

SCMH QUALITY IMPROVEMENT COMMITTEE

275 BECK AVE.
FAIRFIELD, CA

CONFERENCE
ROOM 1

Wednesday May 11th, 2017

1:30pm – 3:30pm



QUALITY IMPROVEMENT PLAN

FY 2016/17
Quarter 3

I. BENEFICIARY SATISFACTION

FY 2016/17
Quarter 3

I-A. GRIEVANCE, APPEAL, & EXPEDITED APPEAL

Communicating significant issues to the Solano MHP's QIC

A-1 Goal: Every QIC meeting will document:

Month Received	Total quarterly # of Problem Resolution issues reported, including quality of care issues	# of System Change Requests	# Referred to Policy Committee
JAN	5	0	0
FEB	10	1	0
MAR	13	2	0
Total	28	3	0

I-B. GRIEVANCE, APPEAL, & EXPEDITED APPEAL FOLLOW UP

Tracking & Trending of Beneficiary Grievances & Appeals

B-1 Goal: Quarterly tracking mechanisms will monitor the category of grievance, total numbers & types of grievance process, & disposition of the grievance outcome:

- Were all problem resolution process areas logged, monitored & reported out to the state on a quarterly basis (completed each tracking log quarterly)?
- All of the following are listed: Categories that led an improvement process, the improvement process, & the outcome.

I-B. GRIEVANCE, APPEAL, & EXPEDITED APPEAL FOLLOW UP

Tracking & Trending of Beneficiary Grievances & Appeals

Category	Total	Process					Disposition		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited Fair Hearing	Refer'd Out	Resolved	Still Pending
ACCESS	2	2					0	2	0
Denied Services									
Change of Provider	11	11					0	11	0
Quality of Care	8	8					0	6	2
Confidentiality	0	0					0	0	0
Other	7	7					0	6	1
Q3 Total:	28	28					0	25	3

I-C. GRIEVANCE, APPEAL, & EXPEDITED APPEAL FOLLOW UP

Tracking the Compliance of Sending the Beneficiary a Disposition Letter.

C-1 Goal: 100% of all Acknowledgement & Disposition Letters will be sent to beneficiaries who submitted a grievance, appeal, or expedited appeal within DHCS & MHP timeframes. 100% of providers cited in the problem resolution process will be notified of the disposition:

Month Rec'd	Total # of Grievances, Appeals and Expedited Appeals Received	Total # of Acknowledgement Letters sent	Total # that Comply with time standard	Total % that Comply	Total # of Dispo Letters sent	Total # that Comply with time standard	Total % that Comply	Total # and % of Providers who were notified of Disposition	
JAN	5	5	5	100%	5	5	100%	5	100%
FEB	10	10	10	100%	10	10	100%	10	100%
MAR	13	12	12	92%	10	10	3 pending	25	3 pending resolution
Total	28	27	27	96%	25	25	100%	25	100%

I-D. GRIEVANCE, APPEAL, & EXPEDITED APPEAL FOLLOW UP

Tracking & Trending of Internal System Improvement Needs

D-1 Goal: Quarterly tracking mechanisms will monitor the category of internal system needs. Internally identified system needs will be identified via an incident report review process & result in the following:

1. Led to a system/process change
2. Led to a referral to Policy Committee
3. Resulted in an Adverse Outcome Case Review

I-D. GRIEVANCE, APPEAL, & EXPEDITED APPEAL FOLLOW UP

Tracking & Trending of Internal System Improvement Needs

Month	Total quarterly # of Problem Resolution issues reported, 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
JAN	11	1 (medication issues)	0	0
FEB	12	0	0	0
MAR	10	1 (medication issues)	0	1 (pending)
Total	33	2	0	1

I-E. CONSUMER PERCEPTION

Annual Surveying of Client/Family Satisfaction

E-1 Goal: The Problem Resolution Coordinator will ensure:

- 1. The Solano MHP participates in one of the bi-annual Consumer Perception Surveys & the MHP is currently working on a goal to improve consumer perception.**
- 2. The Solano MHP obtained survey results from CIBHS for those that were most recently posted & results were shared with the MHP's providers.**
- 3. The Solano MHP will receive consumer ratings exceeding 90% (Strongly Agree, Somewhat Agree, or Agree) with the following Consumer Perception Survey item:**
 - Question 15: Staff told me what side effects to watch out for.**

