td>61</td> <td>2%</td> <td>0%</td> <td>0%</td> <td>0%</td> </tr> <tr> <td>Caminar HOME FSP</td> <td>47</td> <td>6%</td> <td>4%</td> <td>4%</td> <td>2%</td> </tr> <tr> <td>Seneca Tay</td> <td>26</td> <td>0%</td> <td>0%</td> <td>8%</td> <td>0%</td> <td>8%</td> </tr> <tr> <td>FCTU Youth FSP</td> <td>42</td> <td>2%</td> <td>0%</td> <td>0%</td> <td>0%</td> <td>17%</td> </tr> <tr> <td>Fairfield Youth FSP</td> <td>83</td> <td>5%</td> <td>0%</td> <td>2%</td> <td>1%</td> <td>11%</td> </tr> <tr style="background-color: #d9ead3;"> <td><b>Totals</b></td> <td><b>347</b></td> <td><b>5%</b></td> <td><b>0%</b></td> <td><b>4%</b></td> <td><b>1%</b></td> <td><b>11%</b></td> </tr> </tbody> </table> <p><b>Q2:</b></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>Total % of clients hosp. 1x</th> <th>% of clients hosp. &gt; 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>55</td> <td>2%</td> <td>0%</td> <td>0%</td> <td>9%</td> <td rowspan="3">N/A</td> </tr> <tr> <td>Caminar Adult FSP</td> <td>60</td> <td>8%</td> <td>2%</td> <td>0%</td> <td>2%</td> </tr> <tr> <td>Caminar HOME FSP</td> <td>46</td> <td>2%</td> <td>7%</td> <td>4%</td> <td>0%</td> </tr> <tr> <td>Seneca Tay</td> <td>32</td> <td>6%</td> <td>0%</td> <td>3%</td> <td>0%</td> <td>6%</td> </tr> <tr> <td>FCTU Youth FSP</td> <td>46</td> <td>2%</td> <td>0%</td> <td>0%</td> <td>0%</td> <td>4%</td> </tr> <tr> <td>Fairfield Youth FSP</td> <td>102</td> <td>6%</td> <td>1%</td> <td>1%</td> <td>0%</td> <td>2%</td> </tr> <tr style="background-color: #d9ead3;"> <td><b>Totals</b></td> <td><b>341</b></td> <td><b>5%</b></td> <td><b>1%</b></td> <td><b>3%</b></td> <td><b>2%</b></td> <td><b>5%</b></td> </tr> </tbody> </table> <p><b>Q3:</b></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>Total % of clients hosp. 1x</th> <th>% of clients hosp. &gt; 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>54</td> <td>6%</td> <td>6%</td> <td>2%</td> <td>6%</td> <td rowspan="3">N/A</td> </tr> <tr> <td>Caminar Adult FSP</td> <td>62</td> <td>6%</td> <td>5%</td> <td>2%</td> <td>0%</td> </tr> <tr> <td>Caminar HOME FSP</td> <td>44</td> <td>0%</td> <td>2%</td> <td>0%</td> <td>0%</td> </tr> <tr> <td>Seneca Tay</td> <td>33</td> <td>9%</td> <td>0%</td> <td>0%</td> <td>0%</td> <td>12%</td> </tr> <tr> <td>FCTU Youth FSP</td> <td>39</td> <td>3%</td> <td>0%</td> <td>0%</td> <td>0%</td> <td>23%</td> </tr> <tr> <td>Fairfield Youth FSP</td> <td>130</td> <td>4%</td> <td>3%</td> <td>0%</td> <td>0%</td> <td>5%</td> </tr> <tr style="background-color: #d9ead3;"> <td><b>Totals</b></td> <td><b>362</b></td> <td><b>4%</b></td> <td><b>3%</b></td> <td><b>0.5%</b></td> <td><b>0.8%</b></td> <td><b>6%</b></td> </tr> </tbody> </table> <p><b>Q4:</b></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>Total % of clients hosp. 1x</th> <th>% of clients hosp. &gt; 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>61</td> <td>5%</td> <td>0%</td> <td>10%</td> <td>7%</td> <td rowspan="3">N/A</td> </tr> <tr> <td>Caminar Adult FSP</td> <td>69</td> <td>4%</td> <td>3%</td> <td>1%</td> <td>0%</td> </tr> <tr> <td>Caminar HOME FSP</td> <td>41</td> <td>2%</td> <td>0%</td> <td>2%</td> <td>0%</td> </tr> <tr> <td>Seneca Tay</td> <td>33</td> <td>0%</td> <td>3%</td> <td>0%</td> <td>3%</td> <td>3%</td> </tr> <tr> <td>FCTU Youth FSP</td> <td>32</td> <td>0%</td> <td>0%</td> <td>0%</td> <td>0%</td> <td>9%</td> </tr> <tr> <td>Fairfield Youth FSP</td> <td>143</td> <td>1%</td> <td>1%</td> <td>1%</td> <td>0%</td> <td>1%</td> </tr> <tr style="background-color: #d9ead3;"> <td><b>Totals</b></td> <td><b>379</b></td> <td><b>2%</b></td> <td><b>1%</b></td> <td><b>2%</b></td> <td><b>1%</b></td> <td><b>3%</b></td> </tr> </tbody> </table>	FSP Programs this Quarter	# of Clients Served	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	88	11%	0%	7%	2%	N/A	Caminar Adult FSP	61	2%	0%	0%	0%	Caminar HOME FSP	47	6%	4%	4%	2%	Seneca Tay	26	0%	0%	8%	0%	8%	FCTU Youth FSP	42	2%	0%	0%	0%	17%	Fairfield Youth FSP	83	5%	0%	2%	1%	11%	<b>Totals</b>	<b>347</b>	<b>5%</b>	<b>0%</b>	<b>4%</b>	<b>1%</b>	<b>11%</b>	FSP Programs this Quarter	# of Clients Served	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	55	2%	0%	0%	9%	N/A	Caminar Adult FSP	60	8%	2%	0%	2%	Caminar HOME FSP	46	2%	7%	4%	0%	Seneca Tay	32	6%	0%	3%	0%	6%	FCTU Youth FSP	46	2%	0%	0%	0%	4%	Fairfield Youth FSP	102	6%	1%	1%	0%	2%	<b>Totals</b>	<b>341</b>	<b>5%</b>	<b>1%</b>	<b>3%</b>	<b>2%</b>	<b>5%</b>	FSP Programs this Quarter	# of Clients Served	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	54	6%	6%	2%	6%	N/A	Caminar Adult FSP	62	6%	5%	2%	0%	Caminar HOME FSP	44	0%	2%	0%	0%	Seneca Tay	33	9%	0%	0%	0%	12%	FCTU Youth FSP	39	3%	0%	0%	0%	23%	Fairfield Youth FSP	130	4%	3%	0%	0%	5%	<b>Totals</b>	<b>362</b>	<b>4%</b>	<b>3%</b>	<b>0.5%</b>	<b>0.8%</b>	<b>6%</b>	FSP Programs this Quarter	# of Clients Served	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	61	5%	0%	10%	7%	N/A	Caminar Adult FSP	69	4%	3%	1%	0%	Caminar HOME FSP	41	2%	0%	2%	0%	Seneca Tay	33	0%	3%	0%	3%	3%	FCTU Youth FSP	32	0%	0%	0%	0%	9%	Fairfield Youth FSP	143	1%	1%	1%	0%	1%	<b>Totals</b>	<b>379</b>	<b>2%</b>	<b>1%</b>	<b>2%</b>	<b>1%</b>	<b>3%</b>
FSP Programs this Quarter	# of Clients Served	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	88	11%	0%	7%	2%	N/A																																																																																																																																																																																																																				
Caminar Adult FSP	61	2%	0%	0%	0%																																																																																																																																																																																																																					
Caminar HOME FSP	47	6%	4%	4%	2%																																																																																																																																																																																																																					
Seneca Tay	26	0%	0%	8%	0%	8%																																																																																																																																																																																																																				
FCTU Youth FSP	42	2%	0%	0%	0%	17%																																																																																																																																																																																																																				
Fairfield Youth FSP	83	5%	0%	2%	1%	11%																																																																																																																																																																																																																				
<b>Totals</b>	<b>347</b>	<b>5%</b>	<b>0%</b>	<b>4%</b>	<b>1%</b>	<b>11%</b>																																																																																																																																																																																																																				
FSP Programs this Quarter	# of Clients Served	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	55	2%	0%	0%	9%	N/A																																																																																																																																																																																																																				
Caminar Adult FSP	60	8%	2%	0%	2%																																																																																																																																																																																																																					
Caminar HOME FSP	46	2%	7%	4%	0%																																																																																																																																																																																																																					
Seneca Tay	32	6%	0%	3%	0%	6%																																																																																																																																																																																																																				
FCTU Youth FSP	46	2%	0%	0%	0%	4%																																																																																																																																																																																																																				
Fairfield Youth FSP	102	6%	1%	1%	0%	2%																																																																																																																																																																																																																				
<b>Totals</b>	<b>341</b>	<b>5%</b>	<b>1%</b>	<b>3%</b>	<b>2%</b>	<b>5%</b>																																																																																																																																																																																																																				
FSP Programs this Quarter	# of Clients Served	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	54	6%	6%	2%	6%	N/A																																																																																																																																																																																																																				
Caminar Adult FSP	62	6%	5%	2%	0%																																																																																																																																																																																																																					
Caminar HOME FSP	44	0%	2%	0%	0%																																																																																																																																																																																																																					
Seneca Tay	33	9%	0%	0%	0%	12%																																																																																																																																																																																																																				
FCTU Youth FSP	39	3%	0%	0%	0%	23%																																																																																																																																																																																																																				
Fairfield Youth FSP	130	4%	3%	0%	0%	5%																																																																																																																																																																																																																				
<b>Totals</b>	<b>362</b>	<b>4%</b>	<b>3%</b>	<b>0.5%</b>	<b>0.8%</b>	<b>6%</b>																																																																																																																																																																																																																				
FSP Programs this Quarter	# of Clients Served	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	61	5%	0%	10%	7%	N/A																																																																																																																																																																																																																				
Caminar Adult FSP	69	4%	3%	1%	0%																																																																																																																																																																																																																					
Caminar HOME FSP	41	2%	0%	2%	0%																																																																																																																																																																																																																					
Seneca Tay	33	0%	3%	0%	3%	3%																																																																																																																																																																																																																				
FCTU Youth FSP	32	0%	0%	0%	0%	9%																																																																																																																																																																																																																				
Fairfield Youth FSP	143	1%	1%	1%	0%	1%																																																																																																																																																																																																																				
<b>Totals</b>	<b>379</b>	<b>2%</b>	<b>1%</b>	<b>2%</b>	<b>1%</b>	<b>3%</b>																																																																																																																																																																																																																				

Goal Purpose and Monitoring	Goal/Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation																																																																																								
<p><b>IV. Outcomes &amp; Utilization:</b></p> <ul style="list-style-type: none"> <li>• <b>AG-2:</b> ADULT: Adult Inpatient Hospitalizations</li> </ul> <p><b>Purpose of Monitoring:</b> DHCS Annual Review Protocols, FY 19-20, Quality Improvement - Section C, I. - Items C. &amp; D.</p> <p><b>Name of Data Report:</b> Quality and Utilization Review of CSU services</p> <p><b>Sub-committee/Staff Responsible:</b> Acute Care Manager</p> <p><b>Annual Goal Items Met:</b>  <input checked="" type="checkbox"/> <b>Met:</b> Item # 1 &amp; 2  <input type="checkbox"/> <b>Partially Met:</b> Item # ____  <input type="checkbox"/> <b>Not Met:</b> Item # ____</p>	<p><b>AG-2:</b> 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><b>Baseline:</b> FY 19-20 Averages</p> <p><b>Goal:</b> 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"> <li>• <b>Measurement #1:</b> Maintain a quarterly average of less than 240 total hospitalizations. <b>Baseline:</b> Quarterly average of 251 average Adult inpatient hospitalizations in FY 19-20</li> <li>• <b>Measurement #2</b> Maintain a baseline average of 15% or less of clients re-hospitalized within 30 days of discharge from inpatient hospitalization. <b>Baseline:</b> Quarterly average of 17% readmission rate in FY 19-20</li> </ul>	<p><b>Q1:</b></p> <table border="1" data-bbox="938 245 2049 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 &amp; % of total of discharges</th> </tr> </thead> <tbody> <tr> <td>Jul</td> <td>56</td> <td>37</td> <td>6</td> <td>11%</td> </tr> <tr> <td>Aug</td> <td>48</td> <td>46</td> <td>4</td> <td>8%</td> </tr> <tr> <td>Sep</td> <td>54</td> <td>45</td> <td>10</td> <td>19%</td> </tr> <tr> <td><b>TOTALS:</b></td> <td><b>158</b></td> <td><b>128</b></td> <td><b>20</b></td> <td><b>13%</b></td> </tr> </tbody> </table> <p><b>Q2:</b></p> <table border="1" data-bbox="938 513 2049 651"> <tbody> <tr> <td>Oct</td> <td>51</td> <td>32</td> <td>1</td> <td>1.96%</td> </tr> <tr> <td>Nov</td> <td>45</td> <td>57</td> <td>5</td> <td>11.11%</td> </tr> <tr> <td>Dec</td> <td>58</td> <td>64</td> <td>7</td> <td>12.07%</td> </tr> <tr> <td><b>TOTALS:</b></td> <td><b>154</b></td> <td><b>153</b></td> <td><b>13</b></td> <td><b>8.44%</b></td> </tr> </tbody> </table> <p><b>Q3:</b></p> <table border="1" data-bbox="938 683 2049 821"> <tbody> <tr> <td>Jan</td> <td>61</td> <td>57</td> <td>11</td> <td>21.15%</td> </tr> <tr> <td>Feb</td> <td>80</td> <td>79</td> <td>7</td> <td>10%</td> </tr> <tr> <td>Mar</td> <td>86</td> <td>89</td> <td>14</td> <td>19.18%</td> </tr> <tr> <td><b>TOTALS:</b></td> <td><b>227</b></td> <td><b>225</b></td> <td><b>32</b></td> <td><b>16.78%</b></td> </tr> </tbody> </table> <p><b>Q4:</b></p> <table border="1" data-bbox="938 854 2049 992"> <tbody> <tr> <td>Apr</td> <td>75</td> <td>45</td> <td>12</td> <td>19%</td> </tr> <tr> <td>May</td> <td>64</td> <td>38</td> <td>7</td> <td>12%</td> </tr> <tr> <td>Jun</td> <td>85</td> <td>42</td> <td>4</td> <td>6%</td> </tr> <tr> <td><b>TOTALS:</b></td> <td><b>224</b></td> <td><b>125</b></td> <td><b>23</b></td> <td><b>12%</b></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	56	37	6	11%	Aug	48	46	4	8%	Sep	54	45	10	19%	<b>TOTALS:</b>	<b>158</b>	<b>128</b>	<b>20</b>	<b>13%</b>	Oct	51	32	1	1.96%	Nov	45	57	5	11.11%	Dec	58	64	7	12.07%	<b>TOTALS:</b>	<b>154</b>	<b>153</b>	<b>13</b>	<b>8.44%</b>	Jan	61	57	11	21.15%	Feb	80	79	7	10%	Mar	86	89	14	19.18%	<b>TOTALS:</b>	<b>227</b>	<b>225</b>	<b>32</b>	<b>16.78%</b>	Apr	75	45	12	19%	May	64	38	7	12%	Jun	85	42	4	6%	<b>TOTALS:</b>	<b>224</b>	<b>125</b>	<b>23</b>	<b>12%</b>
Month	Total # of Adult Inpatient Hospitalizations	Total # of Adult Discharges	Total # of Adult Rehospitalizations within 30 days of discharge & % of total of discharges																																																																																							
Jul	56	37	6	11%																																																																																						
Aug	48	46	4	8%																																																																																						
Sep	54	45	10	19%																																																																																						
<b>TOTALS:</b>	<b>158</b>	<b>128</b>	<b>20</b>	<b>13%</b>																																																																																						
Oct	51	32	1	1.96%																																																																																						
Nov	45	57	5	11.11%																																																																																						
Dec	58	64	7	12.07%																																																																																						
<b>TOTALS:</b>	<b>154</b>	<b>153</b>	<b>13</b>	<b>8.44%</b>																																																																																						
Jan	61	57	11	21.15%																																																																																						
Feb	80	79	7	10%																																																																																						
Mar	86	89	14	19.18%																																																																																						
<b>TOTALS:</b>	<b>227</b>	<b>225</b>	<b>32</b>	<b>16.78%</b>																																																																																						
Apr	75	45	12	19%																																																																																						
May	64	38	7	12%																																																																																						
Jun	85	42	4	6%																																																																																						
<b>TOTALS:</b>	<b>224</b>	<b>125</b>	<b>23</b>	<b>12%</b>																																																																																						

