



# QUALITY IMPROVEMENT COMMITTEE

Solano County Behavioral Health  
August 10, 2023  
1:30pm – 3:30pm

# ANNOUNCEMENTS

## ❖ CalAIM:

### ❖ Payment Reform

- Solano QA recognizes that there are problems with various CPT codes (some missing, some not functioning properly, etc.)
- Solano is working on analyzing post Payment Reform revenues, costs, etc. to better determine contractor needs, productivity parameters, etc.

### ❖ BHQIP

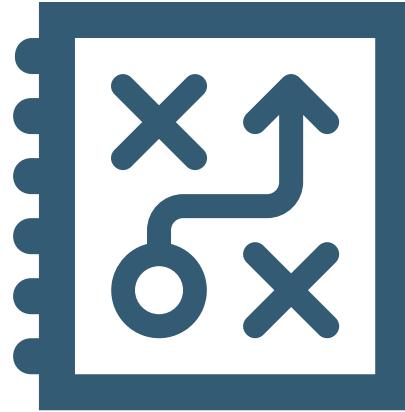
- Next due date is Sept 29<sup>th</sup> of 2023.

### ❖ NACT

- Counties have received draft version of BHIN

### ❖ Netsmart Avatar

- NIAM
- myHealthPointe



# QUALITY ASSESSMENT & PERFORMANCE IMPROVEMENT PLAN

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

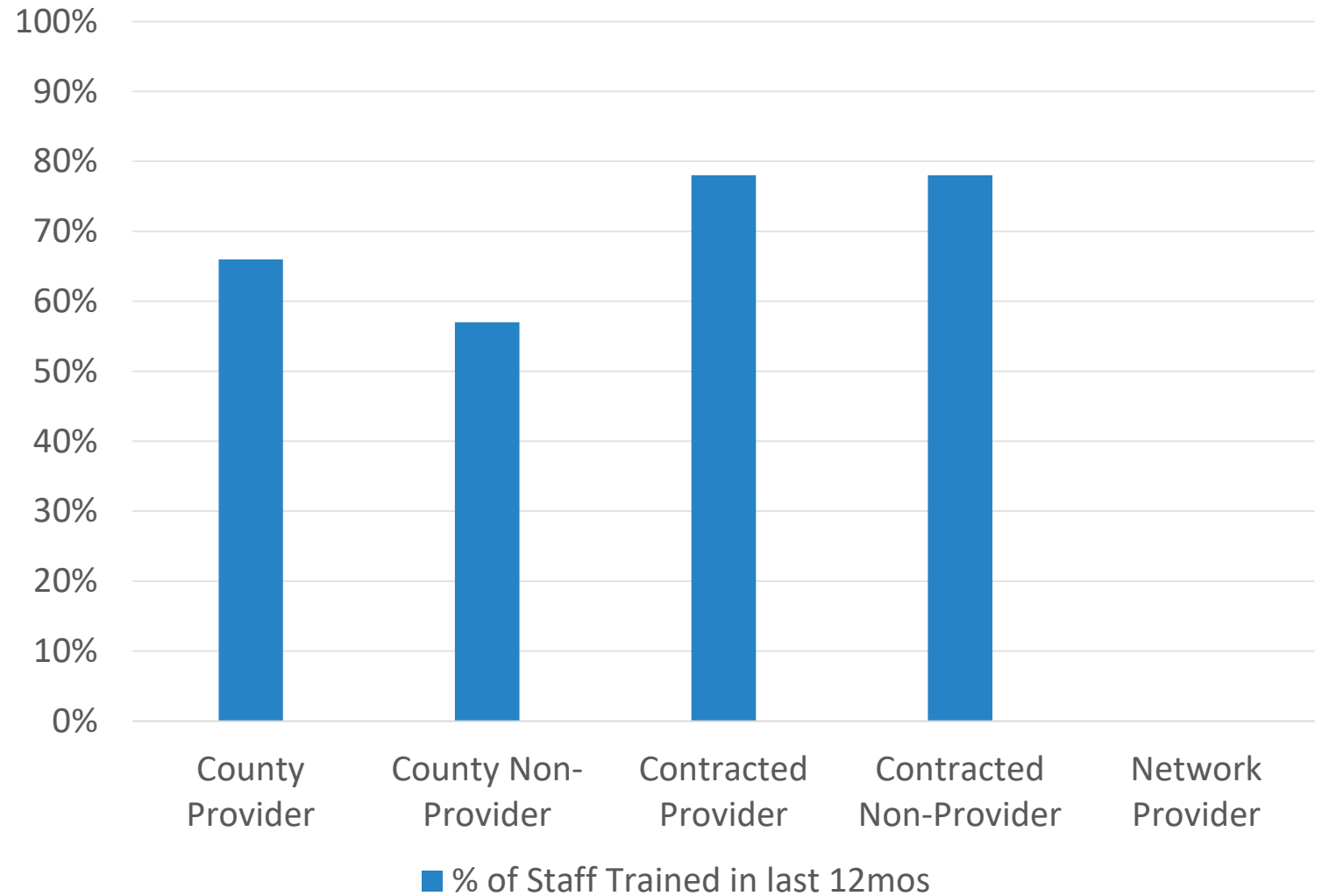


# I. CULTURAL DIVERSITY & EQUITY

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## AG-1: System wide Cultural Competence Training

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



# I. CULTURAL DIVERSITY & EQUITY

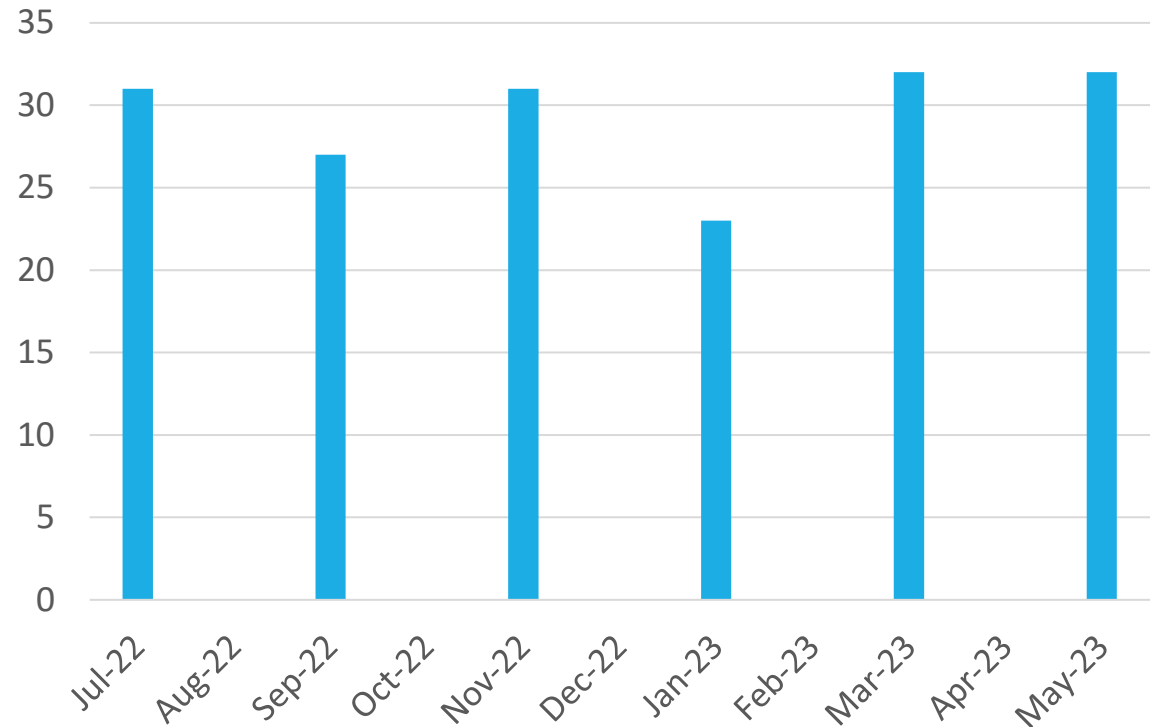
## Diversity & Equity Committee Updates:

- **New** Online Participation Agreement Form
- New Committee Members (Travis Airforce Base, Travis Credit Union, etc.)
- Next Meeting will be held on September 19<sup>th</sup> from 10am-12pm

## Additional SCBH Diversity & Equity Efforts:

- Working to solidify cultural humility training calendar
- Continued participation in ICCTM Statewide Learning Collaborative which includes mentoring Fresno, Kern, Marin and Los Angeles Counties
- Pending RFP for Stigma Reduction and Discrimination Reduction Services
- BHP Diversity & Inclusion Approaches to Service Delivery Monthly Meeting

# of Participants

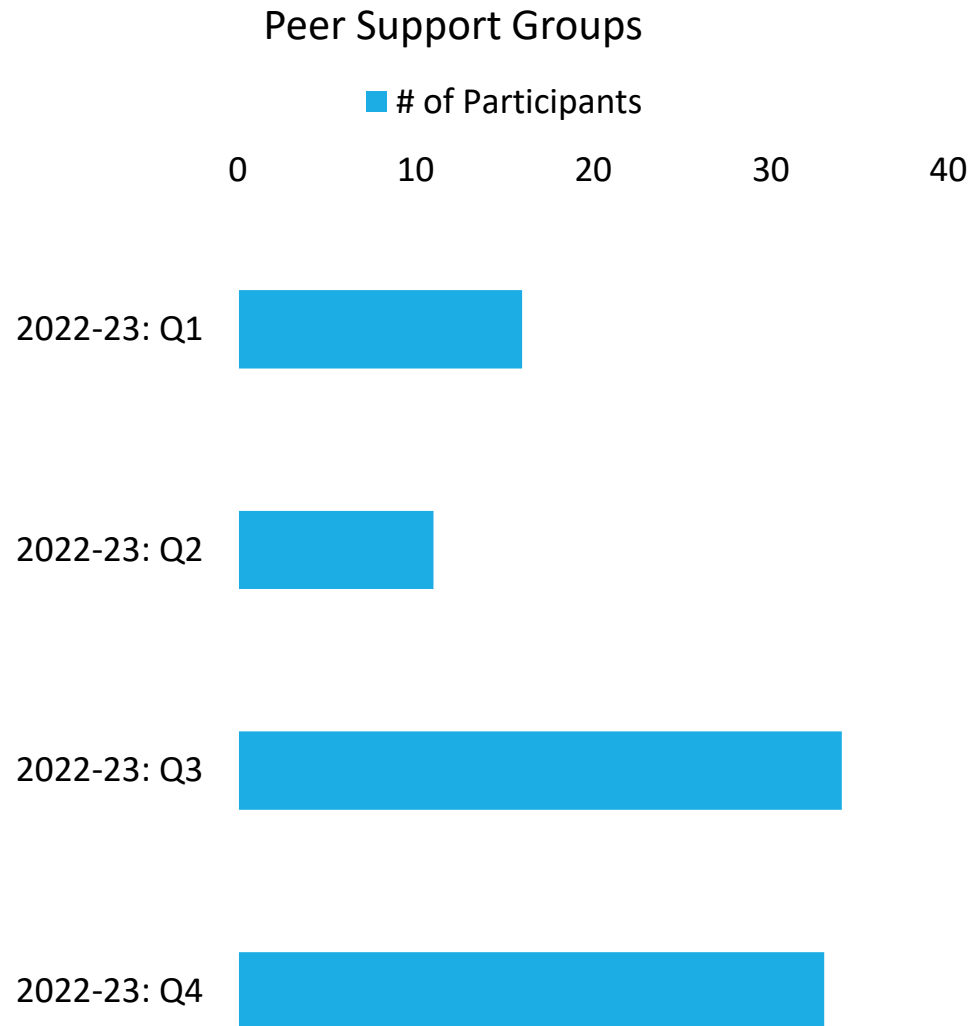




## II. WELLNESS & RECOVERY



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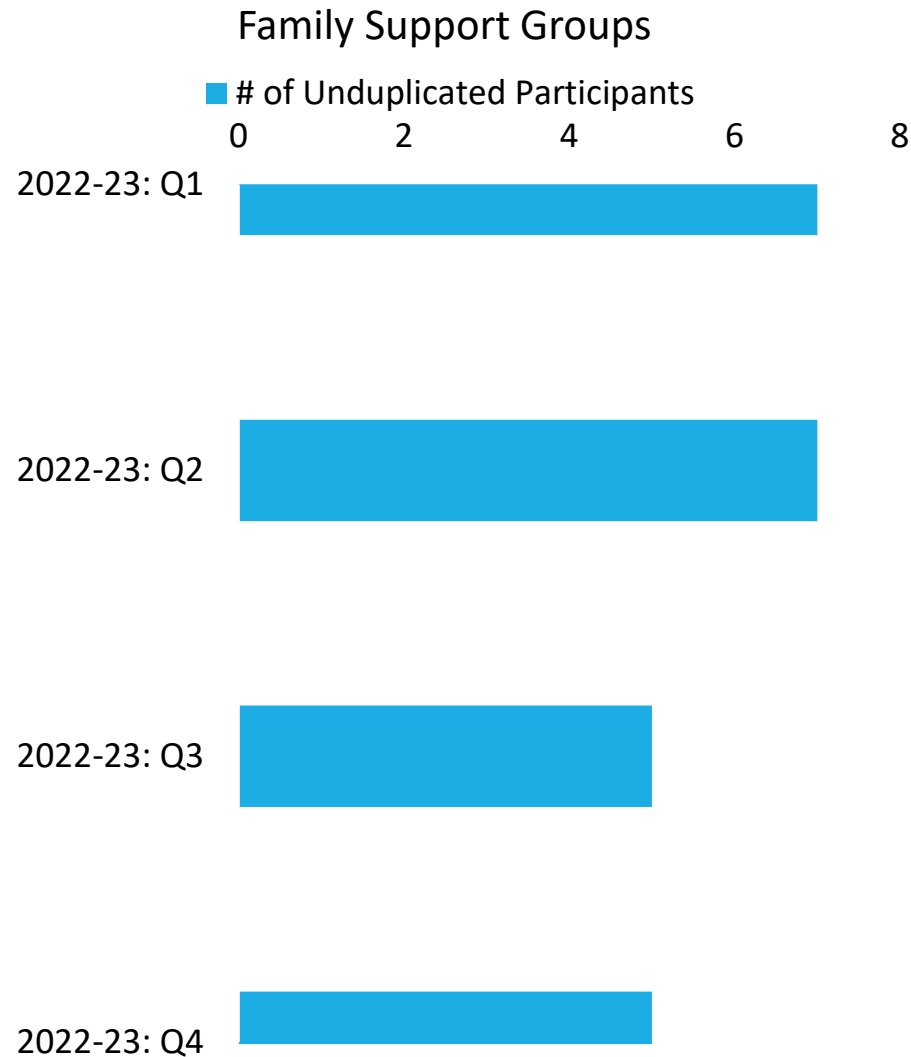


AG-1: Provide Support Groups to Adult and Family community members to better support their understanding of their or their loved one's BH challenges and learn effective ways to cope and seek support.