I-E. CONSUMER PERCEPTION

Annual Surveying of Client/Family Satisfaction

Qtr	Date range for the most recent survey	Is the MHP working on a goal?	Date range for the most recent results obtained	Were results shared with providers?	List the most recent survey goal & outcome								
3	Upcoming: 5/15/17 – 5/19/17	Yes – Continuing on a previous goal	5/16/16 – 5/20/16	Pending	<p>Q15: Staff told me what side effects to watch out for.</p> <table border="1"> <tr> <td>Adult:</td> <td>69%</td> </tr> <tr> <td>Older Adult:</td> <td>75%</td> </tr> <tr> <td>Youth:</td> <td>43%*</td> </tr> <tr> <td>Families:</td> <td>25%**</td> </tr> </table>	Adult:	69%	Older Adult:	75%	Youth:	43%*	Families:	25%**
Adult:	69%												
Older Adult:	75%												
Youth:	43%*												
Families:	25%**												

Results not posted by DHCS for previous survey period: Nov. 14-18, 2016

*23 out of 26 (54 youths surveyed)

** 41 out of 49 (167 families surveyed)

Began process of Med Consent Policy updating and Med Consent form revision

II. BENEFICIARY & SYSTEM OUTCOMES

FY 2016/17
Quarter 3

II-A. CLINICAL CARE

Child & Adolescent/Adult Needs & Strengths Assessment

A-1 Goal: CANS/ANSA data reporting mechanisms will be developed:

- **Pending Outcome Measures and LOC Work Group Development**
- 1. 100% of d/cing clients will receive a CANS/ANSA at discharge – develop policy
- 2. Implement a process for tracking Contract Agency clients' CANS/ANSA outcomes – either through Avatar or an external vendor
- 3. Improve existing report to measure CANS/ANSA outcomes at the clinical provider/client level (County & Contract programs):
- 4. Create & implement a report to measure CANS/ANSA outcomes at caseload & program levels (County & Contract programs):
- 5. Create & implement a report to measure CANS/ANSA outcomes at the system level (County & Contract programs):

II-B. EVIDENCE-BASED PRACTICE

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

B-1 Goal: TF-CBT goals include:

- Increase baseline number of clients treated with TF-CBT by 15%
- 50% of clients treated with TF-CBT will complete the Post-Assessment
- 50% of clients measured will show clinical improvement on the Post-Assessment
- 20% of the cohort that remains in the program through the end of the year will make an audio tape for clinical critique
- 50% of the cohort that remains in the program through the end of the year will be fully certified in TF-CBT

II-B. EVIDENCE-BASED PRACTICE

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Program	Total # of clients treated w/ TF-CBT (current qtr)	Total # of approved audio tapes	Total # of clients who completed Post-Assessment	Total # of clients who showed clinical improvement	Total # of staff who were certified in TF-CBT
Child Haven	12	1	3	3	0
Uplift	1	0	0	0	0
A Better Way	2	1	2	2	–
SCBH Children's Clinics	9	1	1	1	0
Total	24	3	6	6	0

III. UTILIZATION MANAGEMENT

FY 2016/17
Quarter 3

III-A. MANAGED CARE PROVIDER NETWORK

Network of Providers

A-1 Goal: Solano MHP will maintain or increase items 1 & 4-9 below by 5%:

- 1. # of network providers in South, Central, & North County regions**
- 2. Percent of network providers in each county region**
- 3. # of anticipated Medi-Cal eligible clients**
- 4. # of Beacon referrals**
- 5. # of Bilingual providers**
- 6. # of providers trained to use an interpreter**
- 7. # of providers who have not accepted a referral in the last 3 months**
- 8. # of providers within 10 minutes walking distance of public transportation**
- 9. # of providers with physical access for disabled services**

III-A. MANAGED CARE PROVIDER NETWORK

Network of Providers

Region	# of Providers	% of Providers
North	11	30.5%
Central	11	30.5%
South	14	39%

# of Clients Served during the quarter	# of Beacon Referrals	# of Bilingual Providers	# of providers trained to use interpreter	# of providers who haven't taken a referral in 3 months	# of providers within 10mins of public transport	# of providers w/ physical access for the Disabled
64	100	6	32	17	32	22

III-B. FULL SERVICE PARTNERSHIP UTILIZATION & OUTCOMES

FSP Utilization & Outcomes

B-1 Goal: Solano MHP will maintain or increase/decrease items 2-8 below by 5% (or more):

- 1. Total # of clients – improve capacity by 5%**
- 2. Decrease total FSP inpatient hospitalizations by 10%**
- 3. Decrease the percentage of FSP client hospitalizations by 5%**
- 4. Reduce average inpatient bed days by to 8 bed days/client stay**
- 5. Decrease total FSP clients incarcerated by 5%**
- 6. Reduce # of FSP clients without stable housing**
- 7. Increase average # of services per week delivered to FSP clients to meet or exceed the minimal standard**

