

QUALITY IMPROVEMENT PROGRAM WORK PLAN

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

Fiscal Year 2022-23



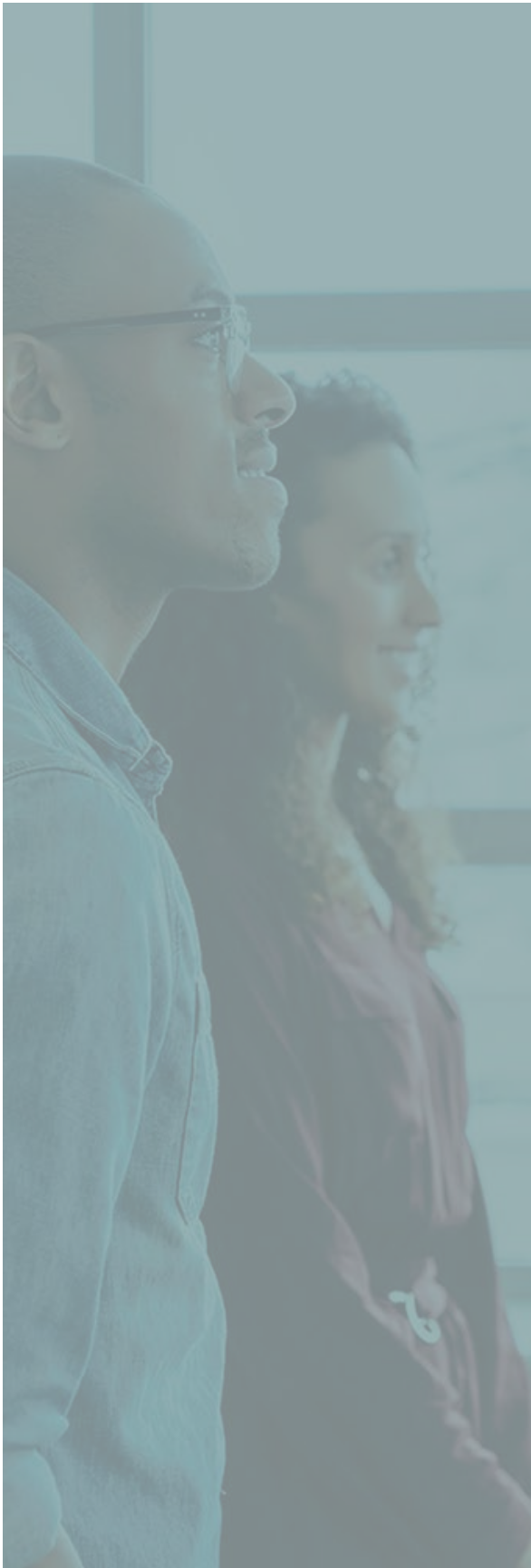


Table of Contents

Introduction	3
Quality Improvement (QI)	4
Purpose	4
Organizational Chart	5
QI Structure	6
QI Committee and Workgroup Diagram	9
Process	10
Goals of QI	10
Client and Family Involvement	10
Quality Review Council Focus	11
Performance Improvement Projects	11
Quality Management Process	14
Targeted Aspects of Care Being Monitored	15
QI Work Plan (QIWP) Development	16
Developing the QIWP	16
QIWP Goals	16
Annual Evaluation	16
Target Objectives	16
Mental Health Services Goals	17
Substance Use Disorder Services Goals	20

INTRODUCTION

In accordance with the California Department of Health Care Services (DHCS) requirements in Title 9, Section 1810.440, the County of San Diego Behavioral Health Services (BHS) has a Quality Improvement (QI) Program and an Annual Quality Improvement Work Plan (QIWP).

The goals of the BHS QI are based on the healthcare quality improvement aims identified by the Institute of Medicine's (IOM) report: "Crossing the Quality Chasm." The targeted quality improvement aims for all health care services are to be safe, client centered, effective, timely, efficient, and equitable. These IOM aims are interwoven throughout the QI and QIWP. In addition, both are guided by BHS' mission statement and guiding principles.

BHS Guiding Principles:

- To foster continuous improvement to maximize efficiency and effectiveness of services.
- To support activities designed to reduce stigma and raise awareness surrounding mental health and substance use disorder.
- To maintain fiscal integrity.
- To ensure services are:
 - Outcome driven
 - Culturally competent
 - Recovery and client/family centered
 - Innovative and creative
 - Trauma-informed
- To assist County employees to reach their full potential.

County of San Diego Behavioral Health Services Mission Statement:

To help ensure safe, mentally healthy, addiction-free communities.

In partnership with our communities, work to make people's lives safe, healthy, and self-sufficient by providing quality behavioral health services.

