

Quality Improvement Plan, Fiscal Year 2016-2017

Solano County
Health and Social Services Department
Behavioral Health Division
Solano Mental Health Plan



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Quality Improvement Plan, Fiscal Year 2016-2017

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QUALITY IMPROVEMENT PROGRAM OVERVIEW

The Quality Improvement (QI) unit is responsible for providing support services to the Mental Health Plan (MHP) and its administration, programs, providers, consumers and family members. The QI unit is designed to develop, implement, coordinate, monitor and evaluate performance activities throughout the Mental Health Plan (MHP).

Quality Improvement Program

Staffing 11.75 FTE	.25 Mental Health Administrator 1.0 Mental Health Program Manager 1.0 Mental Health Clinical Supervisor 5.0 Licensed Mental Health Clinicians 0.5 Registered Nurse 4.0 Clerical Support Staff
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QUALITY ASSURANCE	QUALITY MANAGEMENT	QUALITY IMPROVEMENT
Site Certifications Clinical Records Review Problem Resolution/SIR Process Concurrent Review Process Staff Eligibility Verification Service Verification Service Authorization	Utilization Management Consumer Surveys Provider Satisfaction Surveys Treatment Authorization Requests Performance Improvement Projects Evidence-Based Practices Performance Outcomes	Training Coordination Continuing Education Core Competencies Mental Health Intranet Site Network of Care Technical Assistance Policies & Procedures

Quality Improvement Plan, Fiscal Year 2016-2017

QI Program Areas of Focus for FY 2016-2017:

The Quality Improvement unit continues its efforts to develop the quality improvement culture and activities within MHP programs so that there is a collective responsibility and owning of quality improvement throughout the MHP. Quality improvement, assurance and management are vital to the success of any health system, and this plan endeavors to create collaboration between program and quality teams in collecting and monitoring data, and utilizing data to incentivize and guide improvement efforts.

Quality Improvement continues to steer the MHP toward developing Work Plan goals that help the system to remain in compliance with Federal and California State regulations, most notably FCR 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 Quality Improvement to include in this year's Work Plan:

- Beneficiary Satisfaction and Protection
- Beneficiary and System Outcomes
- System Utilization Management
- Cultural Competence
- Program Integrity
- Quality Improvement
 - Utilization Review Audits
 - Credentialing
 - Provider Eligibility
- Service Timeliness and Access
- Wellness and Recovery

Quality Improvement staffing was finally again at capacity as of July of FY 2016-2017. It is our hope that these staffing levels can assist us to continue to take on the challenges of all areas covered by this Work Plan, including areas that are either newly required or have become of an increased area of focus in the new 1915b Waiver/associated terms and conditions, EQRO or DHCS Triennial System/Chart Review protocols.

Solano MHP has taken on the practice of treating the Quality Improvement 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 quarterly basis, and progress and data are reported back to the Quality Improvement Committee once per quarter to inform committee membership and obtain any feedback and recommendations from the committee for consideration to improve current practices.

Quality Improvement Plan, Fiscal Year 2016-2017

I. Beneficiary Satisfaction & Protection

Goal Purpose and Monitoring	Goal/Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation																																																																							
<p>I-A. Grievance, Appeal and Expedited Appeal:</p> <ul style="list-style-type: none"> Communicating significant issues to the Solano MHP's QIC <p>Authority:</p> <ul style="list-style-type: none"> DHCS Annual Review Protocols, FY 16-17, Quality Improvement - Section I, Item # 2b, #5, and #6b; Beneficiary Protection – Section D, Item #2, #8a & 8b <p>Frequency of Evaluation: Monthly/Quarterly</p> <p>Name of Data Report:</p> <ul style="list-style-type: none"> Problem Resolution Log QIC Problem Resolution Report <p>Sub-committee/Staff Responsible: Problem Resolution Coordinator</p> <p>Annual Goal Met:</p> <p><input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met</p>	<p>A-1: The Problem Resolution process in the Solano County MHP is responsible for receiving and responding to Grievances, Change of Provider Requests, Provider Appeals and Incident Reports generated by beneficiaries and providers in our system. The issues identified in Grievances, Appeals, and Expedited Appeals are intended to be monitored and communicated to the Quality Improvement Committee (QIC) on a regular and consistent basis.</p> <p>Baseline: All Grievances, Appeals and Expedited Appeals will be reported to the QIC and significant issues will be presented that may require system changes to address.</p> <p>Goal: Every QIC meeting will document:</p> <ol style="list-style-type: none"> Total # of Grievances, Appeals, Expedited Appeals, State Fair Hearings, Expedited State Fair Hearings reported, & Change of Provider requests, including those resulting in quality of care issues Total # of issues from the previous quarter, that require a system change, that were discussed at QIC Total # of significant issues that were referred to Policy Committee 	<p>A-1: Q1:</p> <table border="1" data-bbox="951 375 2049 613"> <thead> <tr> <th>Month Received</th> <th>Total quarterly # of Problem Resolution issues reported, including quality of care issues</th> <th># Requiring a System Change</th> <th># Referred to Policy Committee</th> </tr> </thead> <tbody> <tr> <td>July</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Aug</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sept</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Q1 Total</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>A-1: Q2:</p> <table border="1" data-bbox="951 675 2049 813"> <tbody> <tr> <td>Oct</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Nov</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dec</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Q2 Total</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>A-1: Q3:</p> <table border="1" data-bbox="951 875 2049 1013"> <tbody> <tr> <td>Jan</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Feb</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Mar</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Q3 Total</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>A-1: Q4:</p> <table border="1" data-bbox="951 1075 2049 1213"> <tbody> <tr> <td>Apr</td> <td></td> <td></td> <td></td> </tr> <tr> <td>May</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Jun</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Q4 Total</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Month Received	Total quarterly # of Problem Resolution issues reported, including quality of care issues	# Requiring a System Change	# Referred to Policy Committee	July				Aug				Sept				Q1 Total				Oct				Nov				Dec				Q2 Total				Jan				Feb				Mar				Q3 Total				Apr				May				Jun				Q4 Total			
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Grievance, Appeal and Expedited Appeal follow up:</p> <ul style="list-style-type: none"> Tracking and trending of Beneficiary Grievances and Appeals to meet DHCS annual reporting standards <p>Authority:</p> <ul style="list-style-type: none"> DHCS Annual Review Protocols, FY 16-17, Quality Improvement - Section I, Item # 2b, #5, and #6b. #6b; Beneficiary Protection – Section D, Item #2a, 2b. <p>Frequency of Evaluation: Quarterly</p> <p>Name of Data Report:</p> <ul style="list-style-type: none"> Problem Resolution Log QIC Problem Resolution Report <p>Sub-committee/Staff Responsible: Problem Resolution Coordinator</p> <p>Annual Goal Met:</p> <p><input type="checkbox"/> Met: Item # ____</p> <p><input type="checkbox"/> Partially Met: Item # ____</p> <p><input type="checkbox"/> Not Met: Item # ____</p>	<p>B-1: The Problem Resolution process in the Solano County MHP is responsible for providing written acknowledgements for every Grievance, Appeal and Expedited Appeal received from beneficiaries of the MHP.</p> <p>Baseline: MHP Policy requires this to occur in 100% of all cases.</p> <p>Goal: Quarterly tracking mechanisms will monitor the category of grievance, total #s and types of grievance process, and disposition of the grievance outcome:</p> <p>1. Were all problem resolution process areas logged, monitored and reported out to the state on a quarterly basis (complete each tracking log quarterly)?</p>	<p>B-1: Q1:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9ead3;"> <th rowspan="2">Category</th> <th rowspan="2">Total #</th> <th colspan="5">Process</th> <th colspan="3">Disposition</th> </tr> <tr style="background-color: #d9ead3;"> <th>Grievance</th> <th>Appeal</th> <th>Expedited Appeal</th> <th>State Fair Hearing</th> <th>Expedited Fair Hearing</th> <th>Referred Out</th> <th>Resolved</th> <th>Still Pending</th> </tr> </thead> <tbody> <tr><td>ACCESS</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Denied Services</td><td></td><td style="background-color: black;"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Change of Provider</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Quality of Care</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Confidentiality</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Other</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr style="background-color: #d9ead3;"><td>Q1 Total:</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>B-1: Q2:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>ACCESS</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Denied Services</td><td></td><td style="background-color: black;"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Change of Provider</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Quality of Care</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Confidentiality</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Other</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr style="background-color: #d9ead3;"><td>Q2 Total:</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>B-1: Q3:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>ACCESS</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Denied Services</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Change of Provider</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Quality of Care</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Confidentiality</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Other</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr style="background-color: #d9ead3;"><td>Q3 Totals:</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>B-1: Q4:</p>									Category	Total #	Process					Disposition			Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited Fair Hearing	Referred Out	Resolved	Still Pending	ACCESS										Denied Services										Change of Provider										Quality of Care										Confidentiality										Other										Q1 Total:										ACCESS										Denied Services										Change of Provider										Quality of Care										Confidentiality										Other										Q2 Total:										ACCESS										Denied Services										Change of Provider										Quality of Care										Confidentiality										Other										Q3 Totals:									
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<p>I-C. Grievance, Appeal and Expedited Appeal follow up:</p> <ul style="list-style-type: none"> Tracking the compliance of sending the beneficiary an acknowledgement and Disposition letter. <p>Authority:</p> <ul style="list-style-type: none"> DHCS Annual Review Protocols, FY 16-17, Quality Improvement - Section I, Item # 2b, #5, and #6b; Beneficiary Protection – Section D, Item #3, 4, 6 <p>Frequency of Evaluation: Quarterly</p> <p>Name of Data Report:</p> <ul style="list-style-type: none"> Problem Resolution Log QIC Problem Resolution Report <p>Sub-committee/Staff Responsible: Problem Resolution Coordinator</p> <p>Annual Goal Met:</p> <p><input type="checkbox"/> Met: Item # ____</p> <p><input type="checkbox"/> Partially Met: Item # ____</p> <p><input type="checkbox"/> Not Met: Item # ____</p>	<p>C-1: The Problem Resolution process in the Solano County MHP is responsible for providing written acknowledgements for every Grievance, Appeal and Expedited Appeal received from beneficiaries of the MHP.</p> <p>Baseline: MHP Policy requires this to occur in 100% of all cases.</p> <p>Goal: 100% of all Acknowledgement and Disposition Letters will be sent to beneficiaries who submitted a Grievance, Appeal or Expedited Appeal within DHCS and MHP timeframes. 100% of Providers cited in the problem resolution process will be notified of the disposition:</p> <ol style="list-style-type: none"> Total # of Grievances, Appeals and Expedited Appeals Received Total # of Acknowledgement Letters sent Total % in compliance with requirement Total # of Disposition Letters sent Total % in compliance with requirement Total # & % of Providers who were notified of Disposition 	<p>C-1: Q1:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9ead3;"> <th>Month Rec'd</th> <th>Total # of Grievances, Appeals and Expedited Appeals Rec'd</th> <th>Total # of Acknowledgement Letters sent</th> <th>Total % that Comply</th> <th>Total # of Dispo Letters sent</th> <th>Total % that Comply</th> <th colspan="2">Total # and % of Providers who were notified of Disposition</th> </tr> </thead> <tbody> <tr><td>July</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Aug</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Sept</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr style="background-color: #d9ead3;"><td>Q1 Total</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>C-1: Q2:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr><td>Oct</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Nov</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr style="background-color: #d9ead3;"><td>Q2 Total</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </thead></table>							Month Rec'd	Total # of Grievances, Appeals and Expedited Appeals Rec'd	Total # of Acknowledgement Letters sent	Total % that Comply	Total # of Dispo Letters sent	Total % that Comply	Total # and % of Providers who were notified of Disposition		July								Aug								Sept								Q1 Total								Oct								Nov								Dec								Q2 Total							
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<p>I-D. Grievance, Appeal and Expedited Appeal follow up:</p> <ul style="list-style-type: none"> Tracking and trending of Internal system improvement needs <p>Authority:</p> <ul style="list-style-type: none"> DHCS Annual Review Protocols, FY 16-17, Quality Improvement - Section I, Item # 1a; #5; 6b. <p>Frequency of Evaluation: Quarterly</p> <p>Name of Data Report:</p> <ul style="list-style-type: none"> Problem Resolution Log QIC Internal System Improvement Report <p>Sub-committee/Staff Responsible: Problem Resolution Coordinator</p> <p>Annual Goal Met:</p> <p><input type="checkbox"/> Met: Item # ____</p> <p><input type="checkbox"/> Partially Met: Item # ____</p> <p><input type="checkbox"/> Not Met: Item # ____</p>	<p>D-1: The Problem Resolution process in the Solano County MHP is responsible for reviewing the internally identified system needs of the MHP. These system needs result from incident reports initiated by county or contract providers, and identify an outcome that was out of the ordinary. Problem Resolution prompts the system to evaluate which incidents point out the need for a system/process change, a referral to Policy Committee, an Adverse Outcome Case Review, or perhaps even all of these processes.</p> <p>Baseline: MHP requires that all such incidents are tracked and evaluated, and any that indicate further action are addressed (see Q1 for baseline)</p> <p>Goal: Quarterly tracking mechanisms will monitor the category of internal system needs. Internally identified system needs will be identified via an incident report review process and result in the following:</p> <ol style="list-style-type: none"> Led to a system/process change Led to a referral to Policy Committee Resulted in an Adverse Outcome Case Review 	<p>D-1: Q1:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9ead3;"> <th style="width: 10%;">Month Received</th> <th style="width: 20%;">Total # of MHP internally identified incident reports received</th> <th style="width: 20%;"># of Internally Identified System Needs Requiring a System/Process Change</th> <th style="width: 20%;"># of Internally Identified System Needs Referred to Policy Committee</th> <th style="width: 30%;"># of Internally Identified System Needs Resulting in an Adverse Outcome Case Review</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">July</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Aug</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Sept</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr style="background-color: #d9ead3;"> <td style="text-align: center;">Q1 Total</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>D-1: Q2:</p> <p>D-1: Q3:</p> <p>D-1: Q4:</p>					Month Received	Total # of MHP internally identified incident reports received	# of Internally Identified System Needs Requiring a System/Process Change	# of Internally Identified System Needs Referred to Policy Committee	# of Internally Identified System Needs Resulting in an Adverse Outcome Case Review	July					Aug					Sept					Q1 Total				
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<p>I-E. Consumer Perception:</p> <ul style="list-style-type: none"> Annual Surveying of Client/Family Satisfaction <p>Authority:</p> <ul style="list-style-type: none"> DHCS Annual Review Protocols, FY 16-17, Quality Improvement – Section I, Item #2a, 2d <p>Frequency of Evaluation: Quarterly</p> <p>Name of Data Report:</p> <ul style="list-style-type: none"> State Consumer Perception Surveys <p>Sub-committee/Staff Responsible: Problem Resolution Coordinator</p> <p>Annual Goal Met:</p> <p><input type="checkbox"/> Met: Item # ____</p> <p><input type="checkbox"/> Partially Met: Item # ____</p> <p><input type="checkbox"/> Not Met: Item # ____</p>	<p>E-1: Solano MHP participates in the annual California DHCS Consumer Perception Survey Process, in which surveys are distributed at service programs throughout the MHP over the period of one week (designated by the state). Quality Improvement obtains copies of the results and inputs the data into an MHP database. The Problem Resolution Coordinator is responsible for reviewing the results and making recommendations for service areas to target as areas to be addressed with improvement goals.</p> <p>Baseline: MHP participates in the Consumer Perception Survey at least annually and works to create related goals.</p> <p>Goal: Problem Resolution Coordinator will ensure:</p> <ul style="list-style-type: none"> Measurement #1: Did Solano MHP participate in one of the Annual Consumer Perception Surveys and is the MHP currently working on a goal to improve consumer perception? Measurement #2: Did Solano MHP obtain survey results from CIBHS website for those that were most recently posted, and were those results shared with the MHP’s Providers? Measurement #3: Solano MHP will receive consumer ratings exceeding 90% for those who indicate they Strongly agree, somewhat agree, or agree with the following Consumer Satisfaction Survey item: 	<p>E-1: Q1:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9ead3;"> <th style="width: 5%;">Q#</th> <th style="width: 25%;">List the date range for the most recent CIBHS Consumer Perception Survey Solano MHP participated in.</th> <th style="width: 20%;">Did Consumer Perception Survey Coordinator create a new Goal, or is the MHP working on a goal from a previous survey?</th> <th style="width: 20%;">List the most recent survey date range the MHP has obtained survey results for from the CIBHS Website:</th> <th style="width: 15%;">Did the MHP share the overall survey results & specific areas for improvement with Providers?</th> <th style="width: 15%;">List the most recent Consumer Perception Survey goal and outcomes for this Quarter:</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Q1</td> <td></td> <td> <input type="checkbox"/> Yes -new goal <input type="checkbox"/> No - previous </td> <td></td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td style="text-align: center;">See Below:</td> </tr> </tbody> </table> <p style="text-align: center;">*</p> <p>E-1: Q2:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center;">Q1</td> <td></td> <td> <input type="checkbox"/> Yes -new goal <input type="checkbox"/> No - previous </td> <td></td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td style="text-align: center;">See Below:</td> </tr> </tbody> </table> <p style="text-align: center;">*</p> <p>E-1: Q3:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center;">Q1</td> <td></td> <td> <input type="checkbox"/> Yes -new goal <input type="checkbox"/> No - previous </td> <td></td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td style="text-align: center;">See Below:</td> </tr> </tbody> </table> <p style="text-align: center;">*</p> <p>E-1: Q4:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center;">Q1</td> <td></td> <td> <input type="checkbox"/> Yes -new goal <input type="checkbox"/> No - previous </td> <td></td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td style="text-align: center;">See Below:</td> </tr> </tbody> </table> <p style="text-align: center;">*</p>					Q#	List the date range for the most recent CIBHS Consumer Perception Survey Solano MHP participated in.	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II. Beneficiary and System Outcomes