III-B. FULL SERVICE PARTNERSHIP UTILIZATION & OUTCOMES

FSP Utilization & Outcomes (Adults)					
Program	# of Clients Served	# of clients hospitalized 1x	# of clients hospitalized > 1x	Total # incarcerated 1x	# of clients exp. 1x incidence of homelessness
VJO Adult FSP	59	4	3	2	9
FACT/AB 109	73	2	2	10	7
Caminar Adult FSP	39	3	1	0	0
Caminar Older Adult FSP	16	1	0	0	0
Caminar HOME FSP	23	1	0	1	6
Seneca TAY FSP	14	1	1	1	3
Total:	224	12	7	14	25

III-B. FULL SERVICE PARTNERSHIP UTILIZATION & OUTCOMES

FSP Utilization & Outcomes (Adults)						
Program	# of Clients Served	A. Avg # of Tx services per client/ week	B. Avg # of CM services per client/ week	C. Avg. # of Non-Revenue Services (FSP/ MHSVCLOCK)	Total (A +B + C) Total Average # of Services (Revenue & Non-Revenue) per clt/wk	LOS Length of Services (Average Weeks)
VJO Adult FSP	59	.37	.50	.43	1.3	9.57
FACT/AB 109	73	.53	.17	.19	.89	9.20
Caminar Adult FSP	39	.49	.38	.88	1.75	9.97
Caminar Older Adult FSP	16	.60	.49	1.07	2.16	12.29
Caminar HOME FSP	23	.20	.34	.77	1.31	10.41
Seneca TAY FSP	14	1.26	.28	0	1.54	9.83

III-B. FULL SERVICE PARTNERSHIP UTILIZATION & OUTCOMES

FSP Utilization & Outcomes (Children)						
Program	# of Clients Served	# of clients hospitalized 1x	# of clients hospitalized > 1x	Total # incarcerated 1x	# of clients exp. 1x incidence of homelessness	Youth in out-of-home placement
VJO Children's FSP	25	2	2	2	1	0
FF Children's FSP	57	2	0	1	1	5
VV Children's FSP	25	2	1	1	3	2
FCTU	71	1	0	0	0	39
Total:	178	7	3	4	5	46

III-B. FULL SERVICE PARTNERSHIP UTILIZATION & OUTCOMES

FSP Utilization & Outcomes (Children)						
Program	# of Clients Served	A. Avg # of Tx services per client/ week	B. Avg # of CM services per client/ week	C. Avg. # of Non-Revenue Services (FSP/ MHSVCLOCK)	Total (A +B + C) Total Average # of Services (Revenue & Non-Revenue) per clt/wk	LOS Length of Services (Average Weeks)
VJO Children's FSP	25	.96	.09	.31	1.36	10.61
FF Children's FSP	57	1.03	.05	.11	1.19	10.14
VV Children's FSP	25	1.06	.06	.15	1.27	10.87
FCTU	71	.47	.05	N/A	.52	10.69

III-C. HOSPITAL-RELATED MEASURES

Adult & Child Hospitalization

C-1 Goal: Maintain or improve the following hospital-related measures for Adult Solano County Medi-Cal clients and clients with no insurance, excluding 0-17 year olds, private insurance, Kaiser Medi-Cal, or other county Medi-Cal:

- 1. Maintain FY15-16 baseline average of 150 inpatient hospitalizations per quarter.**
- 2. Maintain FY15-16 baseline average of 12% or less of clients re-hospitalized within 30 days of discharge from inpatient hospitalization.**

C-2 Goal: Monitor data on hospitalization and re-hospitalization rates for Solano County Child clients age 0-17 (excluding private insurance, Kaiser Medi-Cal, and other county Medi-Cal clients).

III-C. HOSPITAL-RELATED MEASURES

Adult Hospitalizations

Month	Total # of Adult Inpatient Hospitalizations	Total # of Adult Hospital Discharges	Total # of Adult Rehospitalizations Within 30 Days of Discharge & % of Total Discharges	
			Total #	Total %
JAN	42	46	7	15.2%
FEB	33	33	4	12.1%
MAR	37	34	5	14.7%
QTR 3 TOTAL:	112	113	16	14.1%

III-C. HOSPITAL-RELATED MEASURES

Child Hospitalizations

Month	Total # of Child Inpatient Hospitalizations	Total # of Child Hospital Discharges	Total # of Child Rehospitalizations Within 30 Days of Discharge & % of Total Discharges	
			Total #	Total %
JAN	6	5	0	0%
FEB	5	6	2	33%
MAR	9	6	0	0%
QTR 3 TOTAL:	20	17	2	11.8%

III-D. SPECIAL POPULATIONS

Pathways to Wellbeing – Katie A.

D-1 Goal: Improve the following measures:

- 1. 100% of those screened/referred to MHP will be either assessed & referred to MHP for Pathway services or referred to MCP for services**
- 2. 100% of sub-class members who are assigned an ICC Coordinator will receive an initial Child & Family Team Meeting**
- 3. Solano will maintain a network with the overall capacity to serve clients who meet criteria for ICC/IHBS services (based on program average caseload size)**

III-D. SPECIAL POPULATIONS

Pathways to Wellbeing – Katie A.