QUALITY IMPROVEMENT (QI)

QI Purpose

The purpose of the BHS QI is to ensure that all clients and families receive the highest quality and most cost-effective mental health, substance use, and administrative services available.

QI delineates the structures and processes that will be used to monitor and evaluate the quality of mental health and substance use disorder services provided. QI encompasses the efforts of clients, family members, clinicians, mental health advocates, substance abuse treatment programs, quality improvement personnel, and other stakeholders.

QI and Quality Improvement Work Plan (QIWP) are based on the following values:

- Development of QI and QIWP objectives is completed in collaboration with clients and stakeholders.
- Client feedback is incorporated into QI and QIWP objectives.
- QI and QIWP are mindful of those whom data represent and, therefore, integrate client feedback to improve systems and services.



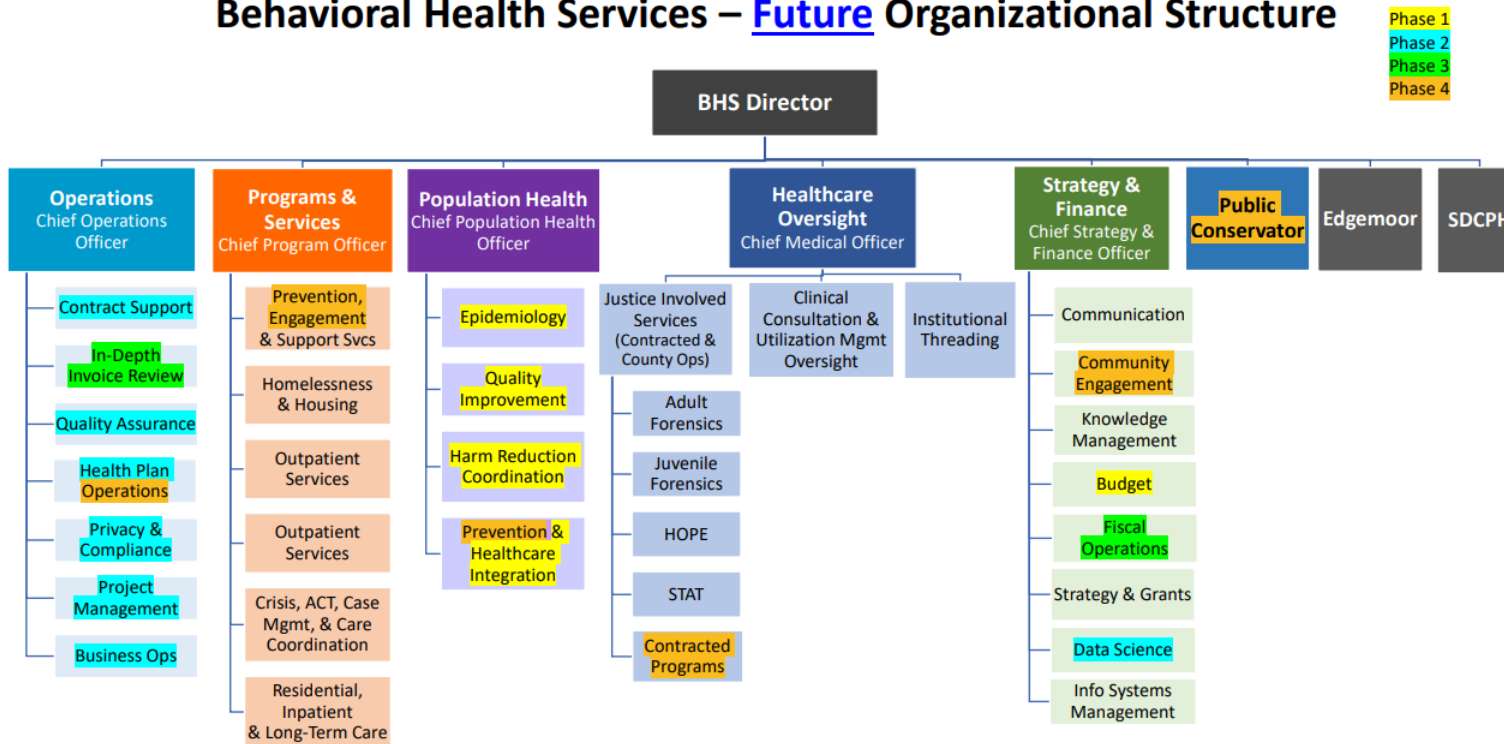
Quality Improvement Program & Work Plan

Fiscal Year 2022-23

QUALITY IMPROVEMENT PROGRAM

Over the past fiscal year, BHS has undergone a reorganization. Part of the reorganization was the restructuring of the QI Program. To ensure a more comprehensive approach, multiple teams now have responsibility for enhancing quality improvement. The new structure consists of collaboration from the following departments (currently entering Phase 4):

Behavioral Health Services – Future Organizational Structure



Information is subject to change based on operational need, evolving priorities and Board directives.