Goal Purpose and Monitoring	Goal/Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation																																																																																									
<p><b>IV. Outcomes &amp; Utilization:</b></p> <ul style="list-style-type: none"> <li>• <b>AG-3:</b> CHIL: Adult Inpatient Hospitalizations</li> </ul> <p><b>Purpose of Monitoring:</b> DHCS Annual Review Protocols, FY 19-20, Quality Improvement - Section C, I. - Items C. &amp; D.</p> <p><b>Name of Data Report:</b> Quality and Utilization Review of CSU services</p> <p><b>Sub-committee/Staff Responsible:</b> Acute Care Manager, Children's Manager</p> <p><b>Annual Goal Items Met:</b>  <input checked="" type="checkbox"/> <b>Met:</b> Item # 2  <input checked="" type="checkbox"/> <b>Partially Met:</b> Item # 1  <input type="checkbox"/> <b>Not Met:</b> Item # ____</p>	<p><b>AG-3:</b> The Utilization Management Committee is charged with monitoring the effectiveness of the MHP's infrastructure to reduce inpatient stays and recidivism.</p> <p><b>Baseline:</b> FY 19-20 Averages</p> <p><b>Goal:</b> 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"> <li>• <b>Measurement #1:</b> Maintain a quarterly average of less than 30 total hospitalizations. <b>Baseline:</b> 34 Child inpatient hospitalizations in FY 19-20</li> <li>• <b>Measurement #2:</b> Improve quarterly average to 10% or less clients re-hospitalized within 30 days of discharge from inpatient hospitalization. <b>Baseline:</b> 9% average readmission rate in FY 19-20</li> </ul>	<p><b>Q1:</b></p> <table border="1" data-bbox="932 188 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 &amp; % of total of discharges</th> </tr> </thead> <tbody> <tr> <td>Jul</td> <td>7</td> <td>7</td> <td>0</td> <td>0%</td> </tr> <tr> <td>Aug</td> <td>7</td> <td>6</td> <td>0</td> <td>0%</td> </tr> <tr> <td>Sep</td> <td>12</td> <td>13</td> <td>0</td> <td>0%</td> </tr> <tr> <td><b>TOTALS:</b></td> <td>26</td> <td>26</td> <td>0</td> <td>0%</td> </tr> </tbody> </table> <p><b>Q2:</b></p> <table border="1" data-bbox="932 457 2037 594"> <tbody> <tr> <td>Oct</td> <td>9</td> <td>3</td> <td>2</td> <td>22%</td> </tr> <tr> <td>Nov</td> <td>10</td> <td>15</td> <td>2</td> <td>20%</td> </tr> <tr> <td>Dec</td> <td>11</td> <td>26</td> <td>1</td> <td>9.1%</td> </tr> <tr> <td><b>TOTALS:</b></td> <td>30</td> <td>44</td> <td>5</td> <td>17.03%</td> </tr> </tbody> </table> <p><b>Q3:</b></p> <table border="1" data-bbox="932 626 2037 763"> <tbody> <tr> <td>Jan</td> <td>18</td> <td>18</td> <td>2</td> <td>11.11%</td> </tr> <tr> <td>Feb</td> <td>9</td> <td>11</td> <td>1</td> <td>11.11%</td> </tr> <tr> <td>Mar</td> <td>8</td> <td>6</td> <td>0</td> <td>0%</td> </tr> <tr> <td><b>TOTALS:</b></td> <td>35</td> <td>35</td> <td>3</td> <td>7.41%</td> </tr> </tbody> </table> <p><b>Q4:</b></p> <table border="1" data-bbox="932 795 2037 932"> <tbody> <tr> <td>Apr</td> <td>11</td> <td>12</td> <td>3</td> <td>27%</td> </tr> <tr> <td>May</td> <td>21</td> <td>21</td> <td>1</td> <td>5%</td> </tr> <tr> <td>June</td> <td>15</td> <td>15</td> <td>0</td> <td>0%</td> </tr> <tr> <td><b>TOTALS:</b></td> <td>47</td> <td>48</td> <td>4</td> <td>11%</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	7	7	0	0%	Aug	7	6	0	0%	Sep	12	13	0	0%	<b>TOTALS:</b>	26	26	0	0%	Oct	9	3	2	22%	Nov	10	15	2	20%	Dec	11	26	1	9.1%	<b>TOTALS:</b>	30	44	5	17.03%	Jan	18	18	2	11.11%	Feb	9	11	1	11.11%	Mar	8	6	0	0%	<b>TOTALS:</b>	35	35	3	7.41%	Apr	11	12	3	27%	May	21	21	1	5%	June	15	15	0	0%	<b>TOTALS:</b>	47	48	4	11%
Month	Total # of Child Inpatient Hospitalizations	Total # of Child Discharges	Total # of Child Rehospitalizations within 30 days of discharge & % of total of discharges																																																																																								
Jul	7	7	0	0%																																																																																							
Aug	7	6	0	0%																																																																																							
Sep	12	13	0	0%																																																																																							
<b>TOTALS:</b>	26	26	0	0%																																																																																							
Oct	9	3	2	22%																																																																																							
Nov	10	15	2	20%																																																																																							
Dec	11	26	1	9.1%																																																																																							
<b>TOTALS:</b>	30	44	5	17.03%																																																																																							
Jan	18	18	2	11.11%																																																																																							
Feb	9	11	1	11.11%																																																																																							
Mar	8	6	0	0%																																																																																							
<b>TOTALS:</b>	35	35	3	7.41%																																																																																							
Apr	11	12	3	27%																																																																																							
May	21	21	1	5%																																																																																							
June	15	15	0	0%																																																																																							
<b>TOTALS:</b>	47	48	4	11%																																																																																							

Goal Purpose and Monitoring	Goal/Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation																										
<p><b>IV. Outcomes &amp; Utilization:</b></p> <ul style="list-style-type: none"> <li>• <b>AG-6:</b> 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.</li> </ul> <p><b>Purpose of Monitoring:</b> DHCS Annual Review Protocols, FY 19-20, Quality Improvement – Section C, I. – Item G, II. – Items C &amp; D, VI. – Item A</p> <p><b>Name of Data Report:</b> Avatar KPI Co-occurring Data, Avatar Treatment Plan Report (still to be created)</p> <p><b>Sub-committee/Staff Responsible:</b></p> <ul style="list-style-type: none"> <li>• Quality Improvement</li> </ul> <p><b>Annual Goal Met:</b></p> <p><input type="checkbox"/> <b>Met:</b> Item # ____</p> <p><input checked="" type="checkbox"/> <b>Partially Met:</b> Item # 1-3</p> <p><input type="checkbox"/> <b>Not Met:</b> Item # ____</p>	<p><b>AG-6:</b> 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><b>Baseline:</b> FY 18-19 Q4:</p> <ul style="list-style-type: none"> <li>• Total # of Clients experiencing co-Occurring Challenges: 2474</li> </ul> <p><b>Goal: Co-Occurring System goals include:</b></p> <ol style="list-style-type: none"> <li>1. Track the # of clients with co-occurring engaged in and receiving treatment</li> <li>2. Increase # of staff cross-trained within the mental health and substance use teams</li> <li>3. Develop mechanisms to support integrated documentation of treatment, billing, ROIs, engagement through access, and follow through with outpatient providers as needed.</li> </ol>	<p><b>Q1:</b></p> <p><b>Q2:</b></p> <table border="1" data-bbox="947 256 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>489</td> <td></td> </tr> <tr> <td>Vallejo ICC</td> <td>314</td> <td></td> </tr> <tr> <td>Vacaville ICC</td> <td>113</td> <td></td> </tr> <tr> <td>Caminar FSP</td> <td>61</td> <td></td> </tr> <tr> <td>ACT Team</td> <td>19</td> <td></td> </tr> <tr> <td>FTT</td> <td>36</td> <td></td> </tr> <tr> <td><b>TOTAL:</b></td> <td><b>1,032</b></td> <td></td> </tr> </tbody> </table> <p><b>Q3:</b></p> <p><b>Q4:</b></p>			County Program	Total # Clients experiencing co-occurring challenges	Total # of Clients with integrated treatment plans	Fairfield ICC	489		Vallejo ICC	314		Vacaville ICC	113		Caminar FSP	61		ACT Team	19		FTT	36		<b>TOTAL:</b>	<b>1,032</b>	
County Program	Total # Clients experiencing co-occurring challenges	Total # of Clients with integrated treatment plans																										
Fairfield ICC	489																											
Vallejo ICC	314																											
Vacaville ICC	113																											
Caminar FSP	61																											
ACT Team	19																											
FTT	36																											
<b>TOTAL:</b>	<b>1,032</b>																											

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

Quality Improvement Area of Data Monitoring	Results of Evaluation																													
<p><b>IV. Outcomes &amp; Utilization:</b></p> <ul style="list-style-type: none"> <li>• <b>DM-1: Youth Medication Monitoring</b></li> </ul> <p><b>Purpose of Monitoring:</b> DHCS Annual Review Protocols, FY 19-20, Quality Improvement – Section C, I. - Item F</p> <p><b>Name of Data Report:</b> Avatar Report # 339C</p> <p><b>Sub-committee/Staff Responsible:</b> Clinical Quality Review Committee, Medical Director or Designee</p> <p><b>Previous FY Baseline Averages:</b></p> <ul style="list-style-type: none"> <li>• <b>No averages from the previous year</b></li> </ul> <p><b>FY 20-21 Quarterly Averages:</b></p> <ul style="list-style-type: none"> <li>• FY 20-21 # of Youth on 1 or more Anti-psychotic medications: 27</li> <li>• FY 20-21 # of Youth Age 12-17 on 4 or more Psychotropic medications: 5</li> <li>• FY 20-21 # of Youth Age 6-11 on 3 or more Psychotropic medications: 4</li> <li>• FY 20-21 # of Youth Age 0-5 on 2 or more Psychotropic medications: 0</li> <li>• FY 20-21 # of Youth on 2 or more Anti-psychotic Medications: 0</li> </ul>	<p><b>Q1:</b></p> <p><b>Q2:</b></p> <p><b>Q3:</b></p> <p><b>Q4:</b></p>	<table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #d9ead3;"> <th></th> <th># of Youth on 1 or more Psychotropic Medication:</th> <th># of Youth Age 12-17 years on more than 3 Psychotropic Medications:</th> <th># of Youth Age 6-11 years on more than 2 Psychotropic Medications:</th> <th># of Youth Age 0-5 years on more than 1 Psychotropic Medications:</th> <th># of Youth on 2 or more Antipsychotic Medications:</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><b>Foster Youth</b></td> <td style="text-align: center;">3</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: center;"><b>Non-Foster Youth</b></td> <td style="text-align: center;">24</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: center;"><b>Total</b></td> <td style="text-align: center;">27</td> <td style="text-align: center;">5</td> <td style="text-align: center;">4</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> </tbody> </table>						# 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:	<b>Foster Youth</b>	3	1	1	0	0	<b>Non-Foster Youth</b>	24	4	3	0	0	<b>Total</b>	27	5	4	0	0
	# 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:																									
<b>Foster Youth</b>	3	1	1	0	0																									
<b>Non-Foster Youth</b>	24	4	3	0	0																									
<b>Total</b>	27	5	4	0	0																									