Goal Purpose and Monitoring	Goal/Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation
<p>II-A. Clinical Care:</p> <ul style="list-style-type: none"> • Child and Adolescent Needs and Strengths Assessment • Adult Needs and Strengths Assessment <p>Authority:</p> <ul style="list-style-type: none"> • DHCS Annual Review Protocols, FY 16-17, Quality Improvement – Section I, Item #6c <p>Frequency of Evaluation: Quarterly</p> <p>Name of Data Report: TBD – Either an Avatar Crystal Report or reporting generated by an external vendor</p> <p>Sub-committee/Staff Responsible:</p> <ul style="list-style-type: none"> • Utilization Management Sub-Committee • Quality Improvement <p>Annual Goal Met:</p> <p><input type="checkbox"/> Met: Item # ____</p> <p><input type="checkbox"/> Partially Met: Item # ____</p> <p><input type="checkbox"/> Not Met: Item # ____</p>	<p>A-1: CANS/ANSA assessment measures were rolled out to Solano County’s MHP between April 2013 and spring of 2015.</p> <p>Baseline: See below:</p> <p>Goal: CANS/ANSA data reporting mechanisms will be developed:</p> <ul style="list-style-type: none"> • Measurement #1: 100% of d/cing clients will receive a CANS/ANSA at discharge – develop policy (Baseline: 0% providers complete at d/c) • Measurement #2: Implement a process for tracking Contract Agency clients’ CANS and ANSA outcomes - either thru Avatar or an external vendor (Baseline: 100% collect ANSA, but do not submit data to MHP) • Measurement #3: Improve existing report to measure CANS and ANSA outcomes at the clinical provider/ client level (county and contract programs) • Measurement #4: Create and implement a report to measure CANS and ANSA outcomes at caseload and program levels (county and contract programs) • Measurement #5: Create and implement a report to measure CANS and ANSA outcomes at the system level (county and contract programs) 	<p>A-1: Q1:</p> <p>A-1: Q2:</p> <p>A-1: Q3:</p> <p>A-1: Q4:</p>

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Goal Purpose and Monitoring	Goal/Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation																																																														
<p>II-B. Evidence-Based Practice:</p> <ul style="list-style-type: none"> • TF-CBT <p>Authority:</p> <ul style="list-style-type: none"> • DHCS Annual Review Protocols, FY 16-17, Quality Improvement – Section I, Item #6c <p>Frequency of Evaluation: Quarterly</p> <p>Name of Data Report: No current report</p> <p>Sub-committee/Staff Responsible:</p> <ul style="list-style-type: none"> • Quality Improvement • MHSA <p>Annual Goal Met:</p> <p><input type="checkbox"/> Met: Item # ____</p> <p><input type="checkbox"/> Partially Met: Item # ____</p> <p><input type="checkbox"/> Not Met: Item # ____</p>	<p>B-1: Trauma-Focused Cognitive Behavioral Therapy is an evidence-based practice that uses CBT techniques to help decrease PTSD symptoms, decrease negative attitudes about the traumatic event, decrease problem behaviors, improve parent-child relationships, improve parenting. Solano MHP has been committed to facilitating a TF-CBT training process since FY 2014-15 and implementing TF-CBT into outpatient treatment settings.</p> <p>Baseline: During FY 15-16, 49 clients were served utilizing the model and 50 Clinicians were trained.</p> <p>Goal: TF-CBT goals include:</p> <ol style="list-style-type: none"> 1. Increase baseline # of Clients treated with TF-CBT by 15% 2. 50% of Clients will complete Pre-Test 3. 50% of Clients will complete Post-Test 4. 50% of clients measured will show clinical Improvement on the Post-Test 5. 20% of staff will make an audio tape for clinical critique 6. 50 staff will be trained in TF-CBT 	<p>B-1: Q1:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #d9ead3;"> <th style="width: 12.5%;">County or Contract Program</th> <th style="width: 12.5%;">Total # Clients treated with TF-CBT this Quarter</th> <th style="width: 12.5%;">Total # of Clients to complete Pre-Test</th> <th style="width: 12.5%;">Total # of Clients to complete Post-Test</th> <th style="width: 12.5%;">Total # who showed Clinical Improvement on the Post-Test</th> <th style="width: 12.5%;">Total # staff who made audio tape for clinical critique</th> <th style="width: 12.5%;">Total # of Staff who were trained in TF-CBT</th> </tr> </thead> <tbody> <tr><td>Child Haven</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>CNP</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>EMQ</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Vjo Children’s</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>FF Children’s</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>VV Children’s</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr style="background-color: #d9ead3;"><td>Q1 TOTAL:</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>B-1: Q2:</p> <p>B-1: Q3:</p> <p>B-1: Q4:</p>							County or Contract Program	Total # Clients treated with TF-CBT this Quarter	Total # of Clients to complete Pre-Test	Total # of Clients to complete Post-Test	Total # who showed Clinical Improvement on the Post-Test	Total # staff who made audio tape for clinical critique	Total # of Staff who were trained in TF-CBT	Child Haven							CNP							EMQ							Vjo Children’s							FF Children’s							VV Children’s							Q1 TOTAL:						
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III. Utilization Management

