

Solano County
Health and Social Services Department
Behavioral Health Division
Solano Mental Health Plan
FY 2018 - 2019

Quality Assessment and Performance Improvement Plan



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QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM OVERVIEW

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

Quality Improvement Program

Staffing 12.25 FTE	.25 Mental Health Administrator 1.0 Mental Health Program Senior Manager 1.0 Mental Health Clinical Supervisor 6.0 Licensed Mental Health Clinicians 4.0 Clerical Support Staff
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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 Service Capacity Analysis Network Adequacy Evidence-Based Practices Performance Outcomes	Training Coordination Continuing Education Core Competencies Communication via Mental Health Internet Site Communication via the Network of Care Performance Improvement Projects Policies & Procedures

QAPI Program Areas of Focus for FY 2018-2019:

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

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

- Cultural Competence
- Wellness and Recovery
- Beneficiary Satisfaction and Protection
- Beneficiary Outcomes and System Utilization
- Service Timeliness and Access
- Program Integrity
- Quality Improvement
- Network Adequacy

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

Quality Improvement team staffing was relatively stable during FY 2018-2019. The QI team members act as liaisons to the MHP to monitor progress being made on QAPI goals on a quarterly basis. Contract Managers and Clinical Supervisors with a specialty role are encouraged to monitor data to look for areas of the system that could benefit from corrective action.

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

I. Cultural Competence (Active Goals - AG)

Quality Improvement Goal and Means to Accomplish it	Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation																	
<p>I. Cultural Competence:</p> <ul style="list-style-type: none"> • AG-1: System wide Cultural Competence Training <p>Purpose for Monitoring: DHCS Annual Review Protocols, FY 18-19, Access – Section D, VII. - Item E</p> <p>Name of Data Report:</p> <ul style="list-style-type: none"> • Network Adequacy Certification Tool • Quality Improvement Training Tracking Sheets <p>Sub-committee/Staff Responsible:</p> <ul style="list-style-type: none"> • 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>AG-1: Solano County MHP Cultural Competence Committee (CCC) endeavors to implement the goals and initiatives contained within the Solano Cultural Competency Plan. The CCC works with MHP Director/MH Administration and Quality Improvement to develop CC training opportunities for employees of both County and Contracted organizations.</p> <p>FY 17-18 Baseline:</p> <ul style="list-style-type: none"> - 153 staff members trained <p>Goal: Monitor Annual training and work toward 100% annual training compliance for:</p> <ul style="list-style-type: none"> • Provider will include all direct service providers (including medical staff & peer support specialists that can bill for services) • Non-providers will include all staff that do not provide direct services (including management, clerical/support staff, board members, peer support specialists/volunteers that do not bill, etc.) 	<p>Q1:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #d9ead3;"> <th style="width: 35%;">Staff Category</th> <th style="width: 30%;">Total Staff</th> <th style="width: 35%;">% in Compliance</th> </tr> </thead> <tbody> <tr> <td>County Provider</td> <td></td> <td></td> </tr> <tr> <td>County Non-provider</td> <td></td> <td></td> </tr> <tr> <td>Contracted Provider</td> <td></td> <td></td> </tr> <tr> <td>Contracted Non-provider</td> <td></td> <td></td> </tr> </tbody> </table> <p>Q2:</p> <p>Q3:</p> <p>Q4:</p>			Staff Category	Total Staff	% in Compliance	County Provider			County Non-provider			Contracted Provider			Contracted Non-provider		
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I. Cultural Competence (Data Monitoring - DM)

Quality Improvement Area of Data Monitoring	Results of Evaluation																													
<p>I. Cultural Competence:</p> <ul style="list-style-type: none"> DM-1: CC Plan, Training Plan and Committee <p>Purpose for Monitoring: DHCS Annual Review Protocols, FY 18-19, Access – Section D, VII. - Items A-E</p> <p>Name of Data Report:</p> <ul style="list-style-type: none"> None <p>Sub-committee/Staff Responsible:</p> <ul style="list-style-type: none"> Cultural Competence Committee <p>Previous FY Baseline Averages:</p> <p>FY 17-18 Quarterly Averages:</p> <ul style="list-style-type: none"> CCC meetings per Quarter: 1 CC Subcommittee meetings per Quarter: 2 	<table border="1" data-bbox="590 282 1211 548"> <thead> <tr> <th data-bbox="590 282 716 412">Quarter</th> <th data-bbox="716 282 842 412">Date of CCC Meeting</th> <th data-bbox="842 282 968 412">Date of report to QIC</th> <th data-bbox="968 282 1094 412">Date CC Plan Updated</th> <th data-bbox="1094 282 1211 412">Date of Annual Report</th> </tr> </thead> <tbody> <tr> <td data-bbox="590 412 716 453">1</td> <td data-bbox="716 412 842 453"></td> <td data-bbox="842 412 968 453"></td> <td data-bbox="968 412 1094 453"></td> <td data-bbox="1094 412 1211 453"></td> </tr> <tr> <td data-bbox="590 453 716 493">2</td> <td data-bbox="716 453 842 493"></td> <td data-bbox="842 453 968 493"></td> <td data-bbox="968 453 1094 493"></td> <td data-bbox="1094 453 1211 493"></td> </tr> <tr> <td data-bbox="590 493 716 534">3</td> <td data-bbox="716 493 842 534"></td> <td data-bbox="842 493 968 534"></td> <td data-bbox="968 493 1094 534"></td> <td data-bbox="1094 493 1211 534"></td> </tr> <tr> <td data-bbox="590 534 716 548">4</td> <td data-bbox="716 534 842 548"></td> <td data-bbox="842 534 968 548"></td> <td data-bbox="968 534 1094 548"></td> <td data-bbox="1094 534 1211 548"></td> </tr> </tbody> </table>					Quarter	Date of CCC Meeting	Date of report to QIC	Date CC Plan Updated	Date of Annual Report	1					2					3					4				
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Quality Improvement Area of Data Monitoring	Results of Evaluation						
<p>I. Cultural Competence:</p> <ul style="list-style-type: none"> • DM-2: HOLA Community Information and Education Plans – Outreach re: cultural/linguistic services <p>Purpose for Monitoring: DHCS Annual Review Protocols, FY 18-19, Network Adequacy and Availability of Services - Section A, IV. - Item C; V. - Item A3.</p> <p>Name of Data Report: Report 333</p> <p>Sub-committee/Staff Responsible: Cultural Competence Coordinator</p> <p>Previous FY Baseline Averages:</p> <ul style="list-style-type: none"> • Outreach Initiatives per Quarter: • HOLA calls per quarter: <p>FY 18-19 Quarterly Averages:</p> <ul style="list-style-type: none"> • Outreach Initiatives per Quarter: ____ • HOLA calls per quarter: ____ 	Q1:						
	Region	Community Agencies willing to Partner with HOLA	# of HOLA Calls received	#of HOLA referrals offered a SMHA assessment	# of HOLA Referrals who rec'd SMHS Assessment	# of HOLA referrals who rec'd a SMHS Tx Service	
	Q2:						
	Q3:						
	Q4:						

Quality Improvement Area of Data Monitoring	Results of Evaluation						
<p>I. Cultural Competence:</p> <ul style="list-style-type: none"> • DM-3: Kaagapay Community Information and Education Plans – Outreach re: cultural/linguistic services <p>Purpose for Monitoring: DHCS Annual Review Protocols, FY 18-19, Network Adequacy and Availability of Services - Section A, IV. - Item C; V. - Item A3.</p> <p>Name of Data Report: Report 333</p> <p>Sub-committee/Staff Responsible: Cultural Competence Coordinator</p> <p>Previous FY Baseline Averages:</p> <ul style="list-style-type: none"> • Outreach Initiatives per Quarter: • Kaagapay calls per quarter: <p>FY 18-19 Quarterly Averages:</p> <ul style="list-style-type: none"> • Outreach Initiatives per Quarter: ____ • Kaagapay calls per quarter: ____ 	Q1:						
	Region	Community Agencies willing to Partner with Kaagapay	# of Kaagapay Calls received	#of Kaagapay referrals offered SMHA assessment	# of Kaagapay Referrals who rec'd a SMHA Assessment	# of Kaagapay referrals who rec'd a Tx Service	
	Q2:						
	Q3:						
	Q4:						