Quality Improvement Area of Data Monitoring	Results of Evaluation																																													
<p><b>IV. Outcomes &amp; Utilization:</b></p> <ul style="list-style-type: none"> <li>• <b>DM-2:</b> Regional Utilization and Service Penetration by cultural group</li> </ul> <p><b>Purpose of Monitoring:</b> DHCS Annual Review Protocols, FY 19-20, Network Adequacy and availability of Services – Section A, I. – Item D, V. - Item A2</p> <p><b>Name of Data Report:</b></p> <ul style="list-style-type: none"> <li>• Avatar Report # 347</li> </ul> <p><b>Sub-committee/Staff Responsible:</b></p> <ul style="list-style-type: none"> <li>• Utilization Management Committee membership or QI Manager</li> </ul> <p><b>Previous FY Baseline Averages:</b></p> <ul style="list-style-type: none"> <li>• FY 19-20 African American Quarterly Average Served: 1613</li> <li>• FY 19-20 Hispanic/Latino Quarterly Average Served: 1071</li> <li>• FY 19-20 Filipino Quarterly Average Served: 216</li> <li>• FY 19-20 LGBT Quarterly Average Served: 282</li> </ul> <p><b>FY 20-21 Quarterly Averages:</b></p> <ul style="list-style-type: none"> <li>• FY 20-21 African American Quarterly Average Served: 920</li> <li>• FY 20-21 Hispanic/Latino Quarterly Average Served: 592</li> <li>• FY 20-21 Filipino Quarterly Average Served: 147</li> <li>• FY 20-21 LGBT Quarterly Average Served: 379</li> </ul>	<b>Q1:</b>																																													
	<table border="1"> <thead> <tr> <th>Region</th> <th>Black/AA Clients</th> <th>Hispanic/ Latino Clients</th> <th>Filipino Clients</th> <th>LGBTQ Clients</th> </tr> </thead> <tbody> <tr> <td>North County</td> <td>117</td> <td>140</td> <td>16</td> <td>72</td> </tr> <tr> <td>Central County</td> <td>377</td> <td>225</td> <td>42</td> <td>117</td> </tr> <tr> <td>South County</td> <td>369</td> <td>187</td> <td>78</td> <td>89</td> </tr> <tr> <td>Out of County</td> <td>57</td> <td>23</td> <td>7</td> <td>8</td> </tr> <tr> <td>Unknown</td> <td>3</td> <td>2</td> <td>0</td> <td>0</td> </tr> <tr> <td><b>Quarter Total:</b></td> <td>923</td> <td>577</td> <td>143</td> <td>286</td> </tr> <tr> <td><b>Previous Quarter:</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>FY 19-20 Q Ave (Baseline)</b></td> <td><b>1,613</b></td> <td><b>1,071</b></td> <td><b>216</b></td> <td><b>282</b></td> </tr> </tbody> </table>	Region	Black/AA Clients	Hispanic/ Latino Clients	Filipino Clients	LGBTQ Clients	North County	117	140	16	72	Central County	377	225	42	117	South County	369	187	78	89	Out of County	57	23	7	8	Unknown	3	2	0	0	<b>Quarter Total:</b>	923	577	143	286	<b>Previous Quarter:</b>					<b>FY 19-20 Q Ave (Baseline)</b>	<b>1,613</b>	<b>1,071</b>	<b>216</b>	<b>282</b>
	Region	Black/AA Clients	Hispanic/ Latino Clients	Filipino Clients	LGBTQ Clients																																									
	North County	117	140	16	72																																									
	Central County	377	225	42	117																																									
	South County	369	187	78	89																																									
	Out of County	57	23	7	8																																									
	Unknown	3	2	0	0																																									
	<b>Quarter Total:</b>	923	577	143	286																																									
	<b>Previous Quarter:</b>																																													
	<b>FY 19-20 Q Ave (Baseline)</b>	<b>1,613</b>	<b>1,071</b>	<b>216</b>	<b>282</b>																																									
	<b>Q2:</b>																																													
	<table border="1"> <thead> <tr> <th>Region</th> <th>Black/AA Clients</th> <th>Hispanic/ Latino Clients</th> <th>Filipino Clients</th> <th>LGBTQ Clients</th> </tr> </thead> <tbody> <tr> <td>North County</td> <td>114</td> <td>139</td> <td>17</td> <td>151</td> </tr> <tr> <td>Central County</td> <td>382</td> <td>242</td> <td>42</td> <td>218</td> </tr> <tr> <td>South County</td> <td>339</td> <td>179</td> <td>73</td> <td>158</td> </tr> <tr> <td>Out of County</td> <td>64</td> <td>21</td> <td>6</td> <td>26</td> </tr> <tr> <td>Unknown</td> <td>2</td> <td>1</td> <td>1</td> <td>0</td> </tr> <tr> <td><b>Quarter Total:</b></td> <td>901</td> <td>582</td> <td>139</td> <td>553</td> </tr> <tr> <td><b>Previous Quarter:</b></td> <td>923</td> <td>577</td> <td>143</td> <td>286</td> </tr> <tr> <td><b>FY 19-20 Q Ave (Baseline)</b></td> <td><b>1,613</b></td> <td><b>1,071</b></td> <td><b>216</b></td> <td><b>282</b></td> </tr> </tbody> </table>	Region	Black/AA Clients	Hispanic/ Latino Clients	Filipino Clients	LGBTQ Clients	North County	114	139	17	151	Central County	382	242	42	218	South County	339	179	73	158	Out of County	64	21	6	26	Unknown	2	1	1	0	<b>Quarter Total:</b>	901	582	139	553	<b>Previous Quarter:</b>	923	577	143	286	<b>FY 19-20 Q Ave (Baseline)</b>	<b>1,613</b>	<b>1,071</b>	<b>216</b>	<b>282</b>
	Region	Black/AA Clients	Hispanic/ Latino Clients	Filipino Clients	LGBTQ Clients																																									
	North County	114	139	17	151																																									
	Central County	382	242	42	218																																									
	South County	339	179	73	158																																									
	Out of County	64	21	6	26																																									
	Unknown	2	1	1	0																																									
	<b>Quarter Total:</b>	901	582	139	553																																									
	<b>Previous Quarter:</b>	923	577	143	286																																									
<b>FY 19-20 Q Ave (Baseline)</b>	<b>1,613</b>	<b>1,071</b>	<b>216</b>	<b>282</b>																																										
<b>Q3:</b>																																														
<table border="1"> <thead> <tr> <th>Region</th> <th>Black/AA Clients</th> <th>Hispanic/ Latino Clients</th> <th>Filipino Clients</th> <th>LGBTQ Clients</th> </tr> </thead> <tbody> <tr> <td>North County</td> <td>120</td> <td>141</td> <td>15</td> <td>65</td> </tr> <tr> <td>Central County</td> <td>379</td> <td>253</td> <td>47</td> <td>132</td> </tr> <tr> <td>South County</td> <td>353</td> <td>189</td> <td>85</td> <td>110</td> </tr> <tr> <td>Out of County</td> <td>64</td> <td>24</td> <td>8</td> <td>19</td> </tr> <tr> <td>Unknown</td> <td>2</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><b>Quarter Total:</b></td> <td>918</td> <td>607</td> <td>155</td> <td>326</td> </tr> <tr> <td><b>Previous Quarter:</b></td> <td>901</td> <td>582</td> <td>139</td> <td>553</td> </tr> <tr> <td><b>FY 19-20 Q Ave (Baseline)</b></td> <td><b>1,613</b></td> <td><b>1,071</b></td> <td><b>216</b></td> <td><b>282</b></td> </tr> </tbody> </table>	Region	Black/AA Clients	Hispanic/ Latino Clients	Filipino Clients	LGBTQ Clients	North County	120	141	15	65	Central County	379	253	47	132	South County	353	189	85	110	Out of County	64	24	8	19	Unknown	2	0	0	0	<b>Quarter Total:</b>	918	607	155	326	<b>Previous Quarter:</b>	901	582	139	553	<b>FY 19-20 Q Ave (Baseline)</b>	<b>1,613</b>	<b>1,071</b>	<b>216</b>	<b>282</b>	
Region	Black/AA Clients	Hispanic/ Latino Clients	Filipino Clients	LGBTQ Clients																																										
North County	120	141	15	65																																										
Central County	379	253	47	132																																										
South County	353	189	85	110																																										
Out of County	64	24	8	19																																										
Unknown	2	0	0	0																																										
<b>Quarter Total:</b>	918	607	155	326																																										
<b>Previous Quarter:</b>	901	582	139	553																																										
<b>FY 19-20 Q Ave (Baseline)</b>	<b>1,613</b>	<b>1,071</b>	<b>216</b>	<b>282</b>																																										
<b>Q4:</b>																																														
<table border="1"> <thead> <tr> <th>Region</th> <th>Black/AA Clients</th> <th>Hispanic/ Latino Clients</th> <th>Filipino Clients</th> <th>LGBTQ Clients</th> </tr> </thead> <tbody> <tr> <td>North County</td> <td>110</td> <td>143</td> <td>18</td> <td>76</td> </tr> <tr> <td>Central County</td> <td>393</td> <td>263</td> <td>44</td> <td>145</td> </tr> </tbody> </table>	Region	Black/AA Clients	Hispanic/ Latino Clients	Filipino Clients	LGBTQ Clients	North County	110	143	18	76	Central County	393	263	44	145																															
Region	Black/AA Clients	Hispanic/ Latino Clients	Filipino Clients	LGBTQ Clients																																										
North County	110	143	18	76																																										
Central County	393	263	44	145																																										

Quality Improvement Area of Data Monitoring	Results of Evaluation				
	South County	364	172	77	108
	Out of County	70	20	11	21
	Unknown	1	2	0	1
	<b>Quarter Total:</b>	938	600	150	351
	<b>Previous Quarter:</b>	918	607	155	326
	<b>FY 19-20 Q Ave (Baseline)</b>	<b>1,613</b>	<b>1,071</b>	<b>216</b>	<b>282</b>

Quality Improvement Area of Data Monitoring	Results of Evaluation																									
<p><b>IV. Outcomes &amp; Utilization:</b></p> <ul style="list-style-type: none"> <li><b>DM-3: Homeless Outreach Services (HOS) to SMI populations:</b> Provide outreach, engagement, and support to homeless mentally ill adults toward acquiring benefits, resources, and services they need.</li> </ul> <p><b>Purpose of Monitoring:</b> DHCS Annual Review Protocols, FY 19-20, Network Adequacy and Availability of Resources - Section A, IV. - Item C.</p> <p><b>Name of Data Report:</b> ARCH/MHSA Data; Homeless Outreach data</p> <p><b>Sub-committee/Staff Responsible:</b> ARCH/Homeless Outreach Staff, Community Integration manager-housing/homeless team</p> <p><b>Previous FY Baseline Averages:</b></p> <ul style="list-style-type: none"> <li>FY 19-20</li> </ul> <p><b>FY 20-21 Quarterly Averages:</b></p>	<p><b>Q1:</b> Unable to collect data.</p> <p><b>Q2:</b></p> <table border="1" data-bbox="590 245 2051 383"> <thead> <tr> <th>Month</th> <th>Total Clients Referred for Services</th> </tr> </thead> <tbody> <tr> <td>October</td> <td>10</td> </tr> <tr> <td>November</td> <td>7</td> </tr> <tr> <td>December</td> <td>20</td> </tr> </tbody> </table> <p><b>Q3:</b></p> <table border="1" data-bbox="590 448 2051 586"> <thead> <tr> <th>Month</th> <th>Total Clients Referred for Services</th> </tr> </thead> <tbody> <tr> <td>January</td> <td>30</td> </tr> <tr> <td>February</td> <td>17</td> </tr> <tr> <td>March</td> <td>20</td> </tr> </tbody> </table> <p><b>Q4:</b></p> <table border="1" data-bbox="590 651 2051 789"> <thead> <tr> <th>Month</th> <th>Total Clients Referred</th> </tr> </thead> <tbody> <tr> <td>April</td> <td>15</td> </tr> <tr> <td>May</td> <td>6</td> </tr> <tr> <td>June</td> <td>17</td> </tr> </tbody> </table>		Month	Total Clients Referred for Services	October	10	November	7	December	20	Month	Total Clients Referred for Services	January	30	February	17	March	20	Month	Total Clients Referred	April	15	May	6	June	17
Month	Total Clients Referred for Services																									
October	10																									
November	7																									
December	20																									
Month	Total Clients Referred for Services																									
January	30																									
February	17																									
March	20																									
Month	Total Clients Referred																									
April	15																									
May	6																									
June	17																									

## 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><b>V. Access &amp; Timeliness:</b></p> <ul style="list-style-type: none"> <li>• <b>AG-1: CHILD:</b> Service Request to First Offered Assessment Appointment</li> </ul> <p><b>Purpose of Monitoring:</b> DHCS Annual Review Protocols, FY 19-20, Network Adequacy and Availability of Services – Section A, I. - Item F &amp; H.</p> <p><b>Name of Data Report:</b> Avatar Assessment Timeliness Report #422</p> <p><b>Sub-committee/Staff Responsible:</b> Access Supervisor</p> <p><b>Annual Goal Items Met:</b>  <input checked="" type="checkbox"/> <b>Met:</b> Item # 1a, 1b, 2a, 2b  <input checked="" type="checkbox"/> <b>Partially Met:</b> Item # 1c &amp; 2c  <input type="checkbox"/> <b>Not Met:</b> Item # ____</p>	<p><b>AG-1:</b> 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><b>Baseline:</b> See FY 19-20 average timeliness for Children’s services</p> <p><b>Goal:</b></p> <ol style="list-style-type: none"> <li>For Routine requests for service, County Children’s programs will: <ol style="list-style-type: none"> <li>Maintain goal of 80% resulting in an offered assessment within 10 business days (FY 19-20 baseline: 89.5%)</li> <li>Maintain goal of an average of 10 business days or less from service request to actual assessment (FY 19-20 baseline: 10)</li> <li>Achieve goal of an average of 10 business days or less from Assessment Completion date to tx service initiation (See FY 19-20 baseline for time from service request to tx service initiation)</li> </ol> </li> <li>For Urgent requests for service, County Children’s programs will: <ol style="list-style-type: none"> <li>Achieve goal of 80% resulting in an offered assessment within 48 hours (FY 19-20 baseline: 79% based on 3 bus days)</li> <li>Achieve goal of an average of 48 hours or less from service request to actual assessment (FY 19-20 baseline: 5.65 days)</li> </ol> </li> </ol>	<p><b>Q1:</b></p> <table border="1" data-bbox="947 289 2051 500"> <thead> <tr> <th>Request Type</th> <th>Service Request to Offered Ax Appt (% w/in 10 bus days for Routine &amp; 48 hrs for Urgent)</th> <th>Average # of Business Days from Service Request to Actual Ax Appt</th> <th>Average # of Business Days from Service Request to First Tx Service</th> </tr> </thead> <tbody> <tr> <td>Routine</td> <td>90%</td> <td>10.21</td> <td>24.19</td> </tr> <tr> <td>Urgent</td> <td>100%</td> <td>2.00</td> <td>23.00</td> </tr> <tr> <td><b>Total:</b></td> <td>95%</td> <td>10.14</td> <td>24.17</td> </tr> </tbody> </table> <p><b>Q2:</b></p> <table border="1" data-bbox="947 565 2051 667"> <tbody> <tr> <td>Routine</td> <td>84.3%</td> <td>10.29</td> <td>23.55</td> </tr> <tr> <td>Urgent</td> <td>100%</td> <td>11</td> <td>15</td> </tr> <tr> <td><b>Total:</b></td> <td>84.66%</td> <td>10.3</td> <td>23.44</td> </tr> </tbody> </table> <p><b>Q3:</b></p> <table border="1" data-bbox="947 732 2051 834"> <tbody> <tr> <td>Routine</td> <td>91%</td> <td>9.7</td> <td>18.7</td> </tr> <tr> <td>Urgent</td> <td>100%</td> <td>3.85</td> <td>14.6</td> </tr> <tr> <td><b>Total:</b></td> <td>92.3%</td> <td>9.5</td> <td>18.6</td> </tr> </tbody> </table> <p><b>Q4:</b></p> <table border="1" data-bbox="947 899 2051 1002"> <tbody> <tr> <td>Routine</td> <td>94%</td> <td>7.54</td> <td>23.2</td> </tr> <tr> <td>Urgent</td> <td>100%</td> <td>2</td> <td>14.5</td> </tr> <tr> <td><b>Total:</b></td> <td>97%</td> <td>7.47</td> <td>23.03</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 Service Request to First Tx Service	Routine	90%	10.21	24.19	Urgent	100%	2.00	23.00	<b>Total:</b>	95%	10.14	24.17	Routine	84.3%	10.29	23.55	Urgent	100%	11	15	<b>Total:</b>	84.66%	10.3	23.44	Routine	91%	9.7	18.7	Urgent	100%	3.85	14.6	<b>Total:</b>	92.3%	9.5	18.6	Routine	94%	7.54	23.2	Urgent	100%	2	14.5	<b>Total:</b>	97%	7.47	23.03
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 Service Request to First Tx Service																																																						
Routine	90%	10.21	24.19																																																						
Urgent	100%	2.00	23.00																																																						
<b>Total:</b>	95%	10.14	24.17																																																						
Routine	84.3%	10.29	23.55																																																						
Urgent	100%	11	15																																																						
<b>Total:</b>	84.66%	10.3	23.44																																																						
Routine	91%	9.7	18.7																																																						
Urgent	100%	3.85	14.6																																																						
<b>Total:</b>	92.3%	9.5	18.6																																																						
Routine	94%	7.54	23.2																																																						
Urgent	100%	2	14.5																																																						
<b>Total:</b>	97%	7.47	23.03																																																						