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<p>III-A. Managed Care Provider Network</p> <p>Authority: DHCS Annual Review Protocols, FY 16-17, Network Adequacy and Array of Services – Section A, Item #3a-3e</p> <p>Frequency of Evaluation: Quarterly</p> <p>Name of Data Report: Solano County Mental Health (MH) Managed Care Tracking; CALWIN Medi-Cal Eligible crystal report</p> <p>Sub-committee/Staff Responsible: Managed Care/Provider Relations</p> <p>Annual Goal Met: <input type="checkbox"/> Met: Item # ____ <input type="checkbox"/> Partially Met: Item # ____ <input type="checkbox"/> Not Met: Item # ____</p>	<p>A-1: Historically, Solano MHP has worked diligently to build and maintain our provider network, yet we have experienced challenges due to various factors.</p> <p>Baseline: Based on FY 15-16 Q4 report, the total # of Network Providers was 32 and the geographic distribution throughout the county was: South County: 12, Central County: 10, North County: 10. Total # of Bilingual providers was: 6.</p> <p>Goal: Solano MHP will maintain or increase items 1 and 4-9 below by 5%:</p> <ol style="list-style-type: none"> # of Network providers in South, Central and North County Regions % of Network providers in each county region (MONITORING ONLY GOAL) - based on 2014 Medi-Cal eligible distribution: 39% South County, 38 % Central County, 23% North County) # of anticipated Medi-Cal eligible clients (based on previous quarter network provider referrals) # of Beacon Referrals last quarter # of Bilingual Providers # Trained to use an interpreter # of Providers who have not accepted a referral in the last 3 months. # of providers who are within 10 mins walking distance of public transportation # of providers with physical access for disabled services. 	<p>A-1: Q1:</p> <table border="1" data-bbox="934 430 2026 747"> <thead> <tr> <th>County Region</th> <th># of Providers in ea. Region</th> <th>% of Providers in ea. Region</th> <th># of Medi-Cal Clients</th> <th># of Beacon Referral</th> <th># of Bilingual Provider</th> <th># trained to use Interp.</th> <th># 3 mons w/o taking a referral</th> <th># of Providers w/in 10 mins. of Pub Trans.</th> <th># of Providers w/ physical access for the Disabled</th> </tr> </thead> <tbody> <tr> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>North</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Central</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>South</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>A-1: Q2:</p> <p>A-1: Q3:</p> <p>A-1: Q4:</p>	County Region	# of Providers in ea. Region	% of Providers in ea. Region	# of Medi-Cal Clients	# of Beacon Referral	# of Bilingual Provider	# trained to use Interp.	# 3 mons w/o taking a referral	# of Providers w/in 10 mins. of Pub Trans.	# of Providers w/ physical access for the Disabled	N/A	N/A	N/A								North										Central										South									
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<p>III-B. Full Service Partnership Utilization and Outcomes</p> <p>Authority: DHCS Annual Review Protocols, FY 16-17, Quality Improvement – Section I, Item # 8a</p> <p>Frequency of Evaluation: Quarterly</p> <p>Name of Data Report: Solano County MHSA Clinical Supervisor and Contract Manager</p> <p>Sub-committee/Staff Responsible: UM Committee</p> <p>Annual Goal Items Met: <input type="checkbox"/> Met: Item # ____ <input type="checkbox"/> Partially Met: Item # ____ <input type="checkbox"/> Not Met: Item # ____</p>	<p>B-1: Full Service Partnerships are intended to do “whatever it takes” in terms of service provision to stabilize vulnerable, high risk clients, and to keep them from falling into highly restrictive, high cost services such as inpatient hospitalization, incarceration, etc. Due to difficulty recovering data to measure success in FY 15-16, Solano MHP will explore the feasibility of having all FSP programs being able to use Avatar E.H.R to enter DCR data into.</p> <p>Baseline: Data recovery thru the State ITWS system was a challenge during FY 15-16, so baseline is difficult to determine at this time.</p> <p>Goal: Solano MHP will maintain or increase items 2-8 below by 5%:</p> <ol style="list-style-type: none"> 1. Total # of Clients – Improve FSP capacity (# of clients seen) by 5% 2. Decrease total FSP inpatient hospitalizations by 10% 3. Decrease the percentage of FSP clients hospitalized by 5% 4. Reduce average inpatient bed days to 8 bed days/client stay 5. Decrease total FSP clients incarcerated by 5% 6. Reduce # of FSP clients without stable housing 7. Increase average # of services per week delivered to FSP clients to meet or exceed the minimal standard. 	<p>B-1: Q1:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9ead3;"> <th style="width: 10%;">FSP Programs this Quarter</th> <th style="width: 10%;">Total # of Clients Served for this Quarter</th> <th style="width: 10%;">Total #/% of FSP in inpatient hospital this Quarter (DCR)</th> <th style="width: 10%;">Ave # of bed days (DCR)</th> <th style="width: 10%;">Total # incarcerated (DCR)</th> <th style="width: 10%;">Total # Homeless (DCR)</th> <th style="width: 10%;">Ave. # of Tx services per client/ week</th> <th style="width: 10%;">Ave. # of CM services per client/ week</th> <th style="width: 10%;">PLACE HOLDER (Youth in out-of-home placement)</th> </tr> </thead> <tbody> <tr><td>SCBH VJO Adult FSP</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>FACT/AB 109</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Caminar Adult FSP</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Caminar Older Adult FSP</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Caminar HOME</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>SCBH Children’s FSP -Vallejo</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>SCBH Children’s FSP - Fairfield</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>SCBH Children’s FSP -Vacaville</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Seneca TAY FSP</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr style="background-color: #d9ead3;"><td>This Quarter Totals</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>B-1: Q2:</p> <p>B-1: Q3:</p> <p>B-1: Q4:</p>								FSP Programs this Quarter	Total # of Clients Served for this Quarter	Total #/% of FSP in inpatient hospital this Quarter (DCR)	Ave # of bed days (DCR)	Total # incarcerated (DCR)	Total # Homeless (DCR)	Ave. # of Tx services per client/ week	Ave. # of CM services per client/ week	PLACE HOLDER (Youth in out-of-home placement)	SCBH VJO Adult FSP									FACT/AB 109									Caminar Adult FSP									Caminar Older Adult FSP									Caminar HOME									SCBH Children’s FSP -Vallejo									SCBH Children’s FSP - Fairfield									SCBH Children’s FSP -Vacaville									Seneca TAY FSP									This Quarter Totals								
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<p>III-C. Specific Provider Data:</p> <ul style="list-style-type: none"> CSU-Exodus, Bay Area Community Services, Hospital Liaison <p>Authority: DHCS Annual Review Protocols, FY 16-17, Quality Improvement Section I, Item #6c.</p> <p>Frequency of Evaluation: Quarterly</p> <p>Name of Data Report: Quality and Utilization Review of CSU services</p> <p>Sub-committee/Staff Responsible: Utilization Management team</p> <p>Annual Goal Items Met: <input type="checkbox"/> Met: Item # ____ <input type="checkbox"/> Partially Met: Item # ____ <input type="checkbox"/> Not Met: Item # ____</p>	<p>C-1: The Utilization Management Committee is charged with monitoring the effectiveness of the MHP's infrastructure to reduce inpatient stays and recidivism. Baseline: FY 15-16 Averages Goal: Improve the following pre and post hospital measures (based on Solano Adult Medi-Cal clients, excludes 0-17 y.o., private insurance, Kaiser Medi-Cal, or other county insurance):</p> <ul style="list-style-type: none"> Measurement #1: Maintain or Increase the # of urgent medication interventions provided from FY baseline. Measurement #2: Decrease # of Inpatient Hospitalizations by 5% from FY baseline Measurement #3: Decrease the monthly # and % of clients re-hospitalized w/in 30 days of discharge by 5% from FY baseline Measurement #4: Increase the # of clients receiving a contact w/in 7 days of hospital discharge by 10% from FY baseline Measurement #5: Increase the # of Patients to see Psychiatrist within 30 days after Inpatient d/c by 5% from FY baseline 	<p>C-1: Q1:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9ead3;"> <th>Month</th> <th>Total # of CSU Urgent Medication Visits</th> <th>Total # of Patients Inpatient Hospitalized</th> <th>Total # of Patients re-hospitalized within 30 days of discharge and % of total hospitalized</th> <th>Total # of Patients contacted post hospital d/c w/in 7 days</th> <th>Total # to see Psychiatrist within 30 days post d/c</th> </tr> </thead> <tbody> <tr><td>Jul</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Aug</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Sep</td><td></td><td></td><td></td><td></td><td></td></tr> <tr style="background-color: #d9ead3;"><td>Q1 TOTALS:</td><td></td><td></td><td></td><td></td><td></td></tr> <tr style="background-color: #d9ead3;"><td>FY 15-16 Q Ave</td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>C-1: Q2:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>Oct</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Nov</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td></td><td></td></tr> <tr style="background-color: #d9ead3;"><td>Q2 TOTALS:</td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>C-1: Q3:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>Jan</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Feb</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Mar</td><td></td><td></td><td></td><td></td><td></td></tr> <tr style="background-color: #d9ead3;"><td>Q3 TOTALS:</td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>C-1: Q4:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>Apr</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>May</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Jun</td><td></td><td></td><td></td><td></td><td></td></tr> <tr style="background-color: #d9ead3;"><td>Q4 TOTALS:</td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>						Month	Total # of CSU Urgent Medication Visits	Total # of Patients Inpatient Hospitalized	Total # of Patients re-hospitalized within 30 days of discharge and % of total hospitalized	Total # of Patients contacted post hospital d/c w/in 7 days	Total # to see Psychiatrist within 30 days post d/c	Jul						Aug						Sep						Q1 TOTALS:						FY 15-16 Q Ave						Oct						Nov						Dec						Q2 TOTALS:						Jan						Feb						Mar						Q3 TOTALS:						Apr						May						Jun						Q4 TOTALS:					
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<p>III-D. Special Populations:</p> <ul style="list-style-type: none"> Pathways to Well-Being (Katie A.) <p>Authority: DHCS Annual Review Protocols, FY 16-17, Section A Item #4a-4d</p> <p>Frequency of Evaluation: Quarterly</p> <p>Name of Data Report: Katie A. Database maintained by Foster Children’s Treatment Unit; Foster Care Tx Unit Referral Log:</p> <p>Sub-committee/Staff Responsible:</p> <ul style="list-style-type: none"> Katie A. Implementation Team <p>Annual Goal Items Met:</p> <p><input type="checkbox"/> Met: Item # ____</p> <p><input type="checkbox"/> Partially Met: Item # ____</p> <p><input type="checkbox"/> Not Met: Item # ____</p>	<p>D-1: Solano MHP will ensure that all children screened and identified by CWS will be assessed by Solano MHP and/or referred to Beacon for mild-moderate level treatment as part of the Pathways to Wellness initiative.</p> <p>Baseline: See Q1</p> <p>Goal: Improve the following measures:</p> <ul style="list-style-type: none"> #1: 100% of those screened/referred to MHP will be either assessed and referred to MHP for Pathway services or referred to MCP for services. #2: 100% of Subclass members who are assigned an ICC Coordinator will receive an initial Child and Family Team meeting. #3: Solano will maintain a network with the overall capacity to serve clients who meet criteria for ICC/IHBS services (Based on program average caseload size). 	<p>D-1: Q1:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #d9ead3;"> <th rowspan="2">Total # Refer'd to MHP by CWS</th> <th colspan="2">Total # Assessed & Refer'd to MHP or refer'd to a MCP</th> <th rowspan="2">Total # ID'd as Katie A Subclass (In County vs. Out- of- County)</th> <th rowspan="2">Received CFT Meeting</th> <th rowspan="2">Declined Services</th> <th rowspan="2">AWOL</th> <th rowspan="2">Svcs Offered, Awaiting Response</th> </tr> <tr style="background-color: #d9ead3;"> <th>MHP</th> <th>MCP</th> </tr> </thead> <tbody> <tr style="background-color: #f2f2f2;"> <td></td> <td></td> <td></td> <td>In</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr style="background-color: #f2f2f2;"> <td></td> <td></td> <td></td> <td>Out</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr style="background-color: #d9ead3;"> <td></td> <td></td> <td></td> <td>Total</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>ICC/IHBS Network</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #d9ead3;"> <th>Program Name</th> <th>Unique ICC/IHBS Clients Served</th> <th>Quarterly ICC/IHBS Service Capacity</th> </tr> </thead> <tbody> <tr style="background-color: #f2f2f2;"> <td>Seneca</td> <td></td> <td></td> </tr> <tr style="background-color: #f2f2f2;"> <td>Solano MH Children’s Foster Care</td> <td></td> <td></td> </tr> <tr style="background-color: #f2f2f2;"> <td>Solano MH Children’s FSPs</td> <td></td> <td></td> </tr> </tbody> </table> <p>D-1: Q2:</p> <p>D-1: Q3:</p> <p>D-1: Q4:</p>	Total # Refer'd to MHP by CWS	Total # Assessed & Refer'd to MHP or refer'd to a MCP		Total # ID'd as Katie A Subclass (In County vs. Out- of- County)	Received CFT Meeting	Declined Services	AWOL	Svcs Offered, Awaiting Response	MHP	MCP				In								Out								Total					Program Name	Unique ICC/IHBS Clients Served	Quarterly ICC/IHBS Service Capacity	Seneca			Solano MH Children’s Foster Care			Solano MH Children’s FSPs		
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IV. Cultural Competence