II. Wellness and Recovery (Active Goals - AG)

Quality Improvement Goal and Means to Accomplish it	Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation																													
<p>II. Wellness and Recovery:</p> <ul style="list-style-type: none"> AG-1: Provide Support Groups to Adult and Family community members to better support their understanding of their or their loved one’s BH challenges and learn effective ways to cope and seek support. <p>Purpose for Monitoring: DHCS Annual Review Protocols, FY 18-19, Quality Improvement – Section C, I. – Items C & E</p> <p>Name of Data Report: Adult and Family Support Group sign-in sheets and Post Group Survey on quarterly basis (point in time data)</p> <p>Sub-committee/Staff Responsible: Wellness Recovery Unit/ Adult Peer (Consumer Affairs Liaison) and Family Liaison</p> <p>Annual Goal Met: <input type="checkbox"/> Met: Item # ____ <input type="checkbox"/> Partially Met: Item # ____ <input type="checkbox"/> Not Met: Item # ____</p>	<p>AG-1: Provide Adult and Family Support Groups facilitated by Peer Support Specialists or Family Liaison.</p> <p>Baseline: There were no FY 17-18 averages, b/c this is a new goal</p> <ul style="list-style-type: none"> FY start capturing data Q3, FY 18-19: Start administering the Quality of Life (QOL) survey at a point in time (second month) during each quarter to capture data. <p>Goal: Increase the % of unduplicated participants in WR Peer Support Groups who respond positively to quarterly “Quality of Life Outcome Tool” survey items</p>	<table border="1" data-bbox="947 285 2003 743"> <thead> <tr> <th data-bbox="947 285 1073 480">Quarter</th> <th data-bbox="1079 285 1325 480"># of total unique group members who participated</th> <th data-bbox="1331 285 1598 480">% of participants who “have learned tools/ways to support their or their loved one’s behaviors/symptoms”</th> <th data-bbox="1604 285 1818 480">% of participants who feel supported by the group</th> <th data-bbox="1824 285 2003 480">% of participants who would return to the group</th> </tr> </thead> <tbody> <tr> <td data-bbox="947 485 1073 513">Q1</td> <td data-bbox="1079 485 1325 513">Data not collected</td> <td data-bbox="1331 485 1598 513"></td> <td data-bbox="1604 485 1818 513"></td> <td data-bbox="1824 485 2003 513"></td> </tr> <tr> <td data-bbox="947 518 1073 545">Q2</td> <td data-bbox="1079 518 1325 545">Data not collected</td> <td data-bbox="1331 518 1598 545"></td> <td data-bbox="1604 518 1818 545"></td> <td data-bbox="1824 518 2003 545"></td> </tr> <tr> <td data-bbox="947 550 1073 678">Q3</td> <td data-bbox="1079 550 1325 678">Starting data collection/reporting: Adult Group- Family Group-</td> <td data-bbox="1331 550 1598 678">Adult Group- Family Group-</td> <td data-bbox="1604 550 1818 678">Adult Group- Family Group-</td> <td data-bbox="1824 550 2003 678">Adult Group- Family Group-</td> </tr> <tr> <td data-bbox="947 683 1073 743">Q4</td> <td data-bbox="1079 683 1325 743">Adult Group- Family Group-</td> <td data-bbox="1331 683 1598 743">Adult Group- Family Group-</td> <td data-bbox="1604 683 1818 743">Adult Group- Family Group-</td> <td data-bbox="1824 683 2003 743">Adult Group- Family Group-</td> </tr> </tbody> </table> <p>Demographics of participants: Graph pending Q3 data</p> <p><u>Adult Group-</u> <u>Family Group-</u></p>					Quarter	# of total unique group members who participated	% of participants who “have learned tools/ways to support their or their loved one’s behaviors/symptoms”	% of participants who feel supported by the group	% of participants who would return to the group	Q1	Data not collected				Q2	Data not collected				Q3	Starting data collection/reporting: Adult Group- Family Group-	Adult Group- Family Group-	Adult Group- Family Group-	Adult Group- Family Group-	Q4	Adult Group- Family Group-	Adult Group- Family Group-	Adult Group- Family Group-	Adult Group- Family Group-
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II. Wellness and Recovery (Data Monitoring - DM)

Quality Improvement Area of Data Monitoring	Results of Evaluation							
<p>II. Wellness and Recovery:</p> <ul style="list-style-type: none"> DM-1: Increase integration, collaboration and participation of youth, adults and family members with lived experience, including Peer Support Specialists, in SCBH advisory committees, workgroups, activities, and events to increase awareness and portray hope in our system of care. <p>Purpose of Monitoring: DHCS Annual Review Protocols, FY 18-19, Quality Improvement – Section C, III. – Items B &D</p> <p>Name of Data Report: Sign-in Sheets, & Meeting Minutes. MHSA Sign in sheet edited to include collection of this data.</p> <p>Sub-committee/Staff Responsible: Wellness Recovery Unit, MHSA, and other workgroup leads</p> <p>Previous FY Baseline Averages:</p> <ul style="list-style-type: none"> Average # of meetings/events per Quarter: Actual number of participants with lived experience per quarter: <p>FY 18-19 Quarterly Averages:</p> <ul style="list-style-type: none"> Average # of Committees per Quarter: ____ Total number of participants per quarter: ____ 	<table border="1"> <thead> <tr> <th data-bbox="573 272 747 386">Quarter</th> <th data-bbox="747 272 1241 386">Name of Activity</th> <th data-bbox="1241 272 1640 386">Number of persons with lived experience by demographics (youth, adult, family)</th> <th data-bbox="1640 272 2043 386">Total Peer and Family Involvement for the quarter</th> </tr> </thead> </table>	Quarter	Name of Activity	Number of persons with lived experience by demographics (youth, adult, family)	Total Peer and Family Involvement for the quarter			
	Quarter	Name of Activity	Number of persons with lived experience by demographics (youth, adult, family)	Total Peer and Family Involvement for the quarter				
	1	Recovery Month Event planning committee and event: 9/20/18 Peer Specialist Team Meeting: July 16, August 17, Sept. 14	10 peers joined workgroup and event; 3 shared their personal recovery stories (Gather data from WRU sign in sheets)	13				
	2	EQRO on site review: 10/23-10/24/18 QIC Committee: 11/16/18 Peer Specialist Team Meetings October 12, November 16	4 participants for both days of review (Excludes breakout groups) 0 10/12: 8, 11/16: 7= 15 (check sign in sheets)	19				
	3	Peer Specialist Team Meeting: Jan. 11	1/11: 7;					

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

Quality Improvement Goal and Means to Accomplish it	Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation																								
<p>III. Consumer Perception:</p> <ul style="list-style-type: none"> • AG-1: Quarterly Service Verification Customer Service Survey <p>Purpose of Monitoring:</p> <ul style="list-style-type: none"> • DHCS Annual Review Protocols, FY 18-19, Quality Improvement – Section C, I. - Items E.1. and E.3. <p>Name of Data Report:</p> <ul style="list-style-type: none"> • Solano MHP Service Verification/Consumer Perception Surveys <p>Sub-committee/Staff Responsible: Quality Improvement Survey Coordinator</p> <p>Annual Goal Met:</p> <p><input type="checkbox"/> Met: Item # ____</p> <p><input type="checkbox"/> Partially Met: Item # ____</p> <p><input type="checkbox"/> Not Met: Item # ____</p>	<p>AG-1: Solano MHP will review survey data from our semiannual Solano MHP Service Verification/Consumer survey to begin to look at survey results per program. Each program will be challenged set a program specific goal for improvement targeting baseline data from Consumer survey. Post intervention measurement will be compared with baseline data.</p> <p>Baseline: Baselines will be specific to the program’s previous Service Verification/Consumer survey results.</p> <p>Goal: Solano MHP County and Contract programs will each identify an area of Consumer Satisfaction to improve, develop an intervention and goal to address the area of improvement, and demonstrate improvement from baseline to post intervention measure.</p>	<p>Q1:</p> <table border="1" data-bbox="863 289 2051 427"> <thead> <tr> <th data-bbox="863 289 1047 342">Program</th> <th data-bbox="1047 289 1407 342">Identified Area of Focus</th> <th data-bbox="1407 289 1539 342">Baseline</th> <th data-bbox="1539 289 1682 342">Intervention</th> <th data-bbox="1682 289 2051 342">Post Intervention Measurement/Change</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>					Program	Identified Area of Focus	Baseline	Intervention	Post Intervention Measurement/Change															
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III. Beneficiary Satisfaction & Protection (Data Monitoring - DM)