Quality Improvement Goal and Means to Accomplish it	Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation																																																							
<p><b>V. Access &amp; Timeliness:</b></p> <ul style="list-style-type: none"> <li>• <b>AG-2: Vallejo OP and Vacaville OP Adult Services:</b> Service Request to First Offered Assessment Appointment</li> </ul> <p><b>Purpose of Monitoring:</b> DHCS Annual Review Protocols, FY 19-20, Network Adequacy and Availability of Services – Section A, I. - Item F &amp; H.</p> <p><b>Name of Data Report:</b> Avatar Assessment Timeliness Report #422</p> <p><b>Sub-committee/Staff Responsible:</b> Access Supervisor</p> <p><b>Annual Goal Items Met:</b>  <input checked="" type="checkbox"/> <b>Met:</b> Item # 1b &amp; 1c  <input checked="" type="checkbox"/> <b>Partially Met:</b> Item # 1a, 2a – 2c  <input type="checkbox"/> <b>Not Met:</b> Item # ___</p>	<p><b>AG-2:</b> 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.</p> <p><b>Baseline:</b> See FY 19-20 average timeliness for Adult services</p> <p><b>Goal:</b></p> <ol style="list-style-type: none"> <li>1. For Routine requests for service, VV, FF and VJO County Adult programs will: <ol style="list-style-type: none"> <li>a. Achieve goal of 90% resulting in an offered assessment within 10 business days (FY 19-20 baseline for all Adults: 99%)</li> <li>b. Achieve goal of an average of 10 business days or less from service request to actual assessment (FY 19-20 baseline for all adults: 6.5 days)</li> <li>c. Achieve goal of an average of 10 business days or less from Assessment Completion date to tx service initiation (See FY 19-20 baseline for time from service request to tx service initiation)</li> </ol> </li> <li>2. For Urgent requests for service, County Adult programs will: <ol style="list-style-type: none"> <li>a. Maintain goal of 95% resulting in an offered assessment within 48 hours (FY 19-20 baseline for all adults: 99%)</li> <li>b. Achieve goal of an average of 48 hours or less from service request to actual assessment (See FY 19-20 baseline for all adults)</li> </ol> </li> </ol>	<p><b>Q1:</b></p> <table border="1" data-bbox="947 188 2053 402"> <thead> <tr> <th>Request Type</th> <th>Service Request to Offered Ax Appt (% w/in 10 bus days for Routine &amp; 48 hrs for Urgent)</th> <th>Average # of Business Days from Service Request to Actual Ax Appt</th> <th>Average # of Business Days from Service Request Date to First Tx Service</th> </tr> </thead> <tbody> <tr> <td>Routine</td> <td>87%</td> <td>8.98</td> <td>21.05</td> </tr> <tr> <td>Urgent</td> <td>100%</td> <td>2</td> <td>9.85</td> </tr> <tr> <td><b>Total:</b></td> <td>87%</td> <td>8.72</td> <td>20.54</td> </tr> </tbody> </table> <p><b>Q2:</b></p> <table border="1" data-bbox="947 467 2053 570"> <tbody> <tr> <td>Routine</td> <td>87.3%</td> <td>7.79</td> <td>15.51</td> </tr> <tr> <td>Urgent</td> <td>100%</td> <td>3.5</td> <td>12.75</td> </tr> <tr> <td><b>Total:</b></td> <td>87.87%</td> <td>7.59</td> <td>15.4</td> </tr> </tbody> </table> <p><b>Q3:</b></p> <table border="1" data-bbox="947 667 2053 769"> <tbody> <tr> <td>Routine</td> <td>78.6%</td> <td>9.7</td> <td>18.7</td> </tr> <tr> <td>Urgent</td> <td>100%</td> <td>3.85</td> <td>14.6</td> </tr> <tr> <td><b>Total:</b></td> <td>79.4%</td> <td>9.5</td> <td>18.6</td> </tr> </tbody> </table> <p><b>Q4:</b></p> <table border="1" data-bbox="947 867 2053 969"> <tbody> <tr> <td>Routine</td> <td>82%</td> <td>7.81</td> <td>24.1</td> </tr> <tr> <td>Urgent</td> <td>93%</td> <td>2.15</td> <td>14</td> </tr> <tr> <td><b>Total:</b></td> <td>87.5%</td> <td>7.58</td> <td>23.3</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 Service Request Date to First Tx Service	Routine	87%	8.98	21.05	Urgent	100%	2	9.85	<b>Total:</b>	87%	8.72	20.54	Routine	87.3%	7.79	15.51	Urgent	100%	3.5	12.75	<b>Total:</b>	87.87%	7.59	15.4	Routine	78.6%	9.7	18.7	Urgent	100%	3.85	14.6	<b>Total:</b>	79.4%	9.5	18.6	Routine	82%	7.81	24.1	Urgent	93%	2.15	14	<b>Total:</b>	87.5%	7.58	23.3
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 Service Request Date to First Tx Service																																																						
Routine	87%	8.98	21.05																																																						
Urgent	100%	2	9.85																																																						
<b>Total:</b>	87%	8.72	20.54																																																						
Routine	87.3%	7.79	15.51																																																						
Urgent	100%	3.5	12.75																																																						
<b>Total:</b>	87.87%	7.59	15.4																																																						
Routine	78.6%	9.7	18.7																																																						
Urgent	100%	3.85	14.6																																																						
<b>Total:</b>	79.4%	9.5	18.6																																																						
Routine	82%	7.81	24.1																																																						
Urgent	93%	2.15	14																																																						
<b>Total:</b>	87.5%	7.58	23.3																																																						

Quality Improvement Goal and Means to Accomplish it	Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation																																																																																																																																																
<p><b>V. Access &amp; Timeliness:</b></p> <ul style="list-style-type: none"> <li><b>AG-3: CHILDREN's SERVICES Retention:</b> Service Request to First Offered Assessment Appointment</li> </ul> <p><b>Purpose of Monitoring:</b> DHCS Annual Review Protocols, FY 19-20, Network Adequacy and Availability of Services – Section A, I. - Item A &amp; D</p> <p><b>Name of Data Report:</b> Avatar Timeliness Report # 422</p> <p><b>Sub-committee/Staff Responsible:</b> Access Supervisor</p> <p><b>Annual Goal Items Met:</b>  <input type="checkbox"/> <b>Met:</b> Item # ____  <input checked="" type="checkbox"/> <b>Partially Met:</b> Item # 1a – 2b  <input type="checkbox"/> <b>Not Met:</b> Item # ____</p>	<p><b>AG-3:</b> Maintain or improve the following engagement &amp; attrition measures for Children:  <b>Baseline:</b> See FY 19-20 average engagement &amp; attrition for Children's services  <b>Goal:</b></p> <ol style="list-style-type: none"> <li>For Routine requests for service, County Children's programs will: <ol style="list-style-type: none"> <li>Maintain goal of 80% resulting in an Assessment (FY 19-20 baseline: 83.2%)</li> <li>Achieve goal of 55% resulting in initiation of treatment (FY 19-20 baseline: 42%)</li> </ol> </li> <li>For Urgent requests for service, County Children's programs will: <ol style="list-style-type: none"> <li>Maintain goal of 90% resulting in an assessment (FY 19-20 baseline: 91.75%)</li> <li>Achieve goal of 70% resulting in initiation of treatment (FY 19-20 baseline: 62.4%)</li> </ol> </li> </ol>	<p><b>Q1:</b></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>155</td> <td>0%</td> <td>18.06%</td> <td>0.65%</td> <td>75.48%</td> <td>3.23%</td> <td>6.45%</td> <td>38.06%</td> </tr> <tr> <td>Urgent</td> <td>1</td> <td>0%</td> <td>0%</td> <td>0%</td> <td>100%</td> <td>0%</td> <td>0%</td> <td>100%</td> </tr> <tr> <td><b>Total:</b></td> <td>156</td> <td>0%</td> <td>17.95%</td> <td>0.64%</td> <td>75.64%</td> <td>3.21%</td> <td>6.41%</td> <td>38.46%</td> </tr> </tbody> </table> <p><b>Q2:</b></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>160</td> <td>0%</td> <td>8.75%</td> <td>1.88%</td> <td>76.88%</td> <td>1.25%</td> <td>2.5%</td> <td>50%</td> </tr> <tr> <td>Urgent</td> <td>3</td> <td>0%</td> <td>33.3%</td> <td>0%</td> <td>66.67%</td> <td>0%</td> <td>0%</td> <td>33.33%</td> </tr> <tr> <td><b>Total:</b></td> <td>163</td> <td>0%</td> <td>9.2%</td> <td>1.84%</td> <td>76.69%</td> <td>2.45%</td> <td>2.45%</td> <td>49.69%</td> </tr> </tbody> </table> <p><b>Q3:</b></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>227</td> <td>0.88%</td> <td>18.06%</td> <td>0.44%</td> <td>81.94%</td> <td>2.2%</td> <td>2.2%</td> <td>48.9%</td> </tr> <tr> <td>Urgent</td> <td>7</td> <td>0%</td> <td>0%</td> <td>0%</td> <td>100%</td> <td>0%</td> <td>0%</td> <td>57.14%</td> </tr> <tr> <td><b>Total:</b></td> <td>234</td> <td>0.85%</td> <td>17.52%</td> <td>0.45%</td> <td>82.48%</td> <td>2.14%</td> <td>2.14%</td> <td>49.15%</td> </tr> </tbody> </table> <p><b>Q4:</b></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>184</td> <td>0.00%</td> <td>19.57%</td> <td>0.54%</td> <td>80.43%</td> <td>4.35%</td> <td>8.70%</td> <td>45.11%</td> </tr> <tr> <td>Urgent</td> <td>3</td> <td>0.00%</td> <td>33.33%</td> <td>0.00%</td> <td>66.67%</td> <td>0.00%</td> <td>0.00%</td> <td>66.67%</td> </tr> <tr> <td><b>Total:</b></td> <td>187</td> <td>0.00%</td> <td>19.79%</td> <td>0.54%</td> <td>80.21%</td> <td>4.28%</td> <td>8.56%</td> <td>45.45%</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	155	0%	18.06%	0.65%	75.48%	3.23%	6.45%	38.06%	Urgent	1	0%	0%	0%	100%	0%	0%	100%	<b>Total:</b>	156	0%	17.95%	0.64%	75.64%	3.21%	6.41%	38.46%	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	160	0%	8.75%	1.88%	76.88%	1.25%	2.5%	50%	Urgent	3	0%	33.3%	0%	66.67%	0%	0%	33.33%	<b>Total:</b>	163	0%	9.2%	1.84%	76.69%	2.45%	2.45%	49.69%	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	227	0.88%	18.06%	0.44%	81.94%	2.2%	2.2%	48.9%	Urgent	7	0%	0%	0%	100%	0%	0%	57.14%	<b>Total:</b>	234	0.85%	17.52%	0.45%	82.48%	2.14%	2.14%	49.15%	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	184	0.00%	19.57%	0.54%	80.43%	4.35%	8.70%	45.11%	Urgent	3	0.00%	33.33%	0.00%	66.67%	0.00%	0.00%	66.67%	<b>Total:</b>	187	0.00%	19.79%	0.54%	80.21%	4.28%	8.56%	45.45%
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	155	0%	18.06%	0.65%	75.48%	3.23%	6.45%	38.06%																																																																																																																																										
Urgent	1	0%	0%	0%	100%	0%	0%	100%																																																																																																																																										
<b>Total:</b>	156	0%	17.95%	0.64%	75.64%	3.21%	6.41%	38.46%																																																																																																																																										
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	160	0%	8.75%	1.88%	76.88%	1.25%	2.5%	50%																																																																																																																																										
Urgent	3	0%	33.3%	0%	66.67%	0%	0%	33.33%																																																																																																																																										
<b>Total:</b>	163	0%	9.2%	1.84%	76.69%	2.45%	2.45%	49.69%																																																																																																																																										
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	227	0.88%	18.06%	0.44%	81.94%	2.2%	2.2%	48.9%																																																																																																																																										
Urgent	7	0%	0%	0%	100%	0%	0%	57.14%																																																																																																																																										
<b>Total:</b>	234	0.85%	17.52%	0.45%	82.48%	2.14%	2.14%	49.15%																																																																																																																																										
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	184	0.00%	19.57%	0.54%	80.43%	4.35%	8.70%	45.11%																																																																																																																																										
Urgent	3	0.00%	33.33%	0.00%	66.67%	0.00%	0.00%	66.67%																																																																																																																																										
<b>Total:</b>	187	0.00%	19.79%	0.54%	80.21%	4.28%	8.56%	45.45%																																																																																																																																										