Updated October 2022

Quality Improvement Program & Work Plan

Fiscal Year 2022-23

QI Program Structure

Population Health: The Population Health Unit, which has operated as part of the Clinical Directors Office, will formally be established under the leadership of the Chief Population Health Officer. This unit implements a population health approach to support access to behavioral health care by ensuring those in need have access to services, working to identify and eliminate health disparities, driving excellent health outcomes and supporting continuous improvement. It includes epidemiology; quality improvement; harm reduction; and prevention and healthcare integration.

Data Sciences: A centralized data hub to support rapid-response evidence-based decision making and inform program, clinical, and operations strategies; provide oversight in relation to key Data Governance components. Data Science consists of three units:

- **Data Acquisition** - Support Data Integration by acquiring data from internal and external partners and maintaining data glossary
- **Data Integration & User Engagement** - Combine data from multiple sources to extract additional value and leverage data as an enterprise asset; provide internal and external training to promote user engagement and adoption
- **Management Reporting & Analysis** - Responsible for all BHS reporting & analysis to support decision making

Quality Assurance (QA): The QA team is another component of the QI program and is comprised of Quality Improvement Specialists—clinicians—who conduct a variety of reviews, audits, trainings, and other quality improvement functions for both County-operated and County-contracted programs. The team also includes analyst support to develop reports used to track and trend data that allows a focus on quality improvement activities.

Management Information Systems: This team provides data management and systems support to BHS client management information system users, including but not limited to service providers, administrative and support staff, and BHS staff. They also manage the administrative functions of the management information systems CCBH and SanWITS, including system development activities and promotions testing.

Health Plan Administration: BHS recently created the Health Plan Administration (HPA) team that is part of the BHS Operations division. The HPA Team is tasked with both existing and emerging bodies of work related to the Specialty Mental Health Plan and Drug Medi-Cal Organized Delivery System. This includes planning, developing, organizing, and coordinating various BHS tactical policies, processes, and controls to comply with federal and state regulations, mandates, and guidance.

Quality Improvement Program & Work Plan

Fiscal Year 2022-23

While the responsibility is now shared among these various teams, the collective purpose of the BHS QI Program is to ensure that all clients and families receive the highest quality and most cost-effective mental health, substance use, and administrative services available. The QI Program delineates the structures and processes that will be used to monitor and evaluate the quality of mental health and substance use services provided. The QI Program encompasses the efforts of clients, family members, clinicians, mental health advocates, substance use disorder services, quality improvement staff, and other stakeholders.

The following are additional components of the QI structure:

- **Executive Quality Improvement Team (EQIT)**

The EQIT is responsible for implementing the QI, responding to recommendations from the Quality Review Committee (QRC), and identifying and initiating quality improvement activities. The EQIT consists of the BHS senior leadership including the Director, Clinical Director, Assistant Directors, Deputy Directors, Chief Population Health Officer, and QI Assistant Medical Services Administrator.

- **Quality Review Committee (QRC)**

The QI organizes the QRC, which is a standing body charged with the responsibility to provide recommendations regarding the quality improvement activities for mental health and substance use disorder systems, and the QIWP. The QRC meets at least quarterly, and the members are clients or family members, as well as stakeholders, from the behavioral health communities across all regions. The QRC provides advice and guidance to BHS on developing the annual QIWP, including identification of additional methods for including clients in quality improvement activities; collection, review, interpretation, and evaluation of quality improvement activities; consideration of options for improvement based upon the report data; and recommendations for system improvement and policy changes.

- **Quality Improvement Committees (QICs)**

The QICs are subcommittees of the QRC composed of QRC members and QI staff. Subcommittee minutes and activities are monitored by the QRC. The current QRC Subcommittees are:

- QRC Membership Committee
- Peer-Family Employment

- **Outcomes and Metrics Committee (OMC)**

Quality Improvement Program & Work Plan

Fiscal Year 2022-23

The OMC is a newly developed committee established by the Chief Population Health Officer in the past year. The OMC is developed to examine current metrics by the level of care, research evidenced-based outcomes for each level of care and make recommendations for improving current outcomes. The goal is to standardize outcomes by each level of care to ensure quality and consistency.



Quality Improvement Program & Work Plan

Fiscal Year 2022-23

The following radial diagram depicts the committees and workgroups that the QI Program collaborates with to ensure high quality of care:



Quality Improvement Program & Work Plan

Fiscal Year 2022-23

QI Process

BHS has adopted a continuous quality improvement model for producing improvement in key service and clinical areas. This model encompasses a systematic series of activities, organization-wide, which focus on improving the quality of identified key systems, service and administrative functions.

