

DEPARTMENT OF HEALTH & SOCIAL
SERVICES



SOLANO
COUNTY

MINUTES: Mental Health Advisory Board Meeting
August 18, 2020, 4:30 – 6:00 pm

Virtual Meeting: [Join Microsoft Teams Meeting](#)
[+1 323-457-3408](#) USA, Los Angeles (Toll)

Conference ID: 531 848 930#

I. CALL TO ORDER/ROLL CALL

- The meeting was called to order at 4:30 PM by Supervisor Monica Brown. A quorum was attained.

MHAB Members Present

1. Monica Brown, Supervisor
2. Denise Coleman
3. Daniel Cotton
4. J.D. Hatchett
5. Rachelle Jackson
6. Heather Theaux-Venezio, Chair
7. Michael Wright

Behavioral Health Staff Present:

1. Sandra Sinz, BH Director

MHAB Members Absent

1. Roxanne M. Rodezno-Medearis

II. ITEMS FROM THE PUBLIC:

- There were no items from the public on matters not listed on the Agenda.

III. APPROVAL OF MINUTES

- Monica Brown motioned to approve the June 16, 2020 Minutes.
 - The motion was properly moved by Michael Wright and seconded by Denise Coleman. Ordered by a vote of 6-0.

IV. APPROVAL OF THE AGENDA

- Monica Brown motioned to approve the August 18, 2020 Agenda.
 - The motion was properly moved by Michael Wright and seconded by Denise Coleman. Ordered by a vote of 7-0.

V. SCHEDULED CALENDAR

a. Routine Business

- i. Laura's Law Assisted Outpatient Treatment (AOT) Referrals
 - Sandra Sinz provided a brief update on AOT referrals.
- ii. MH Related Legislation
 - Supervisor Brown and Ms. Sinz gave legislative update about SB803.
- iii. LPS/PES Meeting Discussion
 - There were no updates.

b. New Business

- There were no updates.

VI. PUBLIC COMMENTS

- There were no public comments on matters listed on the Agenda.

VII. STAFF REPORTS

a. Director's Report

**DEPARTMENT OF HEALTH & SOCIAL
SERVICES**



**SOLANO
COUNTY**

- Sandra Sinz, Deputy Director of Behavioral Health talked about the budget crisis Behavioral Health is facing because of the COVID-19 pandemic and the effect it has on the 2020 & 2021 budgets.
- b. MHA Report
 - Sandra Sinz gave announced that the Mental Health Student Services Act Grant (four million with a 4-year period) was awarded to Solano County and will discussed at the August 25, 2020 Board of Supervisors meeting.

VIII. COMMITTEE REPORTS

a. Executive Board

- Denise Coleman provided a few updates from the Alcohol and Drug Advisory Board (ADAB) meeting related to new housing projects, issues with the Beacon referral process, report that there has been an increase in visits to the Drug Safe website, and privatized treatment plan called Wise Retreat.
 - Ms. Coleman will deliver ADAB Minutes to Ms. Lopez to disseminate to MHAB members.
 - Ms. Sinz will look at the Beacon referral data and do test calls to identify why individuals are not getting to the correct program after being referred to Beacon.
 - Will Add Beacon Referral process to September 15, 2020 meeting.

b. Membership

- Currently we have eight MHAB members, possibly nine, but will recruit for Vice Chair and maybe one or two more members to join the Board.

c. Outreach and Education

- There were no updates.

d. Ad hoc committee (if applicable)

- There were no updates.

IX. BOARD DISCUSSION ACTION

- There were no updates to report.

X. ADJOURN

- The meeting was adjourned at 5:04 PM by Supervisor Monica Brown.

Note: Jennifer MacKinnon and Angus Perez of Uplift attended virtually.

Quality Improvement Committee

Solano County Mental Health

August 13th, 2020

1:30pm - 3:30pm

Announcements & Action Items

Announcements

- ▶ Triennial Audit for Solano County tentatively scheduled for December 2020
- ▶ Solano MHP - Annual Documentation training is ongoing
- ▶ Solano MHP Audit Schedule will begin in September 2020
- ▶ Received EQRO Final report for April desk review

Action Items

- ▶ No action items from the previous meeting

Quality Improvement Work Plan

Quarter 4

I. Cultural Competence

Quarter 4

I. Cultural Competence

AG-1: System wide Cultural Competence Training

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

Staff Category	Total Staff Trained	% in Compliance
County Providers	106	44%
County Non-Providers	1	2%
Contracted Providers	118	90%
Contracted Non-Providers	0	0%

Slide 5

MGM8 No additional CC trainings during Q4
Mauritz, Genevieve M., 8/10/2020

I. Cultural Competence

DM-1: Cultural Competence Plan, Training Plan, and Committee

Next Public Meeting:

II. Wellness & Recovery

Quarter 4

II. Wellness & Recovery

AG-1: Provide support groups to behavioral health family/adult community members to better support their understanding of challenges their loved one is going through & learn effective ways to interact with them.

Goal: Increase the % of unduplicated participants in Peer Support Groups who respond positively to quarterly “Quality of Life Outcome Tool” survey items.

Peer Support Group (Adults)

Qtr	# of participants	% who “have learned tools/ways to support their/their loved one’s behaviors/symptoms”	% who feel supported by the group	% who would return to the group
1	7	99%	100%	100%
2	29	89%	99%	99%
3	15	95%	95%	100%
4	50*	<i>No surveys due to COVID-19</i>		

*Includes 3 new participants

II. Wellness & Recovery

AG-1: Provide support groups to behavioral health family/adult community members to better support their understanding of challenges their loved one is going through & learn effective ways to interact with them.

Goal: Increase the % of unduplicated participants in Peer Support Groups who respond positively to quarterly "Quality of Life Outcome Tool" survey items.

Family Support Group

Qtr	# of participants	% who "have learned tools/ways to support their/their loved one's behaviors/symptoms"	% who feel supported by the group	% who would return to the group
1	38	42%	100%	100%
2	31	99%	100%	99%
3	5	80%	100%	100%
4	41	<i>No surveys due to COVID-19</i>		

III. Beneficiary Satisfaction & Protection

Quarter 4

III. Beneficiary Satisfaction & Protection

SV Satisfaction Survey (Q4 - Contractors)		
Program	Total Surveys	Result
Caminar CCM	60	85%
Caminar FSP	147	78%
Psynergy	9	64%
BACS Rosewood	53	75%
Totals:	269	76%

Thank you for support
& a roof over my head.
I feel the love.

-BACS Rosewood

III. Beneficiary Satisfaction & Protection

SV Satisfaction Survey Results - Q4 Contractor Programs

Question	Yes, definitely	Yes, somewhat	No
1. Did the staff explain things in a way that was easy to understand?	88%	10%	2%
2. Did the staff listen carefully to you?	82%	14%	3%
3. Did the staff show respect for what you had to say?	88%	9%	3%
4. Did you feel the staff was respectful of your race/ethnicity?	90%	8%	2%
5. Did you feel the staff was respectful of your religion/spirituality?	87%	11%	2%
6. Did you feel the staff was respectful of your sexual orientation/gender identity?	86%	11%	3%
	Yes	No, but I'd like one	I don't need one
7. Was an interpreter/bilingual staff provided?	5%	1%	93%
If yes,	Yes, definitely	Yes, somewhat	No
8. Did the interpreter/bilingual staff meet your needs?	71%	21%	0%
9. Do you feel better?	66%	29%	6%
10. Would you recommend our services to others?	78%	13%	9%

III. Beneficiary Satisfaction & Protection

AG-1: Quarterly Service Verification Customer Satisfaction Survey

Goal: Each Program will choose one area of improvement based upon bi-annual results from Service Verification Customer Satisfaction Survey

Contractor Programs - Q4

Program	Identified Area of Focus	Q2	Intervention	Post Intervention Change (Q4)
Uplift Family Services	2. Did the staff listen carefully to you?	94%	During a monthly collateral session with the youth & caregiver, the clinician will check in with them.	
	9. Do you feel better?	76%	During a monthly collateral session with the youth & caregiver, the clinician will check in with them.	
Caminar FSP	6. Did you feel the staff was respectful of your sexual orientation/ gender identity?	97%	In the next 30 days staff will receive training from program director about "overcoming barriers" when delivering services.	86% (Survey results were merged)
Caminar HOME	6. Did you feel the staff was respectful of your sexual orientation/gender identity?	83%	Staff will complete training on Cultural Competency & continue annually. Will bring CC training to Caminar ACT team monthly for next 6 months.	
A Better Way	7. Was an interpreter/bi-lingual staff provided?	13%	Increase training for assessment of language needs w/ clinicians; new interpreter service provider has been contracted to increase access to translators w/ improved service & quality. Continue to hire bilingual staff.	

IV. Beneficiary Outcomes & System Utilization

Quarter 4

IV. Beneficiary Outcomes & System Utilization

AG-1: Expand FSP to achieve goals per ACT model.

Goal:

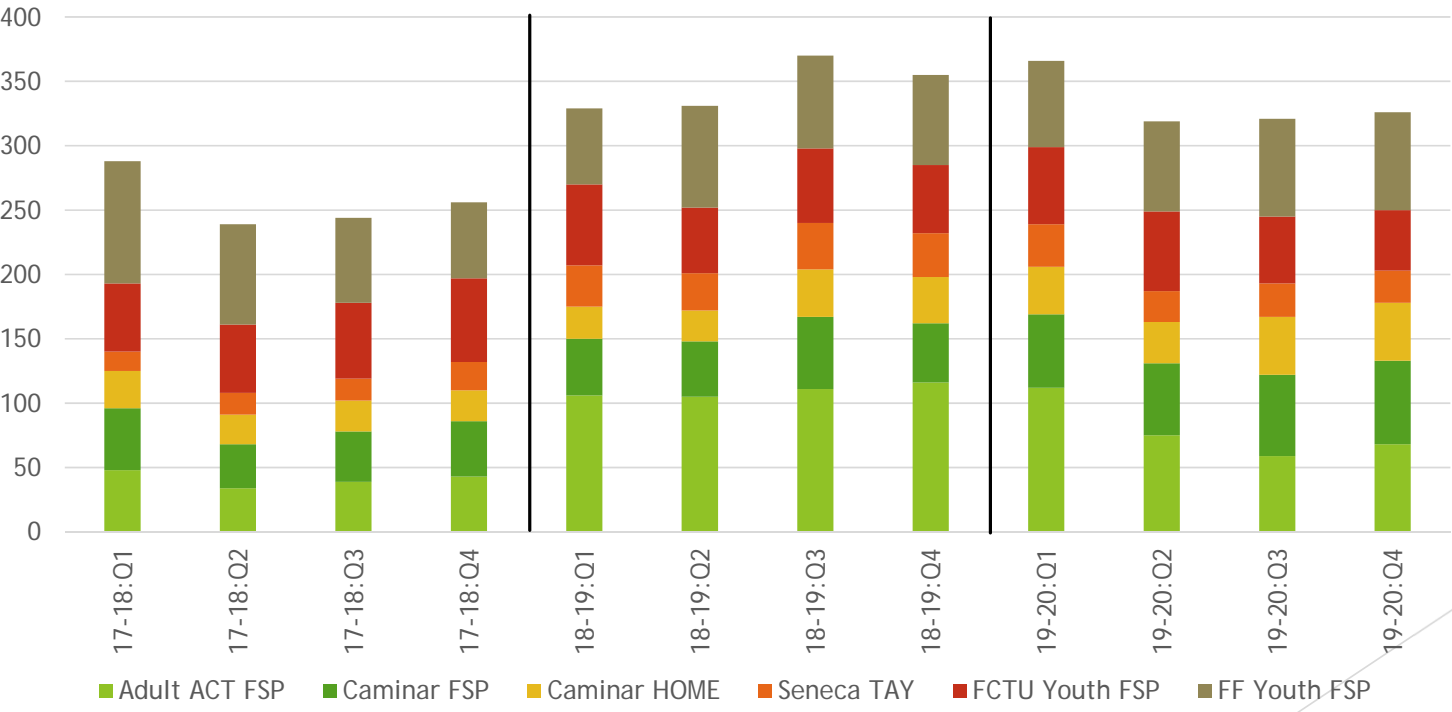
1. Decrease total FSP clients hospitalized by 5%
2. Decrease the % of clients re-hospitalized by 5%
3. Decrease total FSP clients incarcerated by 5%
4. Decrease total FSP clients without stable housing
5. Increase capacity to serve clients with co-occurring MH/SUD

IV. Beneficiary Outcomes & System Utilization

FSP Program	Clients Served	Hospitalized 1x		Hospitalized >1x		Incarcerated 1x		Exp. 1 Incidence of Homelessness		Loss of Placement (Youth Only)	
		#	%	#	%	#	%	#	%	#	%
Adult ACT FSP	68	3	4%	8	12%	4	6%	1	1%	N/A	
Caminar Adult FSP	65	2	3%	2	3%	1	2%	2	3%		
Caminar HOME	45	3	7%	2	4%	2	4%	1	2%		
Seneca TAY	25	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Foster Care Treatment Unit	47	0	0%	0	0%	0	0%	1	2%	8	17%
Fairfield Youth FSP	76	3	4%	0	0%	0	0%	0	0%	4	5%
Total:	326	11	3%	12	4%	7	2%	5	2%	12	8%
Previous Quarter Total:	321	17	5%	9	3%	11	3%	4	1%	10	6%

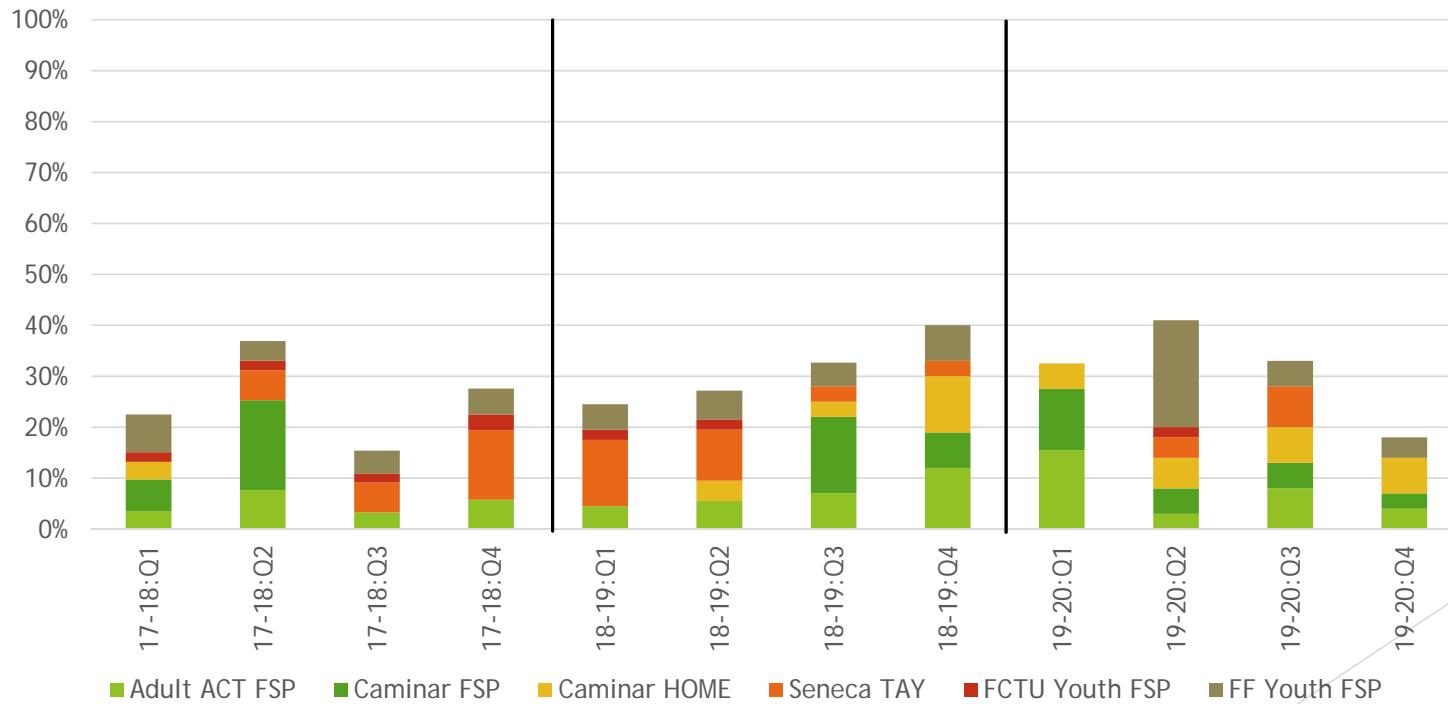
IV. Beneficiary Outcomes & System Utilization

FSP Clients Served



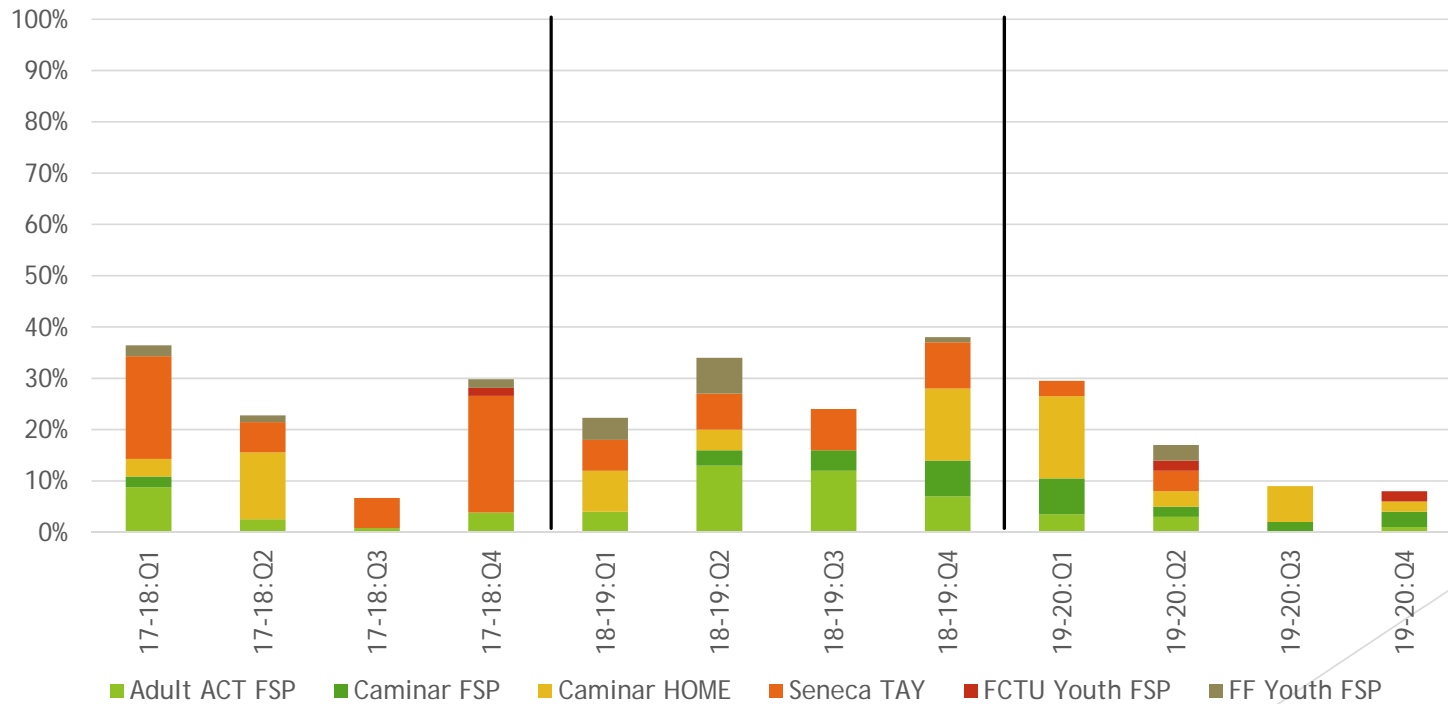
IV. Beneficiary Outcomes & System Utilization