Goal:

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

## II. WELLNESS & RECOVERY



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

Goal:

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



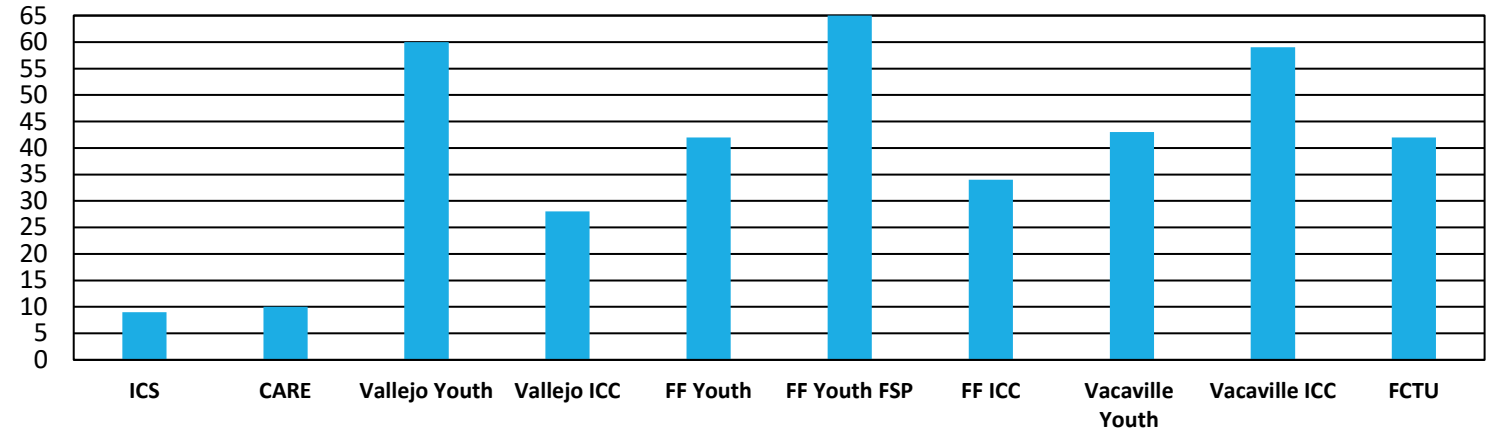
# III. BENEFICIARY SATISFACTION & PROTECTION

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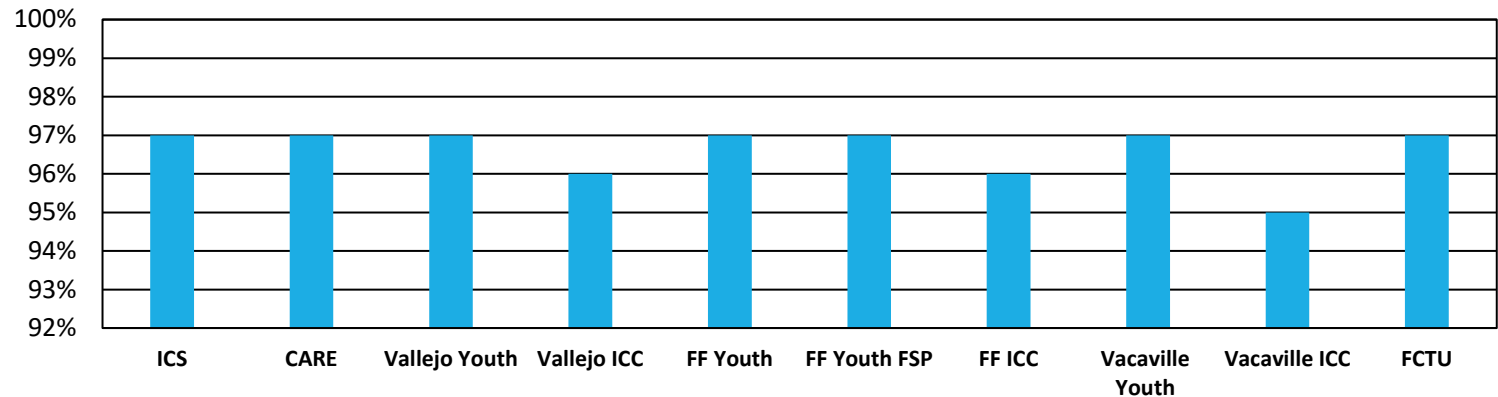
AG-1: Solano MHP will review survey data from our semiannual Solano MHP Service Verification/Consumer survey to begin to look at survey results per program. Each program will be challenged to set a program specific goal for improvement targeting baseline data from Consumer survey. Post intervention measurement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

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

# of Surveys Completed



Satisfaction Score



# III. Beneficiary Satisfaction & Protection

Service Verification Client Satisfaction Survey Question	Yes, definitely	Yes, somewhat	No	Not Answered
1. Did the staff explain things in a way that was easy to understand?	94%	5%	--	1%
2. Did the staff listen carefully to you?	96%	3%	--	1%
3. Did the staff show respect for what you had to say?	98%	2%	--	1%
4. Did you feel the staff was respectful of your race/ethnicity?	97%	2%	--	1%
5. Did you feel the staff was respectful of your religion/spirituality?	96%	1%	--	2%
6. Did you feel the staff was respectful of your sexual orientation/gender identity?	95%	1%	1%	3%
	<b>Yes</b>	<b>No, but I'd like one</b>	<b>I don't need one</b>	<b>Not Answered</b>
7. Was an interpreter/bilingual staff provided?	12%	1%	82%	5%
If yes,	<b>Yes, definitely</b>	<b>Yes, somewhat</b>	<b>No</b>	<b>Not Answered</b>
8. Did the interpreter/bilingual staff meet your needs?	94%	6%	--	--
	<b>Yes, definitely</b>	<b>Yes, somewhat</b>	<b>No</b>	<b>Not Answered</b>
9. Do you feel better?	69%	22%	1%	7%
10. Would you recommend our services to others?	81%	6%	3%	10%



# IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION

## IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION

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

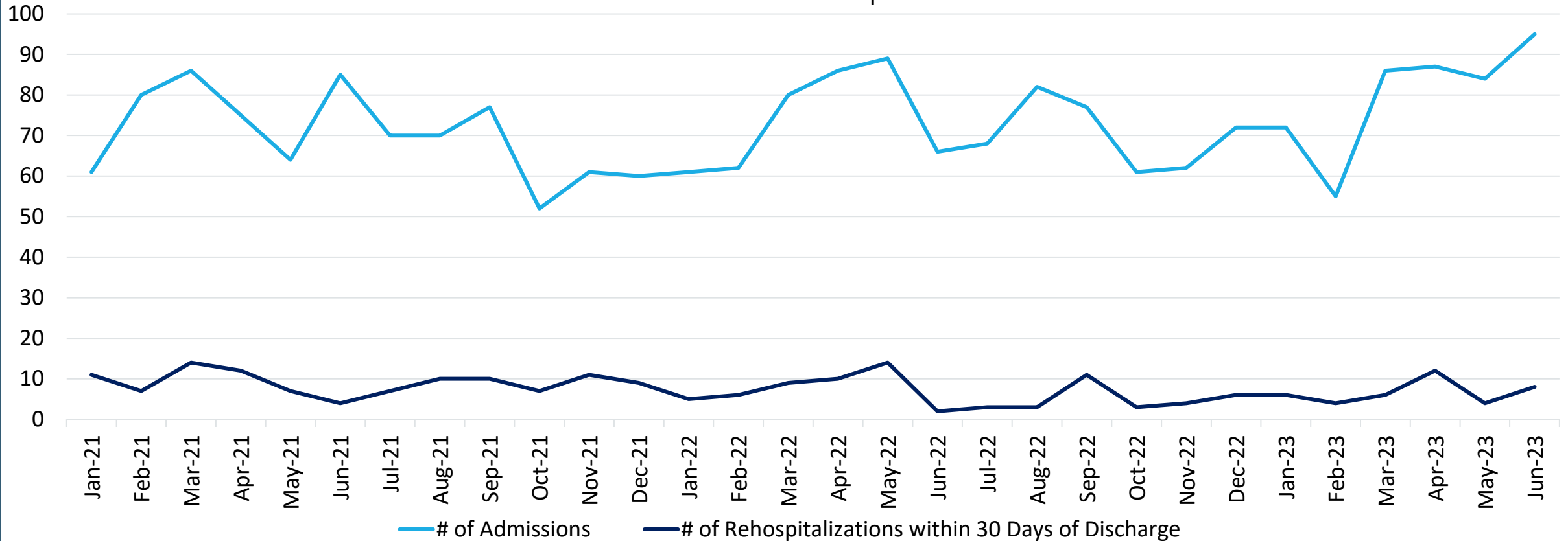
Goal:

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

Month	Total Adult Inpatient Hospitalizations	Total Adult Discharges	Total #/% Adult Rehospitalizations w/in 30 days of discharge	
April	72	72	12	21%
May	68	67	4	8%
June	85	78	8	11%
Total	225	217	24	13%

# IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION

Adult Admissions & Re-Hospitalizations





## IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION

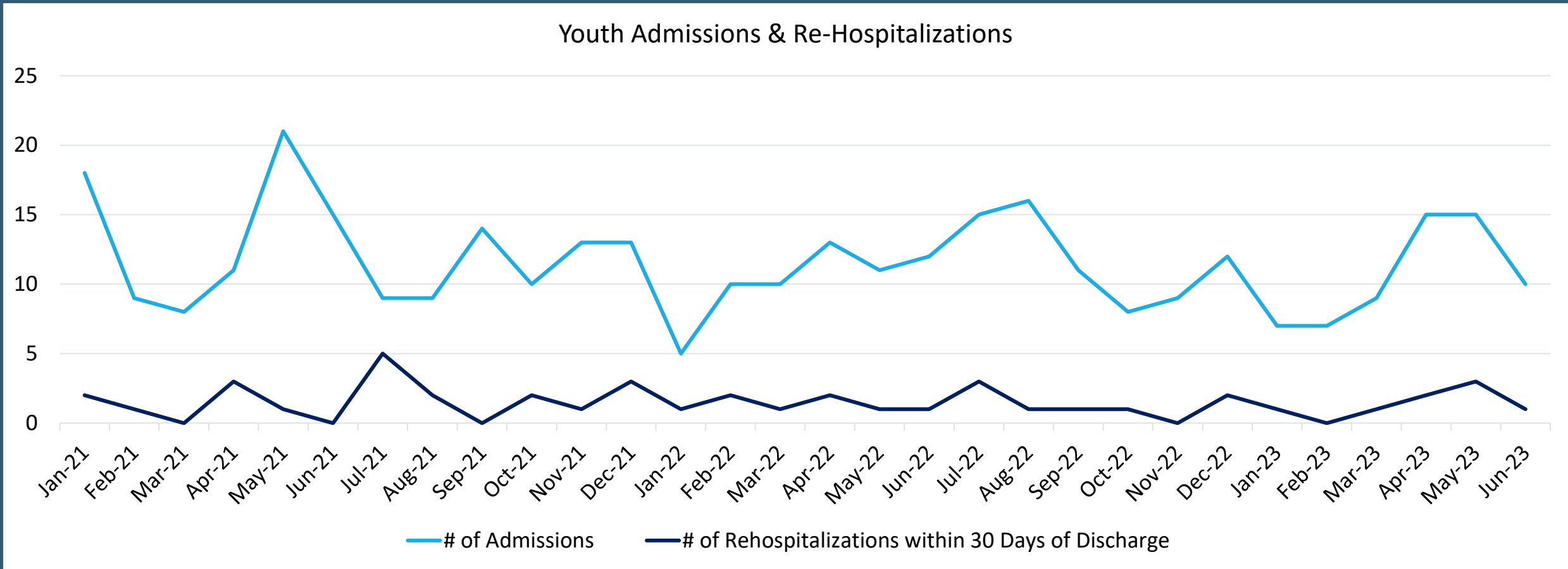
AG-3: Maintain or improve the following hospital-related measures.

Goal:

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

Month	Total Child Inpatient Hospitalizations	Total Child Discharges	Total #/% Child Rehospitalizations w/in 30 days of discharge	
April	15	15	2	13%
May	15	15	3	19%
June	10	10	1	8%
Total	40	40	6	13%

# IV. BENEFICIARY OUTCOMES & SYSTEM UTILIZATION





# V. SERVICE ACCESS & TIMELINESS

# YOUTH SERVICES

Access, Timeliness, Engagement & Retention

# V. SERVICE ACCESS & TIMELINESS

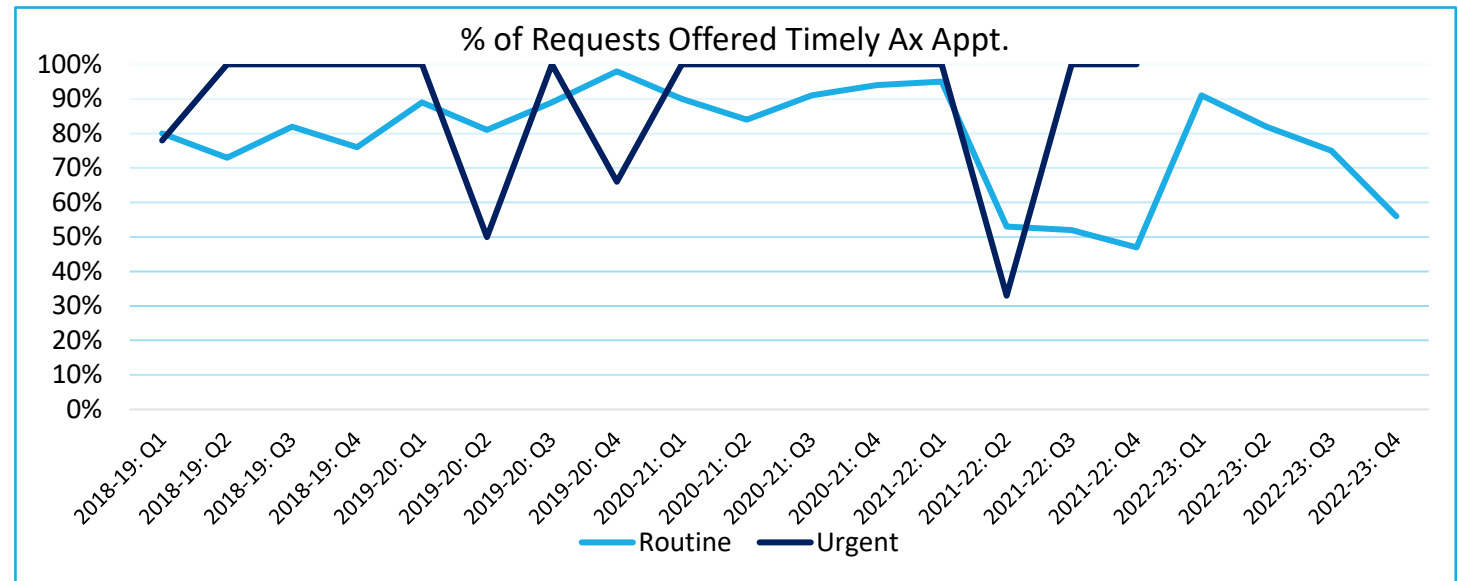
AG-1: Service request to first offered Assessment appointment in Youth System of Care