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<p>IV-A. Cultural Competence:</p> <ul style="list-style-type: none"> Community Information and Education Plans – Outreach re: cultural/linguistic services <p>Authority: DHCS Annual Review Protocols, FY 16-17, Access - Section B, Item #7b, 8b, 12b</p> <p>Frequency of Evaluation: Quarterly</p> <p>Name of Data Report: TBD</p> <p>Sub-committee/Staff Responsible: Cultural Competence Coordinator</p> <p>Annual Goal Items Met: <input type="checkbox"/> Met: Item # ____ <input type="checkbox"/> Partially Met: Item # ____ <input type="checkbox"/> Not Met: Item # ____</p>	<p>A-1: Solano MHP 2014 Cultural Competency Plan Update states, “Individuals and groups will gain access to and be provided behavioral health services by Solano County in proportion to their representation in the overall county population. Specific attention will be directed at increasing the number and percentage of clients who are Latino/bilingual Spanish, Filipino-American and LGBTQ.” (Part 1, Goal #1).</p> <p>Baseline:</p> <ul style="list-style-type: none"> Measurement #1: Average # of quarterly outreach initiatives in FY 15-16 was 13.25 Measurement #2: Average # of quarterly HOLA calls in FY 15-16 was 17.25 <p>Goal: Solano MHP’s Outreach Coordinator will continue to develop partnerships w/ community organizations, in an effort to generate HOLA calls for some level of MH services:</p> <ul style="list-style-type: none"> Measurement #1: Engage in 10-15 Outreach initiatives per quarter (presentations at community events, visits to a community partner agency to provide info, etc.) Measurement #2: Work to an average of 15-20 calls per quarter to the HOLA line as a result of outreach efforts? 	<p>A-1: Q1:</p> <table border="1" data-bbox="926 367 2039 646"> <thead> <tr> <th>Month</th> <th>Region (North, Central, South)</th> <th>Community Agencies willing to Partner with HOLA</th> <th># of HOLA Calls received by HOLA Outreach Coordinator</th> </tr> </thead> <tbody> <tr> <td>Jul</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Aug</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sept</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Q1 Totals</td> <td></td> <td></td> <td></td> </tr> <tr> <td>FY 15-16 Q Ave</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>A-1: Q2:</p> <p>A-1: Q3:</p> <p>A-1: Q4:</p>				Month	Region (North, Central, South)	Community Agencies willing to Partner with HOLA	# of HOLA Calls received by HOLA Outreach Coordinator	Jul				Aug				Sept				Q1 Totals				FY 15-16 Q Ave			
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<p>IV-B. Cultural Competence:</p> <ul style="list-style-type: none"> Community Information and Education Plans – Outreach re: cultural/linguistic services <p>Authority: DHCS Annual Review Protocols, FY 16-17, Access - Section B, Item #7b, 8b, 12b</p> <p>Frequency of Evaluation: Quarterly</p> <p>Name of Data Report: TBD</p> <p>Sub-committee/Staff Responsible: Cultural Competence Coordinator</p> <p>Annual Goal Items Met: <input type="checkbox"/> Met: Item # ____ <input type="checkbox"/> Partially Met: Item # ____ <input type="checkbox"/> Not Met: Item # ____</p>	<p>B-1: Solano MHP 2014 Cultural Competency Plan Update states, “Individuals and groups will gain access to and be provided behavioral health services by Solano County in proportion to their representation in the overall county population. Specific attention will be directed at increasing the number and percentage of clients who are Latino/bilingual Spanish, Filipino-American and LGBTQ.” (Part 1, Goal #1).</p> <p>Baseline:</p> <ul style="list-style-type: none"> Measurement #1: Average # of quarterly outreach initiatives in FY 15-16 was 17.25 Measurement #2: Average # of quarterly HOLA calls in FY 15-16 was 12.75 <p>Goal: Solano MHP’s Kaagapay Outreach Coordinator will continue to develop partnerships with community organizations in an effort to generate Kaagapay calls for some level of MH services:</p> <ul style="list-style-type: none"> Measurement #1: Engage in 15-20 Outreach initiatives per quarter (presentations at community events, visits to a community partner agency to provide information and education, etc.) Measurement #2: Work to an average of 10-15 calls per quarter to the Kaagapay line and/or ACCESS as a result of outreach efforts? 	<p>B-1: Q1:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #d9ead3;"> <th style="width: 15%;">Month</th> <th style="width: 20%;">Region (North, Central, South)</th> <th style="width: 30%;">Community Agencies willing to Partner with Kaagapay</th> <th style="width: 35%;"># of Kaagapay Calls received by Kaagapay Outreach Coordinator</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Jul</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Aug</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Sept</td> <td></td> <td></td> <td></td> </tr> <tr style="background-color: #d9ead3;"> <td style="text-align: center;">Q1 Totals</td> <td></td> <td></td> <td></td> </tr> <tr style="background-color: #558b2f; color: white;"> <td style="text-align: center;">FY 15-16 Q Ave</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>B-1: Q2:</p> <p>B-1: Q3:</p> <p>B-1: Q4:</p>				Month	Region (North, Central, South)	Community Agencies willing to Partner with Kaagapay	# of Kaagapay Calls received by Kaagapay Outreach Coordinator	Jul				Aug				Sept				Q1 Totals				FY 15-16 Q Ave			
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<p>IV-C. Quality Improvement:</p> <ul style="list-style-type: none"> Regional Utilization and Service Penetration by cultural group <p>Authority: DHCS Annual Review Protocols, FY 16-17, Network Adequacy and Array of Services – Section A, Item #2b, 2c</p> <p>Frequency of Evaluation: Quarterly</p> <p>Name of Data Report:</p> <ul style="list-style-type: none"> Avatar Report # 326 Cultural Competence Service Listing (Goal #1-4) Avatar Report # 347 Clients Served by Region (Goal #5) <p>Sub-committee/Staff Responsible:</p> <ul style="list-style-type: none"> Utilization Management Committee membership Cultural Competence Committee Quality Improvement <p>Annual Goal Items Met:</p> <p><input type="checkbox"/> Met: Item # ____</p> <p><input type="checkbox"/> Partially Met: Item # ____</p> <p><input type="checkbox"/> Not Met: Item # ____</p>	<p>C-1: Solano County MHP encourages services in every geographic area and to persons in all ethnic groups to ensure access by members of the target population for all age groups.</p> <p>Baseline:</p> <ul style="list-style-type: none"> Quarterly Goal: Based on FY 15-16 Q4 totals Annual Goal: Based on FY 15-16 Annual totals <p>Goal:</p> <ul style="list-style-type: none"> Goal #1: Total # of Black/African American unique clients will increase 5% annually Goal #2: Total # of Hispanic/Latino unique clients will increase 5% annually Goal #3: Total # of Filipino unique clients will increase 5% annually Goal #4: Total # of LGBTQ unique clients will increase 5% annually Goal #5: Services are being provided in all regions of the county to Black/African American, Hispanic/Latino, Filipino, and LGBTQ unique clients 	<p>C-1: Q1:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #d9ead3;">Date Range</th> <th style="background-color: #d9ead3;">Black/AA</th> <th style="background-color: #d9ead3;">Hispanic/Latino</th> <th style="background-color: #d9ead3;">Filipino</th> <th style="background-color: #d9ead3;">LGBTQ</th> <th style="background-color: #d9ead3;">Are services in all regions?</th> </tr> </thead> <tbody> <tr> <td style="background-color: #d9ead3;">FY 16-17 Q1</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="background-color: #d9ead3;">FY 15-16 Q Ave (Baseline)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="background-color: #d9ead3;">FY 16-17 Annual Total</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="background-color: #d9ead3;">FY 15-16 Annual Total (Baseline)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>C-1: Q2:</p> <p>C-1: Q3:</p> <p>C-1: Q4:</p>						Date Range	Black/AA	Hispanic/Latino	Filipino	LGBTQ	Are services in all regions?	FY 16-17 Q1						FY 15-16 Q Ave (Baseline)						FY 16-17 Annual Total						FY 15-16 Annual Total (Baseline)					
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<p>IV-D. Quality Improvement:</p> <ul style="list-style-type: none"> Cultural Competence <p>Authority: DHCS Annual Review Protocols, FY 16-17, Access – Section B, Item #11, 12a-12c, &13a-13b</p> <p>Frequency of Evaluation: Quarterly</p> <p>Name of Data Report:</p> <p>Sub-committee/Staff Responsible:</p> <ul style="list-style-type: none"> Cultural Competence Committee <p>Annual Goal Items Met:</p> <p><input type="checkbox"/> Met: Item # ____</p> <p><input type="checkbox"/> Partially Met: Item # ____</p> <p><input type="checkbox"/> Not Met: Item # ____</p>	<p>D-1: Solano County MHP Cultural Competence Committee (CCC) endeavors to include a diverse group of stakeholders, including county and contract providers, Consumer family members, and MH Consumers with lived experience, and to help the system to be changed and improved through the implementation of the Cultural Competence Plan.</p> <p>Baseline:</p> <ul style="list-style-type: none"> Baseline is to accomplish these goals annually, 100% of the time <p>Goal:</p> <ul style="list-style-type: none"> Goal #1: CCC will update the CC plan annually Goal #2: The CCC will meet at least quarterly as a sub-committee of the QIC Goal #3: The CCC will produce an annual report of CCC activities as required in the CCPR Goal #4: The CCC will report quarterly progress on CC Plan activities and goals at QIC Goal #5: CCC will plan for and monitor and track attendance of management, clinical providers and front office staff at annual CC training 	<p>D-1: Q1:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #d9ead3;"> <th style="width: 10%;">Date CC Plan Updated</th> <th style="width: 10%;">Date CCC met this Quarter</th> <th style="width: 10%;">Date of Annual Report</th> <th style="width: 10%;">Date of report to QIC</th> <th style="width: 10%;">CC Training Offered this Quarter (Y/N)?</th> <th style="width: 20%;">What was the title of the training?</th> <th style="width: 10%;">How many staff attended?</th> </tr> </thead> <tbody> <tr style="background-color: #f2f2f2;"> <td>FY 16-17 Q1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>D-1: Q2:</p> <p>D-1: Q3:</p> <p>D-1: Q4:</p>					Date CC Plan Updated	Date CCC met this Quarter	Date of Annual Report	Date of report to QIC	CC Training Offered this Quarter (Y/N)?	What was the title of the training?	How many staff attended?	FY 16-17 Q1						
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V. Program Integrity