Total % FSP Clients Hospitalized 1x



IV. Beneficiary Outcomes & System Utilization

Total % FSP Clients Experienced Homelessness



IV. Beneficiary Outcomes & System Utilization

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

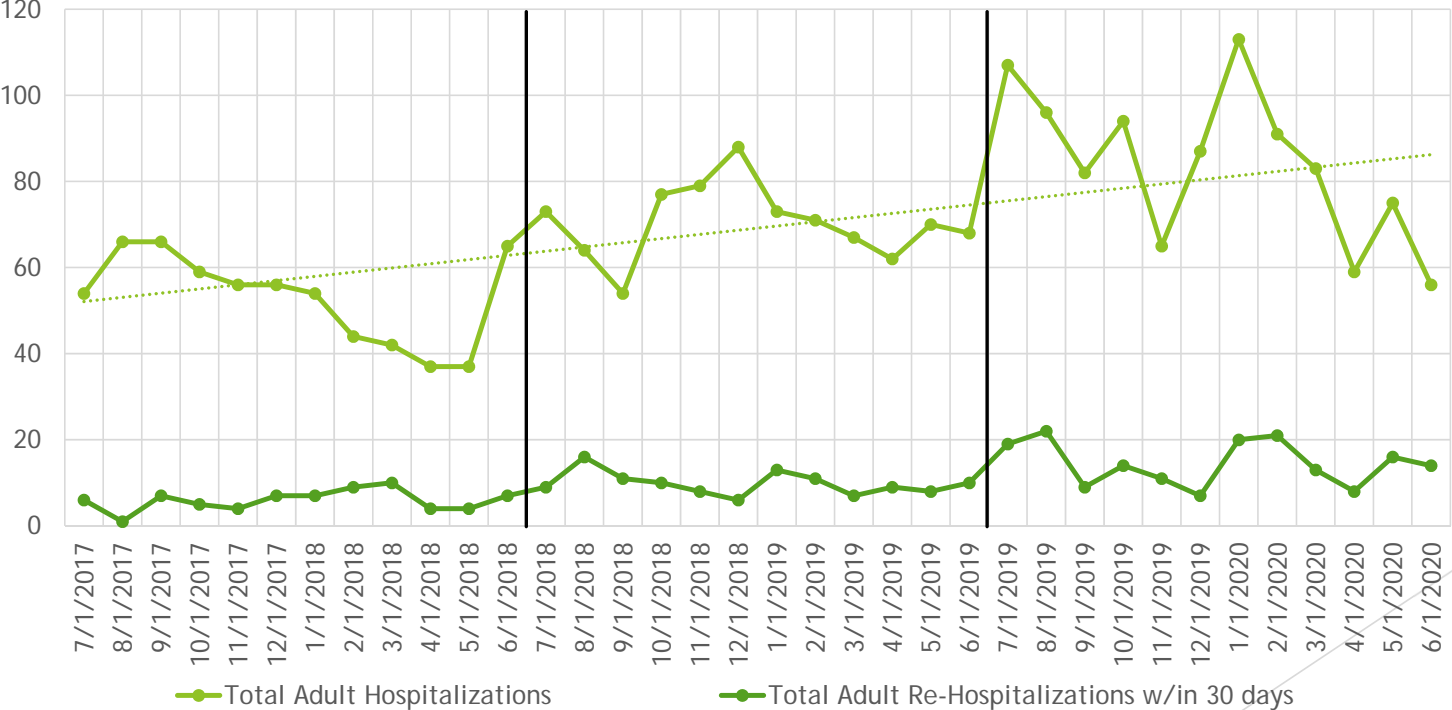
Goal:

- ▶ Measurement 1: Maintain FY 18/19 quarterly average of 211 adult inpatient hospitalizations.
- ▶ Measurement 2: Establish a baseline quarterly average adult readmission rate of 12%. (FY 18/19 quarterly average was 14%)

Month	Total Adult Inpatient Hospitalizations	Total Adult Discharges	Total #/% Adult Rehospitalizations w/in 30 days of discharge	
Apr	59	55	8	13.56%
May	75	69	16	21.33%
Jun	56	65	14	25%
Total	190	189	38	19.96%

IV. Beneficiary Outcomes & System Utilization

Total Adult Clients Hospitalized



IV. Beneficiary Outcomes & System Utilization

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

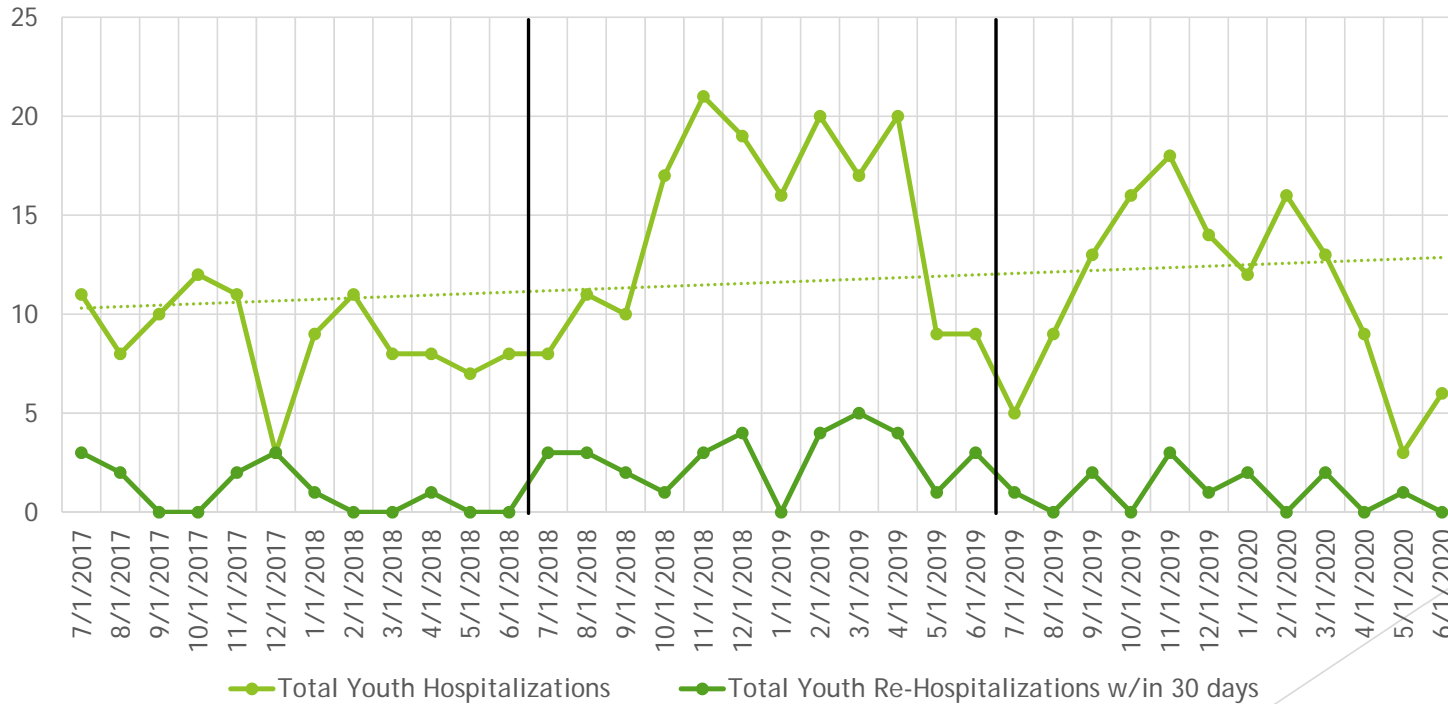
Goal:

- ▶ Measurement 1: Improve FY 19/20 quarterly average to under 25 youth inpatient hospitalizations. (FY 18/19 quarterly average was 44)
- ▶ Measurement 2: Improve FY 19/20 quarterly average to 15% or less for youth readmission. (FY 18/19 quarterly average was 17%)

Month	Total Child Inpatient Hospitalizations	Total Child Discharges	Total #/% Child Rehospitalizations w/in 30 days of discharge	
Apr	9	7	0	0%
May	3	6	1	33%
Jun	6	4	0	0
Total	18	17	1	33%

IV. Beneficiary Outcomes & System Utilization

Total Youth Clients Hospitalized



IV. Beneficiary Outcomes & System Utilization

AG-4: Provide outreach, engagement & support to homeless mentally ill adults toward acquiring benefits, resources & services they need.

Goal:

- 1. At least 85% of individuals contacted will be screened for MH/SA needs
- 2. At least 50% of individuals screened will be linked to Access or an existing MH provider
- 3. At least 50% of individuals contacted will be linked to other basic need services

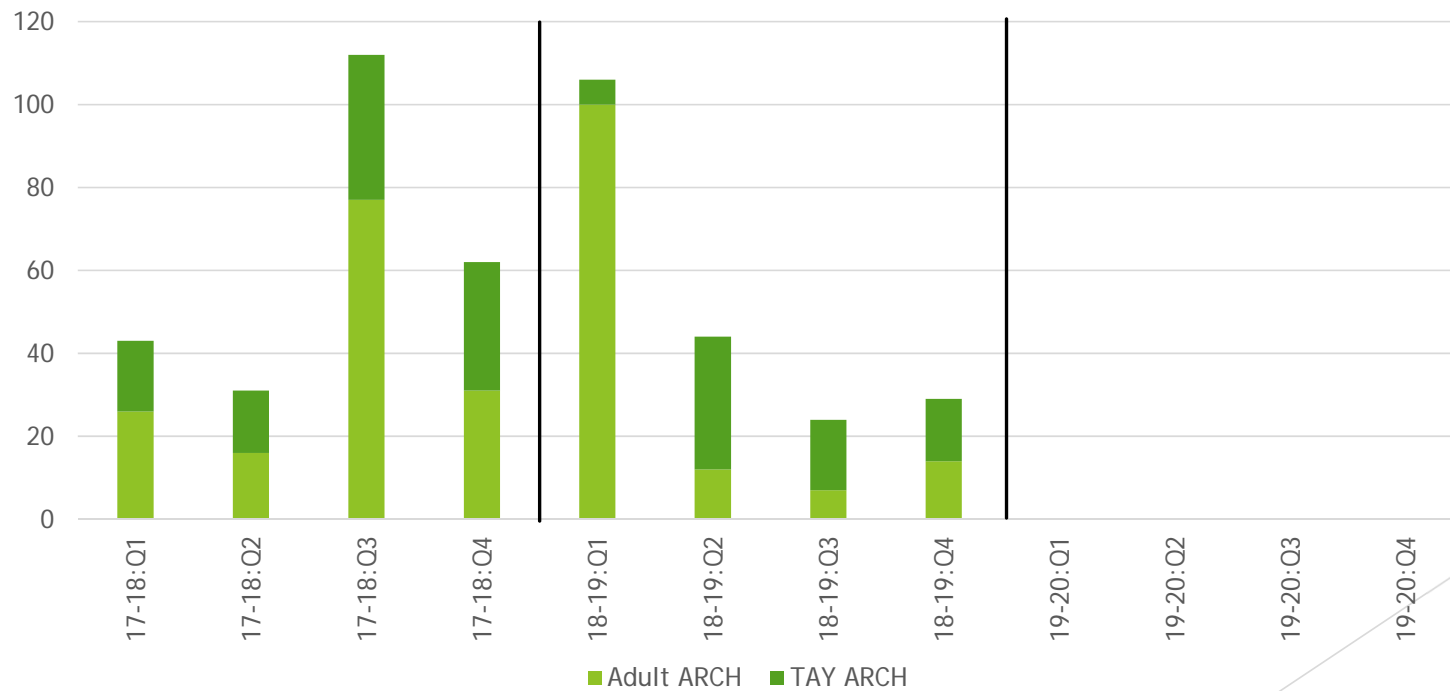
# of Individuals Screened	# of Individuals Offered an Ax	# of Individuals Reconnected w/ Existing Provider	# of Community Education & Engagement Activities	# of Community Member Participants