Goal:

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

## Youth System of Care

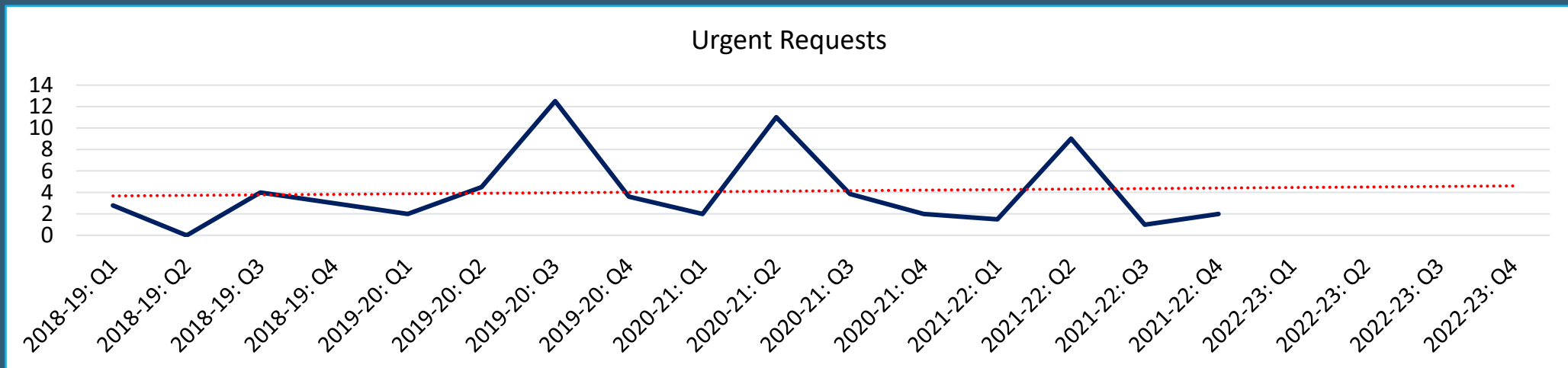
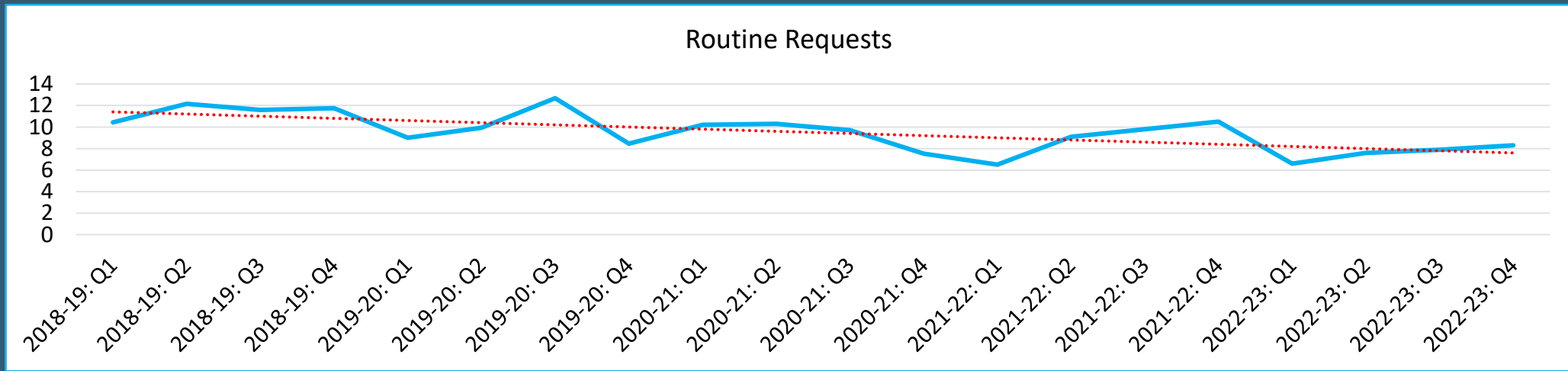
Request Type	Avg. # of Bus. Days from Service Request to 1 <sup>st</sup> Offered Ax Appt	Avg. # of Bus. Days from Ax Completion to 1 <sup>st</sup> Offered Tx Appt
Routine	8.3	11.6
Urgent	N/A	N/A
Total	8.3	11.6



# V. SERVICE ACCESS & TIMELINESS

Youth System of Care

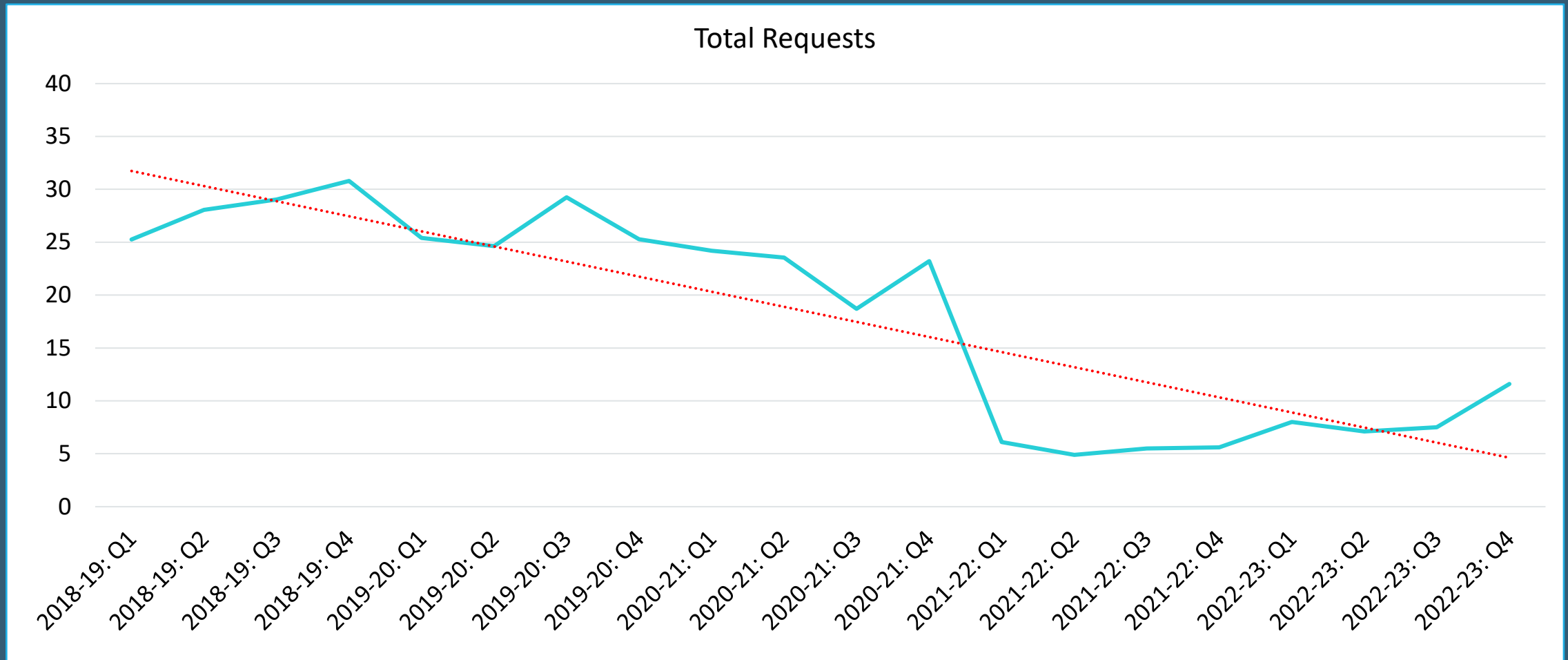
Average Number of Business Days from Service Request to 1<sup>st</sup> Offered Assessment Appointment



# V. SERVICE ACCESS & TIMELINESS

Youth System of Care

Average Number of Business Days from Assessment Completion to 1<sup>st</sup> Offered Treatment Appointment



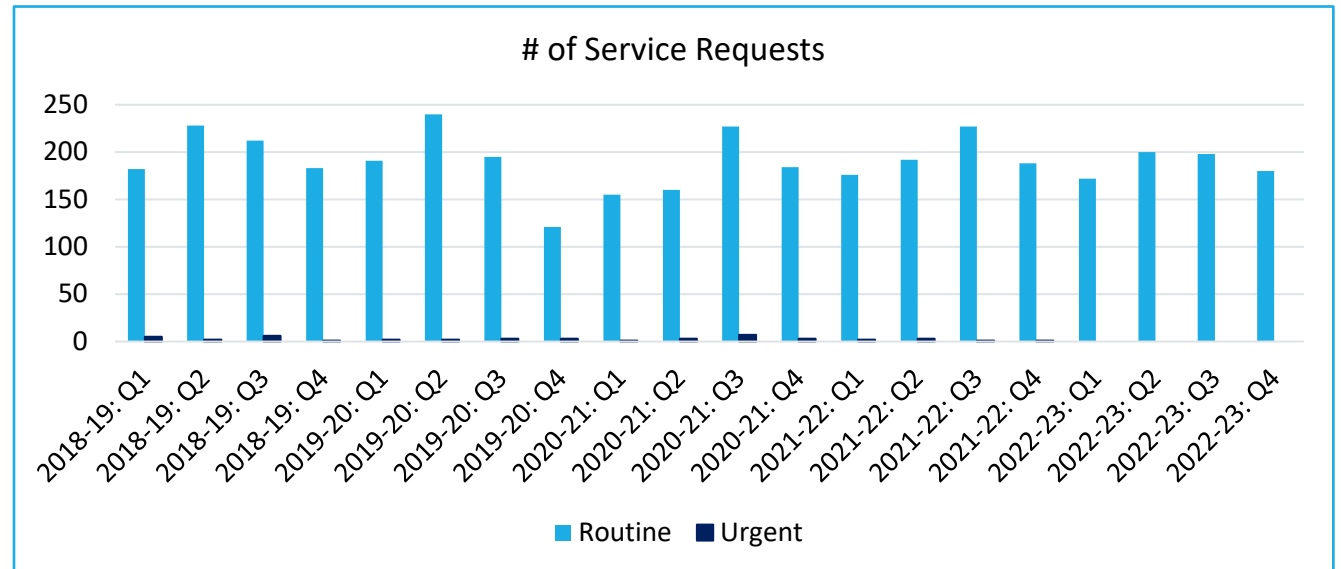
# V. SERVICE ACCESS & TIMELINESS

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

Goal:

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

Youth System of Care	Routine Requests	Urgent Requests	Totals
<b>Total Service Requests</b>	180	0	180
<b>Received Ax (%)</b>	83.3%	N/A	83.3.%
<b>Received Ax (#)</b>	150	N/A	150
<b>Received Tx (%)</b>	56%	N/A	56%
<b>Received Tx (#)</b>	84	N/A	84

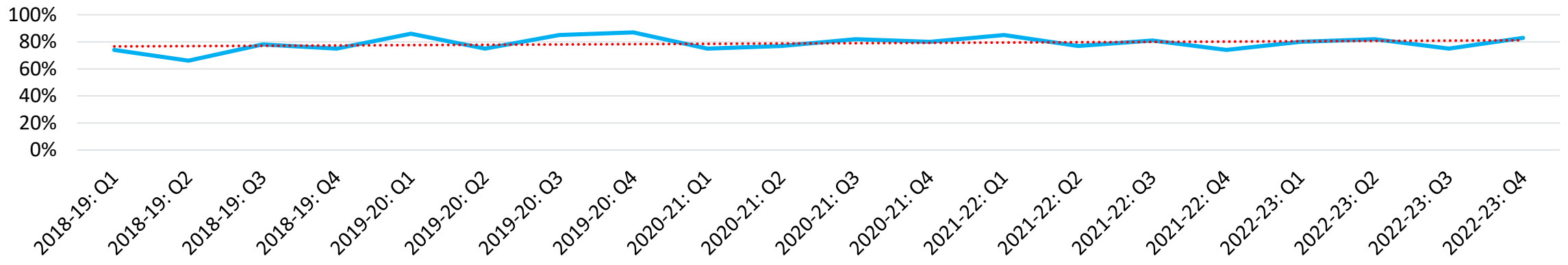




# V. SERVICE ACCESS & TIMELINESS

## Youth Services - Percentage of Service Requests with a Completed Assessment

### Routine Requests

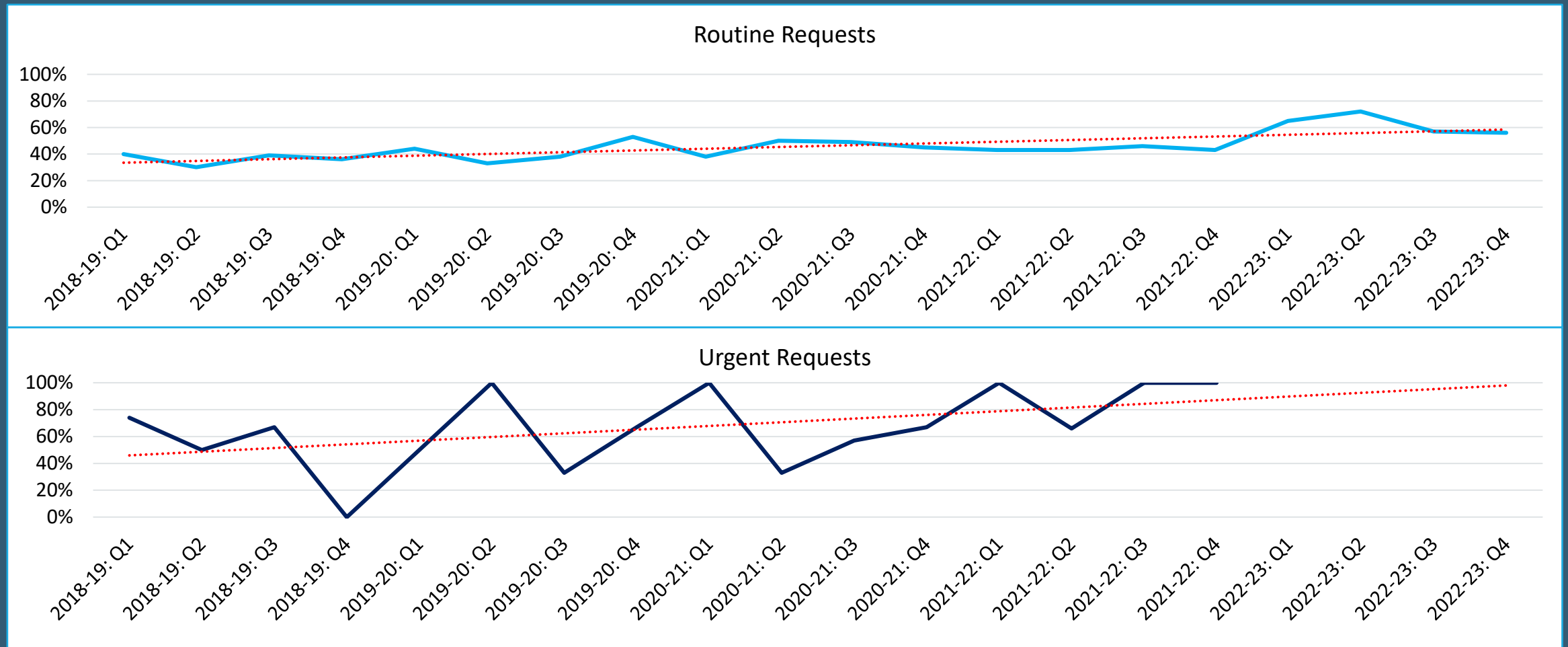


### Urgent Requests



# V. SERVICE ACCESS & TIMELINESS

## Youth Services - Percentage of Service Requests with a Treatment Service



# V. SERVICE ACCESS & TIMELINESS

- Youth Engagement to Intake Assessment and Initial Treatment Appt.

