County of San Diego

Behavioral Health Services

FY 2024-25

Quality Improvement Program & Work Plan

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INTRODUCTION

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

The goals of the SDCBHS QI are based on targeted healthcare quality improvement aims identified by the Institute of Medicine's (IOM) report: "Crossing the Quality Chasm." All health care services are to be *safe, client centered, effective, timely, efficient,* and *equitable*. The QI and QIWP are guided by the IOM aims, the SDCBHS' mission statement, and these guiding principles.

SDCBHS 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)

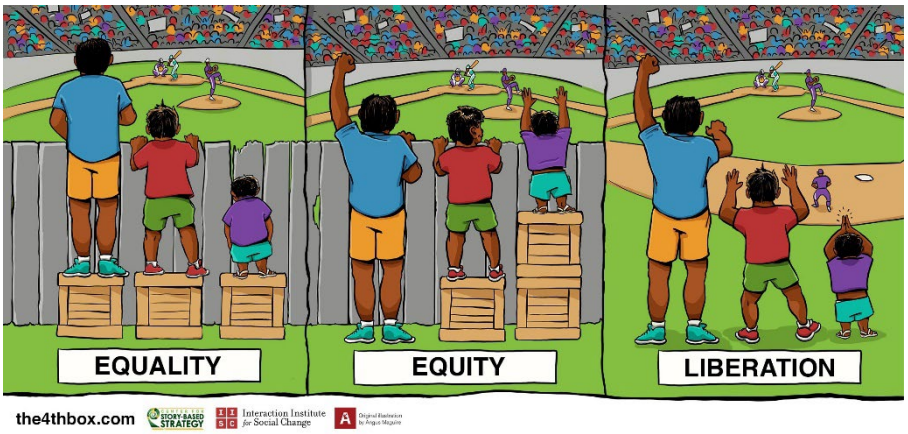
QI Purpose

The purpose of the SDCBHS 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 are used to monitor and evaluate the quality of mental health and substance use disorder services provided to beneficiaries. QI encompasses the efforts of persons with lived experience, behavioral health advocates, family members of beneficiaries served, mental health clinicians, substance use treatment providers, quality improvement personnel, and other stakeholders.

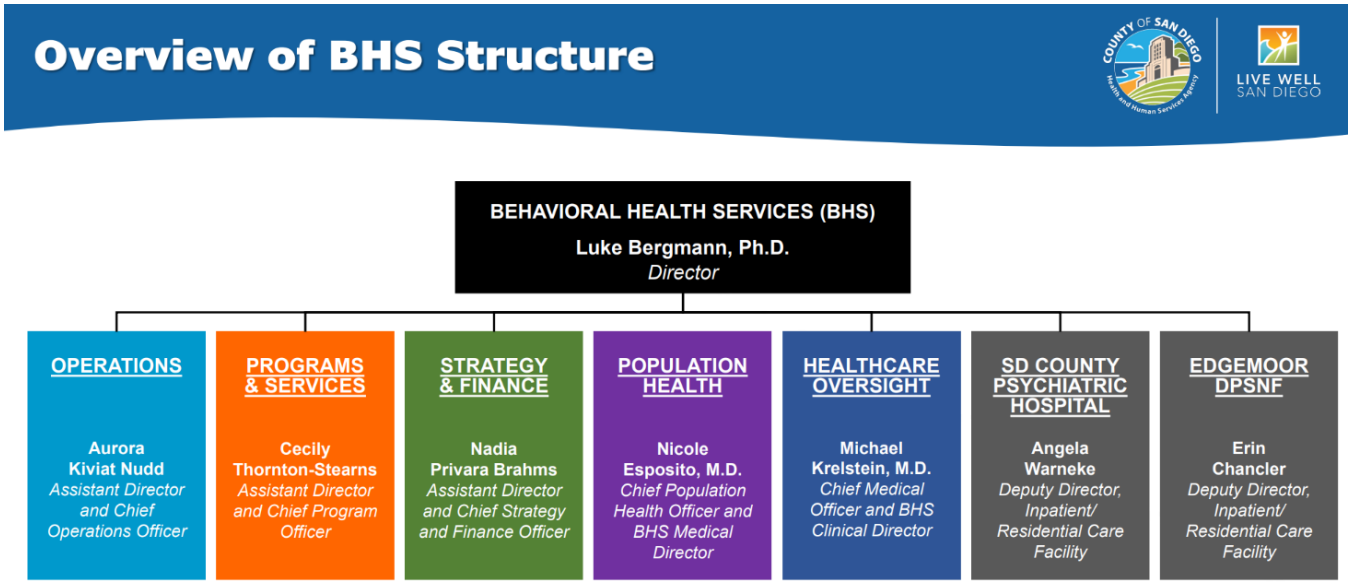
QI and the Quality Improvement Work Plan (QIWP) are based on the following values:

- Collaboration with persons with lived experience and stakeholders when developing QI and QIWP objectives.
- Beneficiary feedback is an essential component and incorporated into the QI and QIWP.
- QI and QIWP are mindful of those whom data represent and, therefore, integrate an equity framework to improve systems and services.