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MGM6 This goal came from MHS (Tracy)
Mauritz, Genevieve M., 11/7/2019

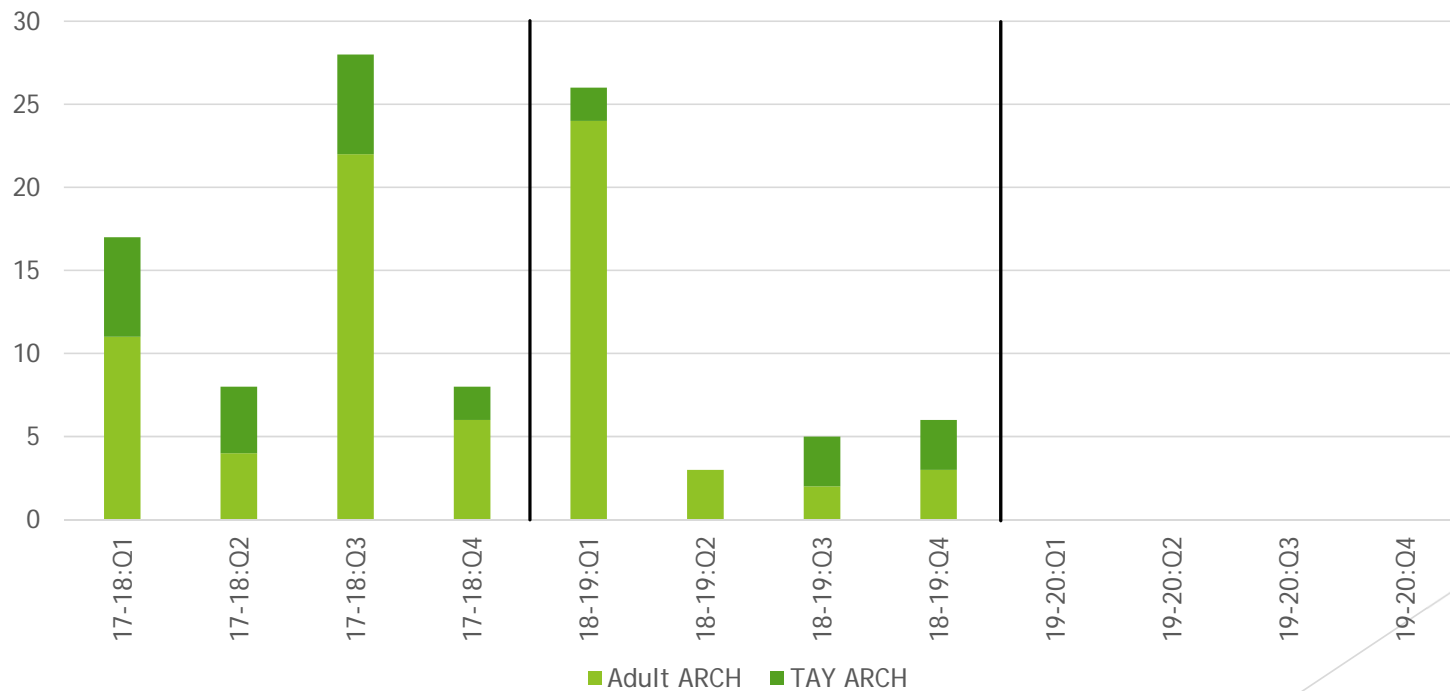
IV. Beneficiary Outcomes & System Utilization

Homeless Outreach: Total Clients Screened



IV. Beneficiary Outcomes & System Utilization

Homeless Outreach: # Clients Re-connected to Existing Provider



IV. Beneficiary Outcomes & System Utilization

AG-5: Expand the use of Evidence-Based Practices throughout the system of care

Goal:

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

EBP Model	# of Trainings/ Coaching Sessions	# of Staff in Attendance	# of Clients Support with EBP Model
ACT			
TF-CBT			
EMDR			
Peer Employment Training - Recovery Innovations			

*Due to COVID-19, no data is available

Slide 27

MGM11 Emery asked to remove - No data for Q4 due to COVID & lack of staff to track
Mauritz, Genevieve M., 8/10/2020

MGM13 Part of workplan so it will remain. No data due to COVID & staff changes
Mauritz, Genevieve M., 8/11/2020

IV. Beneficiary Outcomes & System Utilization

AG-6: Expand system of care to become co-occurring capable to serve & improve outcomes for individuals with multiple complex conditions.

Goal:

1. Track total clients with co-occurring diagnosis receiving treatment
2. Increase total staff cross trained w/in MH & SA teams
3. Develop mechanisms to support integration

Program	Total Unique Clients Served	Total Clients w/ Co-occurring Dx	Total Clients w/ Integrated Tx Plans
MH	3574	1386	No report
SA	-	-	available
Total	3574	1386	-

* 39% of open unique clients were diagnosed as co-occurring mental health and substance use

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MGM12 Emery asked to remove - No data for Q4 due to COVID & lack of staff to track
Mauritz, Genevieve M., 8/10/2020

Break

QI Dashboard

V. Service Access & Timeliness

Quarter 4

V. Service Access & Timeliness

- ▶ AG-1: Service request to first offered appointment w/in Children's system of care

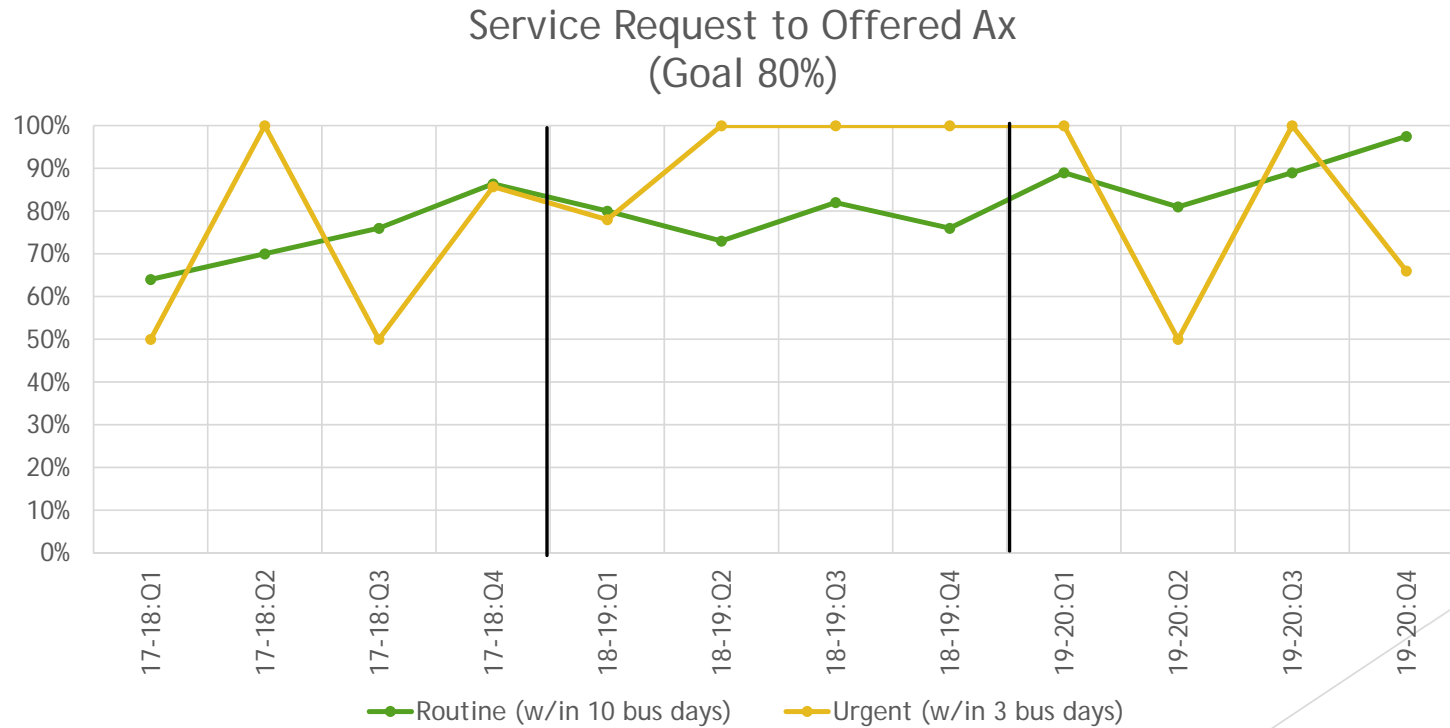
Goal:

1. For routine requests
 - a. 80% of service requests will be offered an Ax within 10 business days (FY 18/19 baseline: 78%)
 - b. Average of 10 business days or less from service request to actual Ax
 - c. Average of 25 business days or less from service request to first Tx service
2. For urgent requests
 - a. 80% of service requests will be offered an Ax within 3 business days (FY 18/19 baseline: 95%)
 - b. Average of 3 business days or less from service request to actual Ax

Request Type	Service Request to Offered Ax	Avg. # of bus. Days from request to actual Ax	Avg. # of bus. Days from request to first Tx service
Routine	5.26	8.45	25.28
Urgent	3.66	3.6	11
Total (Youth)	5.22	8.3	24.84