The overall objective of the quality improvement process is to ensure that

Client and Family Involvement in QI

Consistent with our goals of involving clients and family members in the quality improvement process, many of the QI activities are based on input from clients and family members.

Clients, family members, providers and stakeholders are involved in the planning, operations, and monitoring of our quality improvement efforts. Their input comes from a broad variety of sources including the

Goals of Quality Improvement

The goals of the quality improvement process are to:

- 1) Identify important practices and processes where improvement is needed to achieve excellence and conformance to standards
- 2) Monitor these functions accurately
- 3) Draw meaningful conclusions from the data collected using valid and reliable methods
- 4) Implement useful changes to improve quality
- 5) Evaluate the effectiveness of changes

quality is built, measured consistently, interpreted, and articulated into the performance of the BHS functions. This objective is met through a commitment to quality from the administration, QI staff, clients, family members, and providers. The quality improvement process is incorporated internally into all service areas of BHS. It is applied when examining the care and services delivered by the BHS network of providers, programs, facilities, and the Administrative Service Organization.

Behavioral Health Advisory Board, community coalitions, planning councils, community engagement forums, client and family focus groups, client- and family-contracted liaisons, youth and Transition Age Youth (TAY) representatives, Program Advisory Groups, client satisfaction surveys, client advocacy programs, complaints, grievances, and input from the County Behavioral Health website.

Quality Improvement Program & Work Plan

Fiscal Year 2022-23

Quality Review Committee Focus

QRC has identified the following potential focus topics for FY 2022-23:

- Housing Related Issues (Board & Care, ILF, Recovery Residences)
- Quality of Services in Behavioral Health Services
- Suicide Prevention and Serious Incident Reporting
- Consumer Employment & Workforce
- COVID-19

Performance Improvement Projects

To be responsive and transformative, the BHS will continue its work on four Performance Improvement Projects (PIPs) focused on:

1) **Mental Health- Increasing Therapeutic Support for Youth who identify as Sexual and/or Gender Minorities (LGBTQ+)** (Mental Health Clinical)

The MH Clinical PIP is focused on Improved Therapeutic Support for Youth who identify as sexual and gender minorities through group therapy (possibly school-based) or family therapy. Approximately 8% of youth receiving CYF services identify as LGBTQ (*special populations report*). Both national and local data suggest that these youth have worse mental health outcomes than youth who identify as heterosexual/cisgender. For example, they are more likely to attempt suicide and have higher rates of crisis service and inpatient hospitalization use. Additionally, they may enter treatment with more severe symptoms and risk factors than youth who identify as heterosexual/cisgender. Recently, the researchers from CASRC created a final report about the findings from the December 2021 Youth Services Survey for San Diego, which had questions about LGBTQ youths' experience with bullying and discrimination, as well as their experiences in outpatient mental health treatment.

2) **Mental Health-Older Adult (OA) Telehealth** (Mental Health Non-Clinical)

Due to the pandemic, the way in which clients accessed mental health services changed, most commonly involving the utilization of teletherapy. In the San Diego County Mental Health System of Care (SDCMHSOC) there was an over 300% increase in teletherapy services (telephone and telehealth) during the pandemic compared to prior to the pandemic (COVID Impact report). Recent research focusing on experiences during the pandemic highlighted that telemental health services were urgently needed during the pandemic with the decrease of access and increase of social isolation (Zhai, 2021).

Quality Improvement Program & Work Plan

Fiscal Year 2022-23

Teletherapy services predictably grew systemwide (regardless of client age) as a result of the pandemic. Broken down by type, before the pandemic, there were 79,541 total telephone services during a typical 12-month period. During the height of the pandemic (March 2020 – February 2021), there were 308,254 total telephone services. Telehealth services (using smart device, computer, or other Internet-based options) also saw a sharp increase. Before the pandemic, there were 1,489 telehealth services. During the pandemic, there were 27,064 total telehealth services.

There is evidence that when face-to-face services are less available, as seen during the pandemic, OA clients utilize teletherapy services less often than younger clients, and when they do access Teletherapy services it often through the use of telephone based services. Most notably, feedback directly from OA consumers during an OA Social Isolation and Loneliness Workgroup conducted from September 2020 to September 2021 revealed that OA client's reluctance or inability to access services through teletherapy was due to technology issues such as lack of information, frustration with technology, and suspicion/lack of trust of technology. Research has shown that OAs have limited access to internet-based services due to low socioeconomic status, internet skills, and acceptance of technology (Hargittal et al., 2018).