Quality Improvement Goal and Means to Accomplish it	Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation																																																																																																																																																
<p><b>V. Access &amp; Timeliness:</b></p> <ul style="list-style-type: none"> <li>• <b>AG-4: ADULT SERVICES Retention:</b> Service Request to First Offered Assessment Appointment</li> </ul> <p><b>Purpose of Monitoring:</b> DHCS Annual Review Protocols, FY 19-20, Network Adequacy and Availability of Services – Section A, I. - Item A &amp; D</p> <p><b>Name of Data Report:</b> Avatar Timeliness Report #422</p> <p><b>Sub-committee/Staff Responsible:</b> Access Supervisor</p> <p><b>Annual Goal Items Met:</b>  <input checked="" type="checkbox"/> <b>Met:</b> Item # 1a  <input checked="" type="checkbox"/> <b>Partially Met:</b> Item # 1b, 2a – 2b  <input type="checkbox"/> <b>Not Met:</b> Item # ____</p>	<p><b>AG-4:</b> Maintain or improve the following engagement &amp; attrition measures for Adults:  <b>Baseline:</b> See FY 19-20 average engagement &amp; attrition for Adult services  <b>Goal:</b></p> <ol style="list-style-type: none"> <li>For Routine requests for service, County Adult programs will: <ol style="list-style-type: none"> <li>Achieve goal of 60% resulting in an Assessment (FY 19-20 baseline: 59.4%)</li> <li>Achieve goal of 45% resulting in initiation of treatment (FY 19-20 baseline: 39.9%)</li> </ol> </li> <li>For Urgent requests for service, County Adult programs will: <ol style="list-style-type: none"> <li>Maintain goal of 85% resulting in an assessment (FY 19-20 baseline: 89.5%)</li> <li>Achieve goal of 60% resulting in initiation of treatment (FY 19-20 baseline: 58.75%)</li> </ol> </li> </ol>	<p><b>Q1:</b></p> <table border="1" data-bbox="947 188 2039 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><b>Total:</b></td> <td><b>282</b></td> <td><b>2.13%</b></td> <td><b>12.76%</b></td> <td><b>1.42%</b></td> <td><b>68.44%</b></td> <td><b>1.42%</b></td> <td><b>4.96%</b></td> <td><b>54.96%</b></td> </tr> </tbody> </table> <p><b>Q2:</b></p> <table border="1" data-bbox="947 493 2039 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><b>Total:</b></td> <td><b>272</b></td> <td><b>0.74%</b></td> <td><b>25.37%</b></td> <td><b>0.74%</b></td> <td><b>62.87%</b></td> <td><b>3.31%</b></td> <td><b>3.31%</b></td> <td><b>38.60%</b></td> </tr> </tbody> </table> <p><b>Q3:</b></p> <table border="1" data-bbox="947 799 2039 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><b>Total:</b></td> <td><b>321</b></td> <td><b>0.31%</b></td> <td><b>37.07%</b></td> <td><b>1.8%</b></td> <td><b>62.93%</b></td> <td><b>0.31%</b></td> <td><b>4.6%</b></td> <td><b>37.07%</b></td> </tr> </tbody> </table> <p><b>Q4:</b></p> <table border="1" data-bbox="947 1104 2039 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><b>Total:</b></td> <td><b>329</b></td> <td><b>0.30%</b></td> <td><b>35.26%</b></td> <td><b>1.52%</b></td> <td><b>64.74%</b></td> <td><b>0.61%</b></td> <td><b>6.08%</b></td> <td><b>44.38%</b></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%	<b>Total:</b>	<b>282</b>	<b>2.13%</b>	<b>12.76%</b>	<b>1.42%</b>	<b>68.44%</b>	<b>1.42%</b>	<b>4.96%</b>	<b>54.96%</b>	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%	<b>Total:</b>	<b>272</b>	<b>0.74%</b>	<b>25.37%</b>	<b>0.74%</b>	<b>62.87%</b>	<b>3.31%</b>	<b>3.31%</b>	<b>38.60%</b>	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%	<b>Total:</b>	<b>321</b>	<b>0.31%</b>	<b>37.07%</b>	<b>1.8%</b>	<b>62.93%</b>	<b>0.31%</b>	<b>4.6%</b>	<b>37.07%</b>	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%	<b>Total:</b>	<b>329</b>	<b>0.30%</b>	<b>35.26%</b>	<b>1.52%</b>	<b>64.74%</b>	<b>0.61%</b>	<b>6.08%</b>	<b>44.38%</b>
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%																																																																																																																																										
<b>Total:</b>	<b>282</b>	<b>2.13%</b>	<b>12.76%</b>	<b>1.42%</b>	<b>68.44%</b>	<b>1.42%</b>	<b>4.96%</b>	<b>54.96%</b>																																																																																																																																										
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%																																																																																																																																										
<b>Total:</b>	<b>272</b>	<b>0.74%</b>	<b>25.37%</b>	<b>0.74%</b>	<b>62.87%</b>	<b>3.31%</b>	<b>3.31%</b>	<b>38.60%</b>																																																																																																																																										
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%																																																																																																																																										
<b>Total:</b>	<b>321</b>	<b>0.31%</b>	<b>37.07%</b>	<b>1.8%</b>	<b>62.93%</b>	<b>0.31%</b>	<b>4.6%</b>	<b>37.07%</b>																																																																																																																																										
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%																																																																																																																																										
<b>Total:</b>	<b>329</b>	<b>0.30%</b>	<b>35.26%</b>	<b>1.52%</b>	<b>64.74%</b>	<b>0.61%</b>	<b>6.08%</b>	<b>44.38%</b>																																																																																																																																										

Quality Improvement Goal and Means to Accomplish it	Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation																																																																																																																															
<p><b>V. Access &amp; Timeliness:</b></p> <ul style="list-style-type: none"> <li>• <b>AG-5:</b> Access: Test Call Performance</li> </ul> <p><b>Purpose of Monitoring:</b> DHCS Annual Review Protocols, FY 19-20, Network Adequacy and Availability of Services – Section A, I - Item F1; Access and Information Requirements – Section D, VI. – Items B &amp; C</p> <p><b>Name of Data Report:</b> Avatar Access Screen Tree form and QI Test Call Log</p> <p><b>Sub-committee/Staff Responsible:</b></p> <ul style="list-style-type: none"> <li>• Quality Improvement Test Call Coordinator</li> <li>• Access Supervisor</li> </ul> <p><b>Annual Goal Items Met:</b>  <input checked="" type="checkbox"/> <b>Met:</b> Item # 2, 3, 4  <input type="checkbox"/> <b>Partially Met:</b> Item # ____  <input checked="" type="checkbox"/> <b>Not Met:</b> Item # 1</p>	<p><b>AG-5:</b> 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"> <li>• Provide information about how to access specialty MH services, including how to access an intake assessment.</li> <li>• Provide information about urgent services.</li> <li>• Provide information about how to access Problem Resolution and State Fair Hearing processes.</li> </ul> <p><b>Baseline:</b> See % that met standards from FY 19-20</p> <p><b>Goal:</b> During QI initiated test calls, the MHP will demonstrate the following in Business and Afterhours calls:</p> <ul style="list-style-type: none"> <li>• <b>Measure #1:</b> Provide a Minimum of 4 test calls/month.</li> <li>• <b>Measure #2:</b> Testing for language capabilities (Spanish &amp; Tagalog primarily)</li> <li>• <b>Measure #3:</b> Testing for appropriate information given (SMHS access, Urgent conditions, and Problem Resolution): 75%</li> <li>• <b>Measure #4:</b> Logging all appropriate data 90% of the time</li> </ul>	<p><b>Q1:</b></p> <table border="1" data-bbox="947 228 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 19-20</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Languages Tested: Spanish</td> <td>B</td> <td>6</td> <td>6</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>A</td> <td>5</td> <td>2</td> <td>40%</td> <td>25%</td> </tr> <tr> <td rowspan="2">Was Information given about how to access SMHS, including how to get an Ax.</td> <td>B</td> <td>5</td> <td>5</td> <td>100%</td> <td>96%</td> </tr> <tr> <td>A</td> <td>2</td> <td>1</td> <td>100%</td> <td>34%</td> </tr> <tr> <td rowspan="2">Info about how to treat a client's urgent condition</td> <td>B</td> <td>0</td> <td>---</td> <td>---</td> <td>100%</td> </tr> <tr> <td>A</td> <td>2</td> <td>1</td> <td>50%</td> <td>(not tested)</td> </tr> <tr> <td rowspan="2">Info about how to use the Problem Resolution/Fair Hearing process</td> <td>B</td> <td>1</td> <td>1</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>A</td> <td>1</td> <td>0</td> <td>0%</td> <td>50%</td> </tr> <tr> <td rowspan="2">Logging Name of client, date of request, &amp; initial disposition</td> <td>B</td> <td>5</td> <td>5</td> <td>100%</td> <td>96%</td> </tr> <tr> <td>A</td> <td>4</td> <td>2</td> <td>50%</td> <td>54%</td> </tr> </tbody> </table> <p><b>Q2:</b></p> <table border="1" data-bbox="947 818 2053 1326"> <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 19-20</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Languages Tested: Spanish</td> <td>B</td> <td>3</td> <td>3</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>A</td> <td>3</td> <td>1</td> <td>33%</td> <td>25%</td> </tr> <tr> <td rowspan="2">Was Information given about how to access SMHS, including how to get an Ax.</td> <td>B</td> <td>2</td> <td>2</td> <td>100%</td> <td>96%</td> </tr> <tr> <td>A</td> <td>6</td> <td>3</td> <td>50%</td> <td>34%</td> </tr> <tr> <td rowspan="2">Info about how to treat a client's urgent condition</td> <td>B</td> <td>2</td> <td>2</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>A</td> <td>0</td> <td>---</td> <td>---</td> <td>(not tested)</td> </tr> <tr> <td rowspan="2">Info about how to use the Problem Resolution/Fair Hearing process</td> <td>B</td> <td>2</td> <td>2</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>A</td> <td>0</td> <td>---</td> <td>---</td> <td>50%</td> </tr> <tr> <td rowspan="2">Logging Name of client, date of request, &amp; initial disposition</td> <td>B</td> <td>4</td> <td>4</td> <td>100%</td> <td>96%</td> </tr> <tr> <td>A</td> <td>6</td> <td>2</td> <td>33%</td> <td>54%</td> </tr> </tbody> </table> <p><b>Q3:</b></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 19-20	Languages Tested: Spanish	B	6	6	100%	100%	A	5	2	40%	25%	Was Information given about how to access SMHS, including how to get an Ax.	B	5	5	100%	96%	A	2	1	100%	34%	Info about how to treat a client's urgent condition	B	0	---	---	100%	A	2	1	50%	(not tested)	Info about how to use the Problem Resolution/Fair Hearing process	B	1	1	100%	100%	A	1	0	0%	50%	Logging Name of client, date of request, & initial disposition	B	5	5	100%	96%	A	4	2	50%	54%	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 19-20	Languages Tested: Spanish	B	3	3	100%	100%	A	3	1	33%	25%	Was Information given about how to access SMHS, including how to get an Ax.	B	2	2	100%	96%	A	6	3	50%	34%	Info about how to treat a client's urgent condition	B	2	2	100%	100%	A	0	---	---	(not tested)	Info about how to use the Problem Resolution/Fair Hearing process	B	2	2	100%	100%	A	0	---	---	50%	Logging Name of client, date of request, & initial disposition	B	4	4	100%	96%	A	6	2	33%	54%
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 19-20																																																																																																																												
Languages Tested: Spanish	B	6	6	100%	100%																																																																																																																												
	A	5	2	40%	25%																																																																																																																												
Was Information given about how to access SMHS, including how to get an Ax.	B	5	5	100%	96%																																																																																																																												
	A	2	1	100%	34%																																																																																																																												
Info about how to treat a client's urgent condition	B	0	---	---	100%																																																																																																																												
	A	2	1	50%	(not tested)																																																																																																																												
Info about how to use the Problem Resolution/Fair Hearing process	B	1	1	100%	100%																																																																																																																												
	A	1	0	0%	50%																																																																																																																												
Logging Name of client, date of request, & initial disposition	B	5	5	100%	96%																																																																																																																												
	A	4	2	50%	54%																																																																																																																												
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 19-20																																																																																																																												
Languages Tested: Spanish	B	3	3	100%	100%																																																																																																																												
	A	3	1	33%	25%																																																																																																																												
Was Information given about how to access SMHS, including how to get an Ax.	B	2	2	100%	96%																																																																																																																												
	A	6	3	50%	34%																																																																																																																												
Info about how to treat a client's urgent condition	B	2	2	100%	100%																																																																																																																												
	A	0	---	---	(not tested)																																																																																																																												
Info about how to use the Problem Resolution/Fair Hearing process	B	2	2	100%	100%																																																																																																																												
	A	0	---	---	50%																																																																																																																												
Logging Name of client, date of request, & initial disposition	B	4	4	100%	96%																																																																																																																												
	A	6	2	33%	54%																																																																																																																												



Quality Improvement Goal and Means to Accomplish it	Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation						
		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 19-20	
		Languages Tested: Spanish	B	3	3	100%	100%	
			A	3	3	100%	25%	
		Was Information given about how to access SMHS, including how to get an Ax.	B	4	4	100%	96%	
			A	5	4	80%	34%	
		Info about how to treat a client's urgent condition	B	1	1	100%	100%	
			A	1	1	100%	(not tested)	
		Info about how to use the Problem Resolution/Fair Hearing process	B	1	1	100%	100%	
			A	0	---	---	50%	
		Logging Name of client, date of request, & initial disposition	B	5	5	100%	96%	
			A	6	5	83%	54%	
		<b>Q4:</b>						
		Languages Tested: Spanish	B	3	3	100%	100%	
			A	3	3	100%	25%	
		Was Information given about how to access SMHS, including how to get an Ax.	B	6	6	100%	96%	
			A	5	5	80%	34%	
		Info about how to treat a client's urgent condition	B	0	0	N/A	100%	
			A	2	2	100%	(not tested)	
		Info about how to use the Problem Resolution/Fair Hearing process	B	0	0	N/A	100%	
			A	0	0	N/A	50%	
		Logging Name of client, date of request, & initial disposition	B	6	6	100%	96%	
A	7		3	42.86%	54%			