V. Service Access & Timeliness

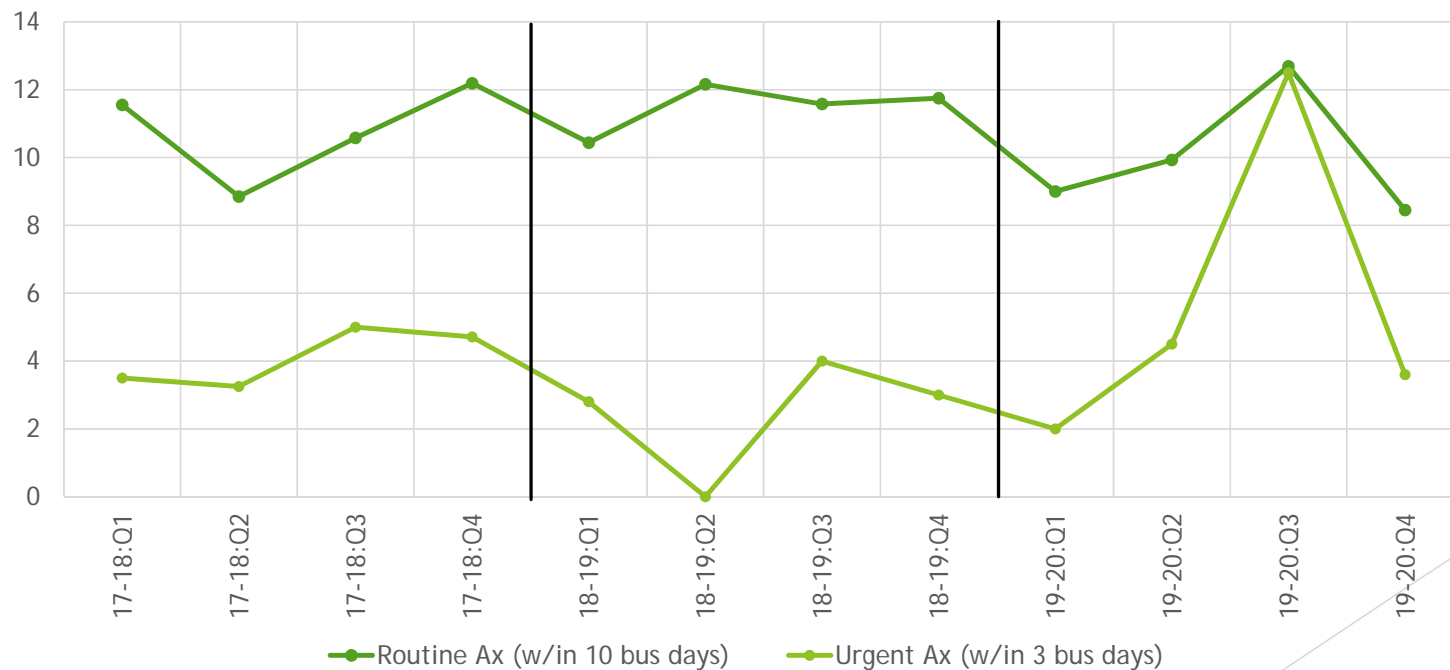
Youth System of Care



V. Service Access & Timeliness

Youth System of Care

Avg. # Bus. Days from Service Request to Ax

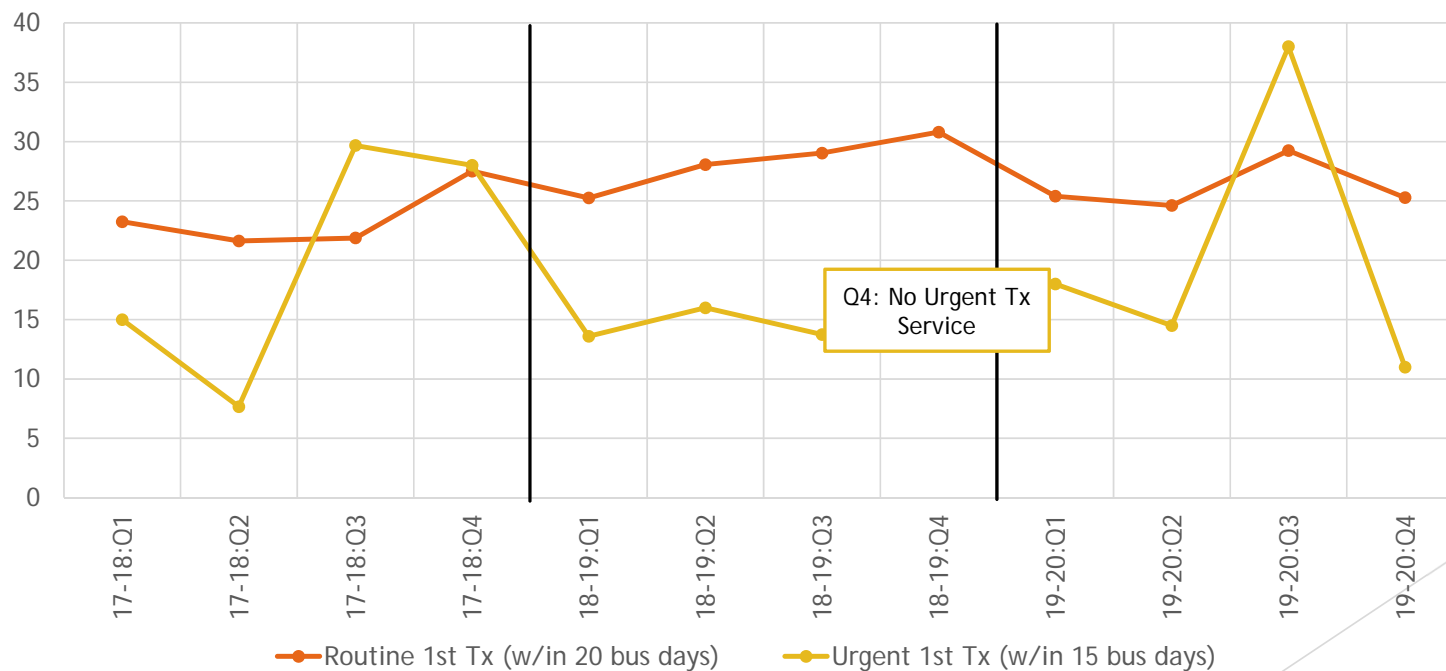


● Routine Ax (w/in 10 bus days) ● Urgent Ax (w/in 3 bus days)

V. Service Access & Timeliness

Youth System of Care

Avg. # Bus. Days from Service Request to 1st Tx Appt.



V. Service Access & Timeliness

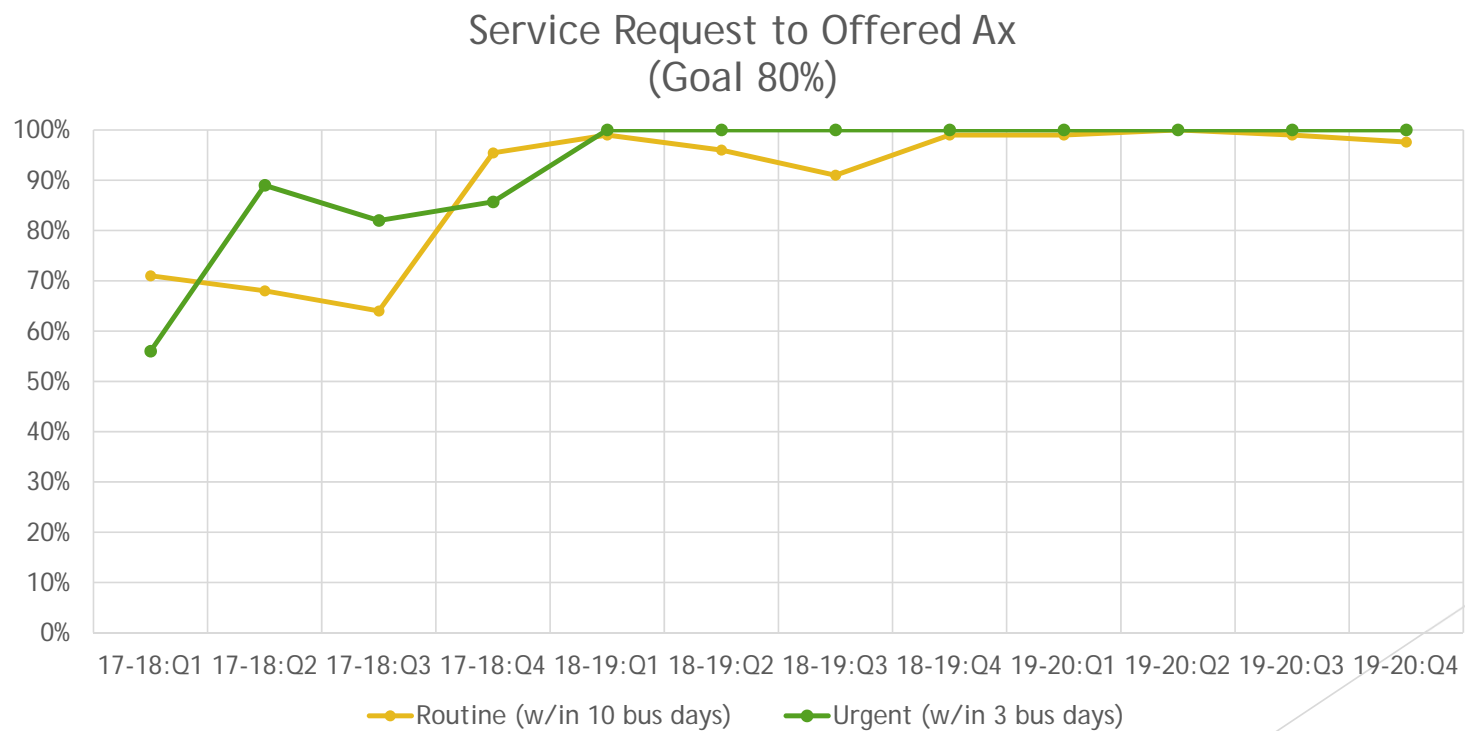
- ▶ AG-2: Service request to first offered appointment w/in Adult's system of care

Goal:

1. For routine requests
 - a. 80% of service requests will be offered an Ax within 10 business days (FY 18/19 baseline: 96%)
 - b. Average of 10 business days or less from service request to actual Ax
 - c. Average of 20 business days or less from service request to first Tx service
2. For urgent requests
 - a. 80% of service requests will be offered an Ax within 3 business days (FY 18/19 baseline: 100%)
 - b. Average of 3 business days or less from service request to actual Ax
 - c. Average of 15 business days or less from service request to first Tx service

Request Type	Service Request to Offered Ax	Avg. # of bus. Days from request to actual Ax	Avg. # of bus. Days from request to first Tx service
Routine	4.03	6.1	13.3
Urgent	1.2	1.8	3.6
Total (Adults)	3.98	6	13.13