3) **Substance Use- CalAIM Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) (DMC Clinical)**

High emergency department (ED) use for individuals with alcohol and other drug (AOD) may signal a lack of access to care or issues with continuity of care, which is why timely follow-up care for individuals with AOD who were seen in the ED is associated with a reduction in substance use, future ED use, hospital admissions and bed days. In August 2022, HSRC assisted the BHS Population Health team with completing the CalAIM BHQIP template for the FUA PIP. This included adding the data received from the State, first suppressed, and later, expanded tables and charts using unsuppressed data once it was received. The template with updated data was submitted to BHS on August 31st for internal review.

4) **Substance Use- Medication Assisted Treatment (MAT) (DMC Non-Clinical)**

The proposal for the new MAT PIP was approved by the External Quality Review Organization (EQRO) representative in early March 2022. This PIP focuses on implementing a standard protocol at admission to increase the proportion of clients

Quality Improvement Program & Work Plan

Fiscal Year 2022-23

with an opioid use disorder (OUD) who are dual enrolled in substance use disorder (SUD) treatment and MAT.

Currently, the MAT PIP Advisory group monitored the degree of overlap between the MAT PIP and the CalAIM POD PIP and identified areas to focus on as part of the MAT PIP that are distinct from the CalAIM POD PIP. The MAT PIP will focus intervention efforts on increasing enrollment into MAT while the interventions for the CalAIM POD PIP will focus more on retention of clients for at least 180 days once they are already receiving MAT. Due to the severity of the opioid crisis both locally and nationally, the Advisory group feels as though it is important to address the problem by strengthening MAT services within the DMC-ODS from multiple angles.

Quality Improvement Process

BHS has adopted a continuous quality improvement process that threads multiple levels of coordination through an iterative Plan-Do-Study-Act (PDSA) problem-solving model.

The PDSA cycle is ongoing, with different levels of the organization becoming more efficient as the model is intuitively adopted into program planning.



Quality Improvement Program & Work Plan

Fiscal Year 2022-23

Targeted Aspects of Care Monitored by the QI Program

Appropriateness of Services

- Assessment
- Level of Care
- Treatment Plans
- Discharge Planning
- Education Outcomes
- Employment Outcomes
- Utilization Management
- Crisis Stabilization Services
- Penetration Rate of Populations
- Training Provided and Evaluated for Feedback

Access to Routine, Urgent and Emergency Services

- Crisis Stabilization Services
- Access Times for Assessments
- Access to Inpatient Hospital Beds
- Access to Crisis Residential Services
- Access to Residential Treatment Services
- Call Volume for the Access and Crisis Line (ACL)

Utilization of Services

- Retention Rate
- Completion Rate
- Readmission Rate
- Patterns of Utilization
- Average Length of Stay (ALOS) for Hospitals

Client Satisfaction

- Grievances
- Satisfaction Surveys
- Provider Transfer Requests Cultural Competence
- Trauma-Informed
- Staff Cultural Competence
- Analysis of Gaps in Services
- Provider Language Capacity

Client Rights

- LPS Facility Reviews
- Patient Advocate Findings
- Quarterly Client Rights Reports
- Conservatorship Trend Reports

Effectiveness of Managed Care Practices

- Provider Satisfaction
- Provider Denials and Appeals
- Credentialing Committee Actions
- Client Appeals and State Fair Hearings

Coordination with Physical Health and Other Community Services

- MOAs with Healthy San Diego
- Integration with Physical Health Providers
- Outcomes Resulting from Improved Integration

Safety of Services

- Serious Incidents
- Medication Monitoring
- On-Site Review of Safety

QUALITY IMPROVEMENT WORK PLAN (QIWP) DEVELOPMENT

QIWP Goals

The QIWP Goals define targeted measures by which BHS can objectively evaluate the quality of services, both clinical and administrative, provided to clients and families. Some of the goals are process goals while others are measurable objectives. The target areas for improvement have been identified in the following ways:

- 1) Client and family feedback about areas that need improvement
- 2) Systemwide enhancement identified through data and analysis

Annual Evaluation of the QIWP

BHS shall evaluate the QIWP annually in order to ensure that it is effective and remains current with overall goals and objectives. This evaluation will be the Annual QIWP Evaluation. The assessment will include a summary of completed and in-process quality improvement activities, the impact of these processes, and the identified need for any process revisions and modifications.

Target Objectives for the QIWP

The targeted objectives of the QIWP are based on the IOM aims and address QRC recommendations. It ensures high-quality, trauma-informed systems and services are being engaged by clients and family members in San Diego County.

DEVELOPING THE QIWP

The purpose of the BHS QIWP is to establish the framework for evaluating how QI has contributed to meaningful improvement in trauma-informed care and administrative services.