Total # Refer'd to MHP by CWS	Total # Assessed & Refer'd to MHP or refer'd to a MCP		Total # ID'd as Katie A Sub-class (In county vs. out of county)		Rec'd CFT Mtg.	Decl'd Svcs	AWOL	Process of scheduling CFT
	MHP	MCP						
11*	7	2	In County	91	81	5	1	4
*1 waiting for releases ICPS case from Texas	*1 Kaiser Medical, referred to Kaiser		Out of County	40**	25	4	3	2
			Total	131				

Program	Unique ICC/IHBS Clients Served		Quarterly ICC/IHBS Capacity
	ICC	IHBS	
Seneca	40	23	
Foster Care	59	9	
SCBH Children's FSP	0	0	

**6 SAR clients

IV. CULTURAL COMPETENCE

FY 2016/17
Quarter 3

IV-A. CULTURAL COMPETENCE

Cultural/Linguistic Services: HOLA Outreach

A-1 Goal: Solano MHP Outreach Coordinator will continue to develop partnerships with community organizations, in an effort to generate HOLA calls for some level of MH services.

- 1. Engage in 10-15 Outreach initiatives per quarter (presentations at community events, visits to community partner agencies, etc.)**
- 2. Work to an average of 15-20 calls per quarter to the HOLA line as a result of outreach efforts**

IV-A. CULTURAL COMPETENCE

Cultural/Linguistic Services: HOLA Outreach

Month	Region	Outreach Activities with Community Partners	# of HOLA calls rec'd
JAN	0		8
FEB	0		16
MAR	0		10
Totals:	0		34

HOLA Outreach Coordinator was out on leave during this quarter.

IV-B. CULTURAL COMPETENCE

Cultural/Linguistic Services: Kaagapay Outreach

B-1 Goal: Solano MHP Outreach Coordinator will continue to develop partnerships with community organizations, in an effort to generate Kaagapay calls for some level of MH services.

- 1. Engage in 15-20 Outreach initiatives per quarter (presentations at community events, visits to community partner agencies, etc.)**
- 2. Work to an average of 10-15 calls per quarter to the Kaagapay line and/or ACCESS as a result of outreach efforts**

IV-B. CULTURAL COMPETENCE

Cultural/Linguistic Services: KAAGAPAY Outreach

Month	Region	Community Partners		# of Kaagapay calls rec'd
JAN	Central, North	<ol style="list-style-type: none"> 1. Suisun Library 2. Bright Minds Residential Care 3. St. Joseph Catholic Church 4. UPLIFT 	<ol style="list-style-type: none"> 5. Care Network, Inc. 6. District Attorney's Victim Witness Program (VWP) 7. SC Family Liaison 	5
FEB	Central, South	<ol style="list-style-type: none"> 1. Child Welfare Services: Family Strengthening Partnership Program 2. My Sister's House 	<ol style="list-style-type: none"> 3. Vallejo Police Dept. 4. UPLIFT Presentation 5. District Attorney's VWP Presentation 	5
MAR	South, Central	<ol style="list-style-type: none"> 1. UPLIFT Presentation 2. Lily's Home Care 3. Loving Hearts Care Home 4. Nene's Rest Home 	<ol style="list-style-type: none"> 5. Tagalog Speaking MH Practitioner 6. St. Basil's Catholic Church 7. St. Basil's CFC Chapter Presentation 	4
Totals:				14

IV-C. CULTURAL COMPETENCE

Regional Utilizations & Service Penetration by Cultural Group

C-1 Goal: Solano MHP encourages services in every geographic area & to persons in all ethnic groups to ensure access by members of the target population for all age groups.

- 1. Total # of Black/African American unique clients will increase by 5% annually**
- 2. Total # of Hispanic/Latino unique clients will increase by 5% annually**
- 3. Total # of Filipino unique clients will increase by 5% annually**
- 4. Total # of LGBTQ unique clients will increase by 5% annually**
- 5. Services are being provided in all regions of the county to Black/African American, Hispanic/Latino, Filipino, & LGBTQ unique clients.**

IV-C. CULTURAL COMPETENCE

Utilization of Services by Cultural Group

Date Range	Black/ African American	Hispanic/ Latino	Filipino	LGBTQ	Are Services in all regions?
FY 16-17 Q3	951	557	150	Data Not Available	Yes
FY 15-16 Qtr. Avg (Baseline)	999.50	562.25	141.75	Data Not Available	Yes
FY 16-17 Q3 % of Total Served	26.12%	15.27%	4.12%	Data Not Available	Yes
FY 15-16 Annual % of Total Served	26.3%	15.5%	3.4%	Data Not Available	Yes
FY 16-17 Annual Total	TBD	TBD	TBD	Data Not Available	TBD
FY 15-16 Annual Total Baseline	1565	922	204	Data Not Available	Yes

IV-D. CULTURAL COMPETENCE

Cultural Competency Committee

D-1 Goal: Solano MHP Cultural Competency Committee (CCC) endeavors to include a diverse group of stakeholders, including county and contract providers, & MHP consumers & family members, & to help the system to be changed & improved through the implementation of the Cultural Competency Plan.