V. Service Access & Timeliness Adult System of Care



V. Service Access & Timeliness

Adult System of Care

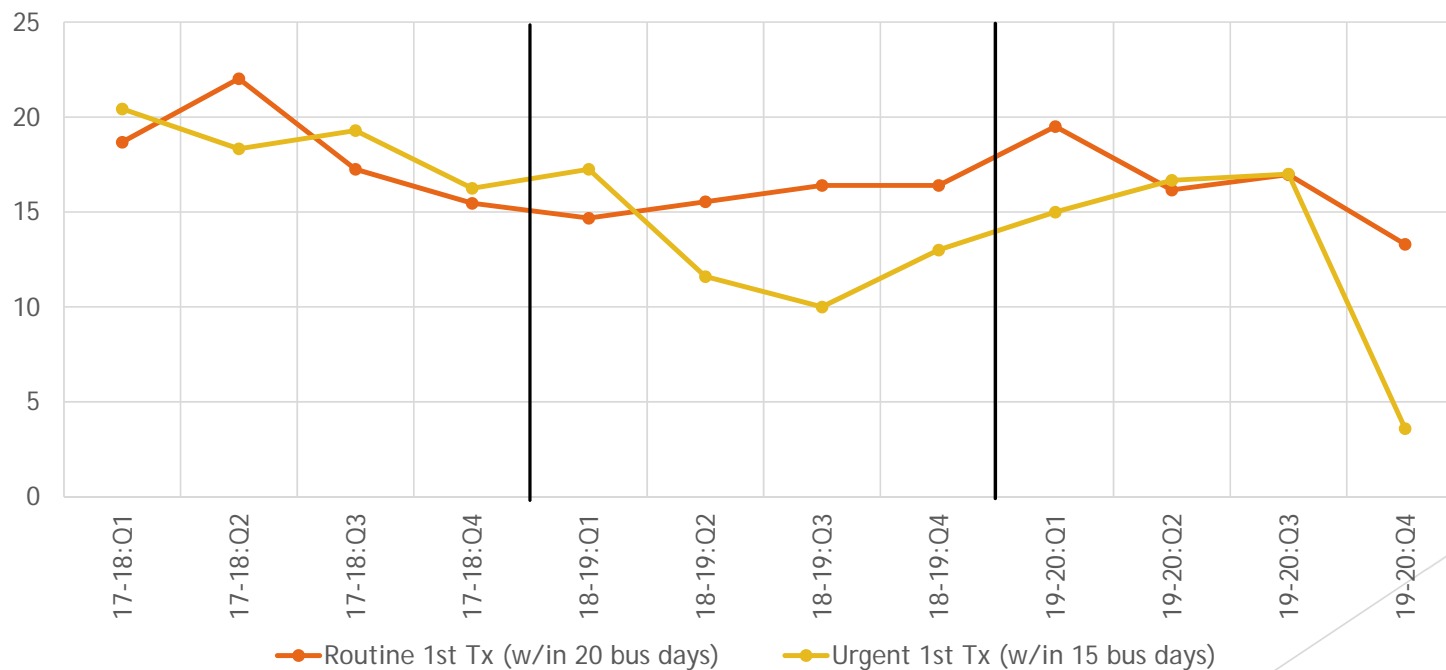
Avg. # Bus. Days from Service Request to Ax



V. Service Access & Timeliness

Adult System of Care

Avg. # Bus. Days from Service Request 1st Tx Appt.



V. Service Access & Timeliness

- ▶ AG-3: Service request to first offered appointment w/in Children's system of care (engagement & retention)

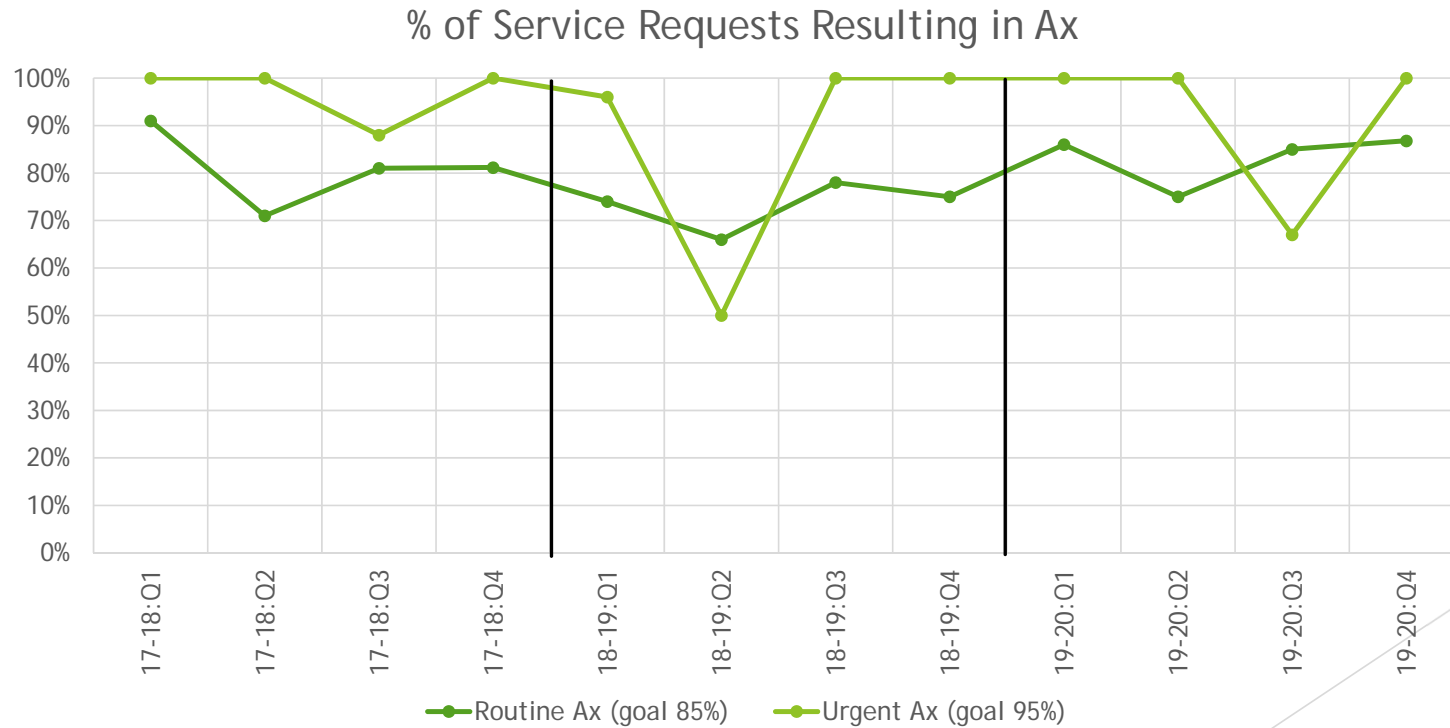
Goal:

1. For routine requests
 - a. 85% of service requests will result in an Ax
 - b. 55% of service requests will result in a Tx service
2. For urgent requests
 - a. 95% of service requests will result in an Ax
 - b. 90% of service requests will result in a Tx service

Request Type	Total Service Requests	% Receiving an Ax	% Initiating Treatment
Routine	121	86.78%	52.9%
Urgent	3	100%	66.6%
Total (Youth)	124	87.1%	53.2%
FY 18/19 Avg.	208	74%	37%

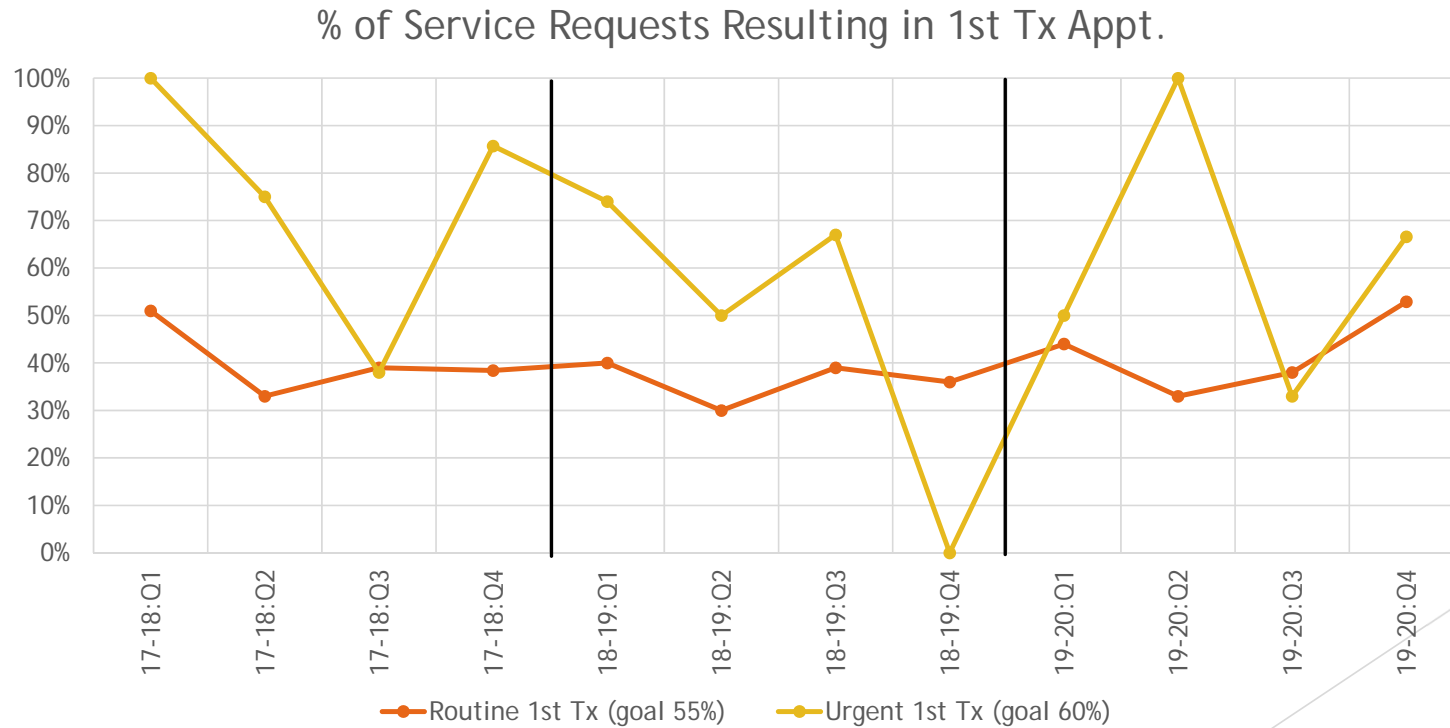
V. Service Access & Timeliness

Youth System of Care



V. Service Access & Timeliness

Youth System of Care



V. Service Access & Timeliness

- ▶ AG-4: Service request to first offered appointment w/in Adult's system of care (engagement & retention)