It defines the specific areas of quality of services, both clinical and administrative, that BHS will evaluate for FY 2022-23.

The QIWP defines the goals, indicators and/or measures, and planned activities for quality improvement within four domains.

The four domains include:

1. ACCESS-Ensuring that members have ready access to all necessary services within the MHP: this includes access to culturally relevant services to address the unserved, underserved and inappropriately served communities.
2. TIMELINESS- Ensure timely access to high quality, culturally sensitive services for individuals and their families.
3. EFFECTIVENESS OF CARE- Analyzing and supporting continual improvement of MHP clinical and administrative processes in order to achieve the highest standard of care, with care processes that are recovery oriented, evidence-based and culturally sensitive
4. CONSUMER REPORTED OUTCOMES- Ensure the accountability, quality and impact of the services provided to clients through research, evaluation, and performance outcomes.

The QIWP will be monitored and revised throughout the year in a continuous quality improvement process. It will be reviewed and approved by the QRC, and a formal evaluation will be completed annually.

MENTAL HEALTH SERVICES GOALS

Domains	#	Goals	Indicators	Planned Activities
ACCESS	1	Increase the penetration rate for the Latino/Hispanic population to align with other large counties in California.	<ul style="list-style-type: none"> - EQRO annual report stating the Latino/Hispanic Penetration rates by calendar year - Access Times by race/ethnicity - TPS response rate from the Latino/Hispanic individuals served - Diversity of workforce noting Hispanic/Latino representation 	<ul style="list-style-type: none"> - Review/analyze the utilizations data to better understand trends, patterns, and variance by race/ethnicity of Latino/Hispanic individuals in behavioral health services - Identify additional outreach opportunities to the Latino/Hispanic communities - Conduct listening groups that focus on the needs of the Latino/Hispanic communities
	2	BHS will establish baselines for the CalAIM BHQIP "Follow-Up After Emergency Department Visit for Mental Illness (FUM)".	<ul style="list-style-type: none"> - MCP claim data matched with BHS services received - Required by DHCS for the BHQIPs - Data will be received by DHCS for analysis - HEDIS measure 	<ul style="list-style-type: none"> - Identify current Connection rate utilizing claims data received from DHCS to understand current performance and root cause of problem - Collaborate with ED to identify opportunities to enhance linkages
	3	Increase the outpatient utilization of services by 5% this fiscal year compared to last fiscal year to meet the needs of communities historically under resourced by utilizing a population health approach to ensure equity and accessibility across behavioral health service.	<ul style="list-style-type: none"> - Utilization data by race/ethnicity and special populations (LGBTG+, Homeless, Veterans, etc.) - Access data by race/ethnicity - Language/Interpreter data 	<ul style="list-style-type: none"> - Develop clinical tools to monitor and measure outcomes and metrics for programs and services - Utilize Community Experience Partnership and Behavioral Health Equity Index to inform projects - Conduct focus group with Subject Matter Experts to prioritize BHEI domains - Utilize available data to assess needs across the Continuum of Care
	4	Increase the availability of crisis stabilization recliners in the east region by 5% in FY 2022-23.	The number of current CSU recliners available in east region compared to new services added.	<ul style="list-style-type: none"> - Examine the current demand by region - Examine any barriers to access for east region - Explore partnerships for adding additional CSU in the east region

Quality Improvement Program & Work Plan

Fiscal Year 2022-23

Domains	#	Goals	Indicators	Planned Activities
TIMELINESS	5	Increase the number of clients discharged from a psychiatric hospital that connect to treatment services within 7 and within 30 days after discharge by 5%, compared to FY 2021-22.	<ul style="list-style-type: none"> - ASO report and dashboard on client services 7 and 30 days following psychiatric hospital discharge - Data from CCBH - HEDIS/NCQA, EQRO Timeliness Assessment 	<ul style="list-style-type: none"> - Examine the data and conduct an analysis of trends of connection rates - Collaboration between SDCPH and mental health providers to ensure a warm hand-off - Examine data entry for hospitals, potentially incentivizing accurate data entry and referral - Advance the development of single point of referral for hospital discharge and capacity management - Review BPSRs that have payment incentives that are intended to align with follow up from hospital.
	6	100% of mental health programs will ensure accurate data entry for timeliness and access to services.	<ul style="list-style-type: none"> - Access to Service Journal Report - Access times by program 	<ul style="list-style-type: none"> - BHS will conduct an internal PIP to investigate data integrity concerns on access time reporting - Work with programs to identify gaps in access time reporting - Provide training to providers on appropriate access time reporting
	7	Answer 95% of calls to the Access and Crisis Line (ACL) within 60 seconds to provide timely access to for individuals seeking behavioral health services.	<ul style="list-style-type: none"> - Numerator - Number of calls answered within 60 seconds. - Denominator - Total number of calls 	<ul style="list-style-type: none"> - Examine call data, identifying trends and fluctuation in answering time - Collaborate with Optum to ensure calls are answered within 60 seconds - Ensure adequate staffing and training of staff
EFFECTIVENESS OF CARE	8	Reduce the SDCPH psychiatric inpatient 30 day readmission rate for adult clients by 5% in comparison to FY 2021-22.	<ul style="list-style-type: none"> - The number of individuals that had 2 or more admits to the SDCPH within a 30 day period 	<ul style="list-style-type: none"> - Examine the process of assessment and referral to determine areas of enhancement - Collaboration between SDCPH and mental health providers to ensure a warm hand-off - Explore data from additional psychiatric inpatient hospitals and discuss strategies for interventions
	9	Increase by 5% the continuity from hospital emergency departments and behavioral health diversionary services with crisis residential services in this fiscal year compared to the previous fiscal year.	<ul style="list-style-type: none"> - Connection rates from ED to Crisis Residential - Examine claim data for system level connection rates 	<ul style="list-style-type: none"> - Collaborate with emergency departments to offer learnings of services and how to enhance linkage to crisis residential services - Identify the number of clients linked from emergency services referred to crisis residential services - Development and Implementation of Optimal Care Project (OCP) model, intended to optimize care pathways