Youth System of Care	Routine Requests	Urgent Requests	Totals
<b>Total Service Requests</b>	180	0	180
<b>% Didn't Show For Ax</b>	32.7%	N/A	32.7%
<b>% Received Ax</b>	83.3%	N/A	83.3%
<b># Received Ax</b>	150	N/A	150
<b>Declined Tx</b>	11	N/A	11
<b>Didn't Meet Medical Necessity</b>	9	N/A	9
<b># of clients who need Tx</b>	130	N/A	130
<b>% Received Tx</b>	64.6%	N/A	64.6%
<b># Received Tx</b>	84	N/A	84

# ADULT SERVICES

Access, Timeliness, Engagement & Retention

# V. SERVICE ACCESS & TIMELINESS

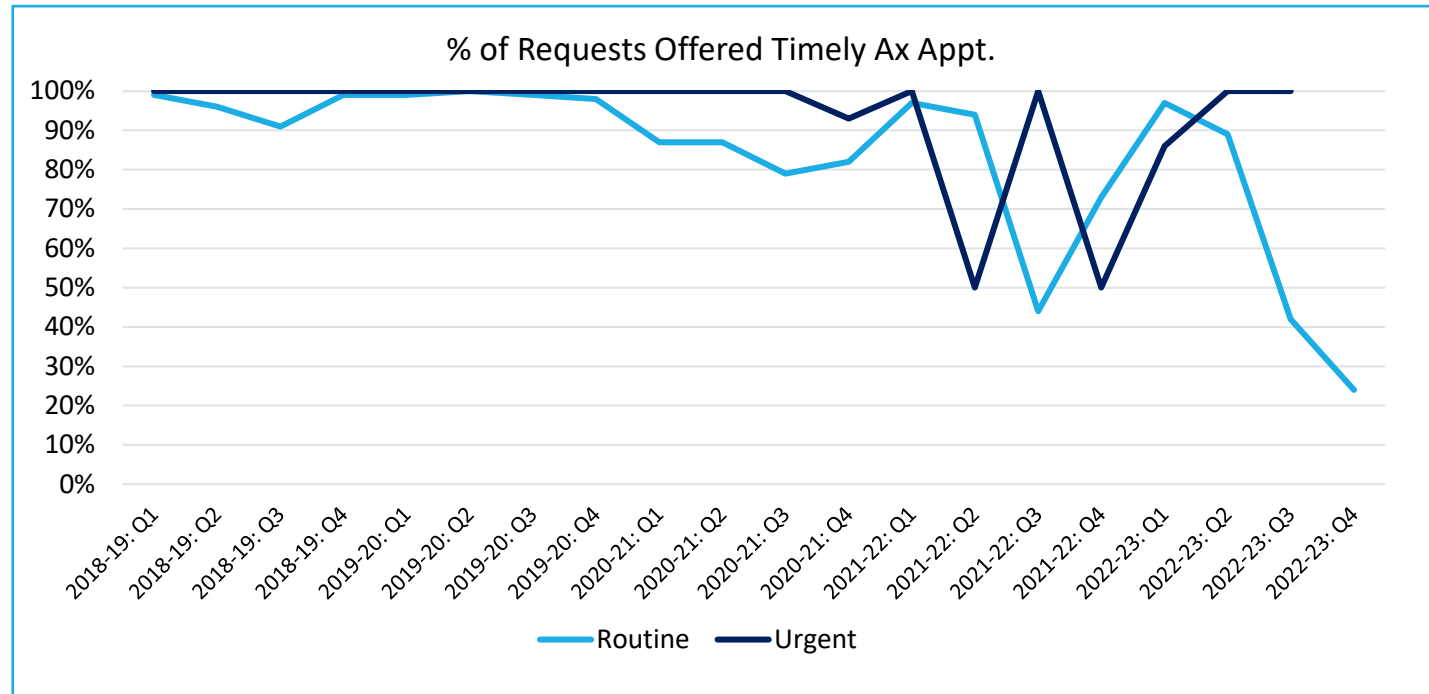
AG-2: Service request to first offered Assessment appointment in Adult System of Care

Goal:

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

## Adult System of Care

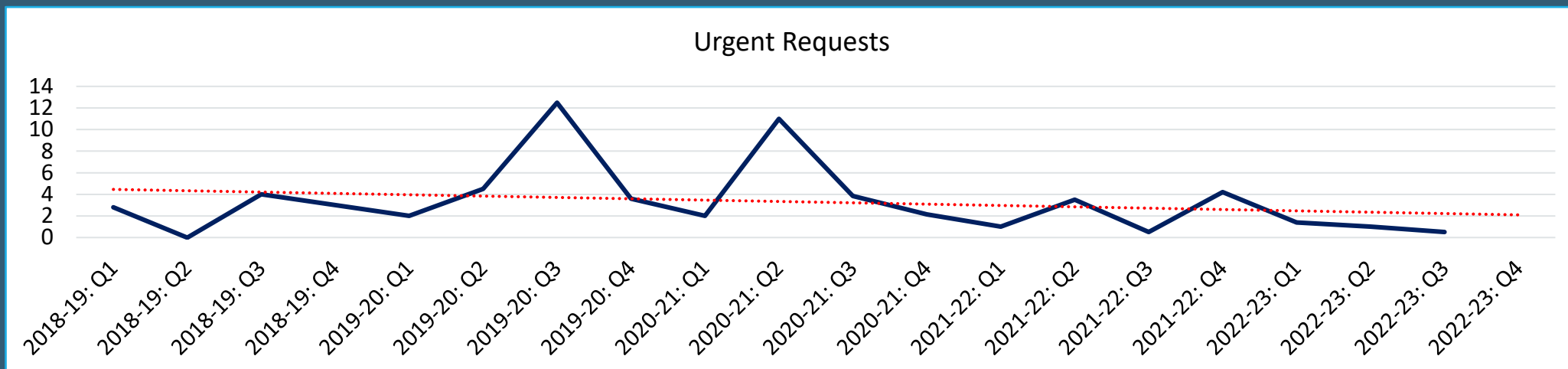
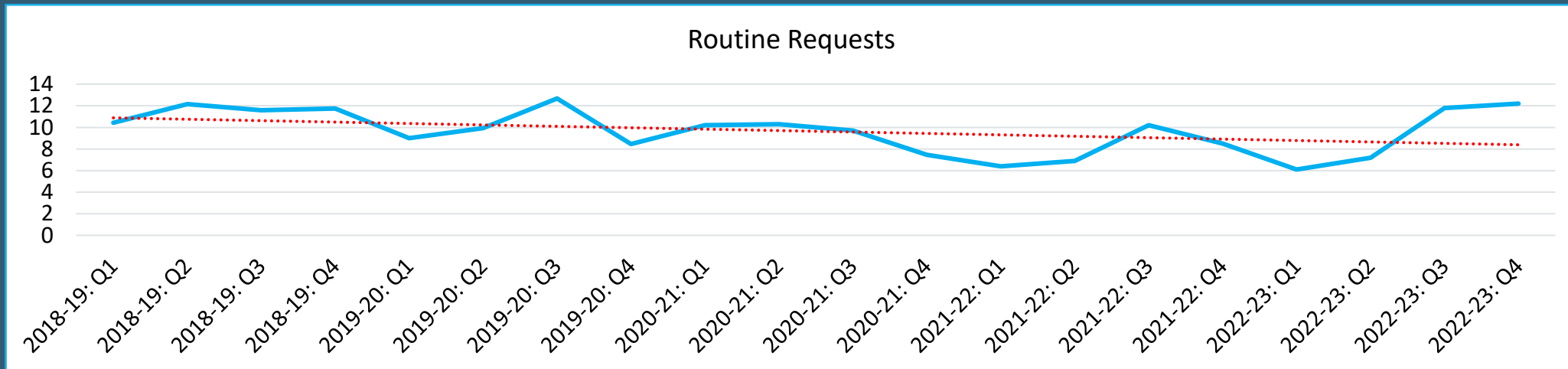
Request Type	Avg. # of Bus. Days from Service Request to 1 <sup>st</sup> Offered Ax Appt	Avg. # of Bus. Days from Ax Completion to 1 <sup>st</sup> Offered Tx Appt
Routine	12.2	7.7
Urgent	n/a	n/a
Total	12.2	7.7



# V. SERVICE ACCESS & TIMELINESS

Adult System of Care

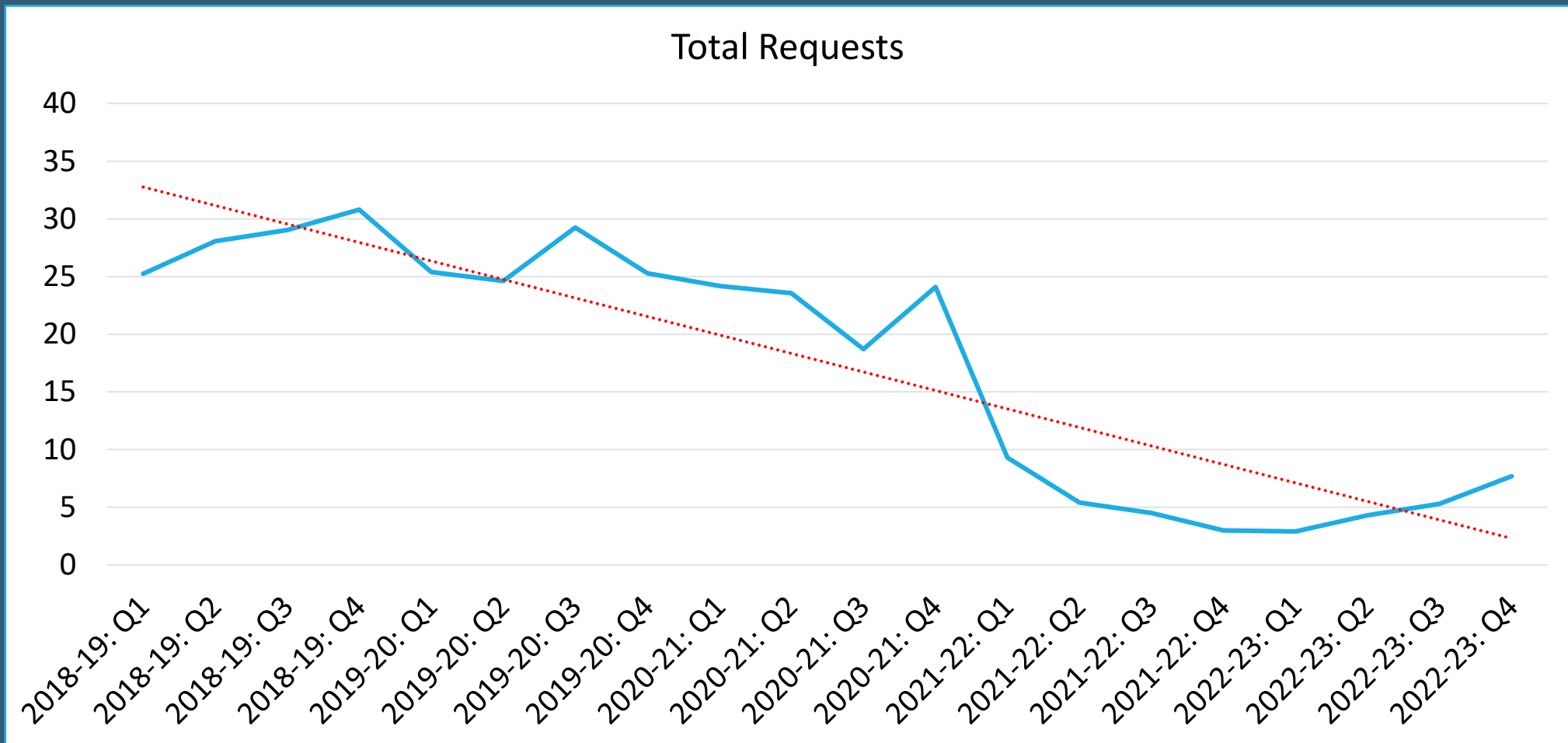
Average Number of Business Days from Service Request to 1<sup>st</sup> Offered Assessment Appointment



# V. SERVICE ACCESS & TIMELINESS

Adult System of Care

Average Number of Business Days from Assessment Completion to 1<sup>st</sup> Offered Treatment Appointment