- 1. CCC will update the CC plan annually**
- 2. CCC will meet at least quarterly as a sub-committee of the QIC**
- 3. CCC will produce an annual report of activities as required in the CCPR**
- 4. CCC will report quarterly progress on CC plan activities & goals at QIC**
- 5. CCC will plan for, monitor, & track attendance of management, clinical providers, & front office staff at annual CC training**

IV-D. CULTURAL COMPETENCE

Cultural Competence Committee

Date of CC Plan Update	Date of CCC Meeting	Date of Annual Report	Date of report to QIC	Was CC Training offered?	Title of the training	How many staff attended?
1/18/17	3/02/17	TBD	TBD	Yes	Structural Racism 101	9

V. PROGRAM INTEGRITY

FY 2016/17
Quarter 3

V-A. COMPLIANCE

Compliance Committee

A-1 Goal: The MHP will continue to hold Compliance Committee meetings at least quarterly, adhere to a consistent agenda targeting consumer privacy, policy needs, & MHP practices for training/education, & to monitor fraud, waste, & abuse.

Month	Compliance Meeting Held?	Date of Meeting & General Issues Addressed
Feb	Yes	2/27 – Medical Records Work Group meeting. Discussed Medical Records Release Policy and Subpoena Policies

V-B. COMPLIANCE

Compliance Officer Training & Communication

B-1 Goal: The MHP, via the Deputy Compliance Manager, will provide training & regular communication in the following manner:

- 1. Compliance training will be offered at least quarterly & Behavioral Health staff will attend**
- 2. All MHP staff will receive quarterly communication regarding compliance issues & enforcement of compliance standards/disciplinary guidelines**

Month	Was Compliance training offered?	How many BH staff completed training?	Did Compliance Officer send out communication of compliance issues?	Dates & Topics of communication
JAN	1	0	Yes - Fraud, HIPAA enforcement	1/5, 1/10, 1/25
FEB	2	0	Yes - \$5.5 mil HIPAA settlement	2/22
MAR	1	0	Yes - Cal Supreme Court Stance	3/9

V-C. SERVICE VERIFICATION

County Programs

C-1 Goal: The MHP will continue to implement a service verification model & demonstrate 100% accountability for each service identified during the sampling period.

- **Did all applicable County programs participate in the service verification process?**
- **Did all applicable Contracted programs participate in the service verification process?**
- **Were 100% of services billed during the sampling period accounted for?**

V-C. SERVICE VERIFICATION

County Programs (Q2 and Q3 combined)

Program	Did the program participate?	Were 100% of services accounted for?	Were unaccounted services investigated?
FF Youth & FSP	Yes	No	Yes
FF Adult	Yes	No	Yes
VV Youth & FSP	Yes	No	Yes
VV Adult	Yes	No	Yes
VJO Youth & FSP	Yes	Yes	N/A
VJO Adult	Yes	No	Yes
VJO Adult FSP	Yes	No	Yes
FCTU	Yes	No	Yes
FACT/ AB109	Yes	No	Yes

V-C. SERVICE VERIFICATION

County Programs (Q2 and Q3 combined)

Program	% of Services Verified	Cost of Unverified Services (NOBE's)	Survey Results*
FF Youth & FSP	90%	\$3,922.85	92%
FF Adult	77%	\$23,486.41	92%
VV Youth & FSP	92%	\$4,331.40	95%
VV Adult	94%	\$2,331.77	89%
VJO Youth & FSP	100%	N/A	96%
VJO Adult	87%	\$6,829.92	88%
VJO Adult FSP	35%	\$2,977.06	70%
FCTU	86%	\$1,788.02	95%
FACT/ AB109	76%	\$1,803.86	86%

VI. QUALITY IMPROVEMENT

FY 2016/17
Quarter 3

VI-A. QUALITY IMPROVEMENT

Documentation & Avatar User Training

A-1 Goal: Quality Improvement will provide Documentation Training based on the following frequencies:

1. Offer at least 2 Documentation trainings per quarter
2. Offer at least 1 Avatar Phase I training per quarter
3. Offer at least 1 Avatar Phase II training per quarter

Month	Doc training offered?	Date of Training	Avatar Phase I training offered?	Date of Training	Avatar Phase II training offered?	Date of Training
JAN	Yes (1)	1/05/17	No	n/a	No	n/a
FEB	Yes (1)	2/02/17	Yes (2)	2/02/17 2/23/17	No	n/a
MAR	Yes (1)	3/02/17	Yes (2)	3/08/17 3/23/17	No	n/a

QI provided Specialty Trainings for OA staff for additional calendar access on: 3/17/17 (am/pm sessions), and on 3/30/17.