Quality Improvement Area of Data Monitoring	Results of Evaluation																																																																																																											
<p>III. Beneficiary Protection:</p> <ul style="list-style-type: none"> DM-1: Grievance, Appeal and Expedited Appeal <p>Purpose of Monitoring:</p> <ul style="list-style-type: none"> DHCS Annual Review Protocols, FY 18-19, Quality Improvement - Section C, I. - Items C. & E.2., II. - Item B; Beneficiary Rights and Protections – Section F, I. - Item J. <p>Name of Data Report:</p> <ul style="list-style-type: none"> ComplyTrack - Problem Resolution Log <p>Sub-committee/Staff Responsible: Problem Resolution Coordinator</p> <p>Previous FY Baseline Averages:</p> <ul style="list-style-type: none"> Total # of Problem Resolution issues: _____ # of issues requiring a system change: _____ # Referred to Policy Committee: _____ <p>FY 18-19 Quarterly Averages:</p> <ul style="list-style-type: none"> Total # of Problem Resolution issues: _____ # of issues requiring a system change: _____ # of System Changes Initiated: _____ # Referred to Policy Committee: _____ # of Policies created or amended: _____ 	<p>Q1:</p> <table border="1" data-bbox="590 293 1682 591"> <thead> <tr> <th>Month Received</th> <th>Total quarterly # of Problem Resolution issues reported, primarily Grievances, Appeals, and NOABDs</th> <th># of issues Requiring a System Change</th> <th># of System Changes initiated</th> <th># Referred to Policy Committee</th> <th># of Policies created or amended b/c of identified Problem</th> </tr> </thead> <tbody> <tr> <td>July</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>Sept</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Q1 Total</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Q2:</p> <table border="1" data-bbox="590 659 1682 792"> <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> <td>Q2 Total</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Q3:</p> <table border="1" data-bbox="590 857 1682 992"> <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> <td>Q3 Total</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Q4:</p> <table border="1" data-bbox="590 1057 1682 1192"> <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> <td>Q4 Total</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Month Received	Total quarterly # of Problem Resolution issues reported, primarily Grievances, Appeals, and NOABDs	# of issues Requiring a System Change	# of System Changes initiated	# Referred to Policy Committee	# of Policies created or amended b/c of identified Problem	July						Aug						Sept						Q1 Total						Oct						Nov						Dec						Q2 Total						Jan						Feb						Mar						Q3 Total						Apr						May						Jun						Q4 Total					
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<p>III. Beneficiary Protection:</p> <ul style="list-style-type: none"> • DM-3: Tracking the compliance of sending the beneficiary an acknowledgement and Disposition letter. <p>Purpose of Monitoring:</p> <ul style="list-style-type: none"> • DHCS Annual Review Protocols, FY 18-19, Quality Improvement - Section C, I. - Items C. & E.2., II. - Item B; Beneficiary Rights and Protections – Section F, I. - Item E.1-3, J., III. - Items B & C, IV. - Items A.3. & B.1. <p>Name of Data Report:</p> <ul style="list-style-type: none"> • ComplyTrack - Problem Resolution Log <p>Sub-committee/Staff Responsible: Problem Resolution Coordinator</p> <p>Previous FY Baseline Averages:</p> <ul style="list-style-type: none"> • % of Acknowledgement letters sent within timeframes: • % of Disposition letters sent within timeframes: <p>FY 18-19 Quarterly Averages:</p> <ul style="list-style-type: none"> • % of Acknowledgement letters sent within timeframes: • % of Disposition letters (NGR's and NAR's) sent within timeframes: 	Q1:							
	Month Rec'd	Total # of Grievances, Appeals and Expedited Appeals Rec'd	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							
	Q2:							
	Oct							
	Nov							
	Dec							
	Q2 Total							
	Q3:							
	Jan							
	Feb							
	Mar							
	Q3 Total							
	Q4:							
	Apr							
	May							
	Jun							
Q4 Total								

Quality Improvement Area of Data Monitoring	Results of Evaluation					
<p>III. Beneficiary Protection:</p> <ul style="list-style-type: none"> DM-4: Tracking and trending of Internal system improvement needs <p>Purpose of Monitoring: DHCS Annual Review Protocols, FY 18-19, Quality Improvement - Section C, I. - Items C. & E.2., II. - Item B</p> <p>Frequency of Evaluation: Quarterly</p> <p>Name of Data Report:</p> <ul style="list-style-type: none"> Problem Resolution Log QIC Internal System Improvement Report <p>Sub-committee/Staff Responsible: Problem Resolution Coordinator</p> <p>Previous FY Baseline Averages: See FY 17-18 for:</p> <ul style="list-style-type: none"> Total # of Problem Resolution issues: # of issues requiring a system change: # Referred to Policy Committee: # Referred for Adverse Outcome Mtg: <p>FY 18-19 Quarterly Averages:</p> <ul style="list-style-type: none"> Total # of Problem Resolution issues: ____ # of issues requiring a system change: ____ # of System Changes Initiated: ____ # Referred to Policy Committee: ____ # of Policies created or amended: ____ # Referred for Adverse Outcome Mtg: ____ 	Q1:					
	Month Received	Total quarterly # of Internally Identified System Needs, including quality of care issues	# of System Change Requests	# Referred to Policy Committee	# of Internally Identified System Needs Resulting in an Adverse Outcome Case Review	
	July					
	Aug					
	Sept					
	Q1 Total					
	Q2:					
	Oct					
	Nov					
	Dec					
	Q2 Total					
	Q3:					
	Jan					
	Feb					
	Mar					
	Q3 Total					
	Q4:					
	Apr					
	May					
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Q4 Total						