Quality Improvement Program & Work Plan

Fiscal Year 2022-23

Domains	#	Goals	Indicators	Planned Activities
				<p>and reduce unnecessary utilization and readmission.</p> <ul style="list-style-type: none"> - Expand infrastructure for community base care to divert and prevent readmission to acute care - Development of new services within the Crisis Continuum - Inclusion of Peer Respite - Development of Recuperative Care to expand options for step-down for from acute care for clients with social, environmental and physical health needs
	10	Implement a clinical design process by June 30, 2022 for 100% of new competitive procurement to review programs to ensure services are data driven, evidence based and effective	<ul style="list-style-type: none"> - Development of Clinical Design Tool - Percent of new procurements utilizing the Clinical Design Tool 	<ul style="list-style-type: none"> - Implement clinical design review meetings for each BHS unit/service line - Review Network Adequacy and address impacts - Review and analyze historical performance, intersections across network, impacts on communities, networks and systems
CONSUMER REPORTED OUTCOMES	11	Improve client Quality of Care experience, measured by a 5% reduction in the proportion of grievances in Quality of Care categories compared to FY 2021-22.	<ul style="list-style-type: none"> - Quarterly Grievances and Appeals report - Annual Medi-Cal Beneficiary Grievance and Appeal Report (ABGAR) 	<ul style="list-style-type: none"> - Examine the data to assess current trends in grievances, noting specific drops or spikes - Advocacy contractors will work with providers to enhance education around grievances - BHS will provide technical assistance to providers to aid in enhancing the quality of services provided
	12	A minimum of 95% of Adults/Older Adults receiving mental health services will report they felt comfortable asking questions about their treatment and medication per the CPS.	<ul style="list-style-type: none"> - Response rate from the AOA CPS MHSIP question #11 	<ul style="list-style-type: none"> - Engagement training for staff - Discussion on client engagement at quarterly provider meetings
	13	A minimum of 95% of adults and CYF parents/caregivers will report that the services were available at times that were convenient per the CPS MHSIP and YSS.	<ul style="list-style-type: none"> - Annual client satisfaction survey, including threshold languages from the CPS MHSIP #7 and the YSS Family/Caregiver #9 	<ul style="list-style-type: none"> - Examine current program hours - Meet with programs to discuss accessibility of services - Look at alternative options for hours for certain programs such as evening or weekend hours