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

Quality Improvement Area of Data Monitoring	Results of Evaluation																																																																														
<p><b>V. Access and Timeliness:</b></p> <ul style="list-style-type: none"> <li><b>DM-1:</b> Access Calls Handled</li> </ul> <p><b>Purpose for Monitoring:</b> DHCS Annual Review Protocols, FY 19-20, Network Adequacy and Availability of Services – Section A, I - Item F1</p> <p><b>Name of Data Report:</b> CISCO-Contact Service Queue Activity Report (by CSQ)</p> <p><b>Sub-committee/Staff Responsible:</b></p> <ul style="list-style-type: none"> <li>Quality Improvement unit</li> <li>Access Supervisor</li> </ul> <p><b>Previous FY Baseline Averages:</b></p> <ul style="list-style-type: none"> <li>Quarterly Average of % of Calls Handled “Live” during FY 19-20: <b>98.5%</b></li> <li>Quarterly Average of % of Abandoned calls in FY 19-20: 1.5%</li> </ul> <p><b>FY 20-21 Quarterly Averages:</b></p> <ul style="list-style-type: none"> <li>Quarterly Average of % of Calls Handled “Live” during FY 20-21: <b>98.7%</b></li> <li>Quarterly Average of % of Abandoned calls in FY 20-21: 1.3%</li> </ul>	<table border="1"> <thead> <tr> <th>Month</th> <th>Calls Received</th> <th>Calls Handled/Received</th> <th>% Handled/Received</th> <th>Calls Abandoned/Dropped</th> <th>% Abandoned/Dropped</th> </tr> </thead> <tbody> <tr> <td>Jul</td> <td>328</td> <td>328</td> <td>100%</td> <td>0</td> <td>0%</td> </tr> <tr> <td>Aug</td> <td>336</td> <td>332</td> <td>99%</td> <td>4</td> <td>1%</td> </tr> <tr> <td>Sep</td> <td>295</td> <td>292</td> <td>99%</td> <td>3</td> <td>1%</td> </tr> <tr> <td>Oct</td> <td>349</td> <td>344</td> <td>99%</td> <td>5</td> <td>1%</td> </tr> <tr> <td>Nov</td> <td>294</td> <td>290</td> <td>99%</td> <td>4</td> <td>1%</td> </tr> <tr> <td>Dec</td> <td>323</td> <td>319</td> <td>99%</td> <td>4</td> <td>1%</td> </tr> <tr> <td>Jan</td> <td>323</td> <td>318</td> <td>98%</td> <td>5</td> <td>2%</td> </tr> <tr> <td>Feb</td> <td>332</td> <td>326</td> <td>98%</td> <td>6</td> <td>2%</td> </tr> <tr> <td>Mar</td> <td>367</td> <td>362</td> <td>99%</td> <td>5</td> <td>1%</td> </tr> <tr> <td>Apr</td> <td>391</td> <td>382</td> <td>98%</td> <td>9</td> <td>2%</td> </tr> <tr> <td>May</td> <td>328</td> <td>325</td> <td>98%</td> <td>3</td> <td>1%</td> </tr> <tr> <td>Jun</td> <td>381</td> <td>376</td> <td>99%</td> <td>5</td> <td>1%</td> </tr> </tbody> </table>	Month	Calls Received	Calls Handled/Received	% Handled/Received	Calls Abandoned/Dropped	% Abandoned/Dropped	Jul	328	328	100%	0	0%	Aug	336	332	99%	4	1%	Sep	295	292	99%	3	1%	Oct	349	344	99%	5	1%	Nov	294	290	99%	4	1%	Dec	323	319	99%	4	1%	Jan	323	318	98%	5	2%	Feb	332	326	98%	6	2%	Mar	367	362	99%	5	1%	Apr	391	382	98%	9	2%	May	328	325	98%	3	1%	Jun	381	376	99%	5	1%
Month	Calls Received	Calls Handled/Received	% Handled/Received	Calls Abandoned/Dropped	% Abandoned/Dropped																																																																										
Jul	328	328	100%	0	0%																																																																										
Aug	336	332	99%	4	1%																																																																										
Sep	295	292	99%	3	1%																																																																										
Oct	349	344	99%	5	1%																																																																										
Nov	294	290	99%	4	1%																																																																										
Dec	323	319	99%	4	1%																																																																										
Jan	323	318	98%	5	2%																																																																										
Feb	332	326	98%	6	2%																																																																										
Mar	367	362	99%	5	1%																																																																										
Apr	391	382	98%	9	2%																																																																										
May	328	325	98%	3	1%																																																																										
Jun	381	376	99%	5	1%																																																																										

## 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><b>VI. PIPs:</b></p> <ul style="list-style-type: none"> <li>• <b>AG-1: PIP #1 Measuring the impact of telehealth and telephone services</b></li> </ul> <p><b>Purpose of Monitoring:</b> DHCS Annual Review Protocols, FY 19-20, Quality Assurance and Performance Improvement – Section C, II. - Item C.</p> <p><b>Name of Data Report:</b> TBD</p> <p><b>Sub-committee/Staff Responsible:</b></p> <ul style="list-style-type: none"> <li>• QI PIP Coordinator and PIP Team</li> </ul> <p><b>Annual Goal Items Met:</b></p> <p><input checked="" type="checkbox"/> <b>Met:</b> Item # 1</p> <p><input type="checkbox"/> <b>Partially Met:</b> Item # ____</p> <p><input type="checkbox"/> <b>Not Met:</b> Item # ____</p>	<p><b>AG-1:</b> Federal and State requirements stipulate that an MHP shall have two active and ongoing performance improvement projects.</p> <p><b>Baseline:</b> TBD</p> <p><b>Goal:</b> TBD</p> <ul style="list-style-type: none"> <li>• <b>Measurement #1:</b> Increases in telehealth and phone visits during 2020.</li> </ul>	<p><b>Q1:</b> TBD</p> <p><b>Q2:</b> TBD</p> <p><b>Q3:</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #d9ead3;"> <th style="text-align: left;">Performance Measures</th> <th style="text-align: center;">Baseline (Jul – Dec 2019)</th> <th style="text-align: center;">Re-Measure (Jul – Dec 2020)</th> <th style="text-align: center;">Final Measure</th> </tr> </thead> <tbody> <tr> <td><b>Total Adult Services</b></td> <td style="text-align: center;">8,770</td> <td style="text-align: center;">9,562</td> <td style="text-align: center;">+9%</td> </tr> <tr> <td><b>Telehealth Services</b></td> <td style="text-align: center;">1,432</td> <td style="text-align: center;">2,248</td> <td style="text-align: center;">+57%</td> </tr> <tr> <td><b>Telephone Services</b></td> <td style="text-align: center;">145</td> <td style="text-align: center;">2,509</td> <td style="text-align: center;">+1630%</td> </tr> <tr> <td><b>No Show's</b></td> <td style="text-align: center;">3791</td> <td style="text-align: center;">3464</td> <td style="text-align: center;">-4%</td> </tr> </tbody> </table> <p><b>Q4:</b></p>				Performance Measures	Baseline (Jul – Dec 2019)	Re-Measure (Jul – Dec 2020)	Final Measure	<b>Total Adult Services</b>	8,770	9,562	+9%	<b>Telehealth Services</b>	1,432	2,248	+57%	<b>Telephone Services</b>	145	2,509	+1630%	<b>No Show's</b>	3791	3464	-4%
Performance Measures	Baseline (Jul – Dec 2019)	Re-Measure (Jul – Dec 2020)	Final Measure																						
<b>Total Adult Services</b>	8,770	9,562	+9%																						
<b>Telehealth Services</b>	1,432	2,248	+57%																						
<b>Telephone Services</b>	145	2,509	+1630%																						
<b>No Show's</b>	3791	3464	-4%																						

Quality Improvement Goal and Means to Accomplish it	Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation											
<p><b>VI. PIPs:</b></p> <ul style="list-style-type: none"> <li><b>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.</b></li> </ul> <p><b>Purpose of Monitoring:</b> DHCS Annual Review Protocols, FY 19-20, Quality Assurance and Performance Improvement – Section C, II. - Item C.</p> <p><b>Name of Data Report:</b> TBD</p> <p><b>Sub-committee/Staff Responsible:</b></p> <ul style="list-style-type: none"> <li>QI PIP Coordinator and PIP Team</li> </ul> <p><b>Annual Goal Items Met:</b></p> <p><input type="checkbox"/> <b>Met:</b> Item # ____</p> <p><input checked="" type="checkbox"/> <b>Partially Met:</b> Item # ____</p> <p><input type="checkbox"/> <b>Not Met:</b> Item # ____</p>	<p><b>AG-:</b> Federal and State requirements stipulate that an MHP shall have two active and ongoing performance improvement projects.</p> <p><b>Baseline:</b> TBD</p> <p><b>Goal:</b> TBD</p> <ul style="list-style-type: none"> <li><b>Measurement #1: Measure show rates for follow up care after discharge from inpatient hospitalization and Crisis Stabilization.</b></li> </ul>	<p><b>Q1:</b> TBD</p> <p><b>Q2:</b> TBD</p> <p><b>Q3:</b></p> <table border="1" data-bbox="947 363 2051 483"> <thead> <tr> <th data-bbox="947 363 1222 448">Baseline: First Assessment</th> <th data-bbox="1222 363 1528 448">Baseline: First Treatment</th> <th data-bbox="1528 363 1841 448">Post Initial Intervention: First Assessment</th> <th data-bbox="1841 363 2051 448">Post Initial Intervention: First Treatment</th> </tr> </thead> <tbody> <tr> <td data-bbox="947 448 1222 483">52.58%</td> <td data-bbox="1222 448 1528 483">47.77%</td> <td data-bbox="1528 448 1841 483">41.43%</td> <td data-bbox="1841 448 2051 483">23.29%</td> </tr> </tbody> </table> <p><b>Q4:</b></p>				Baseline: First Assessment	Baseline: First Treatment	Post Initial Intervention: First Assessment	Post Initial Intervention: First Treatment	52.58%	47.77%	41.43%	23.29%
Baseline: First Assessment	Baseline: First Treatment	Post Initial Intervention: First Assessment	Post Initial Intervention: First Treatment										
52.58%	47.77%	41.43%	23.29%										

## 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><b>VI. Program Integrity:</b></p> <ul style="list-style-type: none"> <li><b>AG-1: Service Verification County Programs</b></li> </ul> <p><b>Purpose of Monitoring:</b> DHCS Annual Review Protocols, FY 19-20, Program Integrity – Section G, III. - Item A.</p> <p><b>Name of Data Report:</b> QI-Compliance Service Verification Spreadsheet</p> <p><b>Sub-committee/Staff Responsible:</b></p> <ul style="list-style-type: none"> <li>Quality Improvement Service Verification Coordinator</li> <li>Compliance Committee</li> </ul> <p><b>Annual Goal Items Met:</b>  <input checked="" type="checkbox"/> <b>Met:</b> Item # 1  <input checked="" type="checkbox"/> <b>Partially Met:</b> Item # 2  <input type="checkbox"/> <b>Not Met:</b> Item # ___</p>	<p><b>AG-1:</b> 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><b>Baseline:</b> The MHP began implementing a service verification process during FY 2013-14. Expectation is that all programs will participate in Service Verification.</p> <p><b>Goal:</b> 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 repaid).</p> <ul style="list-style-type: none"> <li><b>Measurement #1:</b> 100% of all applicable County programs participate in the service verification process?</li> <li><b>Measurement #2:</b> 90-100% of services will be verified during the week of Service Verification.</li> </ul>	<p><b>Q1:</b></p> <table border="1" data-bbox="947 285 2032 789"> <thead> <tr> <th>County Program</th> <th>% of services verified</th> <th>Cost of unverified services</th> <th>Were NOBE's submitted for all unverified services?</th> </tr> </thead> <tbody> <tr><td>FACT</td><td>92%</td><td>\$1,260.50</td><td>Yes</td></tr> <tr><td>Fairfield ICC</td><td>97%</td><td>\$110.75</td><td>Yes</td></tr> <tr><td>Fairfield Youth</td><td>94%</td><td>\$565.29</td><td>Yes</td></tr> <tr><td>Fairfield Youth FSP</td><td>100%</td><td>N/A</td><td>N/A</td></tr> <tr><td>FCTU</td><td>96%</td><td>\$622.39</td><td>Yes</td></tr> <tr><td>ICS</td><td>NA</td><td>N/A</td><td>N/A</td></tr> <tr><td>Vacaville ICC</td><td>75%</td><td>\$785.32</td><td>Yes</td></tr> <tr><td>Vacaville Youth</td><td>80%</td><td>\$793.69</td><td>Yes</td></tr> <tr><td>Vallejo Adult FSP</td><td>87%</td><td>\$1,088.81</td><td>Yes</td></tr> <tr><td>Vallejo ICC</td><td>79%</td><td>\$3,394.75</td><td>Yes</td></tr> <tr><td>Vallejo Youth</td><td>100%</td><td>N/A</td><td>N/A</td></tr> <tr><td>FACT</td><td>92%</td><td>\$1,260.50</td><td>Yes</td></tr> </tbody> </table> <p><b>Q2: (Per MHP Policy, No County SV required during Q2 and Q4)</b></p> <p><b>Q3:</b></p> <table border="1" data-bbox="947 919 2032 1455"> <thead> <tr> <th>County Program</th> <th>% of services verified</th> <th>Cost of unverified services</th> <th>Were NOBE's submitted for all unverified services?</th> </tr> </thead> <tbody> <tr><td>ACT Team</td><td>92%</td><td>\$2,397.57</td><td>Yes</td></tr> <tr><td>Embedded</td><td>50%</td><td>\$739.70</td><td>Yes</td></tr> <tr><td>Fairfield ICC</td><td>92%</td><td>\$1,472.80</td><td>Yes</td></tr> <tr><td>Fairfield Youth</td><td>100%</td><td>N/A</td><td>N/A</td></tr> <tr><td>Fairfield Youth FSP</td><td>96%</td><td>\$1,098.48</td><td>Yes</td></tr> <tr><td>FCTU</td><td>100%</td><td>N/A</td><td>N/A</td></tr> <tr><td>FCTU - CANS Ax</td><td>100%</td><td>N/A</td><td>N/A</td></tr> <tr><td>FCTU - CFT ICC</td><td>100%</td><td>N/A</td><td>N/A</td></tr> <tr><td>ICS</td><td>100%</td><td>N/A</td><td>N/A</td></tr> <tr><td>Vacaville ICC</td><td>74%</td><td>\$4,397.40</td><td>Yes</td></tr> <tr><td>Vacaville Youth</td><td>71%</td><td>\$938.85</td><td>Yes</td></tr> <tr><td>Vallejo ICC</td><td>91%</td><td>\$3,180.53</td><td>Yes</td></tr> <tr><td>Vallejo Youth</td><td>100%</td><td>N/A</td><td>N/A</td></tr> </tbody> </table> <p><b>Q4: (Per MHP Policy, No County SV required during Q2 and Q4)</b></p>				County Program	% of services verified	Cost of unverified services	Were NOBE's submitted for all unverified services?	FACT	92%	\$1,260.50	Yes	Fairfield ICC	97%	\$110.75	Yes	Fairfield Youth	94%	\$565.29	Yes	Fairfield Youth FSP	100%	N/A	N/A	FCTU	96%	\$622.39	Yes	ICS	NA	N/A	N/A	Vacaville ICC	75%	\$785.32	Yes	Vacaville Youth	80%	\$793.69	Yes	Vallejo Adult FSP	87%	\$1,088.81	Yes	Vallejo ICC	79%	\$3,394.75	Yes	Vallejo Youth	100%	N/A	N/A	FACT	92%	\$1,260.50	Yes	County Program	% of services verified	Cost of unverified services	Were NOBE's submitted for all unverified services?	ACT Team	92%	\$2,397.57	Yes	Embedded	50%	\$739.70	Yes	Fairfield ICC	92%	\$1,472.80	Yes	Fairfield Youth	100%	N/A	N/A	Fairfield Youth FSP	96%	\$1,098.48	Yes	FCTU	100%	N/A	N/A	FCTU - CANS Ax	100%	N/A	N/A	FCTU - CFT ICC	100%	N/A	N/A	ICS	100%	N/A	N/A	Vacaville ICC	74%	\$4,397.40	Yes	Vacaville Youth	71%	\$938.85	Yes	Vallejo ICC	91%	\$3,180.53	Yes	Vallejo Youth	100%	N/A	N/A
County Program	% of services verified	Cost of unverified services	Were NOBE's submitted for all unverified services?																																																																																																														
FACT	92%	\$1,260.50	Yes																																																																																																														
Fairfield ICC	97%	\$110.75	Yes																																																																																																														
Fairfield Youth	94%	\$565.29	Yes																																																																																																														
Fairfield Youth FSP	100%	N/A	N/A																																																																																																														
FCTU	96%	\$622.39	Yes																																																																																																														
ICS	NA	N/A	N/A																																																																																																														
Vacaville ICC	75%	\$785.32	Yes																																																																																																														
Vacaville Youth	80%	\$793.69	Yes																																																																																																														
Vallejo Adult FSP	87%	\$1,088.81	Yes																																																																																																														
Vallejo ICC	79%	\$3,394.75	Yes																																																																																																														
Vallejo Youth	100%	N/A	N/A																																																																																																														
FACT	92%	\$1,260.50	Yes																																																																																																														
County Program	% of services verified	Cost of unverified services	Were NOBE's submitted for all unverified services?																																																																																																														
ACT Team	92%	\$2,397.57	Yes																																																																																																														
Embedded	50%	\$739.70	Yes																																																																																																														
Fairfield ICC	92%	\$1,472.80	Yes																																																																																																														
Fairfield Youth	100%	N/A	N/A																																																																																																														
Fairfield Youth FSP	96%	\$1,098.48	Yes																																																																																																														
FCTU	100%	N/A	N/A																																																																																																														
FCTU - CANS Ax	100%	N/A	N/A																																																																																																														
FCTU - CFT ICC	100%	N/A	N/A																																																																																																														
ICS	100%	N/A	N/A																																																																																																														
Vacaville ICC	74%	\$4,397.40	Yes																																																																																																														
Vacaville Youth	71%	\$938.85	Yes																																																																																																														
Vallejo ICC	91%	\$3,180.53	Yes																																																																																																														
Vallejo Youth	100%	N/A	N/A																																																																																																														