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

Goal Purpose and Monitoring	Goal/Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation																																																																																									
<p>IV. Outcomes & Utilization:</p> <p>AG-1: Expand Full Service Partnership to achieve goals per the ACT model that center on best practices around enrollment, discharge, interventions, Utilization and Outcomes</p> <p>Authority: DHCS Annual Review Protocols, FY 18-19, Quality Improvement - Section C, I. - Items C. & D.</p> <p>Name of Data Report: Solano County MHSA Clinical Supervisor and Contract Manager</p> <p>Sub-committee/Staff Responsible: UM Committee & PIP FSP Work Groups</p> <p>Annual Goal Items Met: <input type="checkbox"/> Met: Item # ____ <input type="checkbox"/> Partially Met: Item # ____ <input type="checkbox"/> Not Met: Item # ____</p>	<p>AG-1: Full Service Partnerships are intended to do “whatever it takes” in terms of service provision to stabilize vulnerable, high risk clients, and to keep them from falling into highly restrictive, high cost services such as inpatient hospitalization, incarceration, etc. Due to difficulty recovering data from the statewide ITWS DCR system to measure success Solano MHP will explore the feasibility of having all FSP programs being able to use Avatar E.H.R to enter data that will link or upload to the DCR system</p> <p>Baseline: FY 17-18 showed the following:</p> <ul style="list-style-type: none"> 4.8% (38) adult FSP Programs clients (includes TAY) were hospitalized 1x and 1.8% (14) were hospitalized 2 or more times. 4.0% (21) Children/Youth FSP Programs clients were hospitalized 1x and 1% (3) were hospitalized 2 or more times. <p>Goal: Solano MHP will:</p> <ol style="list-style-type: none"> Decrease total FSP clients in inpatient hospitalizations by 5% Decrease the percentage of t FSP clients hospitalized by 5% Decrease total FSP clients incarcerated by 5% Reduce # of FSP clients without stable housing. Increase capacity to serve clients with co-occurring MH/SUD; track # clients with dual diagnosis Establish eligibility and discharge criteria Train teams in utilizing the ACT model to fidelity 	<p>Q1:</p> <table border="1" style="width: 100%; border-collapse: collapse; background-color: #d9ead3;"> <thead> <tr> <th style="width: 15%;">FSP Programs this Quarter (Adults)</th> <th style="width: 10%;"># of Clients Served</th> <th style="width: 15%;">Total #/% of clients hospitalized 1x</th> <th style="width: 15%;"># of clients hospitalized > 1x</th> <th style="width: 15%;">Total # incarcerated 1x</th> <th style="width: 15%;"># of clients exp. 1x incidence of homelessness</th> </tr> </thead> <tbody> <tr><td>VJO Adult FSP</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></tr> <tr><td>Caminar Adult FSP</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Caminar OA FSP</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Caminar HOME FSP</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Seneca TAY FSP</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Totals</td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse; background-color: #d9ead3;"> <thead> <tr> <th style="width: 15%;">FSP Programs this Quarter (Youth)</th> <th style="width: 10%;"># of Clients Served</th> <th style="width: 15%;">Total #/% of clients hospitalized 1x</th> <th style="width: 15%;"># of clients hospitalized > 1x</th> <th style="width: 15%;">Total # incarcerated 1x</th> <th style="width: 15%;"># of clients exp. 1x incidence of homelessness</th> </tr> </thead> <tbody> <tr><td>FCTU Youth FSP</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>FF Youth FSP</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>VV Youth FSP</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>VJO Youth FSP</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Totals</td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>Q2:</p> <p>Q3:</p> <p>Q4:</p>						FSP Programs this Quarter (Adults)	# of Clients Served	Total #/% of clients hospitalized 1x	# of clients hospitalized > 1x	Total # incarcerated 1x	# of clients exp. 1x incidence of homelessness	VJO Adult FSP						FACT/AB 109						Caminar Adult FSP						Caminar OA FSP						Caminar HOME FSP						Seneca TAY FSP						Totals						FSP Programs this Quarter (Youth)	# of Clients Served	Total #/% of clients hospitalized 1x	# of clients hospitalized > 1x	Total # incarcerated 1x	# of clients exp. 1x incidence of homelessness	FCTU Youth FSP						FF Youth FSP						VV Youth FSP						VJO Youth FSP						Totals					
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<p>IV. Outcomes & Utilization:</p> <ul style="list-style-type: none"> AG-4: Homeless Outreach Services (HOS) to SMI populations: Provide outreach, engagement, and support to homeless mentally ill adults toward acquiring benefits, resources, and services they need. <p>Purpose of Monitoring DHCS Annual Review Protocols, FY 18-19, Network Adequacy and Availability of Resources - Section A, IV. - Item C.</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: <input type="checkbox"/> Partially Met: See Note <input type="checkbox"/> Not Met:</p>	<p>AG-4: MHP Staff will continue to provide support, outreach, and assistance to homeless mentally ill individuals who are brought to the attention of SCBH Services. The MHP hired two Homeless Outreach staff during FY 16-17: Mental Health Specialist and Mental Health Clinician. Services started in January 2017. These staff members go to homeless shelters, encampments, ride along with law enforcement, and in the community to identify mentally ill homeless individuals, and assist these individuals to access benefits and services needed. The Specialist focuses on the adult population and the Clinician is focused on the TAY population.</p> <p>Baseline: Please see FY 17-18 Baselines</p> <p>Goal:</p> <ol style="list-style-type: none"> At least 85% of the individuals contacted will be screened for MH/SA needs. Of those screened, at least 50% of the individuals will be linked to Access or an existing MH provider. At least 50% of the individuals contacted will be linked to other basic need services. 	<p>Q1:</p> <table border="1" data-bbox="919 220 2053 545"> <thead> <tr> <th>Program</th> <th># of Homeless Outreach Activities</th> <th>Total # of individuals contacted at least 1 X</th> <th>Total # unduplicated individuals screened</th> <th>Total # unduplicated individuals new to MHP linked to Access</th> <th>Total # unduplicated individuals re-connected w/ existing Tx provider</th> <th>Total # unduplicated individuals linked to Sub. Abuse</th> <th>Total # unduplicated individuals linked to other basic needs (food, clothing, etc.)</th> </tr> </thead> <tbody> <tr> <td>Adult ARCH</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TAY ARCH</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Q2:</p> <table border="1" data-bbox="919 621 2053 740"> <tbody> <tr> <td>Adult ARCH</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TAY ARCH</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Q3:</p> <table border="1" data-bbox="919 816 2053 935"> <tbody> <tr> <td>Adult ARCH</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TAY ARCH</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Q4:</p> <table border="1" data-bbox="919 1011 2053 1130"> <tbody> <tr> <td>Adult ARCH</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TAY ARCH</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>								Program	# of Homeless Outreach Activities	Total # of individuals contacted at least 1 X	Total # unduplicated individuals screened	Total # unduplicated individuals new to MHP linked to Access	Total # unduplicated individuals re-connected w/ existing Tx provider	Total # unduplicated individuals linked to Sub. Abuse	Total # unduplicated individuals linked to other basic needs (food, clothing, etc.)	Adult ARCH								TAY ARCH								Adult ARCH								TAY ARCH								Adult ARCH								TAY ARCH								Adult ARCH								TAY ARCH							
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<p>IV. Outcomes & Utilization:</p> <ul style="list-style-type: none"> • AG-5: Expand the use of Evidence-Based practices throughout the system of care <p>Purpose of Monitoring: DHCS Annual Review Protocols, FY 18-19, Quality Improvement - Section C, I. - Item G; VI. - Item A.</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, Adult/Children's Bureau <p>Annual Goal Met: <input type="checkbox"/> Met: Item # ____ <input type="checkbox"/> Partially Met: Item # ____ <input type="checkbox"/> Not Met: Item # ____</p>	<p>AG-5: Evidence based practices are shown to lead to improved outcomes and cost-effectiveness for the intended populations. Solano County has historically offered EBP trainings as needed however there has not been a mechanism to sustain and support teams/staff in coaching & cross-training; systematically tracking outcomes to show system improvements; or making policy and documentation changes to collect data.</p> <p>Baseline: During FY 17-18</p> <ul style="list-style-type: none"> • TF-CBT EBP was put on hold after Q1 of FY 17-18 <p>Goal: EBP goals include:</p> <ol style="list-style-type: none"> 1. Increase baseline # of Clients treated with an EBP 2. 80% of trained staff will attend trainings/coaching sessions 3. Develop mechanisms to track outcome data by EBP and program 	<p>Q1:</p> <table border="1" data-bbox="947 191 2018 524"> <thead> <tr> <th>Program</th> <th># trainings/coaching sessions</th> <th># staff attended</th> <th># clients supported with this EBP</th> </tr> </thead> <tbody> <tr> <td>FACT Team: ACT model</td> <td>2</td> <td>Session 1: 8/10= (80%) Session 2: 7/8 (88%)</td> <td>43 (current caseload)</td> </tr> <tr> <td>TF-CBT</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>EMDR</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Peer Employment Training- Recovery Innovations</td> <td>80 hours- 10 day training</td> <td>14</td> <td>Used in WRU support groups currently</td> </tr> </tbody> </table> <p>Q2:</p> <table border="1" data-bbox="947 621 2018 954"> <thead> <tr> <th>Program</th> <th># trainings/coaching sessions</th> <th># staff attended</th> <th># clients supported with this EBP</th> </tr> </thead> <tbody> <tr> <td>ACT model Training: 1/29-1/30/19</td> <td>2-days</td> <td>All FSP staff (#)</td> <td>FSP FACT Caminar</td> </tr> <tr> <td>EMDR</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Peer to Peer Support- March 2019</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Q3:</p> <p>Q4:</p>				Program	# trainings/coaching sessions	# staff attended	# clients supported with this EBP	FACT Team: ACT model	2	Session 1: 8/10= (80%) Session 2: 7/8 (88%)	43 (current caseload)	TF-CBT	-	-	-	EMDR				Peer Employment Training- Recovery Innovations	80 hours- 10 day training	14	Used in WRU support groups currently	Program	# trainings/coaching sessions	# staff attended	# clients supported with this EBP	ACT model Training: 1/29-1/30/19	2-days	All FSP staff (#)	FSP FACT Caminar	EMDR				Peer to Peer Support- March 2019			
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<p>IV. Outcomes & Utilization:</p> <ul style="list-style-type: none"> • AG-6: Expand our system of care to become Co-Occurring Capable to serve and improve outcomes for individuals with multiple complex conditions such as serious Mental illness and substance use disorders. <p>Purpose of Monitoring: DHCS Annual Review Protocols, FY 18-19, Quality Improvement – Section C, I. – Item G, II. – Items C & D, VI. – Item A</p> <p>Name of Data Report: No current report</p> <p>Sub-committee/Staff Responsible:</p> <ul style="list-style-type: none"> • Quality Improvement <p>Annual Goal Met:</p> <p><input type="checkbox"/> Met: Item # ____</p> <p><input type="checkbox"/> Partially Met: Item # ____</p> <p><input type="checkbox"/> Not Met: Item # ____</p>	<p>AG-6: Persons with co-occurring mental health and co-occurring substance use challenges need cross-trained staff to support their recovery, as well as systems and policies that support integrated services, billing and documentation.</p> <p>Baseline: FY 17-18</p> <ul style="list-style-type: none"> • New Goal: No data was collected on number of clients with co-occurring needs per team and where services are provided <p>Goal: Co-Occurring System goals include:</p> <ol style="list-style-type: none"> 1. Track the # of clients with co-occurring engaged in and receiving treatment 2. Increase # of staff cross-trained within the mental health and substance use teams 3. Develop mechanisms to support integrated documentation of treatment, billing, ROIs, engagement through access, and follow through with outpatient providers as needed. 	<p>Q1:</p> <table border="1" data-bbox="947 220 1982 487"> <thead> <tr> <th>County Program</th> <th>Total # Clients experiencing co-occurring challenges</th> <th>Total # of Clients with integrated treatment plans</th> <th>Total # who showed Clinical Improvement through stage of change (this would be included in tx plan updates)</th> </tr> </thead> <tbody> <tr> <td>Vallejo Adult FSP</td> <td>In process of identifying</td> <td></td> <td></td> </tr> <tr> <td>FACT</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Q1 TOTAL:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <table border="1" data-bbox="947 519 1982 721"> <thead> <tr> <th>Team</th> <th># staff received training</th> <th># staff attended workgroup or planning session</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Q2:</p> <p>Q3:</p> <p>Q4:</p>				County Program	Total # Clients experiencing co-occurring challenges	Total # of Clients with integrated treatment plans	Total # who showed Clinical Improvement through stage of change (this would be included in tx plan updates)	Vallejo Adult FSP	In process of identifying			FACT				Q1 TOTAL:				Team	# staff received training	# staff attended workgroup or planning session												
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IV. Beneficiary Outcomes and System Utilization (Data Monitoring - DM)