SUBSTANCE USE DISORDER SERVICES GOALS

Domains	#	Goals	Indicators	Planned Activities
ACCESS	1	Ensure 50% of justice-referred clients discharged from a substance use treatment program with a referral are connected to another level of care within 10 days to ensure ongoing access, support, and treatment.	- Number of justice-referred clients connected to additional services within 10 days	<ul style="list-style-type: none"> - Examine the current data and trends for justice-referred clients, noting the level of care where treatment was initiated - Identify and review the referral process for justice-referred clients within the substance use programs - Collaborate with programs to enhance the referral and warm handoff process
	2	Increase ASAM 3.7 medically-monitored Withdrawal Management (WM) services (units of service) by 5% in the Central Region.	- Units of service of 3.7 withdrawal management services provided in the Central region	<ul style="list-style-type: none"> - Assess the need for WM in the Central region - Examine opportunities to add additional services in the Central region - Collaborate with community partners to enhance the access and quality of WM services in the Central region
	3	Distribute a minimum of 33,000 kits (2 doses in each kit) of naloxone by the end of the fiscal year throughout San Diego County.	- Track the number of naloxone that is allocated to community for distribution and total number that are distributed	<ul style="list-style-type: none"> - Identify the gaps in the community utilizing a population health approach - Present at community meetings to promote the availability of the kits and how to access - Collaborate with community partners to enhance distribution
TIMELINESS	4	Ensure 85% of individuals seeking outpatient substance use disorder treatment are offered an appointment within the ten-day timeliness standard as measured by the First Offered Appointment.	- Individuals with an outpatient SUD appointment within 10 days per first offered metric	<ul style="list-style-type: none"> - Assess the data on the number of individuals seeking treatment, timeliness to appointment, and appointments available - Examine trends in the data and identify any gaps - Collaborate with providers to identify strategies to enhance connection to services and referral times
	5	Increase the percent of services delivered with 7 days of discharge from residential treatment by 5% in comparison with last fiscal year.	- DMC EQRO Assessment of Timely Access	<ul style="list-style-type: none"> - Assess the data on the connection to services after discharge from residential treatment - Examine trends in the data and identify any gaps - Collaborate with residential treatment providers to identify opportunities to enhance the referral process

Quality Improvement Program & Work Plan

Fiscal Year 2022-23

Domains	#	Goals	Indicators	Planned Activities
	6	Ensure 100% of individuals seeking substance use disorder treatment from an Opioid Treatment Program (OTP) are offered an appointment/dose within the 3-business day timeliness standard.	<ul style="list-style-type: none"> - Access Times for OTP services - SanWITS Contact Log Data - SUD System Access Time Report 	<ul style="list-style-type: none"> - Examine the data and analyze the rates and trends of first offered non-urgent for NTP/OTP - Collaborate with providers and stakeholders to identify gaps and areas of improvement
EFFECTIVENESS OF CARE	7	BHS will develop and incorporate an equity statement in 100% of new and amended Statements of Work (SOW).	<ul style="list-style-type: none"> - Number of new Statements of Work that have the new equity statement embedded 	<ul style="list-style-type: none"> - Collaborate with Community Experience Partnership, CCRT, stakeholders and other equity leaders to develop an equity statement - Work with the Department of Purchasing and Contracting for review and approval - Collaborate with the BHS Contract Support Team to incorporate into new SOWs
	8	Implement a clinical design process by June 30, 2022 for 100% of new competitive procurement to review programs to ensure services are data driven, evidence based and effective, and provide quality	<ul style="list-style-type: none"> - Development of Clinical Design Tool - Percent of new procurements utilizing the Clinical Design Tool 	<ul style="list-style-type: none"> - Implement clinical design review meetings for each BHS unit/service line - Review Network Adequacy and address impacts - Review and analyze historical performance, intersections across network, impacts on communities, networks and systems
	9	Decrease the number of overdoses compared to those reported in FY 2021-22 by 5%, as reported in the System of Care Serious Incident Reports.	<ul style="list-style-type: none"> - Rates of overdose and serious incidents in the System of Care - Overdose data from the Medical Examiner's Office and System of Care Serious Incidents Report 	<ul style="list-style-type: none"> - Implementation of the Harm Reduction Strategy focusing on Cross-Sectoral Convening, Healthcare Integration and Access, Housing, and Workforce - Naloxone distribution program - Syringe Service Program (SSP) implementation
CONSUMER REPORTED OUTCOMES	10	Hold a minimum of 1 community engagement efforts for each of the 5 supervisorial/regional districts to inform behavioral health program planning and design by June 30, 2023.	<ul style="list-style-type: none"> - Identification of community engagement 	<ul style="list-style-type: none"> - Hold minimum of 6 input/listening sessions - Conduct at least 2 training sessions during FY 2022-23 - Create a community engagement summary report and provide to BHS Leadership for review - Commence development of broader community engagement plan
	11	A minimum of 90% of Youth receiving substance use treatment services will report that they are involved in setting the treatment goals together per the	<ul style="list-style-type: none"> - Annual client satisfaction survey, including threshold languages from TPS #4 	<ul style="list-style-type: none"> - Engagement training for staff - Discussion on client engagement at quarterly provider meetings

Quality Improvement Program & Work Plan

Fiscal Year 2022-23

Domains	#	Goals	Indicators	Planned Activities
		Treatment Perception Survey (TPS).		
	12	A minimum of 90% of Adults receiving substance use treatment services will report that the services were available when they were needed per the Treatment Perception Survey (TPS).	- Annual Adult client satisfaction survey, including threshold languages from TPS #2	- Examine current program hours - Meet with programs to discuss accessibility of services - Look at alternative options for hours for certain programs such as evening or weekend hours