Quality Improvement Goal and Means to Accomplish it	Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation																																			
<p><b>VI. Program Integrity:</b></p> <ul style="list-style-type: none"> <li><b>AG-2: Service Verification Contract Programs</b></li> </ul> <p><b>Authority:</b> DHCS Annual Review Protocols, FY 19-20, Program Integrity – Section G, III. - Item A.</p> <p><b>Name of Data Report:</b> QI-Compliance Service Verification Spreadsheet</p> <p><b>Sub-committee/Staff Responsible:</b></p> <ul style="list-style-type: none"> <li>Quality Improvement Service Verification Coordinator</li> <li>Compliance Committee</li> </ul> <p><b>Annual Goal Items Met:</b></p> <p><input checked="" type="checkbox"/> <b>Met:</b> Item # 1</p> <p><input checked="" type="checkbox"/> <b>Partially Met:</b> Item # 2</p> <p><input type="checkbox"/> <b>Not Met:</b> Item # ____</p>	<p><b>AG-2:</b> 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><b>Baseline:</b> The MHP began implementing a service verification process during FY 2013-14. Expectation is that all programs will participate in Service Verification.</p> <p><b>Goal:</b> 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"> <li><b>Measurement #1:</b> 100% of all applicable Contract Agency programs participate in the service verification process?</li> <li><b>Measurement #2:</b> 90-100% of services will be verified during the week of Service Verification.</li> </ul>	<p><b>Q1: (Per MHP Policy, No Contract Agency SV required during Q1 and Q3)</b></p> <p><b>Q2:</b></p> <table border="1" data-bbox="947 285 2032 550"> <thead> <tr> <th>Contract Program</th> <th>% of services verified</th> <th>Cost of unverified services</th> <th>Was a NOBE submitted for all unverified services?</th> </tr> </thead> <tbody> <tr> <td>BACS</td> <td>100%</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>Psynergy</td> <td>100%</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>Seneca</td> <td>100%</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>Uplift Family Services</td> <td>100%</td> <td>N/A</td> <td>N/A</td> </tr> </tbody> </table> <p><b>Q3: (Per MHP Policy, No Contract Agency SV required during Q1 and Q3)</b></p> <p><b>Q4:</b></p> <table border="1" data-bbox="947 683 2032 846"> <thead> <tr> <th>Contract Program</th> <th>% of services verified</th> <th>Cost of unverified services</th> <th>Was a NOBE submitted for all unverified services?</th> </tr> </thead> <tbody> <tr> <td>A Better Way</td> <td>75%</td> <td>\$1,171.22</td> <td>Yes</td> </tr> <tr> <td>Seneca</td> <td>100%</td> <td>N/A</td> <td>N/A</td> </tr> </tbody> </table>				Contract Program	% of services verified	Cost of unverified services	Was a NOBE submitted for all unverified services?	BACS	100%	N/A	N/A	Psynergy	100%	N/A	N/A	Seneca	100%	N/A	N/A	Uplift Family Services	100%	N/A	N/A	Contract Program	% of services verified	Cost of unverified services	Was a NOBE submitted for all unverified services?	A Better Way	75%	\$1,171.22	Yes	Seneca	100%	N/A	N/A
Contract Program	% of services verified	Cost of unverified services	Was a NOBE submitted for all unverified services?																																		
BACS	100%	N/A	N/A																																		
Psynergy	100%	N/A	N/A																																		
Seneca	100%	N/A	N/A																																		
Uplift Family Services	100%	N/A	N/A																																		
Contract Program	% of services verified	Cost of unverified services	Was a NOBE submitted for all unverified services?																																		
A Better Way	75%	\$1,171.22	Yes																																		
Seneca	100%	N/A	N/A																																		

## VI. Program Integrity (Data Monitoring - DM)

Quality Improvement Area of Data Monitoring	Results of Evaluation		
<p><b>VI. Program Integrity:</b></p> <ul style="list-style-type: none"> <li>• <b>DM-1: Compliance Committee</b></li> </ul> <p><b>Purpose of Monitoring:</b> DHCS Annual Review Protocols, FY 19-20, Program Integrity – Section G, I. - Item B3.</p> <p><b>Name of Data Report:</b> Compliance Committee meeting minutes/Compliance Unit report</p> <p><b>Sub-committee/Staff Responsible:</b> Compliance Committee</p>	<b>Q1:</b>		
	<b>Month</b>	<b>Compliance Meeting Held?</b>	<b>Date of Mtg(s) and General Issues Addressed</b>
	July	Yes	7/22/2020
	<b>Q2:</b>		
	<b>Month</b>	<b>Compliance Meeting Held?</b>	<b>Date of Mtg(s) and General Issues Addressed</b>
	October	Yes	10/28/2020
	<b>Q3:</b>		
	<b>Month</b>	<b>Compliance Meeting Held?</b>	<b>Date of Mtg(s) and General Issues Addressed</b>
	January	Yes	01/27/2021
	<b>Q4:</b>		
	<b>Month</b>	<b>Compliance Meeting Held?</b>	<b>Date of Mtg(s) and General Issues Addressed</b>
	April	Yes	04/28/2021

Quality Improvement Area of Data Monitoring	Results of Evaluation					
<p><b>VI. Program Integrity:</b></p> <ul style="list-style-type: none"> <li>DM-2: Compliance Training and Communication to the MHP</li> </ul> <p><b>Purpose of Monitoring:</b> DHCS Annual Review Protocols, FY 19-20, Program Integrity – Section G, III. - Item B4-6</p> <p><b>Name of Data Report:</b> TBD</p> <p><b>Sub-committee/Staff Responsible:</b> Compliance Committee meeting minutes/Compliance Unit report</p>	<b>Q1:</b>					
	<b>Month</b>	<b>Did Dept. Offer Compliance Training this month?</b>	<b>How many Behavioral Health staff completed the training?</b>	<b>Did Compliance Officer send out communication of compliance issues?</b>	<b>Dates and Topics of Communication</b>	
	Jul	Yes	6	1		
	Aug	Yes	1	2		
	Sep	Yes	1	1		
	Oct	Yes	0	0		
	Nov	Yes	1	1		
	Dec	Yes	0	0	12/18/20: OCR Audit report on compliance w/ HIPAA rules	
	Jan	Yes	1	0		
	Feb	Yes	20	1		
	Mar	Yes	54	2	3/22/21: OCR settles 14 <sup>th</sup> inquiry into right to access records	
	Apr	Yes	6	1	4/13/21: Agency pays \$28K for not running sanction checks	
	May	Yes	1	0		
	Jun	Yes	22	0	6/3/21: OCR settles 19 <sup>th</sup> inquiry into right to access records	



## 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><b>VII. Quality Improvement:</b></p> <ul style="list-style-type: none"> <li><b>AG-1:</b> Annual Utilization Review Audits - Timeliness and Appropriate Resolution of Annual Utilization Review Audit Findings</li> </ul> <p><b>Purpose of Monitoring:</b> DHCS Annual Review Protocols, FY 19-20, Network Adequacy and Availability of Services – Section A, VI. – Item D10, D12 &amp; F.</p> <p><b>Name of Data Report:</b> UR Audit Tracking Log (to be created)</p> <p><b>Sub-committee/Staff Responsible:</b> QI Audit Supervisor and team</p> <p><b>Annual Goal Items Met:</b>  <input type="checkbox"/> <b>Met:</b> Item # ____  <input checked="" type="checkbox"/> <b>Partially Met:</b> Item # 1-2  <input type="checkbox"/> <b>Not Met:</b> Item # ____</p>	<p><b>AG-1:</b> 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><b>Baseline:</b> See Quality Improvement annual UR Audits during FY 19-20.</p> <p><b>Goal:</b> 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"> <li><b>Measurement #1:</b> At least 90% of UR Audit Reports will be submitted within 60 days after the audit alert period.</li> <li><b>Measurement #2:</b> At least 90% of reviewed programs requiring a CAP will submit one that meets QI standards, within prescribed timelines.</li> </ul>	<b>Q1:</b>																																																											
		<table border="1"> <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>Due 11/28/20</td> <td>Pending</td> <td>Pending</td> <td>Pending</td> </tr> <tr> <td>CBO Youth B</td> <td>Due 12/5/2020</td> <td>Pending</td> <td>Pending</td> <td>Pending</td> </tr> <tr> <td>CBO Youth C</td> <td>Due 12/25/20</td> <td>Pending</td> <td>Pending</td> <td>Pending</td> </tr> <tr> <td>CBO Adult D1</td> <td>Due 1/5/21</td> <td>Pending</td> <td>Pending</td> <td>Pending</td> </tr> <tr> <td>CBO Adult D2</td> <td>Due 1/5/21</td> <td>Pending</td> <td>Pending</td> <td>Pending</td> </tr> <tr> <td>CBO Youth E</td> <td>Pending Audit Alerts</td> <td>Pending</td> <td>Pending</td> <td>Pending</td> </tr> <tr> <td><b>Running Averages</b></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	Due 11/28/20	Pending	Pending	Pending	CBO Youth B	Due 12/5/2020	Pending	Pending	Pending	CBO Youth C	Due 12/25/20	Pending	Pending	Pending	CBO Adult D1	Due 1/5/21	Pending	Pending	Pending	CBO Adult D2	Due 1/5/21	Pending	Pending	Pending	CBO Youth E	Pending Audit Alerts	Pending	Pending	Pending	<b>Running Averages</b>	---	---	---	---																			
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	Due 11/28/20	Pending	Pending	Pending																																																									
CBO Youth B	Due 12/5/2020	Pending	Pending	Pending																																																									
CBO Youth C	Due 12/25/20	Pending	Pending	Pending																																																									
CBO Adult D1	Due 1/5/21	Pending	Pending	Pending																																																									
CBO Adult D2	Due 1/5/21	Pending	Pending	Pending																																																									
CBO Youth E	Pending Audit Alerts	Pending	Pending	Pending																																																									
<b>Running Averages</b>	---	---	---	---																																																									
		<b>Q2:</b>																																																											
		<table border="1"> <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>121</td> <td>Yes</td> <td>Due 3/29/21</td> <td>Pending</td> </tr> <tr> <td>CBO Youth B</td> <td>118</td> <td>Yes</td> <td>Due 4/28/21</td> <td>Pending</td> </tr> <tr> <td>CBO Youth C</td> <td>Due 12/25/20</td> <td>Pending</td> <td>Pending</td> <td>Pending</td> </tr> <tr> <td>CBO Adult D1</td> <td>59</td> <td>Yes</td> <td>Due 3/5/21</td> <td>Pending</td> </tr> <tr> <td>CBO Adult D2</td> <td>Due 1/5/21</td> <td>Pending</td> <td>Pending</td> <td>Pending</td> </tr> <tr> <td>CBO Youth E</td> <td>65</td> <td>Yes</td> <td>Due 2/20/21</td> <td>Pending</td> </tr> <tr> <td>CBO Adult F</td> <td>34</td> <td>Yes</td> <td>Due 6/3/21</td> <td>Pending</td> </tr> <tr> <td>CBO Youth G</td> <td>Due 2/14/21</td> <td>Yes</td> <td>Pending</td> <td>Pending</td> </tr> <tr> <td>CBO Youth H</td> <td>Due 3/6/21</td> <td>Yes</td> <td>Pending</td> <td>Pending</td> </tr> <tr> <td><b>Running Averages</b></td> <td>79.4</td> <td>100%</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	121	Yes	Due 3/29/21	Pending	CBO Youth B	118	Yes	Due 4/28/21	Pending	CBO Youth C	Due 12/25/20	Pending	Pending	Pending	CBO Adult D1	59	Yes	Due 3/5/21	Pending	CBO Adult D2	Due 1/5/21	Pending	Pending	Pending	CBO Youth E	65	Yes	Due 2/20/21	Pending	CBO Adult F	34	Yes	Due 6/3/21	Pending	CBO Youth G	Due 2/14/21	Yes	Pending	Pending	CBO Youth H	Due 3/6/21	Yes	Pending	Pending	<b>Running Averages</b>	79.4	100%	---	---				
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	121	Yes	Due 3/29/21	Pending																																																									
CBO Youth B	118	Yes	Due 4/28/21	Pending																																																									
CBO Youth C	Due 12/25/20	Pending	Pending	Pending																																																									
CBO Adult D1	59	Yes	Due 3/5/21	Pending																																																									
CBO Adult D2	Due 1/5/21	Pending	Pending	Pending																																																									
CBO Youth E	65	Yes	Due 2/20/21	Pending																																																									
CBO Adult F	34	Yes	Due 6/3/21	Pending																																																									
CBO Youth G	Due 2/14/21	Yes	Pending	Pending																																																									
CBO Youth H	Due 3/6/21	Yes	Pending	Pending																																																									
<b>Running Averages</b>	79.4	100%	---	---																																																									
		<b>Q3:</b>																																																											
		<table border="1"> <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>121</td> <td>Yes</td> <td>59</td> <td>Pending</td> </tr> <tr> <td>County Youth B</td> <td>118</td> <td>Yes</td> <td>Due 6/23/21</td> <td>Pending</td> </tr> <tr> <td>County Youth C</td> <td>133</td> <td>Yes</td> <td>48</td> <td>Resolved</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	121	Yes	59	Pending	County Youth B	118	Yes	Due 6/23/21	Pending	County Youth C	133	Yes	48	Resolved																																							
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	121	Yes	59	Pending																																																									
County Youth B	118	Yes	Due 6/23/21	Pending																																																									
County Youth C	133	Yes	48	Resolved																																																									