Quality Improvement Area of Data Monitoring	Results of Evaluation																							
<p>IV. Outcomes & Utilization:</p> <ul style="list-style-type: none"> • DM-1: Youth Medication Monitoring <p>Purpose of Monitoring: DHCS Annual Review Protocols, FY 18-19, Quality Improvement – Section C, I. - Item F</p> <p>Name of Data Report: Avatar Report # 339</p> <p>Sub-committee/Staff Responsible: Clinical Quality Review Committee</p> <p>Previous FY Baseline Averages:</p> <ul style="list-style-type: none"> • FY 17-18 # of Youth on Psychotropic Medication: • FY 17-18 # of Youth on 4 or more Psychotropic Medications: • FY 17-18 # of Youth on Antipsychotic Medication: • FY 17-18 # of Youth on 2 or more Antipsychotic Medications: <p>FY 18-19 Quarterly Averages:</p>	<p>Q1:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #d9ead3;"> <th style="width: 25%;"></th> <th style="width: 20%;"># of Youth on 1 or more Psychotropic Medication:</th> <th style="width: 20%;"># of Youth on 4 or more Psychotropic Medications:</th> <th style="width: 20%;"># of Youth on 1 or more Antipsychotic Medication:</th> <th style="width: 20%;"># of Youth on 2 or more Antipsychotic Medications:</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Foster Youth</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Non-Foster Youth</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Total</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Q2:</p> <p>Q3:</p> <p>Q4:</p>					# of Youth on 1 or more Psychotropic Medication:	# of Youth on 4 or more Psychotropic Medications:	# of Youth on 1 or more Antipsychotic Medication:	# of Youth on 2 or more Antipsychotic Medications:	Foster Youth					Non-Foster Youth					Total				
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<p>IV. Outcomes & Utilization:</p> <ul style="list-style-type: none"> • DM-2: Regional Utilization and Service Penetration by cultural group <p>Purpose of Monitoring: DHCS Annual Review Protocols, FY 18-19, Network Adequacy and availability of Services – Section A, I. – Item D, V. - Item A2</p> <p>Name of Data Report:</p> <ul style="list-style-type: none"> • Avatar Report # 347 <p>Sub-committee/Staff Responsible:</p> <ul style="list-style-type: none"> • Utilization Management Committee membership • Cultural Competence Committee <p>Previous FY Baseline Averages:</p> <ul style="list-style-type: none"> • FY 17-18 African American Quarterly Average Served: 1613 • FY 17-18 Hispanic/Latino Quarterly Average Served: 1071 • FY 17-18 Filipino Quarterly Average Served: 216 • FY 17-18 LGBT Quarterly Average Served: 282 <p>FY 18-19 Quarterly Averages:</p>	Q1:									
	Date Range	Black/AA Clients	Black/AA Providers	Hispanic/Latino Clients	Hispanic/Latino Providers	Filipino Clients	Filipino Providers	LGBTQ Clients	LGBTQ Providers	
	North County Region									
	Central County Region									
	South County Region									
	Out of County									
	Unknown									
	Quarter Total:									
	Previous Quarter:									
	FY 17-18 Q Ave (Baseline)	1,613	N/A	1,071	N/A	216	N/A	282	N/A	
Q2:										
Q3:										
Q4:										

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

Quality Improvement Goal and Means to Accomplish it	Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation																																																							
<p>V. Access & Timeliness:</p> <ul style="list-style-type: none"> • AG-1: CHILD: Service Request to First Offered Assessment Appointment <p>Purpose of Monitoring: DHCS Annual Review Protocols, FY 18-19, Network Adequacy and Availability of Services – Section A, I. - Item F & H.</p> <p>Name of Data Report: Avatar Timeliness Report #333</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>AG-1: Solano MHP has made significant progress since FY 2015-16 to improve timeliness from point of access to the date of first-offered assessment appointment.</p> <p>Baseline: See FY 2017-18 average timeliness for Children’s services</p> <p>Goal:</p> <ol style="list-style-type: none"> 1. For Routine requests for service, County Children’s programs will: <ol style="list-style-type: none"> a. Maintain goal of 80% resulting in an offered assessment within 10 business days (FY17-18 baseline: 74%) b. Maintain goal of an average of 10 business days or less from service request to actual assessment (FY17-18 baseline: 10.8) c. Achieve goal of an average of 25 business days or less from service request to tx service initiation (FY17-18 baseline: 23.57 days) 2. For Urgent requests for service, County Children’s programs will: <ol style="list-style-type: none"> a. Achieve goal of 80% resulting in an offered assessment within 3 business days (FY17-18 baseline: 71%) b. Achieve goal of an average of 3 business days or less from service request to actual assessment (FY17-18 baseline: 4.12 days) 	<p>Q1:</p> <table border="1" data-bbox="947 289 2053 500"> <thead> <tr> <th>Request Type</th> <th>Service Request to Offered Ax Appt (% w/in 10 bus days for Routine & 3 bus days for Urgent)</th> <th>Average # of Business Days from Service Request to Actual Ax Appt</th> <th>Average # of Business Days from Service Request to First Tx Service</th> </tr> </thead> <tbody> <tr> <td>Routine</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Urgent</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Q2:</p> <table border="1" data-bbox="947 565 2053 667"> <tbody> <tr> <td>Routine</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Urgent</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Q3:</p> <table border="1" data-bbox="947 732 2053 834"> <tbody> <tr> <td>Routine</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Urgent</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Q4:</p> <table border="1" data-bbox="947 899 2053 1002"> <tbody> <tr> <td>Routine</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Urgent</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Request Type	Service Request to Offered Ax Appt (% w/in 10 bus days for Routine & 3 bus days for Urgent)	Average # of Business Days from Service Request to Actual Ax Appt	Average # of Business Days from Service Request to First Tx Service	Routine				Urgent				Total:				Routine				Urgent				Total:				Routine				Urgent				Total:				Routine				Urgent				Total:			
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<p>V. Access & Timeliness:</p> <ul style="list-style-type: none"> • AG-2: Vallejo OP and Vacaville OP Adult Services: Service Request to First Offered Assessment Appointment <p>Purpose of Monitoring: DHCS Annual Review Protocols, FY 18-19, Network Adequacy and Availability of Services – Section A, I. - Item F & H.</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>AG-2: Solano MHP made significant progress over the past few years to improve timeliness from point of access to the date of first-offered assessment appointment.</p> <p>Baseline: See FY 2017-18 average timeliness for Adult services</p> <p>Goal:</p> <ol style="list-style-type: none"> 1. For Routine requests for service, VV, FF and VJO County Adult programs will: <ol style="list-style-type: none"> a. Achieve goal of 80% resulting in an offered assessment within 10 business days (FY17-18 baseline for all Adults: 75%) b. Achieve goal of an average of 10 business days or less from service request to actual assessment (FY17-18 baseline for all adults: 8.02 days) c. Achieve goal of an average of 20 business days or less from service request to tx service initiation (FY17-18 baseline for all adults: 18.35 days) 2. For Urgent requests for service, County Adult programs will: <ol style="list-style-type: none"> a. Maintain goal of 80% resulting in an offered assessment within 3 business days (FY17-18 baseline for all adults: 78%) b. Achieve goal of an average of 3 business days or less from service request to actual assessment (FY17-18 baseline for all adults: 6.13 days) c. Achieve goal of an average of 15 business days or less from service request to service initiation (FY17-18 baseline for adults: 18.58 days) 	Q1:			
		Request Type	Service Request to Offered Ax Appt (% w/in 10 bus days for Routine & 3 bus days for Urgent)	Average # of Business Days from Service Request to Actual Ax Appt	Average # of Business Days from Service Request to First Tx Service
		Routine			
		Urgent			
		Total:			
		Q2:			
		Routine			
		Urgent			
		Total:			
		Q3:			
		Routine			
		Urgent			
		Total:			
		Q4:			
		Routine			
		Urgent			
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<p>V. Access & Timeliness:</p> <ul style="list-style-type: none"> • AG-3: Retention: Service Request to First Offered Assessment Appointment <p>Purpose of Monitoring: DHCS Annual Review Protocols, FY 17-18, Access – Section C, I. - Item C, IV. – Item A</p> <p>Name of Data Report: Avatar Timeliness Report #333; 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>AG-3: Maintain or improve the following engagement & attrition measures for Children: Baseline: See FY 2017-18 average engagement & attrition for Children’s services Goal:</p> <ol style="list-style-type: none"> 1. For Routine requests for service, County Adult programs will: <ol style="list-style-type: none"> a. Maintain goal of 85% resulting in an Assessment (FY17-18 baseline: 81%) b. Achieve goal of 55% resulting in initiation of treatment (FY17-18 baseline: 40%) 2. For Urgent requests for service, County Adult programs will: <ol style="list-style-type: none"> a. Maintain goal of 95% resulting in an assessment (FY17-18 baseline: 97%) b. Achieve goal of 90% resulting in initiation of treatment (FY17-18 baseline: 75%) 	<p>Q1:</p> <table border="1" data-bbox="947 188 2051 358"> <thead> <tr> <th>Request Type</th> <th># of Service Requests</th> <th>% Receiving an Assessment</th> <th>% Who Initiated Treatment</th> </tr> </thead> <tbody> <tr> <td>Routine</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Urgent</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Q2:</p> <table border="1" data-bbox="947 423 2051 526"> <tbody> <tr> <td>Routine</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Urgent</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Q3:</p> <table border="1" data-bbox="947 591 2051 693"> <tbody> <tr> <td>Routine</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Urgent</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Q4:</p> <table border="1" data-bbox="947 758 2051 860"> <tbody> <tr> <td>Routine</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Urgent</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Request Type	# of Service Requests	% Receiving an Assessment	% Who Initiated Treatment	Routine				Urgent				Total:				Routine				Urgent				Total:				Routine				Urgent				Total:				Routine				Urgent				Total:			
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<p>V. Access & Timeliness:</p> <ul style="list-style-type: none"> • AG-5: Access: Test Call Performance <p>Purpose of Monitoring: DHCS Annual Review Protocols, FY 18-19, Network Adequacy and Availability of Services – Section A, I - Item F1; Access and Information Requirements – Section D, VI. – Items B & C</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>AG-5: All calls to (800) 547-0495 MH Access unit are routed to a Care Manager, 24 hours/day, 7 days/week. Care Managers provide or arrange for Access services in any language spoken in Solano County. Additionally, calls should:</p> <ul style="list-style-type: none"> • Provide information about how to access specialty MH services, including how to access an intake assessment. • Provide information about urgent services. • Provide information about how to access Problem Resolution and State Fair Hearing processes. <p>Baseline: See FY 17-18 % that met standards</p> <p>Goal: During QI initiated test calls, the MHP will demonstrate in 75% Business and Afterhours calls:</p> <ul style="list-style-type: none"> • Measure #1: Provide a Minimum of 4 test calls/month. • Measure #2: Testing for language capabilities (Spanish & Tagalog primarily) • Measure #3: Testing for appropriate information given (SMHS access, Urgent conditions, and Problem Resolution) • Measure #4: Logging all appropriate data 	<p>Q1:</p> <table border="1" data-bbox="947 228 2053 719"> <thead> <tr> <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 2017-18</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Languages Tested: Spanish</td> <td>B</td> <td></td> <td></td> <td></td> <td>66%</td> </tr> <tr> <td>A</td> <td></td> <td></td> <td></td> <td>33%</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>80%</td> </tr> <tr> <td>A</td> <td></td> <td></td> <td></td> <td>25%</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>100%</td> </tr> <tr> <td>A</td> <td></td> <td></td> <td></td> <td>100%</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>100%</td> </tr> <tr> <td>A</td> <td></td> <td></td> <td></td> <td>0%</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>78.6%</td> </tr> <tr> <td>A</td> <td></td> <td></td> <td></td> <td>21.4%</td> </tr> </tbody> </table> <p>Q2:</p> <p>Q3:</p> <p>Q4:</p>						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 2017-18	Languages Tested: Spanish	B				66%	A				33%	Was Information given about how to access SMHS, including how to get an Ax.	B				80%	A				25%	Info about how to treat a client's urgent condition	B				100%	A				100%	Info about how to use the Problem Resolution/Fair Hearing process	B				100%	A				0%	Logging Name of client, date of request, & initial disposition	B				78.6%	A				21.4%
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V. Service Access and Timeliness (Data Monitoring - DM)