Goal Purpose and Monitoring	Goal/Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation																																		
<p>V-A. Compliance Committee</p> <p>Authority: DHCS Annual Review Protocols, FY 16-17, Program Integrity – Section H, Item # 2c</p> <p>Frequency of Evaluation: Quarterly</p> <p>Name of Data Report: Compliance Meeting Minutes</p> <p>Sub-committee/Staff Responsible: Compliance Committee</p> <p>Annual Goal Met: <input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met</p>	<p>A-1: Solano MHP’s Deputy Compliance Director works directly with the MHP as head of the Compliance Committee and to direct and guide the MHP’s compliance enforcement and training/education efforts to improve compliance and consumer privacy, and to guard against fraud, waste, and abuse.</p> <p>Baseline: The MHP held quarterly Compliance Committee meetings during FY 2015-16.</p> <p>Goal: The MHP will continue to hold Compliance Committee meetings at least quarterly, adhere to a consistent agenda targeting consumer privacy, policy needs, and MHP practices for training/ education, and monitor fraud, waste, and abuse.</p>	<p>A-1: Q1:</p> <table border="1" data-bbox="932 418 1984 521"> <thead> <tr> <th>Month</th> <th>Compliance Meeting Held?</th> <th colspan="2">Date of Mtg(s) and General Issues Addressed</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td colspan="2"></td> </tr> </tbody> </table> <p>*Additional Objectives:</p> <p>A-1: Q2:</p> <table border="1" data-bbox="932 586 1984 688"> <thead> <tr> <th>Month</th> <th>Compliance Meeting Held?</th> <th colspan="2">Date of Mtg(s) and General Issues Addressed</th> </tr> </thead> <tbody> <tr> <td>Q2</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td colspan="2"></td> </tr> </tbody> </table> <p>A-1: Q3:</p> <table border="1" data-bbox="932 753 1984 855"> <thead> <tr> <th>Month</th> <th>Compliance Meeting Held?</th> <th colspan="2">Date of Mtg(s) and General Issues Addressed</th> </tr> </thead> <tbody> <tr> <td>Q3</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td colspan="2"></td> </tr> </tbody> </table> <p>A-1: Q4:</p> <table border="1" data-bbox="932 920 1984 1023"> <thead> <tr> <th>Month</th> <th>Compliance Meeting Held?</th> <th colspan="2">Date of Mtg(s) and General Issues Addressed</th> </tr> </thead> <tbody> <tr> <td>Q4</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td colspan="2"></td> </tr> </tbody> </table>			Month	Compliance Meeting Held?	Date of Mtg(s) and General Issues Addressed		Q1	<input type="checkbox"/> Yes <input type="checkbox"/> No			Month	Compliance Meeting Held?	Date of Mtg(s) and General Issues Addressed		Q2	<input type="checkbox"/> Yes <input type="checkbox"/> No			Month	Compliance Meeting Held?	Date of Mtg(s) and General Issues Addressed		Q3	<input type="checkbox"/> Yes <input type="checkbox"/> No			Month	Compliance Meeting Held?	Date of Mtg(s) and General Issues Addressed		Q4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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Quality Improvement Plan, Fiscal Year 2016-2017

Goal Purpose and Monitoring	Goal/Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation																							
<p>V-B. Compliance Officer Training and Communication</p> <p>Authority: DHCS Annual Review Protocols, FY 16-17, Program Integrity – Section H, Item # 2e, 2f & 2g</p> <p>Frequency of Evaluation: Quarterly</p> <p>Name of Data Report: TBD</p> <p>Sub-committee/Staff Responsible: Compliance Committee meeting minutes/ spreadsheet</p> <p>Annual Goal Items Met: <input type="checkbox"/> Met: Item # ____ <input type="checkbox"/> Partially Met: Item # ____ <input type="checkbox"/> Not Met: Item # ____</p>	<p>B-1: Solano MHP’s Deputy Compliance Director works directly with the MHP as head of the Compliance Committee and to direct and guide the MHP’s compliance enforcement and training/education efforts to improve compliance.</p> <p>Baseline: The Solano Department of Health and Social Services, which houses the MHP, now requires at least annual participation in Compliance training.</p> <p>Goal: The MHP, via the Deputy Compliance Director, will provide training and regular communication in the following manner:</p> <ul style="list-style-type: none"> • Measurement #1: Compliance training will be offered at least quarterly and Behavioral Health staff will attend. • Measurement #2: All MHP staff will receive quarterly communication regarding compliance issues and enforcement of compliance standards/disciplinary guidelines. 	<p>B-1: Q1:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #d9ead3;"> <th style="width: 10%;">Month</th> <th style="width: 20%;">Did Dept. Offer Compliance Training this month?</th> <th style="width: 20%;">How many Behavioral Health staff completed the training?</th> <th style="width: 20%;">Did Compliance Officer send out communication of compliance issues?</th> <th style="width: 30%;">Dates and Topics of Communication</th> </tr> </thead> <tbody> <tr> <td>Oct</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> </tr> <tr> <td>Nov</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> </tr> <tr> <td>Dec</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> </tr> </tbody> </table> <p>B-1: Q2:</p> <p>B-1: Q3:</p> <p>B-1: Q4:</p>				Month	Did Dept. Offer Compliance Training this month?	How many Behavioral Health staff completed the training?	Did Compliance Officer send out communication of compliance issues?	Dates and Topics of Communication	Oct	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		Nov	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		Dec	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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Quality Improvement Plan, Fiscal Year 2016-2017

Quality Improvement Goal and Means to Accomplish it	Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation																																																																																																																																	
<p>V-C. Service Verification</p> <p>Authority: DHCS Annual Review Protocols, FY 16-17, Program Integrity – Section H, Item # 3a & 3b</p> <p>Frequency of Evaluation: Quarterly</p> <p>Name of Data Report: QI-Compliance Service Verification Spreadsheet</p> <p>Sub-committee/Staff Responsible:</p> <ul style="list-style-type: none"> • Compliance Committee • Quality Improvement unit <p>Annual Goal Items Met:</p> <p><input type="checkbox"/> Met: Item # ____</p> <p><input type="checkbox"/> Partially Met: Item # ____</p> <p><input type="checkbox"/> Not Met: Item # ____</p>	<p>C-1: According to Program Integrity requirements of 42 CFR §455.1(a)(2) as set forth in the MHP Contract between the State of California and the County of Solano, there is a need to develop and implement a means to verify whether services were actually furnished to beneficiaries.</p> <p>Baseline: The MHP began implementing a service verification process during FY 2013-14. Expectation is that all programs will participate in Service Verification.</p> <p>Goal: The MHP will continue to implement a service verification model and demonstrate 100% accountability for each service identified during the sampling period.</p> <ul style="list-style-type: none"> • Measurement #1: Did all applicable County programs participate in the service verification process? • Measurement #2: Did all applicable Contracted programs participate in the service verification process? • Measurement #3: Were 100% of services billed during the sampling period accounted for? 	<p>C-1: Q1:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9ead3;"> <th>County Region</th> <th>County or Contract Program</th> <th>Did all applicable programs participate in Service Verification?</th> <th>Were 100% of services accounted for?</th> <th>Were unaccounted services investigated?</th> </tr> </thead> <tbody> <tr><td>North</td><td>County</td><td></td><td></td><td></td></tr> <tr><td>North</td><td>Contract</td><td></td><td></td><td></td></tr> <tr><td>Central</td><td>County</td><td></td><td></td><td></td></tr> <tr><td>Central</td><td>Contract</td><td></td><td></td><td></td></tr> <tr><td>South</td><td>County</td><td></td><td></td><td></td></tr> <tr><td>South</td><td>Contract</td><td></td><td></td><td></td></tr> </tbody> </table> <p>C-1: Q2:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>North</td><td>County</td><td></td><td></td><td></td></tr> <tr><td>North</td><td>Contract</td><td></td><td></td><td></td></tr> <tr><td>Central</td><td>County</td><td></td><td></td><td></td></tr> <tr><td>Central</td><td>Contract</td><td></td><td></td><td></td></tr> <tr><td>South</td><td>County</td><td></td><td></td><td></td></tr> <tr><td>South</td><td>Contract</td><td></td><td></td><td></td></tr> </tbody> </table> <p>C-1: Q3:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>North</td><td>County</td><td></td><td></td><td></td></tr> <tr><td>North</td><td>Contract</td><td></td><td></td><td></td></tr> <tr><td>Central</td><td>County</td><td></td><td></td><td></td></tr> <tr><td>Central</td><td>Contract</td><td></td><td></td><td></td></tr> <tr><td>South</td><td>County</td><td></td><td></td><td></td></tr> <tr><td>South</td><td>Contract</td><td></td><td></td><td></td></tr> </tbody> </table> <p>C-1: Q4:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>North</td><td>County</td><td></td><td></td><td></td></tr> <tr><td>North</td><td>Contract</td><td></td><td></td><td></td></tr> <tr><td>Central</td><td>County</td><td></td><td></td><td></td></tr> <tr><td>Central</td><td>Contract</td><td></td><td></td><td></td></tr> <tr><td>South</td><td>County</td><td></td><td></td><td></td></tr> <tr><td>South</td><td>Contract</td><td></td><td></td><td></td></tr> </tbody> </table>					County Region	County or Contract Program	Did all applicable programs participate in Service Verification?	Were 100% of services accounted for?	Were unaccounted services investigated?	North	County				North	Contract				Central	County				Central	Contract				South	County				South	Contract				North	County				North	Contract				Central	County				Central	Contract				South	County				South	Contract				North	County				North	Contract				Central	County				Central	Contract				South	County				South	Contract				North	County				North	Contract				Central	County				Central	Contract				South	County				South	Contract			
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Quality Improvement Plan, Fiscal Year 2016-2017