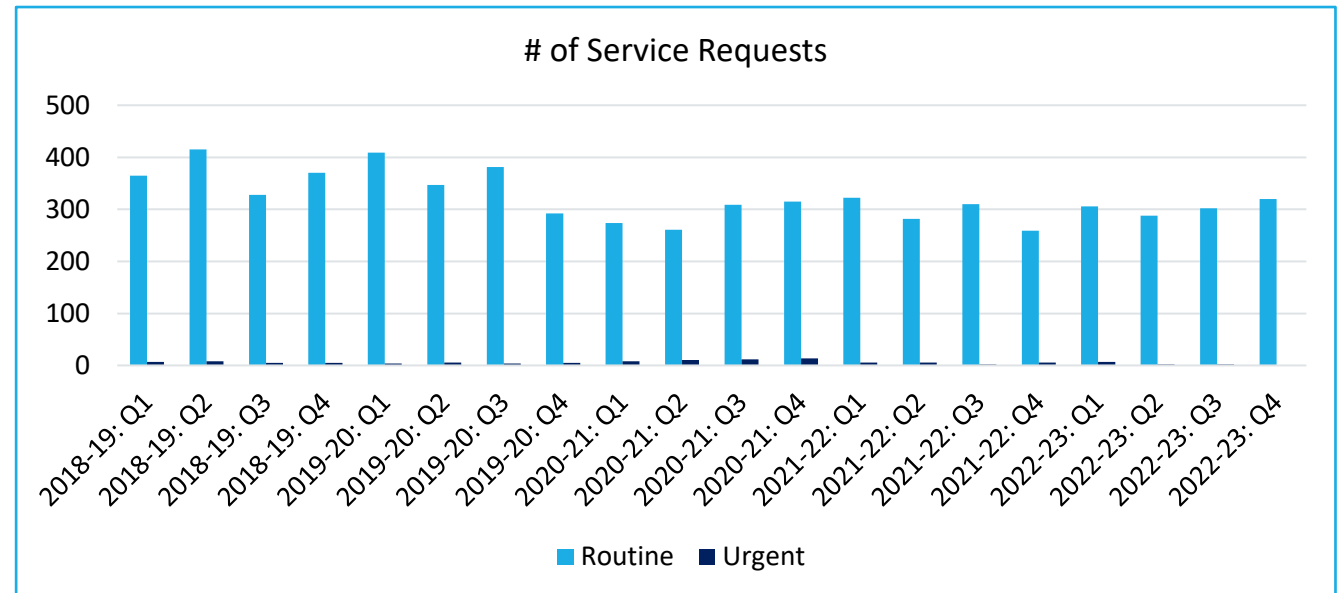
# V. SERVICE ACCESS & TIMELINESS

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

Goal:

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

Adult System of Care	Routine Requests	Urgent Requests	Totals
Total Service Requests	320	N/A	320
Received Ax (%)	69.1%	N/A	69.1%
Received Ax (#)	221	N/A	221
Received Tx (%)	59%	N/A	59%
Received Tx (#)	130	N/A	130

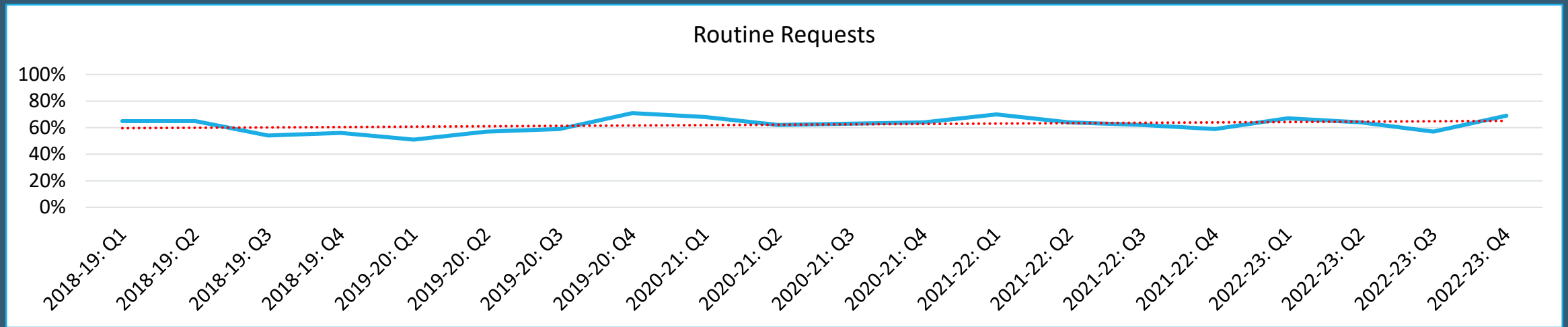




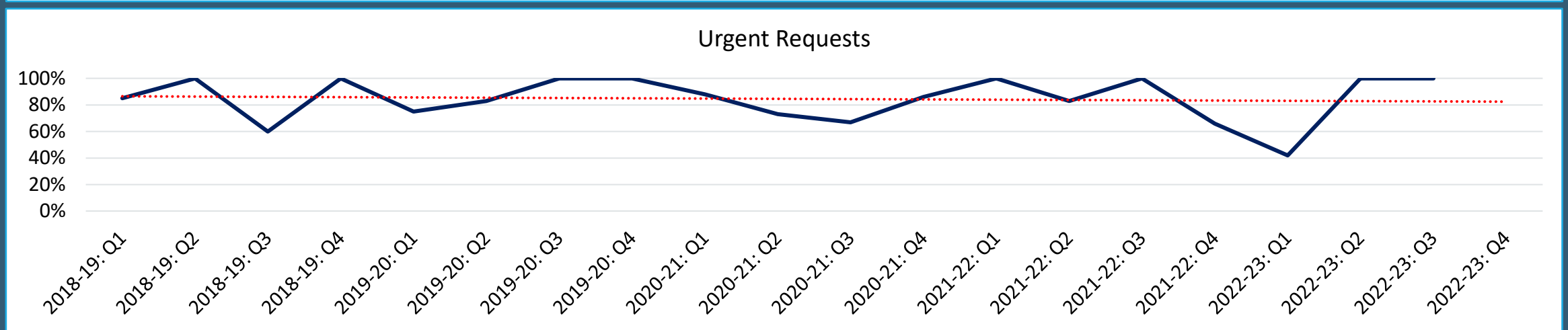
# V. SERVICE ACCESS & TIMELINESS

Adult Services - Percentage of Service Requests with a Completed Assessment

Routine Requests



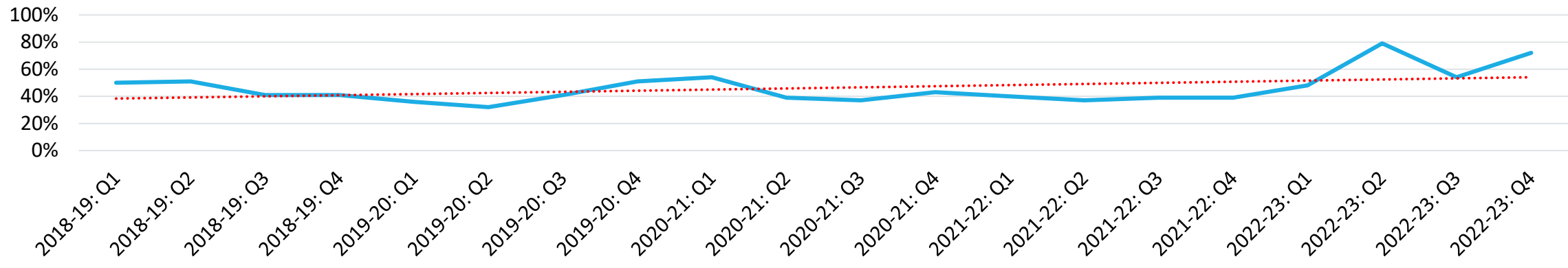
Urgent Requests



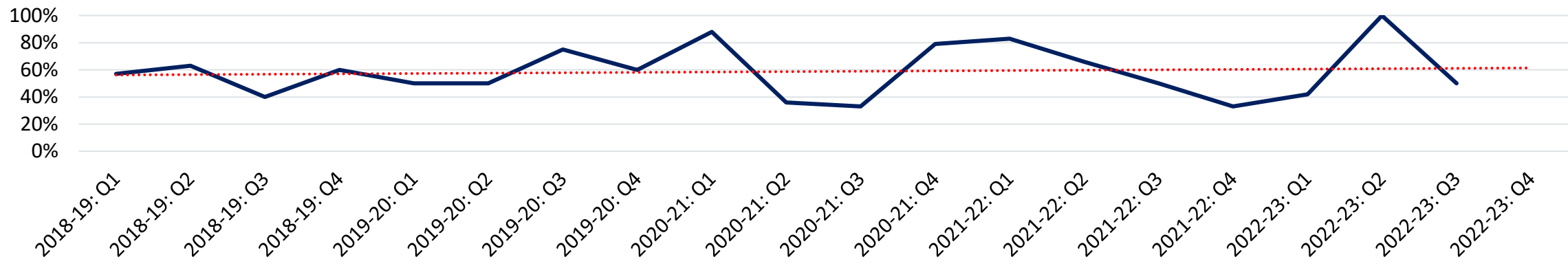
# V. SERVICE ACCESS & TIMELINESS

Adult Services - Percentage of Service Requests with a Treatment Service

Routine Requests



Urgent Requests



# V. SERVICE ACCESS & TIMELINESS

- Adult Engagement to Intake Assessment and Initial Treatment Appt.

Adult System of Care	Routine Requests	Urgent Requests	Totals
Total Service Requests	320	N/A	320
% Didn't Show For Ax	39.7%	N/A	39.7%
% Received Ax	69.1%	N/A	69.1%
# Received Ax	221	N/A	221
Declined Tx	44	N/A	44
Didn't Meet Medical Necessity	17	N/A	17
# of clients who need Tx	160	N/A	160
% Received Tx	72.4%	N/A	72.4%
# Received Tx	130	N/A	130

# V. SERVICE ACCESS & TIMELINESS

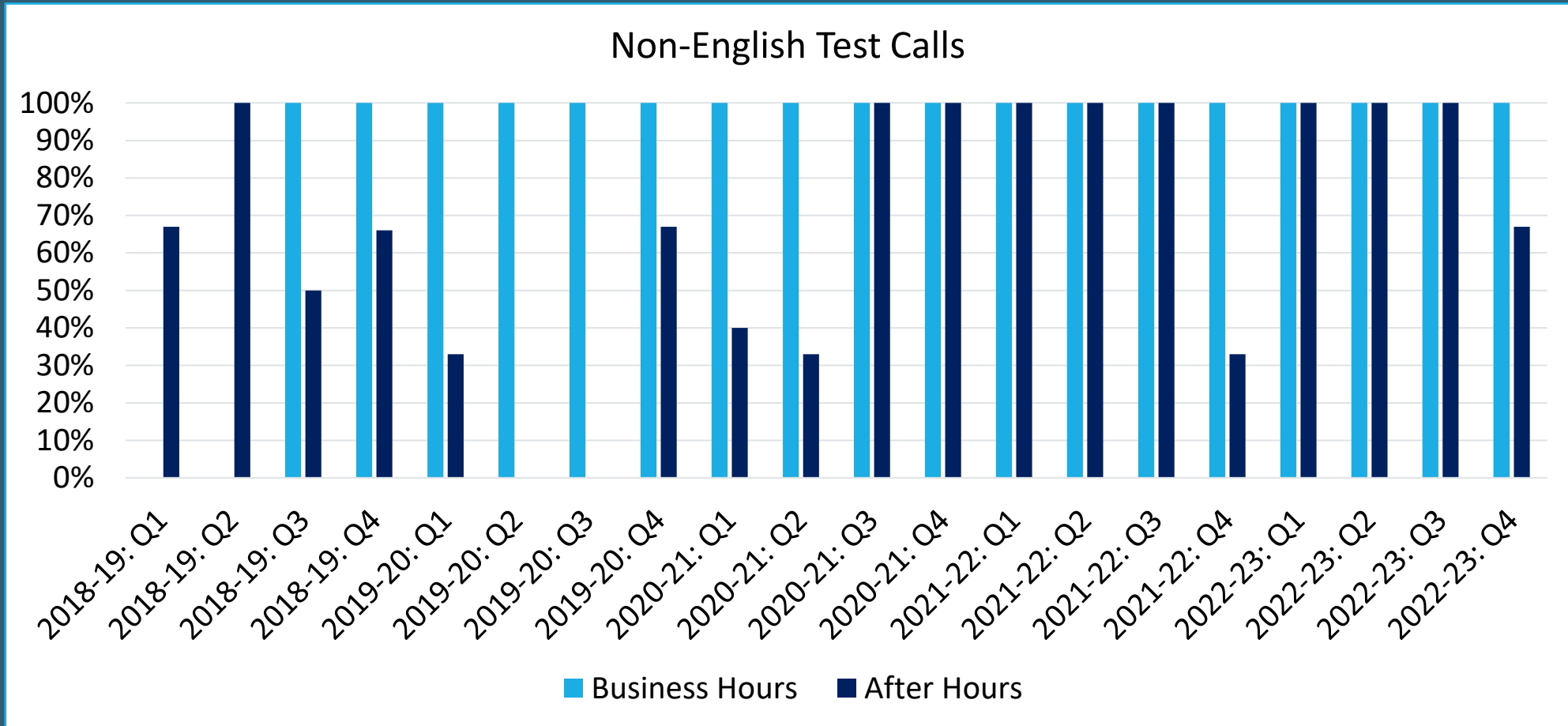
## AG-5: Access test call performance

### Goal:

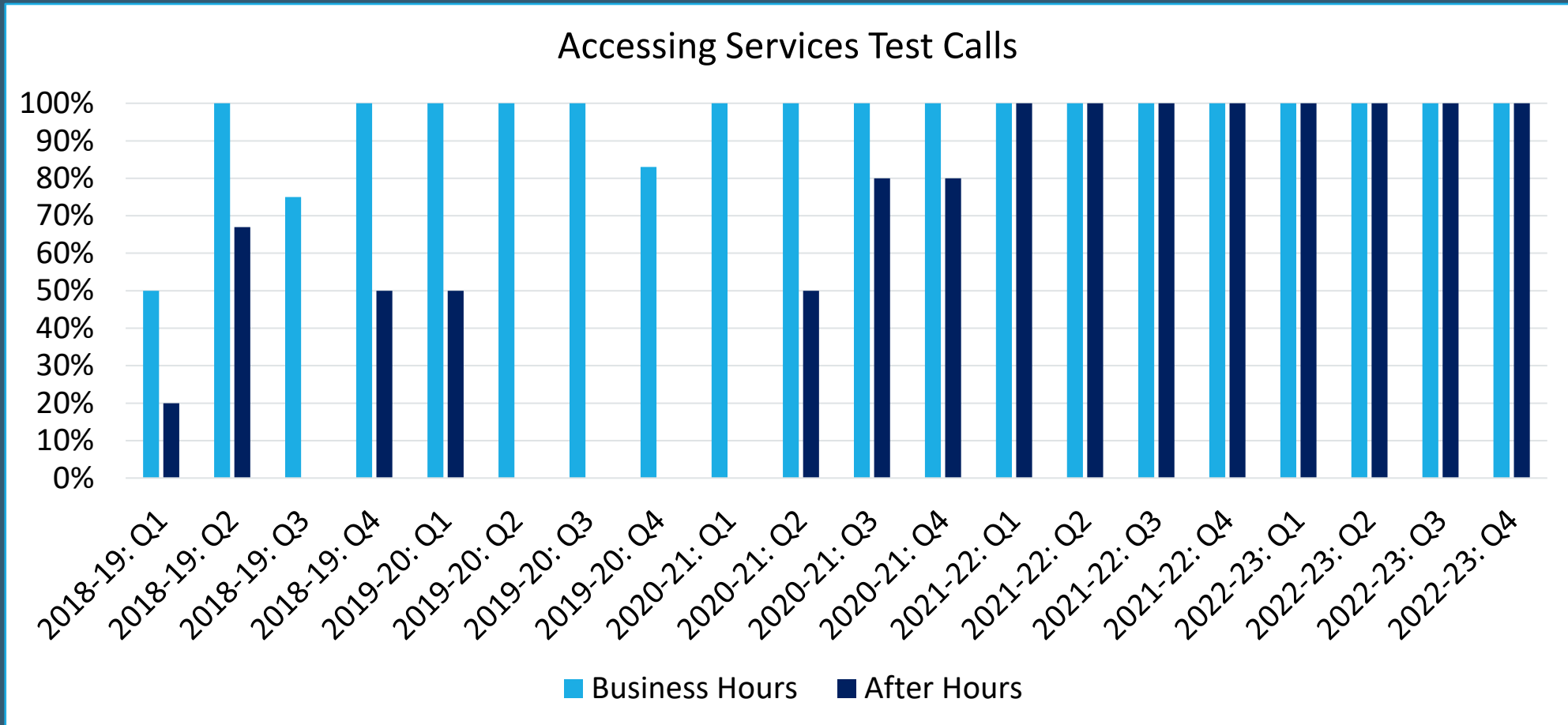
1. Minimum of 4 test calls will be made per month
2. Test for language capabilities
3. Test for appropriate information provided
4. Test for appropriate logging of all calls