Quality Improvement Area of Data Monitoring	Results of Evaluation																																																																																																											
<p>V. Access and Timeliness:</p> <ul style="list-style-type: none"> • DM-1: Access Calls Handled <p>Purpose for Monitoring: DHCS Annual Review Protocols, FY 18-19, Network Adequacy and Availability of Services – Section A, I - Item F1</p> <p>Name of Data Report: CISCO-Contact Service Queue Activity Report (by CSQ)</p> <p>Sub-committee/Staff Responsible:</p> <ul style="list-style-type: none"> • Quality Improvement unit • Access Supervisor <p>Previous FY Baseline Averages:</p> <ul style="list-style-type: none"> • Quarterly Average of % of Calls Handled “Live” during FY 17-18: 98.6% • Quarterly Average of % of Abandoned calls in FY 17-18: 1.4% <p>FY 18-19 Quarterly Averages:</p> <ul style="list-style-type: none"> • Total # of Problem Resolution 	<p>Q1:</p> <table border="1" data-bbox="575 310 1612 537"> <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> </tbody> </table> <p>Q2:</p> <table border="1" data-bbox="575 586 1612 727"> <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> <td>Q2 Total</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Q3:</p> <table border="1" data-bbox="575 781 1612 922"> <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> <td>Q3 Totals</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Q4:</p> <table border="1" data-bbox="575 976 1612 1122"> <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> <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						Oct						Nov						Dec						Q2 Total						Jan						Feb						Mar						Q3 Totals						Apr						May						Jun						Q4 Totals					
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VI. Program Integrity (Active Goals - AG)

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<p>VI. Program Integrity:</p> <ul style="list-style-type: none"> AG-1: Service Verification County Programs <p>Purpose of Monitoring: DHCS Annual Review Protocols, FY 18--19, Program Integrity – Section G, III. - Item A.</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>AG-1: According to Program Integrity requirements of 42 CFR §455.1(a)(2) as set forth in the MHP Contract between the State of California and the County of Solano, there is a need to 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 during Q1 and Q3, and endeavor to demonstrate 90-100% accountability for each service identified during the sampling period (services not verified will be repaid).</p> <ul style="list-style-type: none"> Measurement #1: 100% of all applicable County programs participate in the service verification process? FY 17-18 Baseline: 100% Measurement #2: 90-100% of services will be verified during the week of Service Verification. FY 17-18 Baseline: 92.7% 	<p>Q1:</p> <table border="1" data-bbox="947 285 2032 787"> <thead> <tr> <th>County Program</th> <th>Did all applicable programs participate in Service Verification?</th> <th>Were 100% of services accounted for?</th> <th>Was a NOBE submitted for all unverified services?</th> </tr> </thead> <tbody> <tr><td>FF Youth FSP</td><td></td><td></td><td></td></tr> <tr><td>FF Youth</td><td></td><td></td><td></td></tr> <tr><td>FF Adult</td><td></td><td></td><td></td></tr> <tr><td>VV Youth FSP</td><td></td><td></td><td></td></tr> <tr><td>VV Youth</td><td></td><td></td><td></td></tr> <tr><td>VV Adult</td><td></td><td></td><td></td></tr> <tr><td>VJO Youth FSP</td><td></td><td></td><td></td></tr> <tr><td>VJO Youth</td><td></td><td></td><td></td></tr> <tr><td>VJO Adult</td><td></td><td></td><td></td></tr> <tr><td>VJO Adult FSP</td><td></td><td></td><td></td></tr> <tr><td>FCTU</td><td></td><td></td><td></td></tr> <tr><td>FACT/AB 109</td><td></td><td></td><td></td></tr> </tbody> </table> <p>Q2: <i>(Per MHP Policy, No County SV required during Q2 and Q4)</i></p> <p>Q3:</p> <p>Q4: <i>(Per MHP Policy, No County SV required during Q2 and Q4)</i></p>				County Program	Did all applicable programs participate in Service Verification?	Were 100% of services accounted for?	Was a NOBE submitted for all unverified services?	FF Youth FSP				FF Youth				FF Adult				VV Youth FSP				VV Youth				VV Adult				VJO Youth FSP				VJO Youth				VJO Adult				VJO Adult FSP				FCTU				FACT/AB 109			
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<p>VI. Program Integrity:</p> <ul style="list-style-type: none"> AG-2: Service Verification Contract Programs <p>Authority: DHCS Annual Review Protocols, FY 18--19, Program Integrity – Section G, III. - Item A.</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>AG-2: According to Program Integrity requirements of 42 CFR §455.1(a)(2) as set forth in the MHP Contract between the State of California and the County of Solano, there is a need to 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 during Q2 and Q4, and endeavor to demonstrate 90-100% accountability for each service identified during the sampling period (services not verified will be repaid).</p> <ul style="list-style-type: none"> Measurement #1: 100% of all applicable Contract Agency programs participate in the service verification process? FY 17-18 Baseline: 77% Measurement #2: 90-100% of services will be verified during the week of Service Verification. FY 17-18 Baseline: Data Pending for Q4 (Q2=80.3%) 	<p>Q1: (Per MHP Policy, No Contract Agency SV required during Q1 and Q3)</p> <p>Q2:</p> <table border="1" data-bbox="947 217 2032 651"> <thead> <tr> <th>Contract Program</th> <th>Did all applicable programs participate in Service Verification?</th> <th>Were 100% of services accounted for?</th> <th>Was a NOBE submitted for all unverified services?</th> </tr> </thead> <tbody> <tr><td>A Better Way</td><td></td><td></td><td></td></tr> <tr><td>Aldea</td><td></td><td></td><td></td></tr> <tr><td>Caminar</td><td></td><td></td><td></td></tr> <tr><td>Child Haven</td><td></td><td></td><td></td></tr> <tr><td>Psynergy</td><td></td><td></td><td></td></tr> <tr><td>Rio Vista CARE</td><td></td><td></td><td></td></tr> <tr><td>Seneca*</td><td></td><td></td><td></td></tr> <tr><td>Sierra School</td><td></td><td></td><td></td></tr> <tr><td>Uplift Family Services</td><td></td><td></td><td></td></tr> </tbody> </table> <p>Q3: (Per MHP Policy, No Contract Agency SV required during Q1 and Q3)</p> <p>Q4:</p>				Contract Program	Did all applicable programs participate in Service Verification?	Were 100% of services accounted for?	Was a NOBE submitted for all unverified services?	A Better Way				Aldea				Caminar				Child Haven				Psynergy				Rio Vista CARE				Seneca*				Sierra School				Uplift Family Services			
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VI. Program Integrity (Data Monitoring - DM)