VI. Quality Improvement

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<p>VI-A. Quality Improvement:</p> <ul style="list-style-type: none"> • Documentation Training and Avatar User Training <p>Authority: DHCS Annual Review Protocols, FY 16-17, Section G, Item #1</p> <p>Frequency of Evaluation: Quarterly</p> <p>Name of Data Report: TBD</p> <p>Sub-committee/Staff Responsible: QI Training Lead and team</p> <p>Annual Goal Items Met: <input type="checkbox"/> Met: Item # ____ <input type="checkbox"/> Partially Met: Item # ____ <input type="checkbox"/> Not Met: Item # ____</p>	<p>A-1: Solano County MHP Quality Improvement unit conducts annual documentation trainings to help providers within the MHP maintain or improve their documentation skills.</p> <p>Baseline: Annually to every 18 months. Goal: Quality Improvement will provide Documentation Training based on the following frequencies:</p> <ul style="list-style-type: none"> • Measurement #1: Offer at least 2 Documentation Trainings per quarter • Measurement #2: Offer at least two Avatar Phase I trainings per quarter • Measurement #3: Offer at least one Avatar Phase II trainings per quarter 	<p>A-1: Q1:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #c6e0b4;"> <th>Month</th> <th colspan="2">Doc Training offered?</th> <th>Date Training Offered</th> <th colspan="2">Avatar Phase I training offered?</th> <th>Date Training Offered</th> <th colspan="2">Avatar Phase II training offered?</th> <th>Date Training Offered</th> </tr> </thead> <tbody> <tr> <td>Jul</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> </tr> <tr> <td>Aug</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> </tr> <tr> <td>Sep</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> </tr> </tbody> </table> <p>A-1: Q2:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tbody> <tr> <td>Oct</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> </tr> <tr> <td>Nov</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> </tr> <tr> <td>Dec</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> </tr> </tbody> </table> <p>A-1: Q3:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tbody> <tr> <td>Jan</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> </tr> <tr> <td>Feb</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> </tr> <tr> <td>Mar</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> </tr> </tbody> </table> <p>A-1: Q4:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tbody> <tr> <td>Apr</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> </tr> <tr> <td>May</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> </tr> <tr> <td>Jun</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> </tr> </tbody> </table>	Month	Doc Training offered?		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<p>VI-B. Quality Improvement:</p> <ul style="list-style-type: none"> Annual Utilization Review Audits <p>Authority: DHCS Annual Review Protocols, FY 16-17, Provider Relations – Section G, Item # 1</p> <p>Frequency of Evaluation: Quarterly</p> <p>Name of Data Report: UR Audit Monthly schedule</p> <p>Sub-committee/Staff Responsible: QI Site Certification Lead and team</p> <p>Annual Goal Items Met:</p> <p><input type="checkbox"/> Met: Item # ____</p> <p><input type="checkbox"/> Partially Met: Item # ____</p> <p><input type="checkbox"/> Not Met: Item # ____</p>	<p>B-1: Solano County MHP Quality Improvement (QI) unit conducts Annual Utilization Review Audits of all County and Contracted Organizational Providers who bill Medi-Cal services. Solano MHP is committed to having an ongoing monitoring process in place that ensures all such providers utilized by Solano MHP are in compliance with the documentation standards requirements, per CCR Title 9.</p> <p>Baseline: Quality Improvement engaged in annual UR Audits during FY 2015-16.</p> <p>Goal: The following processes are in place for FY 2016-17 to monitor Provider compliance with CCR Title 9 documentation standards requirements:</p> <ul style="list-style-type: none"> Measurement #1: Less than 20% of Programs selected for audit will receive a UR Audit Plan of Correction. Measurement #2: 100% of programs audited who did not meet all compliance standards will submit a Plan of Correction within 30 days of final report? 	<p>B-1: Q1:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9ead3;"> <th style="width: 12.5%;">Month</th> <th style="width: 17.5%;">How many programs received an Annual UR Audit this month?</th> <th style="width: 25%;">What % of all County/Contract programs audited exceeded the 10% fiscal disallowance rate, triggering a Plan of Correction?</th> <th style="width: 45%;">Did 100% of programs audited who did not meet all compliance standards submit a Plan of Correction within 30 days of final report?</th> </tr> </thead> <tbody> <tr> <td>Jul</td> <td></td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Aug</td> <td></td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Sep</td> <td></td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr style="background-color: #d9ead3;"> <td>Q1 Totals</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>B-1: Q2:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Oct</td> <td></td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Nov</td> <td></td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Dec</td> <td></td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr style="background-color: #d9ead3;"> <td>Q2 Totals</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>B-1: Q3:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Jan</td> <td></td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Feb</td> <td></td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Mar</td> <td></td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr style="background-color: #d9ead3;"> <td>Q3 Totals</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>B-1: Q4:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Apr</td> <td></td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>May</td> <td></td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Jun</td> <td></td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr style="background-color: #d9ead3;"> <td>Q4 Totals</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Month	How many programs received an Annual UR Audit this month?	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<p>VI-B.1. Quality Improvement:</p> <ul style="list-style-type: none"> Annual Utilization Review Audits - Timeliness and Appropriate Resolution of Annual Utilization Review Audit Findings <p>Authority: DHCS Annual Review Protocols, FY 16-17, Provider Relations – Section G, Item # 1</p> <p>MHP Utilization Review Policy (to be revised)</p> <p>Frequency of Evaluation: Quarterly</p> <p>Name of Data Report: UR Audit Tracking Log (to be created)</p> <p>Sub-committee/Staff Responsible: QI Audit Supervisor and team</p> <p>Annual Goal Items Met: <input type="checkbox"/> Met: Item # ____ <input type="checkbox"/> Partially Met: Item # ____ <input type="checkbox"/> Not Met: Item # ____</p>	<p>B-1.1: Solano County MHP Quality Improvement (QI) unit conducts Annual Utilization Review Audits of all County and Contracted Organizational Providers who bill Medi-Cal services, to ensure all such providers utilized by Solano MHP are in compliance with the documentation standards requirements, per CCR Title 9.</p> <p>Baseline: Quality Improvement engaged in annual UR Audits during FY 2015-16. This is a new area of tracking and monitoring.</p> <p>Goal: The following processes are in place for FY 2016-17 to monitor Provider compliance with CCR Title 9 documentation standards requirements:</p> <ul style="list-style-type: none"> Measurement #1: At least 75% of UR Audit Reports will be completed and submitted to Programs' head of service within 60 days after the review. Measurement #2: For reviewed programs that require a Plan of Correction, at least 75% of programs will submit a POC that adequately addresses the unsatisfactory review findings. Measurement #3: At least 75% of reviewed programs will provide evidence of their adherence to their Plan of Correction. 	<p>B-1.1: Q1:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #d9ead3;"> <th style="width: 8%;">Q #</th> <th style="width: 12%;"># Programs Audited this Quarter</th> <th style="width: 20%;">What % of all County/Contract programs reviewed this Quarter received a UR Audit Report within 60 days after the review?</th> <th style="width: 12%;"># Programs requiring a CAP</th> <th style="width: 20%;">What % of all County/Contract programs reviewed this Quarter submitted a Corrective Action Plan (CAP) that adequately addressed areas of documentation noncompliance?</th> <th style="width: 20%;">What % of all County/Contract programs reviewed this Quarter submitted evidence of adhering to their Corrective Action Plan?</th> </tr> </thead> <tbody> <tr> <td style="background-color: #d9ead3;">Q1</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>B-1.1: Q2:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tbody> <tr> <td style="background-color: #d9ead3;">Q2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>B-1.1: Q3:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tbody> <tr> <td style="background-color: #d9ead3;">Q3</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>B-1.1: Q4:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tbody> <tr> <td style="background-color: #d9ead3;">Q4</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Q #	# Programs Audited this Quarter	What % of all County/Contract programs reviewed this Quarter received a UR Audit Report within 60 days after the review?	# Programs requiring a CAP	What % of all County/Contract programs reviewed this Quarter submitted a Corrective Action Plan (CAP) that adequately addressed areas of documentation noncompliance?	What % of all County/Contract programs reviewed this Quarter submitted evidence of adhering to their Corrective Action Plan?	Q1						Q2						Q3						Q4					
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<p>VI-B.2. Quality Improvement:</p> <ul style="list-style-type: none"> Annual Utilization Review Audits - QI Inter-rater Reliability for Concurrent Review and Annual Utilization Review Audits <p>Authority: DHCS Annual Review Protocols, FY 16-17, Quality Improvement – Section I, Item #6d</p> <p>Frequency of Evaluation: Quarterly</p> <p>Name of Data Report: Concurrent Review Database and UR Audit Tracking Log (to be created)</p> <p>Sub-committee/Staff Responsible: QI Audit Supervisor and team</p> <p>Annual Goal Items Met: <input type="checkbox"/> Met: Item # ____ <input type="checkbox"/> Partially Met: Item # ____ <input type="checkbox"/> Not Met: Item # ____</p>	<p>B-1.2: Solano County MHP Quality Improvement (QI) unit conducts ongoing Concurrent Review of assessments and treatment plans for all County and Contracted Organizational Providers as well as Annual Utilization Review Audits of all providers who bill Medi-Cal services. Solano MHP is committed to having an ongoing monitoring process in place that ensures all such providers utilized by Solano MHP are in compliance with the documentation standards requirements, per CCR Title 9.</p> <p>Baseline: Quality Improvement engaged in annual UR Audits during FY 2015-16. This is a new area of tracking and monitoring.</p> <p>Goal: The following processes are in place for FY 2016-17 to monitor Provider compliance with CCR Title 9 documentation standards requirements:</p> <ul style="list-style-type: none"> Measurement #1: Is the percentage of returned Concurrent Review cases within one standard deviation amongst the QI Clinical reviewers? Measurement #2: Did the results of each UR Audit Warm-Up Review yield less than 5% variation in responses among the reviewers present? 	<p>B-1.2: Q1:</p> <table border="1" data-bbox="932 293 1990 492"> <thead> <tr> <th>Month</th> <th>Is the % of returned Concurrent Review cases within 1 std/dev amongst the QI reviewers?</th> <th>Did the UR Audit Warm-Up Review yield <5% response variation amongst participating reviewers?</th> </tr> </thead> <tbody> <tr> <td>Jul</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Aug</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Sep</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </tbody> </table> <p>B-1.2: Q2:</p> <table border="1" data-bbox="932 589 1990 690"> <tbody> <tr> <td>Oct</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Nov</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Dec</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </tbody> </table> <p>B-1.2: Q3:</p> <table border="1" data-bbox="932 755 1990 855"> <tbody> <tr> <td>Jan</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Feb</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Mar</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </tbody> </table> <p>B-1.2: Q4:</p> <table border="1" data-bbox="932 920 1990 1021"> <tbody> <tr> <td>Apr</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>May</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Jun</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </tbody> </table>			Month	Is the % of returned Concurrent Review cases within 1 std/dev amongst the QI reviewers?	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<p>VI-C. Quality Improvement:</p> <ul style="list-style-type: none"> • Site Certifications <p>Authority: DHCS Annual Review Protocols, FY 16-17, Provider Relations – Section G, Item # 3a</p> <p>Frequency of Evaluation: Quarterly</p> <p>Name of Data Report: Monthly Site Certification Tracking Report</p> <p>Sub-committee/Staff Responsible: QI Site Certification Lead and team</p> <p>Annual Goal Met: <input type="checkbox"/> Met: 100% Cert'ed <input type="checkbox"/> Partially Met: ___ % Cert'ed <input type="checkbox"/> Not Met: ___ % Cert'ed</p>	<p>C-1: Solano County MHP Quality Improvement (QI) unit conducts Medi-Cal Site Certifications with Contract programs within the MHP every three years. The QI unit also works with County programs to ensure that they are prepared for Medi-Cal Site Certifications conducted by representatives from California Department of Health Care Services. The MHP also works with DHCS and other counties to determine when a change to a “piggy-backed” certification needs to occur.</p> <p>Baseline: FY 15-16 was 91% of new or expiring programs were certified/recertified in a timely manner</p> <p>Goal: 100% of Programs will be tracked, notified and given the opportunity to be certified in a timely manner or recertified prior to current certification expiring:</p> <ul style="list-style-type: none"> • Met: 100% New or Expiring Programs were certified/recertified in a timely manner • Partially Met: 80% or more New or Expiring Programs were certified/recertified in a timely manner • Not Met: Less than 80% of New or Expiring Programs were certified/recertified in a timely manner 	<p>C-1: Q1:</p> <table border="1" data-bbox="932 329 1986 594"> <thead> <tr> <th>Month</th> <th>Which Programs were Certified this Month?</th> <th>Was the MHP's tracking report reviewed to ensure no Solano MHP programs were missed?</th> <th>Were 100% of Site Certifications due this month facilitated in a timely manner?</th> </tr> </thead> <tbody> <tr> <td>Jul</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Aug</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Sep</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </tbody> </table> <p>C-1: Q2:</p> <table border="1" data-bbox="932 659 1986 761"> <tbody> <tr> <td>Oct</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Nov</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Dec</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </tbody> </table> <p>C-1: Q3:</p> <table border="1" data-bbox="932 826 1986 928"> <tbody> <tr> <td>Jan</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Feb</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Mar</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </tbody> </table> <p>C-1: Q4:</p> <table border="1" data-bbox="932 993 1986 1096"> <tbody> <tr> <td>Apr</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>May</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Jun</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </tbody> </table>				Month	Which Programs were Certified this Month?	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<p>VI-D. Quality Improvement:</p> <ul style="list-style-type: none"> • Medi-Cal Provider Eligibility and Verification <p>Authority: DHCS Annual Review Protocols, FY 16-17, Program Integrity – Section H, Item # 5</p> <p>Frequency of Evaluation: Quarterly</p> <p>Name of Data Report: Provider Eligibility and Verification Tracking Report</p> <p>Sub-committee/Staff Responsible: QI Provider Eligibility Verification Lead</p> <p>Annual Goal Met: <input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met</p>	<p>D-1: Solano County MHP Quality Improvement (QI) unit conducts Medi-Cal Provider eligibility verification checks on a monthly basis. 100% of all active providers within the MHP are verified on a monthly basis.</p> <p>Baseline: All providers went through our eligibility verification process monthly during FY 15-16.</p> <p>Goal: 100% of providers will have their eligibility verified on a monthly basis during FY 16-17, based on the following sites:</p> <ul style="list-style-type: none"> • OIG List of Excluded Individuals/Entities (LEIE) • DHCS Medi-Cal List of Suspended or Ineligible Providers • Excluded Parties List System (EPLS) 	<p>D-1: Q1:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9ead3;"> <th>Month</th> <th>How many providers initially showed up on one of the lists?</th> <th>Was action taken to investigate provider's ability to work in the MHP?</th> <th>How many providers were determined to be ineligible to practice?</th> <th>Were 100% of County, Contract and Network Providers verified on the exclusion lists?</th> </tr> </thead> <tbody> <tr> <td>Jul</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Aug</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Sep</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </tbody> </table> <p>D-1: Q2:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Oct</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Nov</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Dec</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </tbody> </table> <p>D-1: Q3:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Jan</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Feb</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Mar</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </tbody> </table> <p>D-1: Q4:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Apr</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>May</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Jun</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </tbody> </table>					Month	How many providers initially showed up on one of the lists?	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VII. Service Access and Timeliness