	Bus. Hours or After Hours	# of Test Calls	# of Test Calls that Met Standards	% of Test Calls that Met Standards	% of Test Calls that Met Standards Last Quarter
Language(s) Tested: <u>Spanish and Tagalog</u>	B	3	3	100%	100%
	A	3	2	67%	100%
Info provided for accessing SMHS (including getting an Ax)	B	5	5	100%	100%
	A	2	2	100%	100%
Info provided for treating an urgent condition	B	1	1	100%	--
	A	1	1	100%	--
Info provided for Problem Resolution/ Fair Hearing	B	--	--	--	--
	A	3	3	100%	100%
Logging calls	B	6	6	100%	100%
	A	6	4	67%	33%

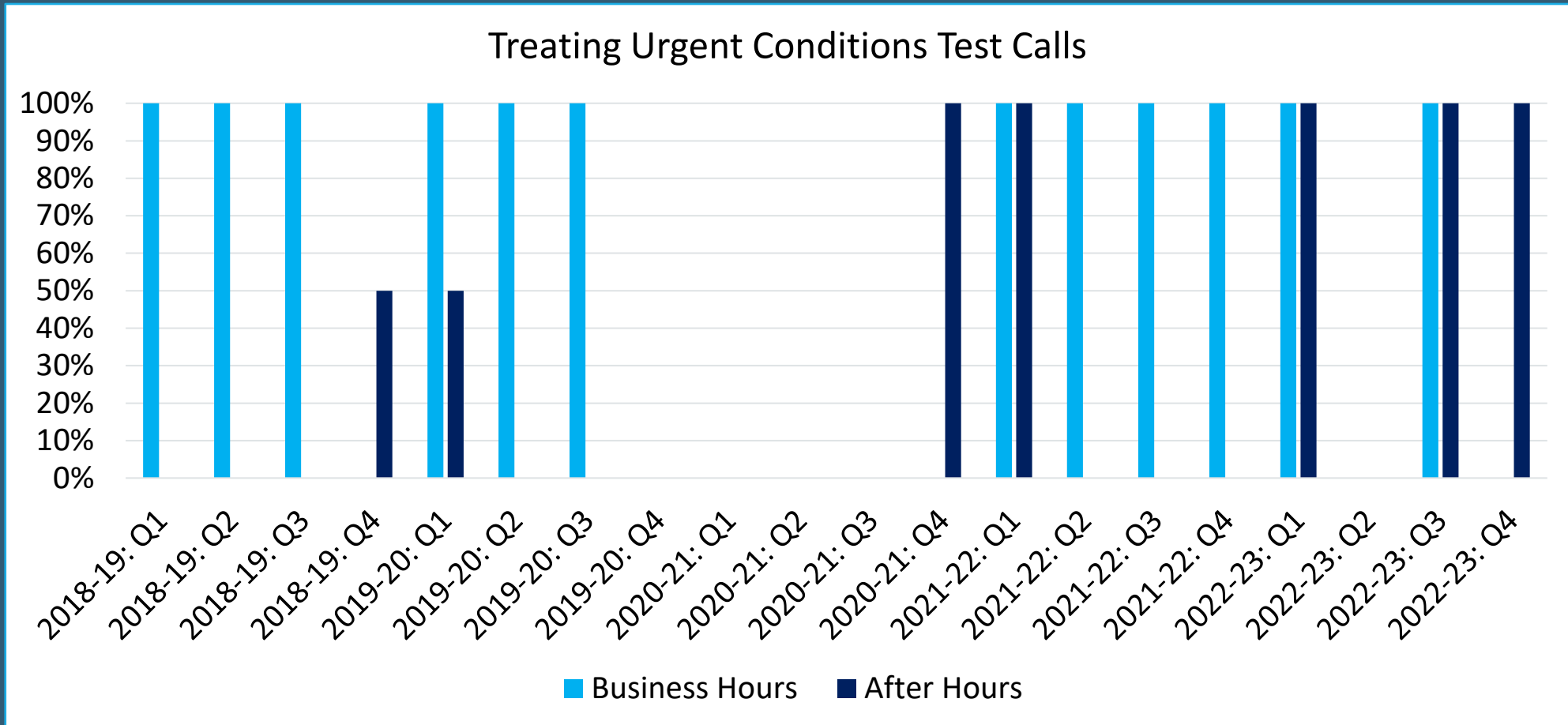
# V. SERVICE ACCESS & TIMELINESS



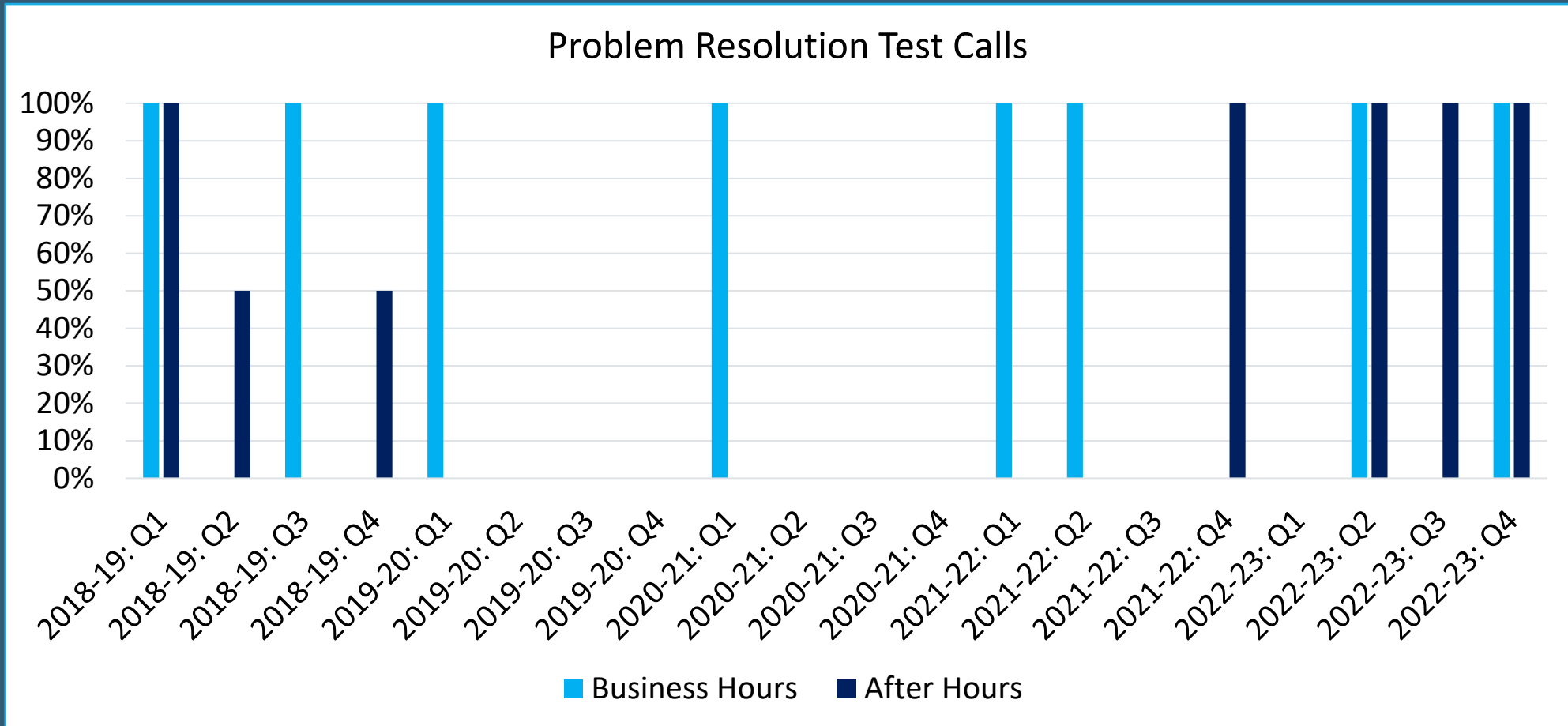
# V. SERVICE ACCESS & TIMELINESS



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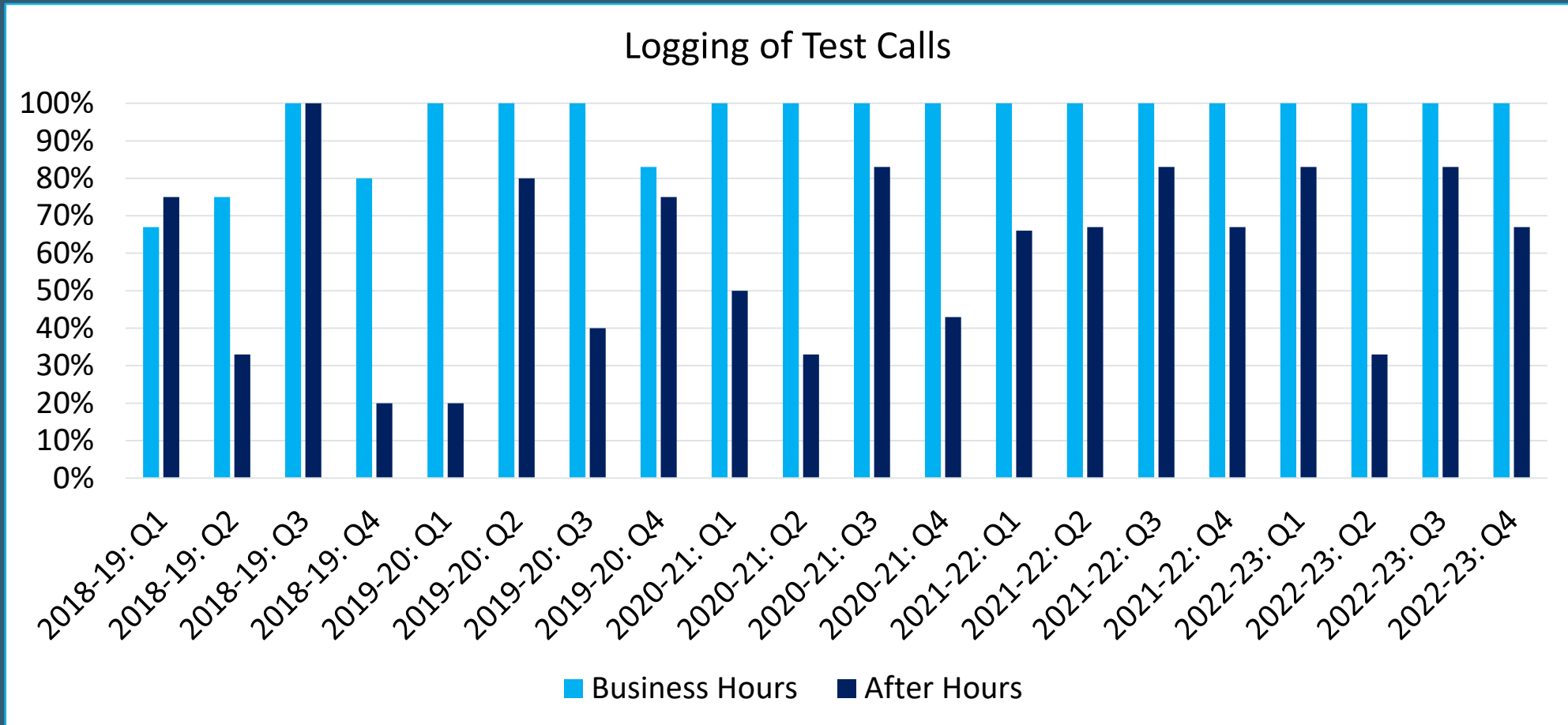


# V. SERVICE ACCESS & TIMELINESS





# V. SERVICE ACCESS & TIMELINESS





## VI. PERFORMANCE IMPROVEMENT PROJECTS

# PERFORMANCE IMPROVEMENT PROJECTS DASHBOARD

## PIP 3: FUM

Service Follow Up	# with an ED Visit for Mental Health	# receiving a MH Service Follow Up	Solano FUM%	California FUM %	National FUM %
w/in 7 days					
w/in 30 days					

## PIP 4: FUH

Service Follow Up	# receiving a Psych Inpatient Stay	# receiving a MH Service Follow Up	Solano FUH%	California FUH %	National FUH %
w/in 7 days					38.4% (2021 NCQA)
w/in 30 days					

## PIP 5: AMM

# of Adults w/ Major Depression Dx treated with Antidepressant	Effective Acute Phase (12 weeks)	Effective Continuation Phase (6 months)	Solano FUH %		California FUH %		*National FUH %	
			12 wk.	6 mo.	12 wk.	6 mo.	12 wk	6 mo
							60.8%	44.1%

## PIP 6: APP

# of total youth in MHP	Total # of youth newly prescribed an antipsychotic medication	# of youth receiving a psychosocial care as 1 <sup>st</sup> line treatment	Solano APP%	California APP %	National APP %
					58.6% (2021 NCQA)