Quality Improvement Area of Data Monitoring	Results of Evaluation																										
<p>VI. Program Integrity:</p> <ul style="list-style-type: none"> • DM-1: Compliance Committee <p>Purpose of Monitoring: DHCS Annual Review Protocols, FY 18--19, Program Integrity – Section G, I. - Item B3.</p> <p>Name of Data Report: Compliance Committee meeting minutes/Compliance Unit report</p> <p>Sub-committee/Staff Responsible: Compliance Committee</p>	<p>Q1:</p> <table border="1" data-bbox="583 318 1640 418"> <thead> <tr> <th>Month</th> <th>Compliance Meeting Held?</th> <th>Date of Mtg(s) and General Issues Addressed</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Q2:</p> <table border="1" data-bbox="583 483 1640 584"> <thead> <tr> <th>Month</th> <th>Compliance Meeting Held?</th> <th>Date of Mtg(s) and General Issues Addressed</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Q3:</p> <table border="1" data-bbox="583 649 1640 750"> <thead> <tr> <th>Month</th> <th>Compliance Meeting Held?</th> <th>Date of Mtg(s) and General Issues Addressed</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Q4:</p> <table border="1" data-bbox="583 815 1640 915"> <thead> <tr> <th>Month</th> <th>Compliance Meeting Held?</th> <th>Date of Mtg(s) and General Issues Addressed</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Month	Compliance Meeting Held?	Date of Mtg(s) and General Issues Addressed				Month	Compliance Meeting Held?	Date of Mtg(s) and General Issues Addressed				Month	Compliance Meeting Held?	Date of Mtg(s) and General Issues Addressed				Month	Compliance Meeting Held?	Date of Mtg(s) and General Issues Addressed			
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Quality Improvement Area of Data Monitoring	Results of Evaluation					
<p>VI. Program Integrity:</p> <ul style="list-style-type: none"> • DM-2: Compliance Training and Communication to the MHP <p>Purpose of Monitoring: DHCS Annual Review Protocols, FY 18--19, Program Integrity – Section G, III. - Item B4-6</p> <p>Name of Data Report: TBD</p> <p>Sub-committee/Staff Responsible: Compliance Committee meeting minutes/Compliance Unit report</p>	Q1:					
	Month	Did Dept. Offer Compliance Training this month?	How many Behavioral Health staff completed the training?	Did Compliance Officer send out communication of compliance issues?	Dates and Topics of Communication	
	Oct					
	Nov					
	Dec					
	Q2:					
	Oct					
	Nov					
	Dec					
	Q3:					
	Jan					
	Feb					
	Mar					
	Q4:					
	Apr					
	Mar					
	Jun					

VII. Quality Improvement (Active Goals - AG)

Quality Improvement Goal and Means to Accomplish it	Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation														
<p>VII. Quality Improvement:</p> <ul style="list-style-type: none"> • AG-1: Annual Utilization Review Audits - Timeliness and Appropriate Resolution of Annual Utilization Review Audit Findings <p>Purpose of Monitoring: DHCS Annual Review Protocols, FY 18-19, Network Adequacy and Availability of Services – Section A, VI. - Item D5 & F.</p> <p>Name of Data Report: UR Audit Tracking Log (to be created)</p> <p>Sub-committee/Staff Responsible: QI Audit Supervisor and team</p> <p>Annual Goal Items Met: <input type="checkbox"/> Met: Item # ____ <input type="checkbox"/> Partially Met: Item # ____ <input type="checkbox"/> Not Met: Item # ____</p>	<p>AG-1: Solano County MHP Quality Improvement (QI) unit conducts Annual Utilization Review Audits of all County and Contracted Organizational Providers who bill Medi-Cal services, to ensure all such providers utilized by Solano MHP are in compliance with the documentation standards requirements, per CCR Title 9.</p> <p>Baseline: See Quality Improvement annual UR Audits during FY 2017-18.</p> <p>Goal: The following processes are in place for FY 2018-19 to monitor Provider compliance with CCR Title 9 documentation standards requirements:</p> <ul style="list-style-type: none"> • Measurement #1: At least 90% of UR Audit Reports will be submitted within 60 days after the audit alert period. • Measurement #2: At least 90% of reviewed programs requiring a CAP will submit one that meets QI standards, within prescribed timelines. 	<p>Q1:</p> <table border="1" data-bbox="947 321 2043 548"> <thead> <tr> <th data-bbox="947 321 1016 516">Q #</th> <th data-bbox="1016 321 1161 516"># Programs Audited this Quarter</th> <th data-bbox="1161 321 1396 516">% of programs that received a UR Audit Report within 60 days after the audit alert period?</th> <th data-bbox="1396 321 1682 516">% of all programs audited required a Corrective Action Plan (CAP)?</th> <th data-bbox="1682 321 2043 516">% of all programs reviewed this Quarter submitted an adequate Corrective Action Plan (CAP)?</th> </tr> </thead> <tbody> <tr> <td data-bbox="947 516 1016 548">Q1</td> <td data-bbox="1016 516 1161 548"></td> <td data-bbox="1161 516 1396 548"></td> <td data-bbox="1396 516 1682 548"></td> <td data-bbox="1682 516 2043 548"></td> </tr> </tbody> </table> <p>Q2:</p> <p>Q3:</p> <p>Q4:</p>					Q #	# Programs Audited this Quarter	% of programs that received a UR Audit Report within 60 days after the audit alert period?	% of all programs audited required a Corrective Action Plan (CAP)?	% of all programs reviewed this Quarter submitted an adequate Corrective Action Plan (CAP)?	Q1				
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Q1																

Quality Improvement Goal and Means to Accomplish it	Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation														
<p>VII. Quality Improvement:</p> <ul style="list-style-type: none"> AG-2: Treatment Plan Review timeliness and QI Communication with programs around pending concurrent review status <p>Authority: DHCS Annual Review Protocols, FY 18-19, Network Adequacy and Availability of Services – Section A, VI. - Item D5 & F.</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>AG-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 that is in compliance with the documentation standards requirements, per CCR Title 9.</p> <p>Baseline: Quality Improvement engaged in annual UR Audits during FY 2017-18.</p> <p>Goal: The following processes are in place for FY 2018-19 to monitor Provider compliance with CCR Title 9 documentation standards requirements:</p> <ul style="list-style-type: none"> Measurement #1: 90% of requests for Treatment Plan review will be initially reviewed within 10 business days of receipt. Measurement #2: 100% of monthly concurrent review status reports are provided to programs. 	<p>Q1:</p> <table border="1" data-bbox="947 196 2032 444"> <thead> <tr> <th>Month</th> <th>% of Treatment Plans reviewed for quality within 10 business days of receipt</th> <th>% of programs receiving monthly concurrent review status report</th> </tr> </thead> <tbody> <tr> <td>Jul</td> <td>---</td> <td>---</td> </tr> <tr> <td>Aug</td> <td>---</td> <td>---</td> </tr> <tr> <td>Sep</td> <td>---</td> <td>---</td> </tr> </tbody> </table> <p>Q2:</p> <p>Q3:</p> <p>Q4:</p>			Month	% of Treatment Plans reviewed for quality within 10 business days of receipt	% of programs receiving monthly concurrent review status report	Jul	---	---	Aug	---	---	Sep	---	---
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Aug	---	---														
Sep	---	---														

VII. Quality Improvement (Data Monitoring - DM)

Quality Improvement Area of Data Monitoring	Results of Evaluation							
<p>VII. Quality Improvement:</p> <ul style="list-style-type: none"> • DM-1: Documentation Training and Avatar User Training <p>Purpose of Monitoring: DHCS Annual Review Protocols, FY 18-19, Network Adequacy and Availability of Services - Section A, VI - Item F.</p> <p>Name of Data Report: QI Excel Monitoring Spreadsheet</p> <p>Sub-committee/Staff Responsible: QI Training Lead and team</p>	Q1:							
	Month	Doc Training offered?	Date Training Offered	Avatar Phase I training offered?	Date Training Offered	Avatar Phase II training offered?	Date Training Offered	
	Jul							
	Aug							
	Sep							
	Q2:							
	Oct							
	Nov							
	Dec							
	Q3:							
	Jan							
	Feb							
	Mar							
	Q4:							
	Apr							
	May							
Jun								