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<p>VII-A. Access Calls:</p> <ul style="list-style-type: none"> Handled <p>Authority: DHCS Annual Review Protocols, FY 16-17, Access – Section B, Item #9</p> <p>Frequency of Evaluation: Quarterly</p> <p>Name of Data Report: CISCO-Contact Service Queue Activity Report (by CSQ)</p> <p>Sub-committee/Staff Responsible:</p> <ul style="list-style-type: none"> Quality Improvement unit Access Supervisor <p>Annual Goal Items Met:</p> <p><input type="checkbox"/> Met: Item # ____</p> <p><input type="checkbox"/> Partially Met: Item # ____</p> <p><input type="checkbox"/> Not Met: Item # ____</p>	<p>A-1: All calls to (800) 547-0495 enter the MH Access Contact Service Queue. Based on the total number of calls presented to this service queue, data is collected for the number of callers who reach a care manager. Additionally, data is collected for the number of callers who abandoned (hang up) before reaching a care manager and the number of callers who de-queue (leave message before reaching a care manager).</p> <p>Baseline: The FY 2016-17 Calls Handled rate averaged over 95% over all four Quarters.</p> <p>Goal: Improve the following measures:</p> <ul style="list-style-type: none"> Measurement #1: Maintain Access Calls Handled “live” at an average of 95% in FY 2015-16 during FY 2016-17. Measurement #2: Maintain % of Access calls abandoned at a quarterly average of 5-8% in FY 2015-16 during FY 2016-17 	<p>A-1: Q1:</p> <table border="1" data-bbox="934 365 1963 625"> <thead> <tr> <th>Month/ Quarter</th> <th>Calls Received</th> <th>Calls Handled</th> <th>% (Handled/ Received)</th> <th>Calls Abandoned</th> <th>% (Abandoned/ Received)</th> </tr> </thead> <tbody> <tr><td>Jul</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Aug</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Sep</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Q1 Totals</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>FY 15-16 Totals</td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>A-1: Q2:</p> <table border="1" data-bbox="934 690 1963 828"> <tbody> <tr><td>Jul</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Aug</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Sep</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Q2 Total</td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>A-1: Q3:</p> <table border="1" data-bbox="934 893 1963 1031"> <tbody> <tr><td>Jul</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Aug</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Sep</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Q3 Totals</td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>A-1: Q4:</p> <table border="1" data-bbox="934 1096 1963 1242"> <tbody> <tr><td>Jul</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Aug</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Sep</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Q4 Totals</td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>						Month/ Quarter	Calls Received	Calls Handled	% (Handled/ Received)	Calls Abandoned	% (Abandoned/ Received)	Jul						Aug						Sep						Q1 Totals						FY 15-16 Totals						Jul						Aug						Sep						Q2 Total						Jul						Aug						Sep						Q3 Totals						Jul						Aug						Sep						Q4 Totals					
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<p>VII-B. Access Calls:</p> <p>Performance</p> <p>Authority: DHCS Annual Review Protocols, FY 15-16, Access – Section A, Item #9 and #10</p> <p>Frequency of Evaluation: Quarterly</p> <p>Name of Data Report: Avatar Access Screen Tree form and QI Test Call Log</p> <p>Sub-committee/Staff Responsible:</p> <ul style="list-style-type: none"> • Quality Improvement unit • Access Supervisor <p>Annual Goal Items Met:</p> <p><input type="checkbox"/> Met: Item # ____</p> <p><input type="checkbox"/> Partially Met: Item # ____</p> <p><input type="checkbox"/> Not Met: Item # ____</p>	<p>B-1: All calls to (800) 547-0495 MH Access unit are routed to a Care Manager, 24 hours/day, 7 days/week. Care Managers provide or arrange for Access services in any language spoken in Solano County. Additionally calls should:</p> <ul style="list-style-type: none"> • Provide information about how to access specialty MH services, including how to access an intake assessment. • Provide information about urgent services. • Provide information about how to access Problem Resolution and State Fair Hearing processes. <p>Baseline: See FY 15-16 % that met standards</p> <p>Goal: During QI initiated test calls, the MHP will demonstrate in 80%-100% Business hour calls and 80-100% of Afterhours calls, that Access Care Managers provide the required information re: service access for both Business and After-hours test calls while:</p> <ul style="list-style-type: none"> • Item #1: Testing for language capabilities • Item #2-4: Testing for appropriate information given (SMHS access, Urgent conditions, and Problem Resolution) • Item #5: Logging all appropriate data 	<p>B-1: Q1:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #d9ead3;"> <th></th> <th>Bus or after hrs</th> <th># of Test Calls/ Quarter</th> <th># of Test Calls that meet Standards</th> <th>% of Test Calls that meet Standards this Quarter</th> <th>% of Test Calls that met standards in FY 15-16</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Languages Tested:</td> <td>B</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>A</td> <td></td> <td></td> <td></td> <td></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></td> <td></td> <td></td> <td></td> </tr> <tr> <td>A</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2">Info about how to treat a client's urgent condition</td> <td>B</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>A</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2">Info about how to use the Problem Resolution/Fair Hearing process</td> <td>B</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>A</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2">Logging Name of client, date of request, & initial disposition</td> <td>B</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>A</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>B-1: Q2:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #d9ead3;"> <th></th> <th>Bus or after hrs</th> <th># of Test Calls/ Quarter</th> <th># of Test Calls that meet Standards</th> <th>% of Test Calls that meet Standards this Quarter</th> <th>% of Test Calls that met standards in FY 15-16</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Languages Tested:</td> <td>B</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>A</td> <td></td> <td></td> <td></td> <td></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></td> <td></td> <td></td> <td></td> </tr> <tr> <td>A</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2">Info about how to treat a client's urgent condition</td> <td>B</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>A</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2">Info about how to use the Problem Resolution/Fair Hearing process</td> <td>B</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>A</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2">Logging Name of client, date of request, & initial disposition</td> <td>B</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>A</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Bus or after hrs	# of Test Calls/ Quarter	# of Test Calls that meet Standards	% of Test Calls that meet Standards this Quarter	% of Test Calls that met standards in FY 15-16	Languages Tested:	B					A					Was Information given about how to access SMHS, including how to get an Ax.	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Quality Improvement Plan, Fiscal Year 2016-2017

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<p>IV-C. Timeliness:</p> <ul style="list-style-type: none"> • Service Request to First Offered Assessment Appointment <p>Authority: DHCS Annual Review Protocols, FY 16-17, Access – Section B, Item #9 and #10</p> <p>Frequency of Evaluation: Quarterly</p> <p>Name of Data Report: Avatar Timeliness Report #; MHP Access Referral form (under construction)</p> <p>Sub-committee/Staff Responsible: Access Supervisor</p> <p>Annual Goal Items Met: <input type="checkbox"/> Met: Item # ____ <input type="checkbox"/> Partially Met: Item # ____ <input type="checkbox"/> Not Met: Item # ____</p>	<p>C-1: Solano MHP made significant progress in FY 2015-16 to improve timeliness from point of access to the date of first-offered assessment appointment.</p> <p>Baseline: See FY 2015-16 average timeliness for Children’s and Adult services</p> <p>Goal: Timeliness requirement: First offered appointment w/in 14 Calendar days</p> <ul style="list-style-type: none"> • Item #1: County Children’s programs will average more than 85% Timeliness • Item #2: Contract Children’s programs will average more than 85% Timeliness • Item #3: Q1 & Q2 Goal = County Adult programs will average more than 70% Timeliness • Item #4: Q3 & Q4 Goal = County Adult programs will average more than 80% Timeliness • Item #5: Q4 Goal = Contract Adult Programs will average more than 85% Timeliness 	<p>C-1: Q1:</p> <table border="1" style="width: 100%; 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VIII. Wellness and Recovery

Quality Improvement Goal and Means to Accomplish it	Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation			
<p>VIII-A. Maintain the pool of 20(+) Consumers/Family Members' Directory to contact if need more members on committees</p> <p>Frequency of Evaluation: Quarterly</p> <p>Name of Data Report: 2016-2017 WR QI Work Plan Goal Report, Sign-in Sheets, & Meeting Minutes</p> <p>Sub-committee/Staff Responsible: Wellness Recovery Unit</p> <p>Annual Goal Met: <input type="checkbox"/> Met: Item # ____ <input type="checkbox"/> Partially Met: Item # ____ <input type="checkbox"/> Not Met: Item # ____</p>	<p>A-1: Maintain the list of Consumers and Family Members interested in participating on SCBH planning Committees.</p> <p>Baseline: Numbers from the previous fiscal year (2015-2016) reflect an average of 3.1 Consumers/Family Members attending SCBH committees for the year</p> <p>Goal: Maintain an average participation of 3-4 Consumers/Family Members on SCBH Planning Committees</p> <p>LEGEND:</p> <ul style="list-style-type: none"> • Mental Health Collaborative - MHC • Suicide Prevention Committee – SPC • Mental Health Advisory Board – MHAB • Quality Improvement Committee – QIC • Care Coordination Collaborative Meeting – CCCM • Cultural Competence Committee – CCC • MHSA Steering Committee – MHSA 	A-1: Q1:			
		Month	Were Consumers and/or Family Members invited to attend a committee?	In what committees were Consumers and/or Family members invited to participate?	How many participated in each committee?
		Jul-16			
		Aug-16			
		Sep-16			
		A-1: Q2:			
		Month	Were Consumers and/or Family Members invited to attend a committee?	In what committees were Consumers and/or Family members invited to participate?	How many participated in each committee?
		Oct-16	Yes No		
		Nov-16	Yes No		
		Dec-16	Yes No		
		A-1: Q3:			
		Month	Were Consumers and/or Family Members invited to attend a committee?	In what committees were Consumers and/or Family members invited to participate?	How many participated in each committee?
		Jan-17	Yes No		
		Feb-17	Yes No		
		Mar-17	Yes No		
		A-1: Q4:			
		Month	Were Consumers and/or Family Members invited to attend a committee?	In what committees were Consumers and/or Family members invited to participate?	How many participated in each committee?
		Ap-17	Yes No		
		May-17	Yes No		
		June-17	Yes No		