Plan of Action: Provide Avatar Phase II Training opportunities on a more consistent basis. The next Avatar Phase II Training is scheduled for June 14, 2017.

VI-B. QUALITY IMPROVEMENT

Annual Utilization Review Audits

B-1 Goal: The following processes are in place for FY 2016-17 to monitor provider compliance with CCR Title 9 documentation standards:

- 1. Less than 20% of Programs selected for audit will receive a UR Audit Plan of Correction**
- 2. 100% of programs audited who did not meet all compliance standards will submit a Plan of Correction within 30 days of final report**

Month	# of programs audited	% of all audited programs which required a Plan of Correction	Were 100% of all Plan of Corrections submitted within 30 days of final report?
JAN	1	N/A	N/A
FEB	0	N/A	N/A
MAR	6	Pending	Pending

VI-B.1. QUALITY IMPROVEMENT

Annual Utilization Review Audits: Timeliness & Appropriate Resolution

B-1.1 Goal: The following processes are in place for FY 2016-17 to monitor provider compliance with CCR Title 9 documentation standards:

1. At least 75% of UR audits will be completed & submitted to programs' Head of Service within 60 days after the review
2. For reviewed programs requiring a Corrective Action Plan, at least 75% of programs will submit a CAP that adequately addresses the unsatisfactory review findings
3. At least 75% of reviewed programs will provide evidence of their adherence to their Corrective Action Plan

VI-B.1. QUALITY IMPROVEMENT

Annual Utilization Review Audits: Timeliness & Appropriate Resolution

Qtr	# of Programs Audited (this quarter)	% of all programs reviewed that received a UR Audit report w/in 60 days	% of programs requiring a CAP	% of programs that submitted an adequate CAP	% of programs that submitted evidence of adherence to CAP
1	6	0%	100%	50%	Mechanism not in place
2	5	0%	80%	0%	Mechanism not in place
3	7	Pending	Pending	Pending	Pending
4					

VI-B.2. QUALITY IMPROVEMENT

Annual Utilization Review Audits: QI Inter-rater Reliability for Concurrent Review & Audits

B-1.2 Goal: The following processes are in place for FY 2016-17 to monitor provider compliance with CCR Title 9 documentation standards:

1. Is the percentage of returned Concurrent Review cases within one standard deviation amongst the QI clinical reviewers?
2. Did the results of each UR Audit Warm-Up review yield less than 5% variation in responses among the reviewers present?

Month	Are the # of Concurrent Review corrections identified within 1 standard deviation amongst the QI clinical reviewers?	Did the UR Audit Warm-Up Review yield < 5% response variation amongst participating reviewers?
JAN	No	No scheduled audits
FEB	No	No scheduled audits
MAR	Yes	Mechanism not yet in place

VI-C. QUALITY IMPROVEMENT

Site Certifications

C-1 Goal: 100% of programs will be tracked, notified & given the opportunity to be certified in a timely manner or recertified prior to current certification expiring:

- **Met: 100%** new or expiring programs were (re)certified in a timely manner
- **Partially Met: 80%** new or expiring programs were (re)certified in a timely manner
- **Not Met: Less than 80%** new or expiring programs were (re)certified in a timely manner

Month	Programs (RU's) Certified This Month	Was the MHP's tracking report reviewed to ensure no programs were missed?	Were 100% of certifications due this month facilitated in a timely manner?
JAN	2	Yes	Yes
FEB	1	Yes	Yes
MAR	5	Yes	Yes

VI-D. QUALITY IMPROVEMENT

Medi-Cal Provider Eligibility & Verification

D-1 Goal: 100% of providers will have their eligibility verified on a monthly basis, based on the following sites:

- **OIG List of Excluded Individuals/Entities (LEIE)**
- **DHCS Medi-Cal List of Suspended or Ineligible Providers**
- **Excluded Parties List System (EPLS)**

Month	# of Providers initially on one of the lists	Was action taken to investigate provider's eligibility to work in the MHP?	# of Providers Determined to be Ineligible to Practice	Were 100% of Providers verified on the exclusions lists? (County, Contract, & Network)
JAN	7	Yes	0	Yes
FEB	7	Yes	0	Yes
MAR	28	Yes	0	Yes