Quality Improvement Goal and Means to Accomplish it	Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation				
		County Adult D1	59	Yes	55	Resolved
		County Adult D2	85	Yes	57	Pending
		County Youth E	65	Yes	60	Resolved
		County Adult F	34	Yes	Due 6/3/21	Pending
		County Youth G	86	Yes	59	Pending
		County Youth H	77	Yes	57	Pending
		County Youth I	55	Yes	Due 5/29/21	Pending
		Running Averages	85	100%	57	43% Resolved
		Q4:				
		<b>Program</b>	<b>Days to Complete Report (60 days or less)</b>	<b>% of Programs Requiring a CAP</b>	<b>Days to Submit a CAP (60 days or less)</b>	<b>% of Resolved CAPs</b>
		County Youth A	121	Yes	59	Pending
		County Youth B	118	Yes	Due 6/23/21	Pending
		County Youth C	133	Yes	48	Resolved
		County Adult D1	59	Yes	55	Resolved
		County Adult D2	85	Yes	57	Pending
		County Youth E	65	Yes	60	Resolved
		County Adult F	34	Yes	Due 6/3/21	Pending
		County Youth G	86	Yes	59	Pending
		County Youth H	77	Yes	57	Pending
		County Youth I	55	Yes	Due 5/29/21	Pending
		County Youth J				
		County Youth K				
		County Adult L				
		Running Averages		100%		% Resolved

## VII. Quality Improvement (Data Monitoring - DM)

Quality Improvement Area of Data Monitoring	Results of Evaluation			
<p><b>VII. Quality Improvement:</b></p> <ul style="list-style-type: none"> <li>• <b>DM-1:</b> Documentation Training and Avatar User Training</li> </ul> <p><b>Purpose of Monitoring:</b> DHCS Annual Review Protocols, FY 19-20, Network Adequacy and Availability of Services - Section A, VI - Item F.</p> <p><b>Name of Data Report:</b> QI Excel Monitoring Spreadsheet</p> <p><b>Sub-committee/Staff Responsible:</b> QI Training Lead and team</p>	Month	Doc Training Attendees	Avatar Phase 1 Attendees	Avatar Phase 2 Attendees
	Jul	14	4	0
	Aug	1	0	0
	Sep	4	6	6
	Oct	16	0	0
	Nov	4	0	0
	Dec	3	4	0
	Jan	5	0	0
	Feb	4	7	0
	Mar	6	1	0
	Apr	11	9	0
	May	12	0	2
	Jun	3	5	0

Quality Improvement Area of Data Monitoring	Results of Evaluation			
<p><b>VII. Quality Improvement:</b></p> <ul style="list-style-type: none"> <li>• <b>DM-2:</b> Site Certifications</li> </ul> <p><b>Purpose of Monitoring:</b> DHCS Annual Review Protocols, FY 19-20, Network Adequacy and Availability of Services - Section A, VI - Item E.</p> <p><b>Name of Data Report:</b> Monthly Site Certification Tracking Report</p> <p><b>Sub-committee/Staff Responsible:</b> QI Site Certification Lead and team</p>	<p><b>Month</b></p>	<p><b># Programs Certified this Month?</b></p>	<p><b>Was the MHP's tracking report reviewed to ensure no Solano MHP programs were missed?</b></p>	<p><b>% of Site Certifications completed in a timely manner?</b></p>
	Jul	1	Yes	100%
	Aug	1	Yes	100%
	Sep	2	Yes	100%
	Oct	4	Yes	100%
	Nov	2	Yes	100%
	Dec	1	Yes	100%
	Jan	1	Yes	100%
	Feb	5	Yes	100%
	Mar	0	Yes	100%
	Apr	0	Yes	100%
	May	0	Yes	100%
	Jun	4	Yes	100%

Quality Improvement Area of Data Monitoring	Results of Evaluation																											
<p><b>VII. Quality Improvement:</b></p> <ul style="list-style-type: none"> <li>• <b>DM-3:</b> Medi-Cal Provider Eligibility and Verification</li> </ul> <p><b>Purpose of Monitoring:</b> DHCS Annual Review Protocols, FY 19-20, Program Integrity - Section G, V - Item A.</p> <p><b>Name of Data Report:</b> Provider Eligibility and Verification Tracking Report</p> <p><b>Sub-committee/Staff Responsible:</b> QI Provider Eligibility Verification Lead</p>	<p><b>Q1:</b></p> <table border="1" data-bbox="598 188 1104 764"> <thead> <tr> <th data-bbox="598 188 747 321">Month</th> <th data-bbox="753 188 1104 321">Were 100% of County, Contract and Network Providers verified on the exclusion lists?</th> </tr> </thead> <tbody> <tr><td data-bbox="598 321 747 358">Jul</td><td data-bbox="753 321 1104 358">100%</td></tr> <tr><td data-bbox="598 358 747 396">Aug</td><td data-bbox="753 358 1104 396">100%</td></tr> <tr><td data-bbox="598 396 747 433">Sep</td><td data-bbox="753 396 1104 433">100%</td></tr> <tr><td data-bbox="598 433 747 470">Oct</td><td data-bbox="753 433 1104 470">100%</td></tr> <tr><td data-bbox="598 470 747 508">Nov</td><td data-bbox="753 470 1104 508">100%</td></tr> <tr><td data-bbox="598 508 747 545">Dec</td><td data-bbox="753 508 1104 545">100%</td></tr> <tr><td data-bbox="598 545 747 583">Jan</td><td data-bbox="753 545 1104 583">100%</td></tr> <tr><td data-bbox="598 583 747 620">Feb</td><td data-bbox="753 583 1104 620">100%</td></tr> <tr><td data-bbox="598 620 747 657">Mar</td><td data-bbox="753 620 1104 657">100%</td></tr> <tr><td data-bbox="598 657 747 695">Apr</td><td data-bbox="753 657 1104 695">100%</td></tr> <tr><td data-bbox="598 695 747 732">May</td><td data-bbox="753 695 1104 732">100%</td></tr> <tr><td data-bbox="598 732 747 764">Jun</td><td data-bbox="753 732 1104 764">100%</td></tr> </tbody> </table>		Month	Were 100% of County, Contract and Network Providers verified on the exclusion lists?	Jul	100%	Aug	100%	Sep	100%	Oct	100%	Nov	100%	Dec	100%	Jan	100%	Feb	100%	Mar	100%	Apr	100%	May	100%	Jun	100%
Month	Were 100% of County, Contract and Network Providers verified on the exclusion lists?																											
Jul	100%																											
Aug	100%																											
Sep	100%																											
Oct	100%																											
Nov	100%																											
Dec	100%																											
Jan	100%																											
Feb	100%																											
Mar	100%																											
Apr	100%																											
May	100%																											
Jun	100%																											

## VIII. Network Adequacy (Data Monitoring - DM)

Quality Improvement Area of Data Monitoring	Results of Evaluation						
<p><b>VIII: Network Adequacy:</b></p> <ul style="list-style-type: none"> <li>DM-1: Pathways to Well-Being (Subclass)</li> </ul> <p><b>Purpose of Monitoring:</b> DHCS Annual Review Protocols, FY 19-20, Network Adequacy and Availability of Services - Section A, III. - Item A-E.</p> <p><b>Name of Data Report:</b> Pathways Database maintained by CCR Team</p> <p><b>Sub-committee/Staff Responsible:</b></p> <ul style="list-style-type: none"> <li>Pathways/Katie A. Implementation Team</li> </ul>	<b>Q1:</b>						
	<b># Referred to MHP</b>	<b># Assessed &amp; Referred for Services</b>	<b># of Clients Identified as Katie A. Subclass</b>	<b># of Clients Who Received a CFT Mtg</b>	<b># of Clients Who Declined Services</b>	<b># of Clients AWOL</b>	<b># of Clients Awaiting Response</b>
	78	51	90	85	3	0	2
	<b>Q2:</b>						
	<b># Referred to MHP</b>	<b># Assessed &amp; Referred for Services</b>	<b># of Clients Identified as Katie A. Subclass</b>	<b># of Clients Who Received a CFT Mtg</b>	<b># of Clients Who Declined Services</b>	<b># of Clients AWOL</b>	<b># of Clients Awaiting Response</b>
	112	59	97	85	4	0	8
	<b>Q3:</b>						
	<b># Referred to MHP</b>	<b># Assessed &amp; Referred for Services</b>	<b># of Clients Identified as Katie A. Subclass</b>	<b># of Clients Who Received a CFT Mtg</b>	<b># of Clients Who Declined Services</b>	<b># of Clients AWOL</b>	<b># of Clients Awaiting Response</b>
	118	98	72	67	4	0	1
	<b>Q4:</b>						
	<b># Referred to MHP</b>	<b># Assessed &amp; Referred for Services</b>	<b># of Clients Identified as Katie A. Subclass</b>	<b># of Clients Who Received a CFT Mtg</b>	<b># of Clients Who Declined Services</b>	<b># of Clients AWOL</b>	<b># of Clients Awaiting Response</b>
	91	53	68	61	2	0	5

Quality Improvement Area of Data Monitoring	Results of Evaluation									
<p><b>VIII: Network Adequacy:</b></p> <ul style="list-style-type: none"> <li>DM-2: Pathways to Well-Being (non-Sub-class)</li> </ul> <p><b>Purpose of Monitoring:</b> DHCS Annual Review Protocols, FY 19-20, Network Adequacy and Availability of Services - Section A, III. - Item A-E.</p> <p><b>Name of Data Report:</b> Pathways Database maintained by CCR Team</p> <p><b>Sub-committee/Staff Responsible:</b></p> <ul style="list-style-type: none"> <li>Pathways/Katie A. Implementation Team</li> </ul>	<b>Q1:</b>									
		# of Pathways Clients Identified	Offered ICC Services # and %		Declined or AWOL	Accepted	Assigned an ICC Coordinator # and %		CFT Meeting Held or Scheduled	
	SCMH	75	78	100%	23	52	52	100%	52	100%
	Contract Agency	43	43	100%	11	28	28	100%	28	100%
	<b>Q2:</b>									
		# of Pathways Clients Identified	Offered ICC Services # and %		Declined or AWOL	Accepted	Assigned an ICC Coordinator # and %		CFT Meeting Held or Scheduled	
	SCMH	104	104	100%	19	51	51	100%	51	100%
	Contract Agency	44	44	100%	10	24	24	100%	24	100%
	<b>Q3:</b>									
		# of Pathways Clients Identified	Offered ICC Services # and %		Declined or AWOL	Accepted	Assigned an ICC Coordinator # and %		CFT Meeting Held or Scheduled	
	SCMH	102	102	100%	24	78	78	100%	78	100%
	Contract Agency	52	52	100%	18	32	31	97%	31	97%
	<b>Q4:</b>									
		# of Pathways Clients Identified	Offered ICC Services # and %		Declined or AWOL	Accepted	Assigned an ICC Coordinator # and %		CFT Meeting Held or Scheduled	
	SCMH	96	49	100%	29	67	66	99%	66	99%
	Contract Agency	96	49	100%	20	24	24	100%	24	100%

Goal Purpose and Monitoring	Results of Evaluation										
<p><b>VIII: Network Adequacy:</b></p> <ul style="list-style-type: none"> <li>• <b>DM-3:</b> Provider Network Data</li> </ul> <p><b>Purpose of Monitoring:</b> DHCS Annual Review Protocols, FY 19-20, Network Adequacy and Availability of Services - Section A, I. - Item D.</p> <p><b>Name of Data Report:</b> Solano County Mental Health (MH) Managed Care Tracking; CALWIN Medi-Cal Eligible crystal report</p> <p><b>Sub-committee/Staff Responsible:</b> Managed Care/Provider Relations</p>	<b>Q1:</b>										
	<b>Quarter</b>	<b>Clients Served</b>	<b>Network Providers</b>	<b># of Providers Billing for Services</b>	<b># of Providers Not Billing for Services</b>	<b># of Providers Not Billing or Accepting New Clients (3+ months)</b>	<b>Bilingual Providers</b>	<b>Trained to Use Interpreter Services</b>	<b>Near Public Transportation</b>	<b>Access for the Physically Disabled</b>	<b>Beacon Referrals</b>
	Q1	36	21	16	5	5	4	21	21	13	80
	Q2	15	18	5	13	10	4	18	18	13	56
	Q3	28	17	6	11	11	4	17	17	12	70
Q4	23	17	5	12	12	4	17	17	12	88	