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<p>VIII-B. Homeless Outreach Services (HOS) to SMI populations:</p> <ul style="list-style-type: none"> Provide outreach, engagement, and support to homeless mentally ill adults toward acquiring benefits, resources, and services they need. <p>Frequency of Evaluation: Quarterly</p> <p>Name of Data Report: WR Unit Homeless Outreach monthly reports and/or PATH Grant Quarterly Performance Outcome Reports</p> <p>Sub-committee/Staff Responsible: Wellness Recovery Unit/Homeless Outreach Specialist.</p> <p>Annual Goal Met: <input type="checkbox"/> Met: Item # ____ <input type="checkbox"/> Partially Met: Item # ____ <input type="checkbox"/> Not Met: Item # ____</p>	<p>B-1: WR Staff will continue to provide support, outreach, and assistance to homeless mentally ill individuals who are brought to the attention of SCBH Services. Recruit to hire the Homeless Outreach (PATH) Specialist who will go to homeless shelters to identify mentally ill, homeless individuals, and assist these individuals to access benefits and services needed.</p> <p>Baseline: In the previous fiscal year (15-16) a total of 395 HOS were provided for the year with an average of 99 services per quarter and an average of 33/month.</p> <p>Goal: Maintain the same average numbers of HOS this year of 99/quarter or 33/month as the previous fiscal year. Continue to reach as many homeless, mentally ill individuals in Solano County as possible to provide support and assistance toward meeting their ongoing mental health and community living needs.</p>	<p>B-1: Q1:</p> <table border="1" data-bbox="932 297 1986 503"> <thead> <tr> <th>Month</th> <th>Did Solano MPH provide any Homeless Outreach services?</th> <th>In what county regions did Homeless outreach services occur?</th> <th>Su</th> </tr> </thead> <tbody> <tr> <td>Jul-16</td> <td>Yes</td> <td>All Regions</td> <td>20</td> </tr> <tr> <td>Aug-16</td> <td>Yes</td> <td>Central and South</td> <td>37</td> </tr> <tr> <td>Sep-16</td> <td>Yes</td> <td>All</td> <td>18</td> </tr> </tbody> </table> <p>B-1: Q2:</p> <table border="1" data-bbox="932 578 1986 797"> <thead> <tr> <th>Month</th> <th>Did Solano MPH provide any Homeless Outreach services?</th> <th>In what county regions did Homeless outreach services occur?</th> <th>How many distinct Homeless Outreach activities occurred?</th> </tr> </thead> <tbody> <tr> <td>Oct-16</td> <td>Yes No</td> <td></td> <td></td> </tr> <tr> <td>Nov-16</td> <td>Yes No</td> <td></td> <td></td> </tr> <tr> <td>Dec-16</td> <td>Yes No</td> <td></td> <td></td> </tr> </tbody> </table> <p>B-1: Q3:</p> <table border="1" data-bbox="932 872 1986 1078"> <thead> <tr> <th>Month</th> <th>Did Solano MPH provide any Homeless Outreach services?</th> <th>In what county regions did Homeless outreach services occur?</th> <th>How many distinct Homeless Outreach activities occurred?</th> </tr> </thead> <tbody> <tr> <td>Jan-17</td> <td>Yes No</td> <td></td> <td></td> </tr> <tr> <td>Feb-17</td> <td>Yes No</td> <td></td> <td></td> </tr> <tr> <td>Mar-17</td> <td>Yes No</td> <td></td> <td></td> </tr> </tbody> </table> <p>B-1: Q4:</p> <table border="1" data-bbox="932 1153 1986 1359"> <thead> <tr> <th>Month</th> <th>Did Solano MPH provide any Homeless Outreach services?</th> <th>In what county regions did Homeless outreach services occur?</th> <th>How many distinct Homeless Outreach activities occurred?</th> </tr> </thead> <tbody> <tr> <td>Ap-17</td> <td>Yes No</td> <td></td> <td></td> </tr> <tr> <td>May-17</td> <td>Yes No</td> <td></td> <td></td> </tr> <tr> <td>June-17</td> <td>Yes No</td> <td></td> <td></td> </tr> </tbody> </table>				Month	Did Solano MPH provide any Homeless Outreach services?	In what county regions did Homeless outreach services occur?	Su	Jul-16	Yes	All Regions	20	Aug-16	Yes	Central and South	37	Sep-16	Yes	All	18	Month	Did Solano MPH provide any Homeless Outreach services?	In what county regions did Homeless outreach services occur?	How many distinct Homeless Outreach activities occurred?	Oct-16	Yes No			Nov-16	Yes No			Dec-16	Yes No			Month	Did Solano MPH provide any Homeless Outreach services?	In what county regions did Homeless outreach services occur?	How many distinct Homeless Outreach activities occurred?	Jan-17	Yes No			Feb-17	Yes No			Mar-17	Yes No			Month	Did Solano MPH provide any Homeless Outreach services?	In what county regions did Homeless outreach services occur?	How many distinct Homeless Outreach activities occurred?	Ap-17	Yes No			May-17	Yes No			June-17	Yes No		
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Quality Improvement Plan, Fiscal Year 2016-2017

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<p>VIII-C. Provide Wellness Recovery Action Plan (WRAP) Groups to support Behavioral Health Consumers to better understand their BH issues and personal strengths and support them in taking personal responsibility for their BH stability, wellness and recovery</p> <p>Frequency of Evaluation: Quarterly</p> <p>Name of Data Report: WRAP group sign-in sheets</p> <p>Sub-committee/Staff Responsible: Wellness Recovery Unit/Office of Consumer Affairs</p> <p>Annual Goal Met: <input type="checkbox"/> Met: Item # ____ <input type="checkbox"/> Partially Met: Item # ____ <input type="checkbox"/> Not Met: Item # ____</p>	<p>C-1 : Provide WRAP groups facilitated by at least 1 Certified WRAP Facilitator</p> <p>Baseline: There are currently 18 SCBH and Contract Staff Certified to conduct WRAP groups. Last year’s goal of providing 6 WRAP Groups was met</p> <p>Goal : Continue to provide at least 6 WRAP groups to MH Consumers for FY 16/17.</p>	<p>C-1: Q1:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9ead3;"> <th>Month</th> <th>Were any WRAP groups provided this month?</th> <th>How many MH Consumers participated?</th> <th>How many WRAP groups have been provided?</th> </tr> </thead> <tbody> <tr> <td>Jul-16</td> <td>No</td> <td>No</td> <td>N/A</td> </tr> <tr> <td>Aug-16</td> <td>Yes</td> <td>Yes</td> <td>6 started/2 graduated</td> </tr> <tr> <td>Sep-16</td> <td>No</td> <td>No</td> <td>N/A</td> </tr> </tbody> </table> <p>C-1: Q2:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9ead3;"> <th>Month</th> <th>Were any WRAP groups provided this month?</th> <th>How many MH Consumers participated?</th> <th>How many WRAP groups have been provided?</th> </tr> </thead> <tbody> <tr> <td>Oct-16</td> <td>Yes No</td> <td></td> <td></td> </tr> <tr> <td>Nov-16</td> <td>Yes No</td> <td></td> <td></td> </tr> <tr> <td>Dec-16</td> <td>Yes No</td> <td></td> <td></td> </tr> </tbody> </table> <p>C-1: Q3:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9ead3;"> <th>Month</th> <th>Were any WRAP groups provided this month?</th> <th>How many MH Consumers participated?</th> <th>How many WRAP groups have been provided?</th> </tr> </thead> <tbody> <tr> <td>Jan-17</td> <td>Yes No</td> <td></td> <td></td> </tr> <tr> <td>Feb-17</td> <td>Yes No</td> <td></td> <td></td> </tr> <tr> <td>Mar-17</td> <td>Yes No</td> <td></td> <td></td> </tr> </tbody> </table> <p>C-1: Q4:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9ead3;"> <th>Month</th> <th>Were any WRAP groups provided this month?</th> <th>How many MH Consumers participated?</th> <th>How many WRAP groups have been provided?</th> </tr> </thead> <tbody> <tr> <td>Ap-17</td> <td>Yes No</td> <td></td> <td></td> </tr> <tr> <td>May-17</td> <td>Yes No</td> <td></td> <td></td> </tr> <tr> <td>June-17</td> <td>Yes No</td> <td></td> <td></td> </tr> </tbody> </table>				Month	Were any WRAP groups provided this month?	How many MH Consumers participated?	How many WRAP groups have been provided?	Jul-16	No	No	N/A	Aug-16	Yes	Yes	6 started/2 graduated	Sep-16	No	No	N/A	Month	Were any WRAP groups provided this month?	How many MH Consumers participated?	How many WRAP groups have been provided?	Oct-16	Yes No			Nov-16	Yes No			Dec-16	Yes No			Month	Were any WRAP groups provided this month?	How many MH Consumers participated?	How many WRAP groups have been provided?	Jan-17	Yes No			Feb-17	Yes No			Mar-17	Yes No			Month	Were any WRAP groups provided this month?	How many MH Consumers participated?	How many WRAP groups have been provided?	Ap-17	Yes No			May-17	Yes No			June-17	Yes No		
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<p>VIII-D. Provide Support Groups to Behavioral Health Family members to better support their understanding of BH challenges their loved one is going through and learn effective ways to interact with the BH loved one</p> <p>Frequency of Evaluation: Quarterly</p> <p>Name of Data Report: Family Support Group sign-in sheets</p> <p>Sub-committee/Staff Responsible: Wellness Recovery Unit/Family Liaison</p> <p>Annual Goal Met: <input type="checkbox"/> Met: Item # ____ <input type="checkbox"/> Partially Met: Item # ____ <input type="checkbox"/> Not Met: Item # ____</p>	<p>D-1: Provide Family Support Groups facilitated by the Family Liaison and a community family member</p> <p>Baseline: Currently there are Family Support Groups provided in 2 regional areas (Fairfield and Rio Vista) with an average of 22 participants per month</p> <p>Goal : Increase the number of participants in these groups to 36 by increasing the number of regional areas/cities from 2 to 4 in which support groups are offered</p>	<p>D-1: Q1:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9ead3;"> <th>Month</th> <th>Were any WRAP groups provided this month?</th> <th>How many MH Consumers participated?</th> <th>How many WRAP groups have been provided?</th> </tr> </thead> <tbody> <tr> <td>Jul-16</td> <td>No</td> <td>No</td> <td>N/A</td> </tr> <tr> <td>Aug-16</td> <td>Yes</td> <td>Yes</td> <td>6 started/2 graduated</td> </tr> <tr> <td>Sep-16</td> <td>No</td> <td>No</td> <td>N/A</td> </tr> </tbody> </table> <p>D-1: Q2:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9ead3;"> <th>Month</th> <th>Were any WRAP groups provided this month?</th> <th>How many MH Consumers participated?</th> <th>How many WRAP groups have been provided?</th> </tr> </thead> <tbody> <tr> <td>Oct-16</td> <td>Yes No</td> <td></td> <td></td> </tr> <tr> <td>Nov-16</td> <td>Yes No</td> <td></td> <td></td> </tr> <tr> <td>Dec-16</td> <td>Yes No</td> <td></td> <td></td> </tr> </tbody> </table> <p>D-1: Q3:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9ead3;"> <th>Month</th> <th>Were any WRAP groups provided this month?</th> <th>How many MH Consumers participated?</th> <th>How many WRAP groups have been provided?</th> </tr> </thead> <tbody> <tr> <td>Jan-17</td> <td>Yes No</td> <td></td> <td></td> </tr> <tr> <td>Feb-17</td> <td>Yes No</td> <td></td> <td></td> </tr> <tr> <td>Mar-17</td> <td>Yes No</td> <td></td> <td></td> </tr> </tbody> </table> <p>D-1: Q4:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9ead3;"> <th>Month</th> <th>Were any WRAP groups provided this month?</th> <th>How many MH Consumers participated?</th> <th>How many WRAP groups have been provided?</th> </tr> </thead> <tbody> <tr> <td>Ap-17</td> <td>Yes No</td> <td></td> <td></td> </tr> <tr> <td>May-17</td> <td>Yes No</td> <td></td> <td></td> </tr> <tr> <td>June-17</td> <td>Yes No</td> <td></td> <td></td> </tr> </tbody> </table>				Month	Were any WRAP groups provided this month?	How many MH Consumers participated?	How many WRAP groups have been provided?	Jul-16	No	No	N/A	Aug-16	Yes	Yes	6 started/2 graduated	Sep-16	No	No	N/A	Month	Were any WRAP groups provided this month?	How many MH Consumers participated?	How many WRAP groups have been provided?	Oct-16	Yes No			Nov-16	Yes No			Dec-16	Yes No			Month	Were any WRAP groups provided this month?	How many MH Consumers participated?	How many WRAP groups have been provided?	Jan-17	Yes No			Feb-17	Yes No			Mar-17	Yes No			Month	Were any WRAP groups provided this month?	How many MH Consumers participated?	How many WRAP groups have been provided?	Ap-17	Yes No			May-17	Yes No			June-17	Yes No		
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