Quality Improvement Area of Data Monitoring	Results of Evaluation																			
<p>VII. Quality Improvement:</p> <ul style="list-style-type: none"> • DM-2: Site Certifications <p>Purpose of Monitoring: DHCS Annual Review Protocols, FY 18-19, Network Adequacy and Availability of Services - Section A, VI - Item E.</p> <p>Name of Data Report: Monthly Site Certification Tracking Report</p> <p>Sub-committee/Staff Responsible: QI Site Certification Lead and team</p>	Q1:																			
	<table border="1"> <thead> <tr> <th data-bbox="594 191 743 354">Month</th> <th data-bbox="743 191 1031 354">Which Programs were Certified this Month?</th> <th data-bbox="1031 191 1318 354">Was the MHP's tracking report reviewed to ensure no Solano MHP programs were missed?</th> <th data-bbox="1318 191 1652 354">Were 100% of Site Certifications due this month facilitated in a timely manner?</th> </tr> </thead> <tbody> <tr> <td data-bbox="594 354 743 386">Jul</td> <td data-bbox="743 354 1031 386"></td> <td data-bbox="1031 354 1318 386"></td> <td data-bbox="1318 354 1652 386"></td> </tr> <tr> <td data-bbox="594 386 743 418">Aug</td> <td data-bbox="743 386 1031 418"></td> <td data-bbox="1031 386 1318 418"></td> <td data-bbox="1318 386 1652 418"></td> </tr> <tr> <td data-bbox="594 418 743 451">Sep</td> <td data-bbox="743 418 1031 451"></td> <td data-bbox="1031 418 1318 451"></td> <td data-bbox="1318 418 1652 451"></td> </tr> </tbody> </table>	Month	Which Programs were Certified this Month?	Was the MHP's tracking report reviewed to ensure no Solano MHP programs were missed?	Were 100% of Site Certifications due this month facilitated in a timely manner?	Jul				Aug				Sep						
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Quality Improvement Area of Data Monitoring	Results of Evaluation																																																																					
<p>VII. Quality Improvement:</p> <ul style="list-style-type: none"> • DM-3: Medi-Cal Provider Eligibility and Verification <p>Purpose of Monitoring: DHCS Annual Review Protocols, FY 18-19, Program Integrity - Section G, V - Item A.</p> <p>Name of Data Report: Provider Eligibility and Verification Tracking Report</p> <p>Sub-committee/Staff Responsible: QI Provider Eligibility Verification Lead</p>	<p>Q1:</p> <table border="1" data-bbox="598 188 1656 454"> <thead> <tr> <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></td> <td></td> <td></td> </tr> <tr> <td>Aug</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sep</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Q2:</p> <table border="1" data-bbox="598 553 1656 654"> <tbody> <tr> <td>Oct</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Nov</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dec</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Q3:</p> <table border="1" data-bbox="598 721 1656 821"> <tbody> <tr> <td>Jan</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Feb</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Mar</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Q4:</p> <table border="1" data-bbox="598 888 1656 989"> <tbody> <tr> <td>Apr</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>May</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Jun</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Month	How many providers initially showed up on one of the lists?	Was action taken to investigate provider's ability to work in the MHP?	How many providers were determined to be ineligible to practice?	Were 100% of County, Contract and Network Providers verified on the exclusion lists?	Jul					Aug					Sep					Oct					Nov					Dec					Jan					Feb					Mar					Apr					May					Jun				
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VIII. Network Adequacy (Data Monitoring - DM)

VIII. Network Adequacy:

- **DM-1:** Pathways to Well-Being

Authority:

DHCS Annual Review Protocols, FY 18-19, Network Adequacy and Availability of Services - Section A, III. - Item A-E.

Frequency of Evaluation:

Quarterly

Name of Data Report:

Pathways/Katie A. Database maintained by Foster Children's Treatment Unit; Foster Care Tx Unit Referral Log:

Sub-committee/Staff Responsible:

- Pathways/Katie A. Implementation Team

Q1:

# Refer'd to MHP	# Assessed & Refer'd for Services		# ID'd as Katie A. Subclass	Received CFT Mtg	Declined Services	AWOL	Awaiting Response
	MHP	MCP					
			In County				
			Out of County				
Program Name			ICC Clients	IHBS Clients			
Seneca							
FCTU							
SC Children's FSP							

Q2:

Q3:

Q4:

Quality Improvement Area of Data Monitoring	Objectives (Include standards, baselines, annual goal, etc.)	Results of Evaluation																																		
<p>VIII: Network Adequacy:</p> <ul style="list-style-type: none"> DM-2: Pathways to Well-Being (non-Subclass) <p>Purpose of Monitoring: DHCS Annual Review Protocols, FY 18-19, Network Adequacy and Availability of Services - Section A, III. - Item A-E.</p> <p>Name of Data Report: Pathways Database maintained by CCR Team</p> <p>Sub-committee/Staff Responsible:</p> <ul style="list-style-type: none"> CCR Coordinator 	<p>Services that were previously available only to children/youth who met Katie A. Subclass eligibility, including ICC and IHBS, are now available to any child/youth who meets medical necessity criteria for these services (Pathways). This includes children/youth who have more intensive MH needs or who are in or at risk of placement in residential or hospital settings, but could be effectively served in the home or community.</p> <p>Baseline: SCMH began identifying non-Subclass Pathways-eligible children/youth in June 2017.</p> <p>Goal: For FY 2017-18, monitor the identification of Pathways children/youth & the provision of services.</p> <p>Measure 1: For Internal SCMH clients:</p> <ol style="list-style-type: none"> 100% of Pathways clients will be offered ICC services 100% of Pathways clients will be assigned an ICC Coordinator, excluding youth who are AWOL or decline ICC services. A CFT meeting will be held or scheduled for 100% of Pathways clients who accept ICC services <p>Measure 2: For Contract Agency Clients:</p> <ol style="list-style-type: none"> Pathways clients will be offered ICC services (25% by Quarter 3; 50% by Quarter 4) Pathways clients will be assigned an ICC Coordinator, excluding youth who are AWOL or decline ICC services (25% by Quarter 3; 50% by Quarter 4) A CFT meeting will be held or scheduled for Pathways clients who accept ICC services (25% by Quarter 3; 50% by Quarter 4) 	<p>Q1:</p> <table border="1" data-bbox="947 188 2051 423"> <thead> <tr> <th></th> <th># of Pathways Clients Identified</th> <th colspan="2">Offered ICC Services # and %</th> <th>Declined or AWOL</th> <th colspan="2">Assigned an ICC Coordinator # and %</th> <th colspan="2">CFT Meeting Held or Scheduled</th> </tr> </thead> <tbody> <tr> <td>SCMH</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Contract Agency</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Q2:</p> <p>Q3:</p> <p>Q4:</p>									# of Pathways Clients Identified	Offered ICC Services # and %		Declined or AWOL	Assigned an ICC Coordinator # and %		CFT Meeting Held or Scheduled		SCMH									Contract Agency								
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Contract Agency																																				

Goal Purpose and Monitoring	Results of Evaluation																																																					
<p>VIII: Network Adequacy:</p> <ul style="list-style-type: none"> • DM-3: Provider Network Data <p>Purpose of Monitoring: DHCS Annual Review Protocols, FY 18-19, Network Adequacy and Availability of Services - Section A, I. - Item D.</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>Q1:</p> <table border="1" data-bbox="598 121 1577 414"> <thead> <tr> <th data-bbox="598 121 703 277">County Region</th> <th data-bbox="703 121 821 277"># of Providers in ea. Region</th> <th data-bbox="821 121 938 277">% of Providers in ea. Region</th> <th data-bbox="938 121 1056 277"># of Clients Served During the Quarter</th> <th data-bbox="1056 121 1173 277"># of Beacon Referral</th> <th data-bbox="1173 121 1291 277"># of Bilingual Provider</th> <th data-bbox="1291 121 1409 277"># trained to use Interp.</th> <th data-bbox="1409 121 1526 277"># 3 mons w/o taking a referral</th> <th data-bbox="1526 121 1644 277"># of Providers w/in 10 mins. of Pub Trans.</th> </tr> </thead> <tbody> <tr> <td data-bbox="598 277 703 310">N/A</td> <td data-bbox="703 277 821 310"></td> <td data-bbox="821 277 938 310"></td> <td data-bbox="938 277 1056 310"></td> <td data-bbox="1056 277 1173 310"></td> <td data-bbox="1173 277 1291 310"></td> <td data-bbox="1291 277 1409 310"></td> <td data-bbox="1409 277 1526 310"></td> <td data-bbox="1526 277 1644 310"></td> </tr> <tr> <td data-bbox="598 310 703 342">North</td> <td data-bbox="703 310 821 342"></td> <td data-bbox="821 310 938 342"></td> <td data-bbox="938 310 1056 342"></td> <td data-bbox="1056 310 1173 342"></td> <td data-bbox="1173 310 1291 342"></td> <td data-bbox="1291 310 1409 342"></td> <td data-bbox="1409 310 1526 342"></td> <td data-bbox="1526 310 1644 342"></td> </tr> <tr> <td data-bbox="598 342 703 375">Central</td> <td data-bbox="703 342 821 375"></td> <td data-bbox="821 342 938 375"></td> <td data-bbox="938 342 1056 375"></td> <td data-bbox="1056 342 1173 375"></td> <td data-bbox="1173 342 1291 375"></td> <td data-bbox="1291 342 1409 375"></td> <td data-bbox="1409 342 1526 375"></td> <td data-bbox="1526 342 1644 375"></td> </tr> <tr> <td data-bbox="598 375 703 407">South</td> <td data-bbox="703 375 821 407"></td> <td data-bbox="821 375 938 407"></td> <td data-bbox="938 375 1056 407"></td> <td data-bbox="1056 375 1173 407"></td> <td data-bbox="1173 375 1291 407"></td> <td data-bbox="1291 375 1409 407"></td> <td data-bbox="1409 375 1526 407"></td> <td data-bbox="1526 375 1644 407"></td> </tr> </tbody> </table> <p>Q2:</p> <p>Q3:</p> <p>Q4:</p>									County Region	# of Providers in ea. Region	% of Providers in ea. Region	# of Clients Served During the Quarter	# 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.	N/A									North									Central									South								
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