## PIP 7: SAA

Total # of adults (18 yrs and older) in MHP	Total # of adults w/ Schizophrenia or schizoaffective disorder prescribed an antipsychotic medication	# of adults w/ these Thought Disorders remained on their antipsychotic medication at least 80% of treatment period	Solano SAA%	California SAA %	National SAA %
					59.7% (2021 NCQA)

# PERFORMANCE IMPROVEMENT PROJECTS

## First Non-Urgent Psychiatry Service Delivered

	Children's Services	Foster Care Services
<b>Business days to first delivered psychiatric service</b>	<i>Average: 22.02 Median: 20 Range: 0 to 105 days</i>	<i>Average: 26.35 Median: 21 Range: 1 to 105 days</i>
<b>MHP standard or goal (in business days)</b>	15 Days	15 Days
<b>Count of initial psychiatry service requests</b>	198	40
<b>Count of initial psychiatry services delivered</b>	177	33
<b>Count of delivered services that met this standard</b>	71	11
<b>Percent of delivered services that met this standard</b>	40.1%	33%



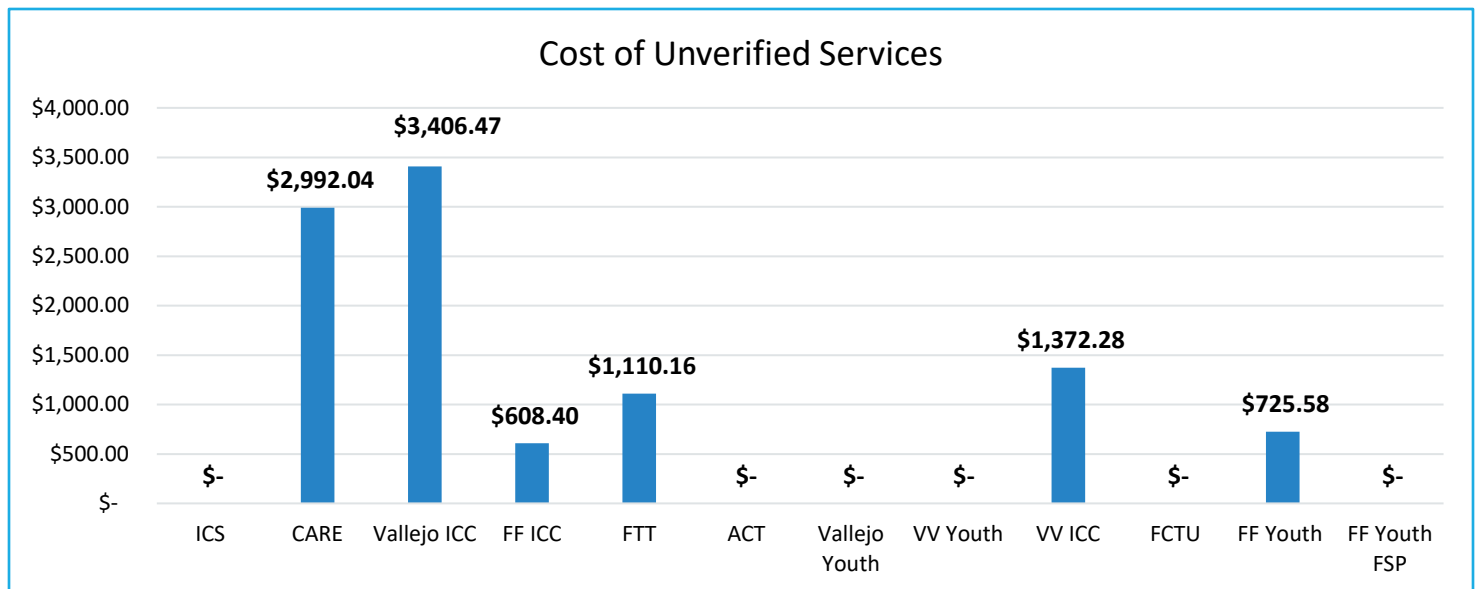
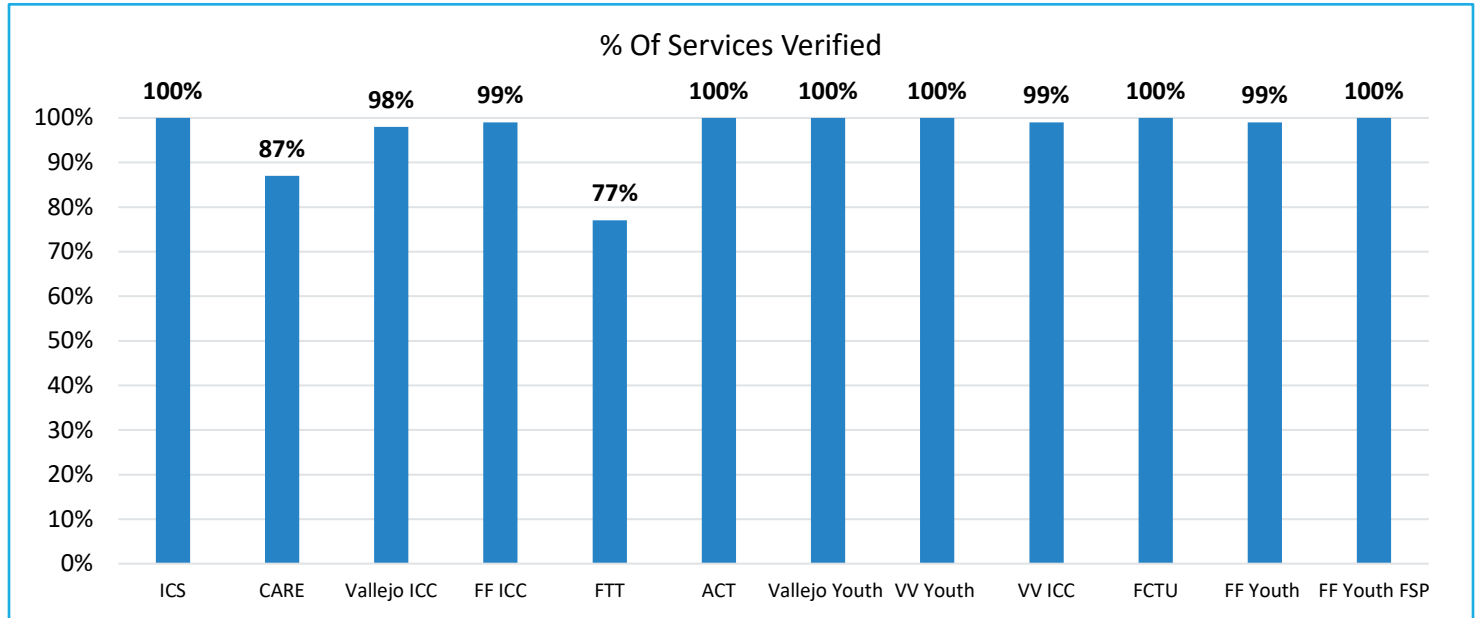
# VII. PROGRAM INTEGRITY

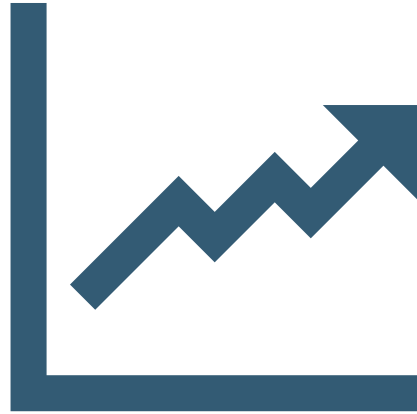
# VII. PROGRAM INTEGRITY

## AG-3: Service Verification

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

- Measurement 1: 100% of all applicable programs will participate in the Service Verification process
- Measurement 2: 90% - 100% of services will be verified during the Service Verification week (FY 21/22 baseline: 93%)





## VIII. QUALITY IMPROVEMENT

## VII. QUALITY IMPROVEMENT

### AG-1: Annual Utilization Review Audits

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

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



# VII. QUALITY IMPROVEMENT

## AG-1: Annual Utilization Review Audits

### Contracted Programs

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

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

Program	Days to Complete Report (60 days or less)	Required a CAP	Days to Submit a CAP (45 days or less)	CAP Resolution Status
CBO Youth A	15	Yes	48	Resolved
CBO Adult B	8	Yes	45	Resolved w/ Continued CalAIM f/u
CBO Youth C	6	Yes	45	Unresolved w/ Continued CalAIM f/u
CBO Youth D	6	Yes	58 (Extension Requested & Approved)	Resolved
CBO Adult E	7	Yes	22	Pending Review
CBO Youth F	7	Yes	48	Resolved
CBO Youth G	7	Yes	26	Resolved
CBO Youth H	5	Yes	43	Resolved
CBO Youth I	8	Yes	43	Resolved
CBO Youth K	13	Yes	Not Submitted	
<b>Running Averages</b>	<b>8.2</b>	<b>100%</b>	<b>42</b>	--

# VII. QUALITY IMPROVEMENT

## AG-1: Annual Utilization Review Audits

### Contracted Programs

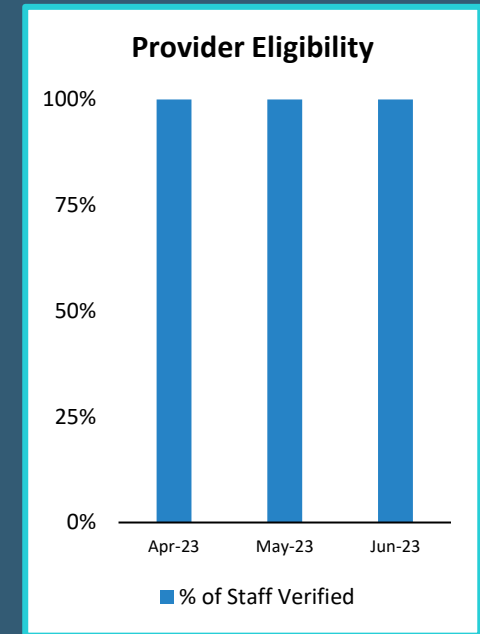
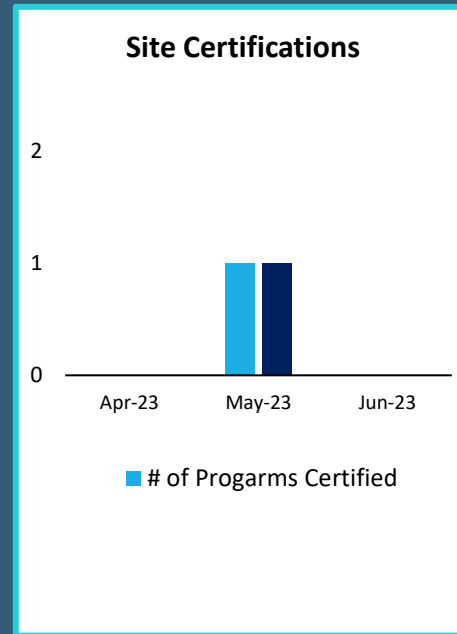
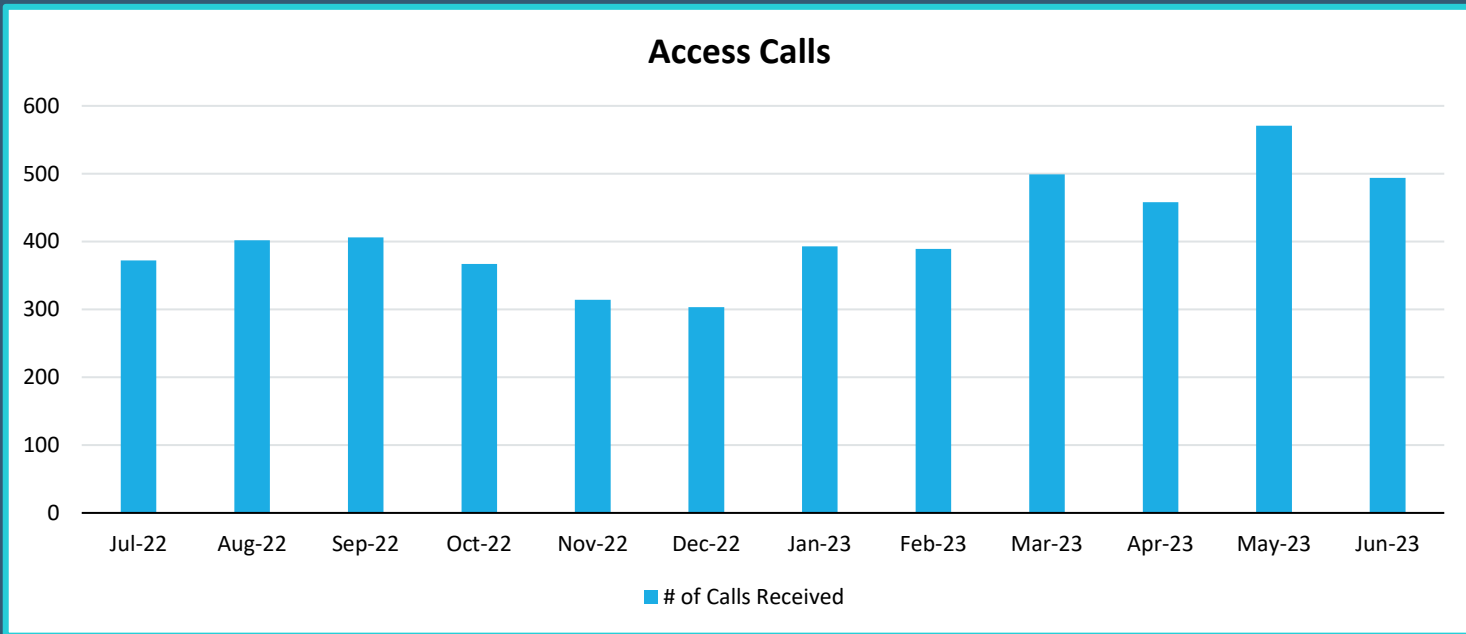
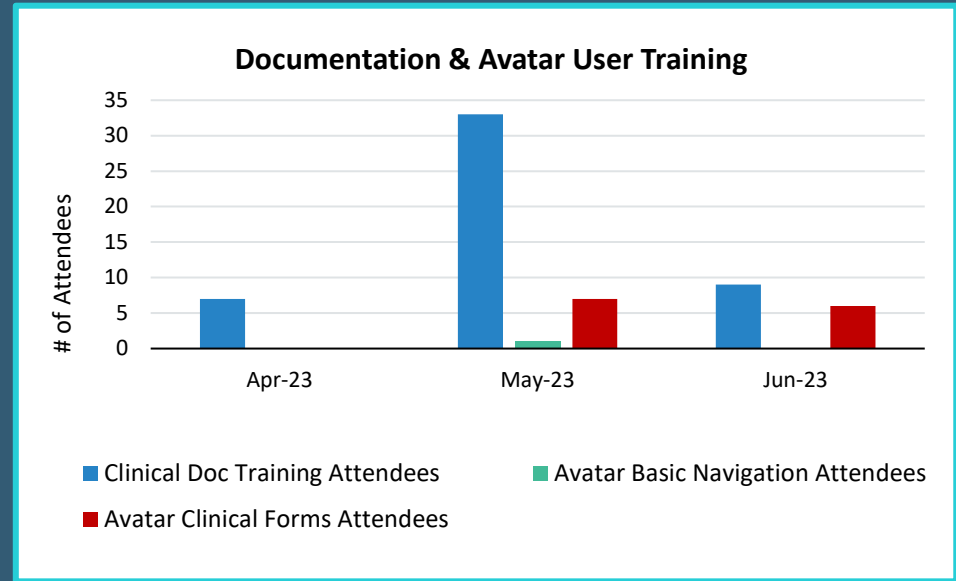
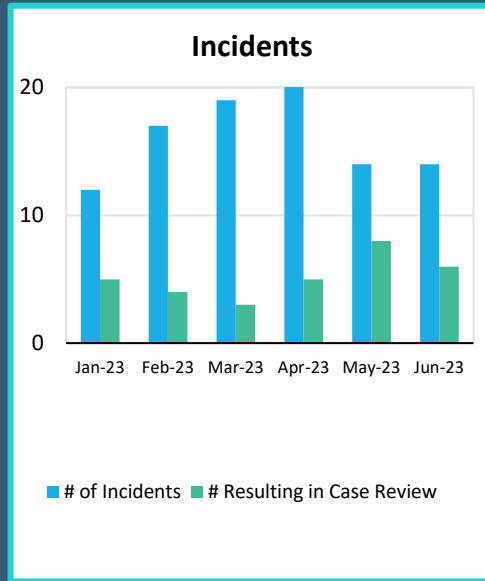
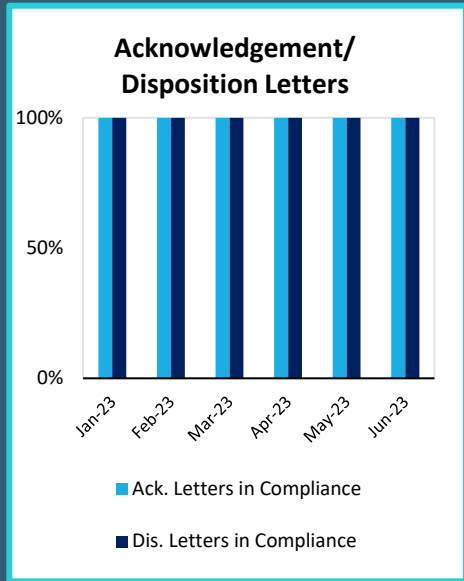
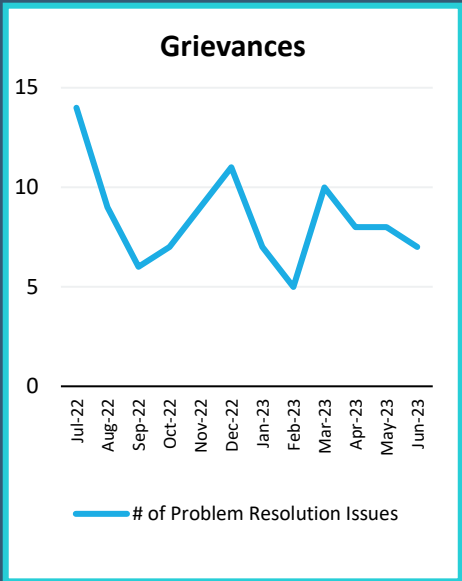
Goal: The following processes are in place to monitor provider compliance with CalAIM and CCR Title 9 documentation standards:

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

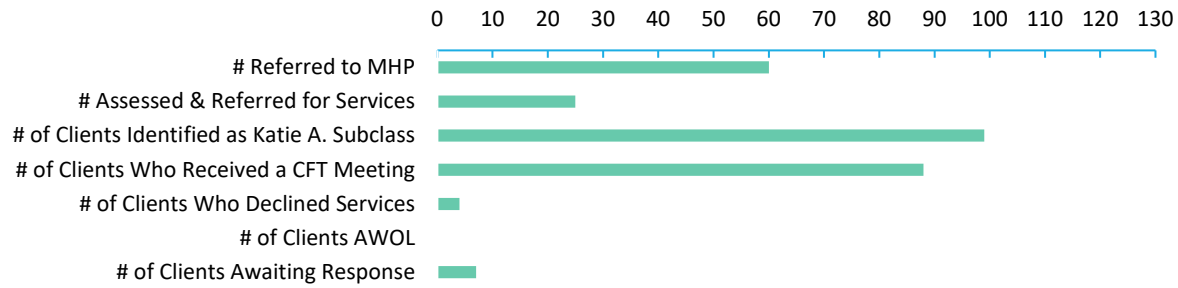
Program	Days to Complete Report (60 days or less)	Required a CAP	Days to Submit a CAP (45 days or less)	CAP Resolution Status
County Adult L	13	Yes	43	Resolved
County Adult M	6	Yes	40	Resolved
County Youth N	8	Yes	40	Resolved
County Adult O	9	Yes	48	Resolved
County Adult P	14	Yes	27	Pending Review
County Youth Q	6	Yes	44	Resolved
County Adult R	15	Yes	60 (Extension requested and Approved)	Pending Review
County Youth S	8	Yes	44	Resolved
County Adult T	6	Yes	45	Resolved
County Youth U	13	Yes	45	Pending Review
County Adult V	21	Yes	Pending (Extension requested and Approved)	Pending Submission
County Adult W	42	Yes	Not Yet Due	Pending Submission
<b>Running Averages</b>	<b>13.4</b>	<b>100%</b>	<b>43.6</b>	--



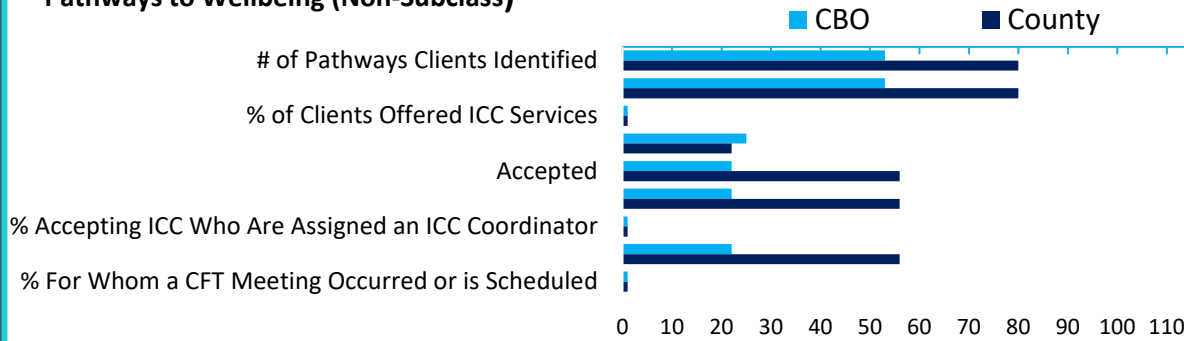
# QUALITY IMPROVEMENT DASHBOARD



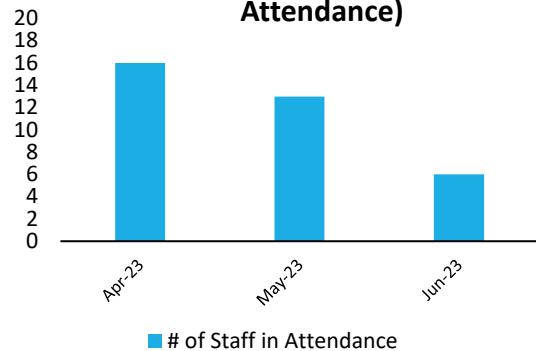
### Pathways to Wellbeing (Katie A. Subclass)



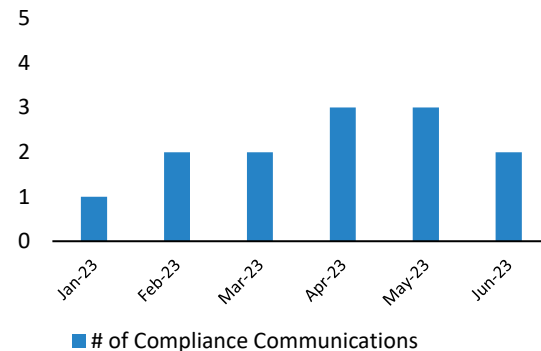
### Pathways to Wellbeing (Non-Subclass)



### Compliance Training (# of Staff in Attendance)



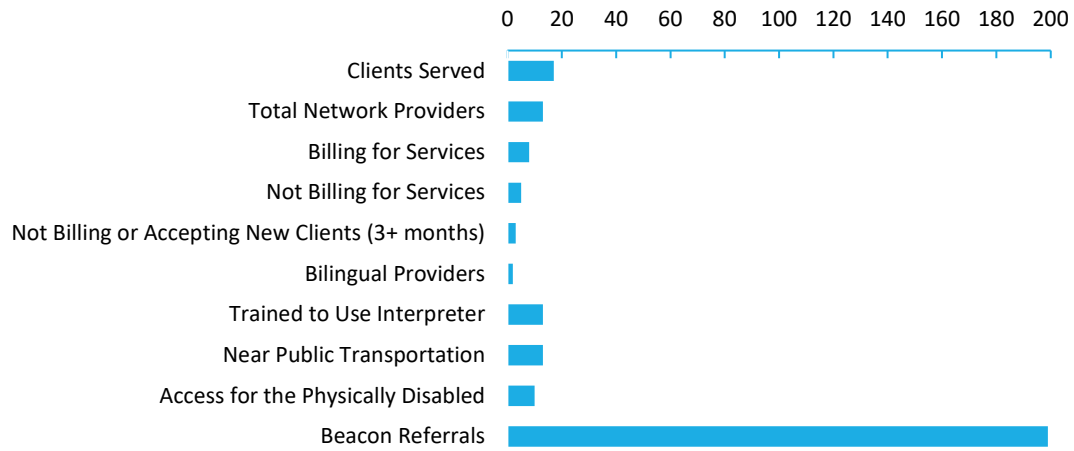
### # of Compliance Communications



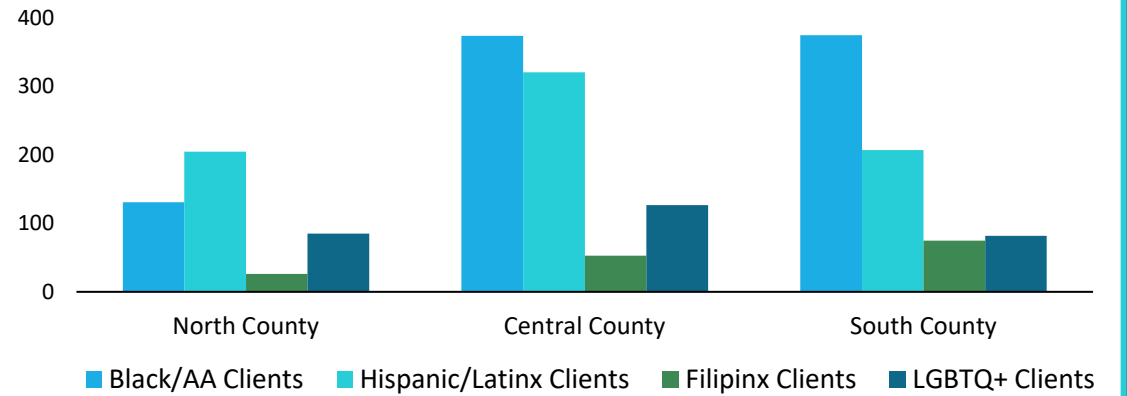
### Youth Medication Monitoring

Quarter 1					
Population	# of Youth on 1 or More Psychotropic RX	# of Youth Age 0-5 on More Than 1 Psychotropic RX	# of Youth Age 6-11 on More Than 2 Psychotropic RX	# of Youth Age 12-17 on More Than 3 Psychotropic RX	# of Youth on 2 or More Antipsychotic RX
Foster Youth	0	0	0	0	0
Non-Foster Youth	8	0	4	4	8
Totals	8	0	4	4	8

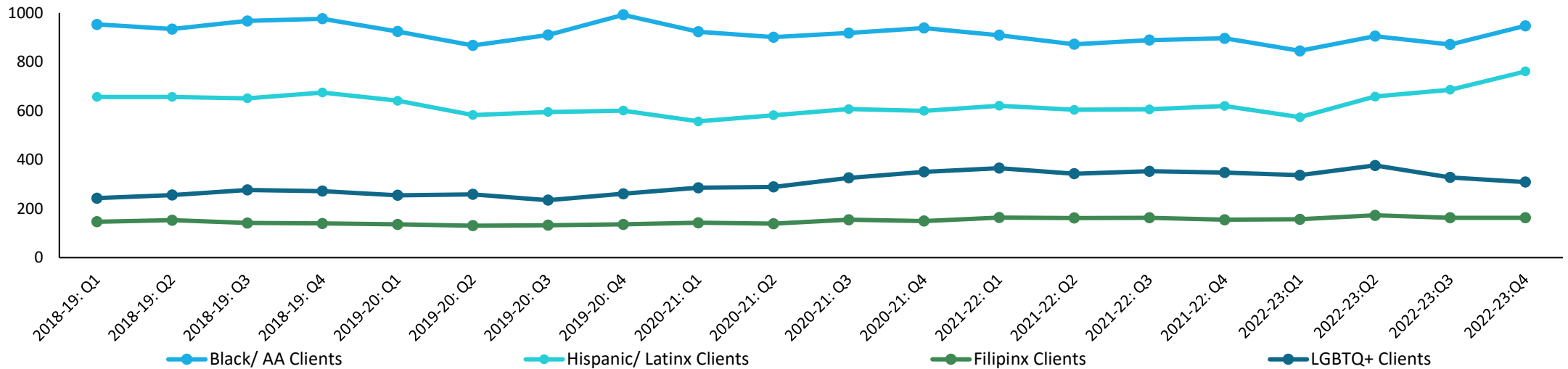
### Managed Care Provider Network



### Regional Utilization by Cultural Group



### Total Utilization by Cultural Group



## NEXT MEETING:

Quality Improvement Committee  
FY 2023-2024: Quarter 1  
Thursday November 9, 2023  
1:30pm – 3:30pm

Solano County Behavioral Health  
Quality Assurance  
(707) 784-8323

[QualityAssurance@SolanoCounty.com](mailto:QualityAssurance@SolanoCounty.com)