VII. SERVICE ACCESS & TIMELINESS

FY 2016/17
Quarter 3

VII-A. ACCESS CALLS

Access Calls Handled

A-1 Goal: Improve the following measures:

1. Maintain Access calls handled “live” at an average of 95%
2. Maintain Access calls abandoned at an average of 5%-8%

Month	Calls Received	Calls Handled	% (Handled/Received)	Calls Abandoned	% (Abandoned/Received)
JAN	453	452	99.8%	1	0.2%
FEB	364	364	100%	0	0%
MAR	451	448	99.3%	3	0.7%
Total:	1268	1264	99.7%	4	0.3%

VII-B. ACCESS CALLS

Performance

B-1 Goal: During QI initiated test calls, the MHP will demonstrate in 80%-100% of both Business & After Hours calls that Access Care Managers provide the required information:

- **1: Language capabilities**
- **2-4: Appropriate information given**
- **5: Logging all appropriate data**

VII-B. ACCESS CALLS

Performance

	Business or After Hours	# of Test Calls This Qtr	# of Test Calls That Met Standards	% of Test Calls That Met Standards this Qtr	% of Test Calls That Met Standards in FY 15-16
Languages Tested: Spanish	B	0	0	0%	0%
	A	0	0	0%	0%
Info about how to access SMHS, including how to get an Ax.	B	0	0	0%	0%
	A	1	0	0%	0%
Info about how to treat an urgent condition	B	0	0	0%	0%
	A	0	0	0%	0%
Info about how to use the Problem Resolution/Fair Hearing process	B	2	2	100%	100%
	A	3	2	66.6%	60%
Logging name of client, date of request, & initial disposition	B	2	2	100%	83%
	A	4	0	0%	14%

VII-C. TIMELINESS AND ENGAGEMENT

Time from Service Request to Offered and Actual Services - Children

C-1 Goal: Maintain or improve the following service timeliness measures for children:

- 1. For Routine requests for service, County Children's programs will:**
 - a. Maintain goal of 90% resulting in an offered assessment within 10 business days (FY15-16 baseline: 95%), and**
 - b. Maintain goal of an average of 10 business days or less from service request to actual assessment (FY15-16 baseline: 8.25 days), and**
 - c. Achieve goal of an average of 30 business days or less from service request to service initiation (FY15-16 baseline: 40.9 days).**
- 2. For Urgent requests for service, County Children's programs will:**
 - a. Achieve goal of 90% resulting in an offered assessment within 3 business days (FY15-16 baseline: 68%), and**
 - b. Achieve goal of an average of 3 business days or less from service request to actual assessment (FY15-16 baseline: 4.05 days), and**
 - c. Achieve goal of an average of 23 business days or less from service request to service initiation (FY15-16 baseline: 29.6 days).**
- 3. MHP will create a process for tracking service requests made directly to children's contract agencies, and establish baselines for offered and actual appointment and service goals.**

VII-C. TIMELINESS AND ENGAGEMENT

Children Timeliness

Request Type	Service Request to Offered Assessment Appointment (% within 10 business days for Routine & 3 days for Urgent)	Average # of Business Days from Service Request to Actual Assessment Appointment	Average # of Business Days from Service Request to First Treatment Service
Routine	88%	9.9	28.9
Urgent	67%	3.7	20.0
QTR 3 TOTAL:	87%	9.7	28.5

VII-C. TIMELINESS AND ENGAGEMENT

Time from Service Request to Offered and Actual Services - Adults

C-2 Goal: Maintain or improve the following service timeliness measures for adults:

- 1. For Routine requests for service, County Adult programs will:**
 - a. Achieve goal of 80% resulting in an offered assessment within 10 business days (FY15-16 baseline: 77%), and**
 - b. Achieve goal of an average of 10 business days or less from service request to actual assessment (FY15-16 baseline: 13.3 days), and**
 - c. Achieve goal of an average of 30 business days or less from service request to medication service (FY15-16 baseline: 32.3 days).**
- 2. For Urgent requests for service, County Adult programs will:**
 - a. Maintain goal of 80% resulting in an offered assessment within 3 business days (FY15-16 baseline: 81%), and**
 - b. Achieve goal of an average of 3 business days or less from service request to actual assessment (FY15-16 baseline: 11.5 days), and**
 - c. Achieve goal of an average of 23 business days or less from service request to medication service (FY15-16 baseline: 32.6 days).**

VII-C. TIMELINESS AND ENGAGEMENT

Adult Timeliness

Request Type	Service Request to Offered Assessment Appointment (% within 10 business days for Routine & 3 days for Urgent)	Average # of Business Days from Service Request to Actual Assessment Appointment	Average # of Business Days from Service Request to First Medication Service
Routine	91%	6.4	23.4
Urgent	87.5%	4.3	8.0
QTR 3 TOTAL:	91%	6.3	22.9