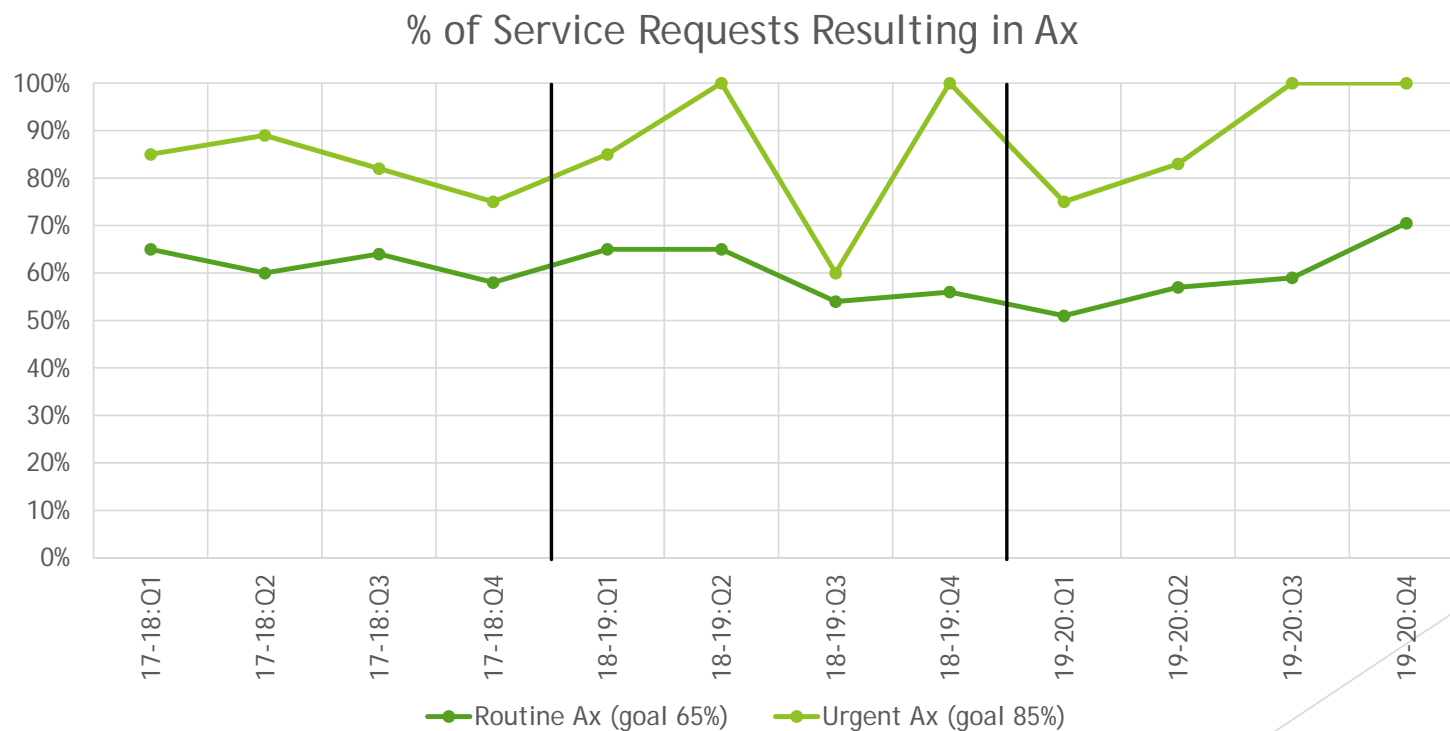
Goal:

1. For routine requests
 - a. 65% of service requests will result in an Ax
 - b. 55% 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

Request Type	Total Service Requests	% Receiving an Ax	% Initiating Treatment
Routine	292	70.5%	51.03%
Urgent	5	100%	60%
Total (Adults)	297	71%	51.18%
FY 18/19 Avg.	376	62%	46%

V. Service Access & Timeliness

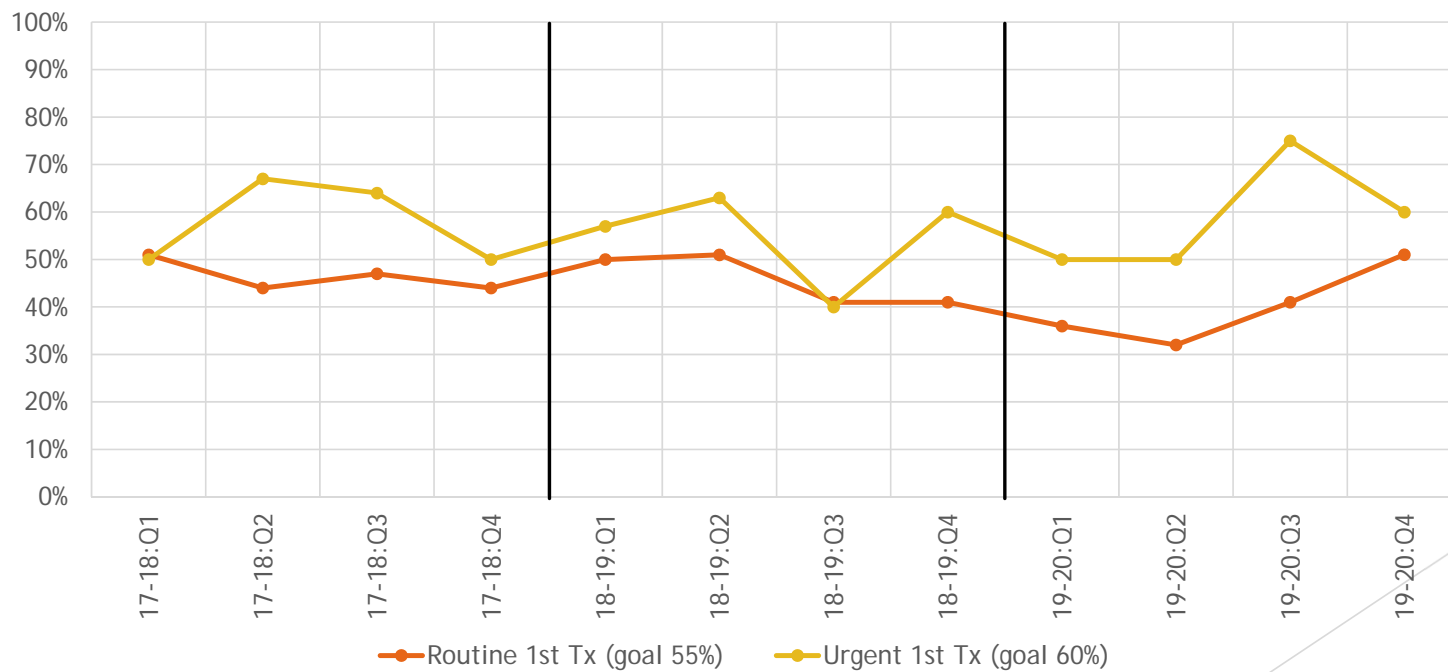
Adult System of Care



V. Service Access & Timeliness

Adult System of Care

% of Service Requests Resulting in 1st Tx Appt.



V. Service Access & Timeliness

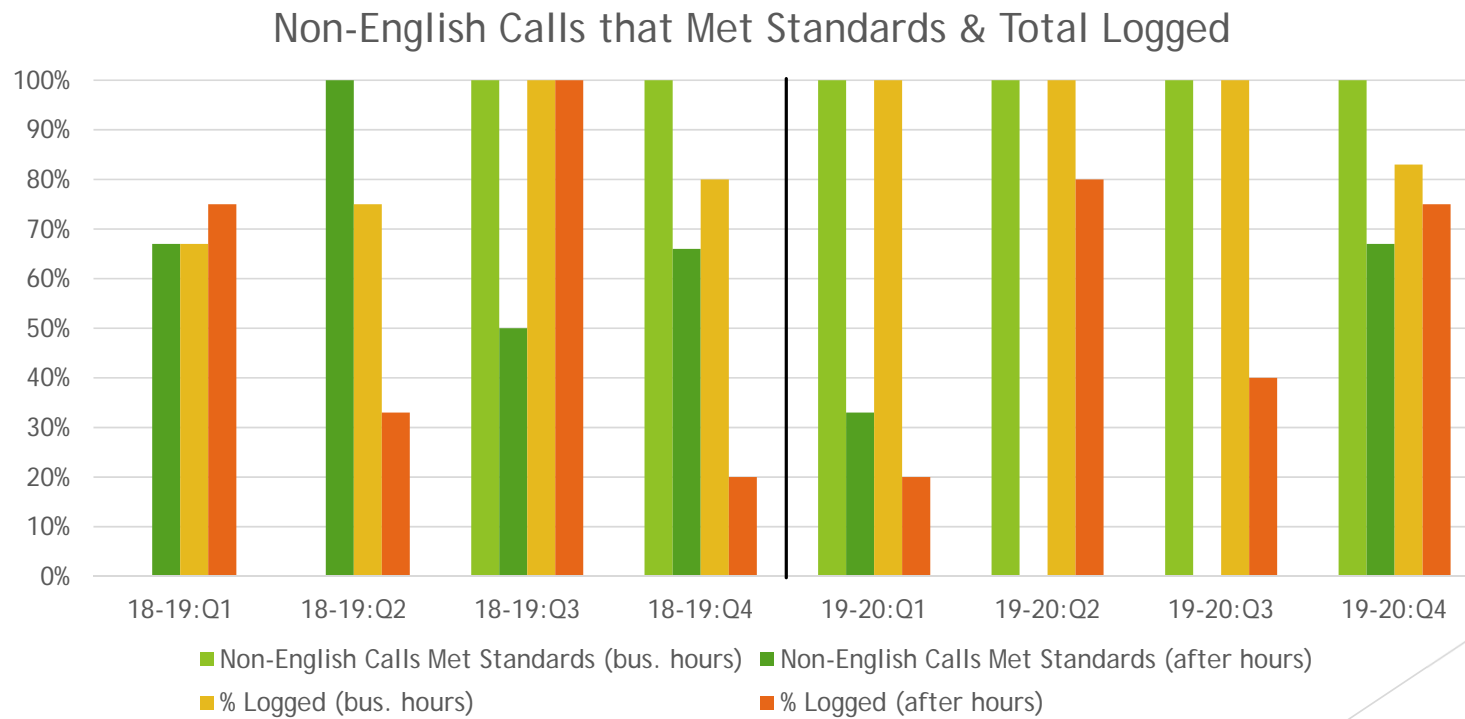
▶ AG-5: Access test call performance

Goal:

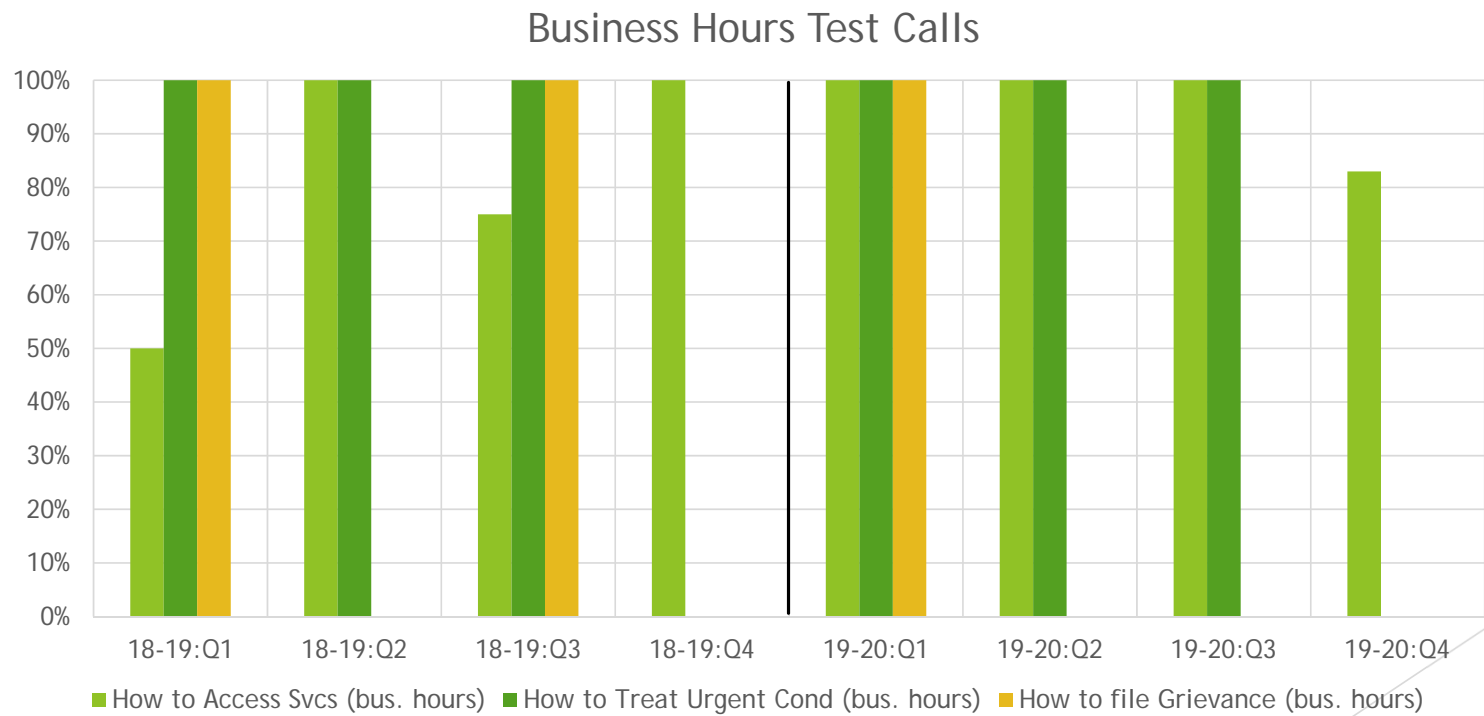
- ▶ Measurement 1: Minimum of 4 test calls will be made per month
- ▶ Measurement 2: Test for language capabilities
- ▶ Measurement 3: Test for appropriate information provided
- ▶ Measurement 4: Test for appropriate logging of all calls

	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 Year
Language(s) Tested: Spanish, Lithuanian & Russian	B	3	3	100%	67%
	A	3	2	67%	71%
Info provided for accessing SMHS (including getting an Ax)	B	6	5	83%	81%
	A	4	2	50%	74%
Info provided for treating an urgent condition	B	0	n/a	n/a	100%
	A	0	n/a	n/a	100%
Info provided for Problem Resolution/ Fair Hearing	B	0	n/a	n/a	100%
	A	2	1	50%	100%
Logging calls	B	6	5	83%	81%
	A	4	3	75%	57%

V. Service Access & Timeliness

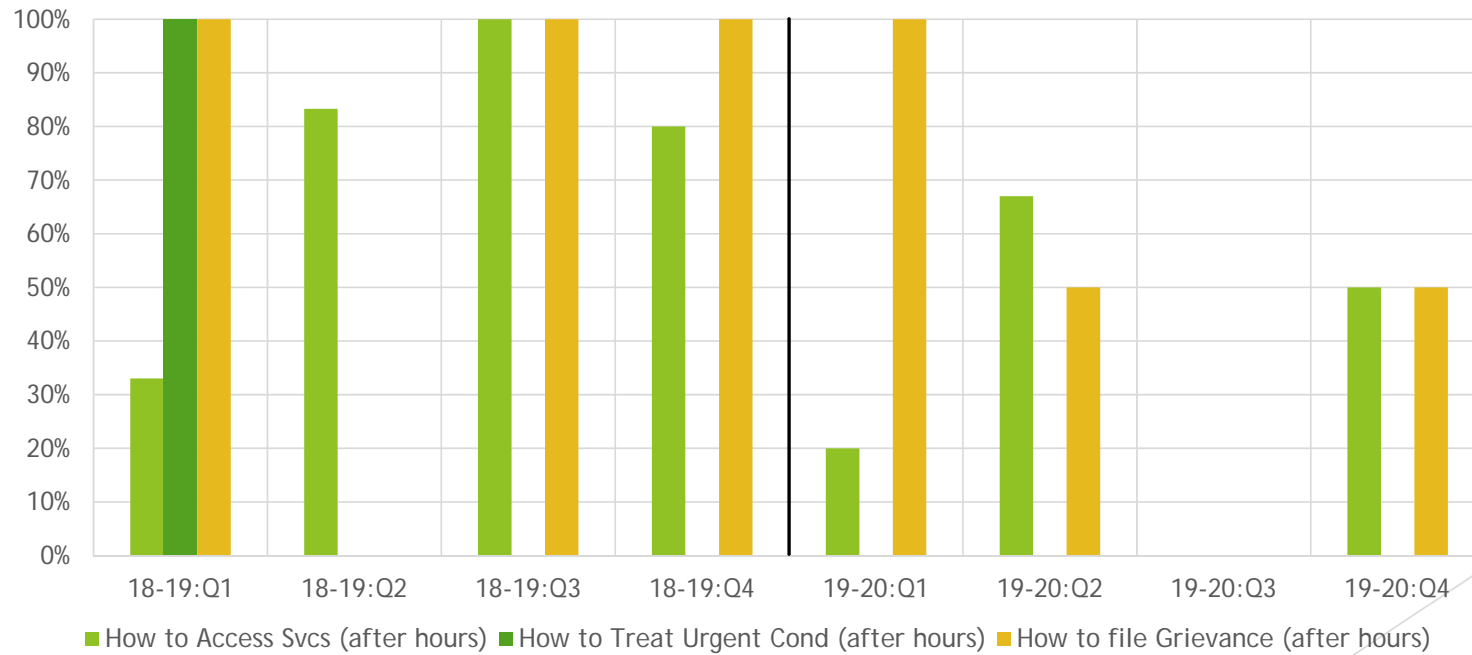


V. Service Access & Timeliness



V. Service Access & Timeliness

After Hours Test Calls



VI. Program Integrity

Quarter 4

VI. Program Integrity

▶ AG-1: 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 County programs will participate in the Service Verification process
- ▶ Measurement 2: 90% - 100% of services will be verified during the Service Verification week (FY 18/19 baseline: 93%)

VI. Program Integrity

Program		% of services verified	Cost of unverified services	Were NOBE's submitted for all unverified services?
48CT1	BACS Rosewood	100%	\$ 0.00	N/A
48BY2	Caminar CCM	89%	\$ 683.26	PENDING FINAL REPORT
48B91	Caminar FSP	100%	\$ 0.00	N/A
48B92	Caminar HOME	100%	\$ 0.00	N/A
48C11	Psynergy Sacramento (A)	100%	\$ 0.00	N/A
48CZ1	Psynergy Sacramento (B)	100%	\$ 0.00	N/A
		Average: 98%	Total: \$683.26	

**Youth programs predominantly served clients via Telehealth & Phone due to COVID-19 and were unable to obtain physical signatures for service verification*

VII. Quality Improvement

Quarter 4

VII. Quality Improvement

▶ AG-1: Annual Utilization Review Audits

Goal:

- ▶ 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 timeliness

Qtr.	# of Programs Audited	% of Programs that received a timely report	% of Programs requiring a CAP	% of Programs submitted timely CAP	% of Programs with an adequate CAP
1	4	75%	100%	100%	100%
2	14	21%	100%	64%	71% so far (4 pending)
3	10	10%	100% so far (2 pending)	60% so far (5 pending)	Pending Eval
4	10	22% so far (1 pending)	100% so far (8 pending)	100% so far (1 pending-due in Sept)	100% so far (1 due in Sept)

VII. Quality Improvement

▶ AG-2: Service Authorization Timeliness

Goal:

- ▶ Measurement 1: At least 90% of authorization requests will be initially reviewed within 10 business days of receipt
- ▶ Measurement 2: 100% of monthly concurrent review status reports are provided to programs

Month	% of Treatment Plans reviewed for quality w/in 10 bus. Days	# Treatment Plans received for Quality Review	% of Programs receiving monthly concurrent review status reports
Apr	26%	312	0%
May	29%	307	0%
Jun	<i>Quality Review process was changed effective June 1</i>		
Total	47%	619	0%
FY Total	47%	4351	22%

Roundtable Discussion

Next Meeting:

Quality Improvement Committee

FY 2020 - 2021: Quarter 1

Thursday November 12th, 2020

1:30pm - 3:30pm

Location: TBD

(most likely via Microsoft Teams)

Solano County Mental Health
Quality Improvement
(707) 784-8323

QualityImprovement@SolanoCounty.com