VII-C. TIMELINESS AND ENGAGEMENT

Engagement & Attrition - Children

C-3 Goal: Maintain or improve the following engagement measures for children:

- 1. For Routine requests for service, County Children's programs will:**
 - a. Maintain goal of 80% resulting in an assessment (FY15-16 baseline: 90%), and**
 - b. Achieve goal of 75% resulting in initiation of treatment (FY15-16 baseline: 65%)**
- 2. For Urgent Requests for service, County Children's programs will:**
 - a. Maintain goal of 85% resulting in an assessment (FY15-16 baseline: 91%), and**
 - b. Achieve goal of 80% resulting in initiation of treatment (FY15-16 baseline: 77%)**

VII-C. TIMELINESS AND ENGAGEMENT

Children Engagement

Request Type	Number of Service Requests	Percent Receiving an Assessment	Percent who Initiated Treatment
Routine	94	94%	68%
Urgent	3	100%	100%
QTR 3 TOTAL:	97	94%	69%

VII-C. TIMELINESS AND ENGAGEMENT

Engagement & Attrition - Adults

C-4 Goal: Maintain or improve the following engagement measures for adults:

- 1. For Routine requests for service, County Adult programs will:**
 - a. Achieve goal of 60% resulting in an assessment (FY15-16 baseline: 57%), and**
 - b. Achieve goal of 50% resulting in medication service (FY15-16 baseline: 35%)**
- 2. For Urgent Requests for service, County Adult programs will:**
 - a. Maintain goal of 65% resulting in an assessment (FY15-16 baseline: 70%), and**
 - b. Achieve goal of 55% resulting in medication service (FY15-16 baseline: 44%)**

VII-C. TIMELINESS AND ENGAGEMENT

Adult Engagement

Request Type	Number of Service Requests	Percent Receiving an Assessment	Percent who Initiated Treatment (Psychiatric Service)
Routine	298	59%	48%
Urgent	11	64%	45.5%
QTR 3 TOTAL:	309	59%	48%

VIII. WELLNESS & RECOVERY

FY 2016/17
Quarter 3

VIII-A. CONSUMER/FAMILY PARTICIPATION

Maintain Consumer/Family Member Participation

A-1 Goal: Maintain an average participation of 3-4 Consumers/Family Members attending SCBH committees for the year

Month	Were Consumers/Family Members invited?	Which committees were Consumers/Family Members invited to?	How many participated in each committee?
JAN	Yes	SPC, CFAC, MHAB	2, 8, 3
FEB	Yes	SPC, CRAC, MHAB, QIC	2, 10, 4, 2
MAR	Yes	CRAC, MHAB	8, 8

LEGEND

Mental Health Collaborative	MHC	Care Coordination Collaborative Meeting	CCCM
Suicide Prevention Committee	SPC	Cultural Competence Committee	CCC
Mental Health Advisory Board	MHAB	MHSA Steering Committee	MHSA
Quality Improvement Committee	QIC	Consumer Family Advisory Council	CFAC

VIII-B. HOMELESS OUTREACH SERVICES

Provide outreach, engagement, & support to homeless mentally ill adults

B-1 Goal: Maintain the same average numbers of Homeless Outreach Services (HOS) this fiscal year of 99 services/quarter or 33/month

Month	Were Homeless Outreach Services provided?	County Region	# of Homeless Outreach Activities
JAN	Yes		23
FEB	Yes		6
MAR	Yes		7

On February 16, 2017, the First Christian Church of Suisun shut its Homeless Outreach to Solano County individuals. Rachel E. Ford Consumer Affairs Liaison, had been meeting with the Homeless population at the church once or twice a month and then meeting with these individuals in the community. She has lost touch with most of these individuals.

VIII-C. WELLNESS RECOVERY ACTION PLAN

WRAP Groups

C-1 Goal: Continue to provide at least 6 WRAP groups to consumers

Month	# of WRAP Groups	# of Consumer Participants
JAN	14	2
FEB	Ongoing from January	0
MAR	12	2

VIII-D. FAMILY SUPPORT GROUPS

Family Support Groups

D-1 Goal: Increase the number of participants in these groups to 36 by increasing the number of regional areas/cities in which support groups are offered from 2 to 4

Month	# of Family Support Groups	# of Participants	Regions/Cities Where Groups Were Offered
JAN	10	31	RV, FF, VV
FEB	9	33	RV, FF, VV
MAR	10	35	RV, FF, VV, VLO

THANK YOU

Quality Improvement Committee: Quarter 4

AUGUST 3, 2017

1:30p – 3:30p

275 Beck Ave. Conference Room 1

Fairfield, CA 94533

Solano County Mental Health

Quality Improvement

707-784-8323

QualityImprovement@SolanoCounty.com