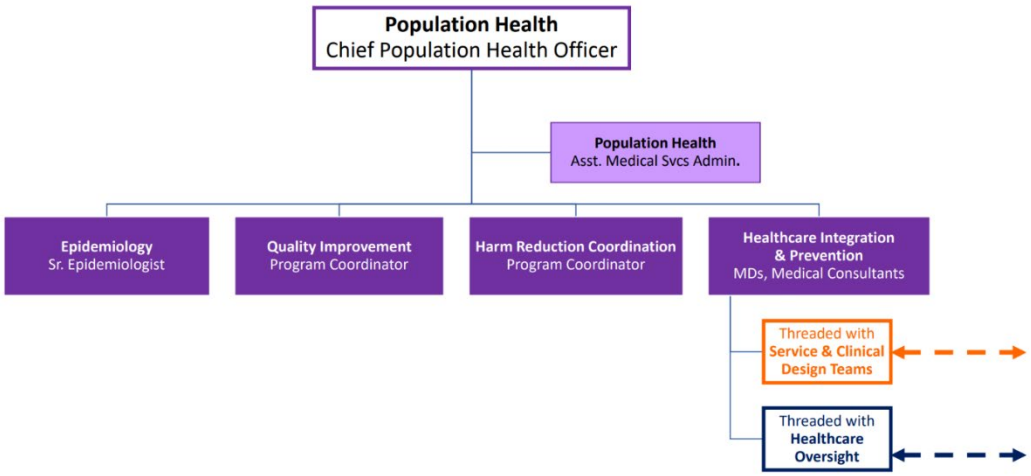
Quality Improvement Program

Over the past few years, SDCBHS has undergone additional 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:



QI Program Structure

Population Health: The Population Health Unit under the leadership of the Chief Population Health Officer Dr. Nicole Esposito 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.



Data Science: 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 the following units:

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

Quality Assurance (QA): The QA team is another component of the QI program and is comprised of Utilization Review Quality Improvement Specialists—licensed clinicians—who conduct Medi-Cal site certifications, grievance, appeal and state fair hearings oversite, medical record reviews, audits, trainings, and other quality improvement functions for both County-operated and County-contracted programs. The team includes analyst support to develop reports used to track data trends with a focus on quality improvement activities.

Management Information Systems (MIS): This team provides data management and systems support to SDCBHS consumer management information system users, including but not limited to service providers, administrative and support staff, and SDCBHS staff. MIS manages the administrative functions of San Diego Web Infrastructure for Treatment Services (SanWITS) and Cerner Community Behavioral Health (CCBH), including system development activities and promotions testing.

Health Plan Administration: As part of the reorganization SDCBHS created the Health Plan Administration (HPA) team as part of the SDCBHS 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 SDCBHS tactical policies, processes, and controls to comply with federal and state regulations, mandates, and guidance.

Program and Services: The largest unit in SDCBHS, comprised of nearly 450 staff who provide oversight to 300 programs and services in 400 locations. The key activities of this unit include program planning and development, clinical leadership, services coordination, contract administration, and direct service. During the most recent phase 5 of the reorganization, the program and services unit focused on centralizing oversight under teams led by deputy directors refining contract officer representatives (COR) expertise on specific areas and improving oversight for better behavioral health program development and delivery.

While the responsibility is now shared among these various teams, the collective purpose of the SDCBHS QI Program is to ensure that all beneficiaries and their families receive the highest quality and most cost-effective mental health, substance use, and administrative services available.

The following are essential elements 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 SDCBHS senior leadership including the Director, Clinical Director, Assistant Directors, Deputy Directors, Chief Population Health Officer, and QI Assistant Medical Services Administrator.

- **Outcomes and Metrics Committee (OMC)**
  The Outcomes and Metrics Committee (OMC) evaluates the effectiveness of programs and services within San Diego County Behavioral Health Services (SDCBHS). One of the OMC's primary objectives is to establish performance indicators that assess the quality of services provided within the mental health (MH) and substance use disorder (SUD) systems of care. By identifying and selecting key performance indicators at each level of care, the committee aims to spotlight areas for increased efficiency and quality improvement.

OMC Completed/Current Phases:

1. **Phase 1: Initial Assessment**
    - Conducted a comprehensive review of each level of care (LOC) within the mental health (MH) and substance use disorder (SUD) systems.
    - Engaged Subject Matter Experts (SMEs) to gather insights and feedback.
    - Ensured continuity of services across MH and SUD programs.
2. **Phase 2: Development of Performance Indicators**
    - Established key performance indicators to measure service quality and effectiveness.
    - Focused on metrics that highlight areas for efficiency improvements.
    - Utilized evidence-based research outcomes and SME feedback to inform the selection of indicators.
    - Obtained baseline data for all selected indicators.
    - Approval from EQIT (in process)

OMC Future Phases:

3. **Phase 3: Implementation and Monitoring**
    - Implement the identified indicators across the systems of care.
    - Develop processes for ongoing monitoring and evaluation of performance data.
    - Facilitate regular reviews to assess progress and make adjustments as needed.
4. **Phase 4: Continuous Improvement**
    - Analyze collected data to identify trends and areas requiring enhancement.
    - Engage stakeholders to discuss findings and strategize improvements.
    - Promote a culture of continuous improvement within SDCBHS.

Key Points:

- Focus on enhancing the effectiveness of MH and SUD services through data-driven insights.
- Collaboration with SMEs to ensure informed decision-making.
- Establishment of indicators for measuring service quality.
- Commitment to ongoing evaluation and adaptation of strategies for improvement.

- **Quality Review Committee (QRC)**
  The Population Health Network Quality and Planning (NQP) team 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 quarterly, and the members are persons with lived experience and family members, as well as stakeholders, from the behavioral health communities across all regions. The QRC provides recommendations and guidance to SDCBHS on developing the annual QIWP, including identification of additional methods for including beneficiaries 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 Review Committee (QRC) Focus

QRC has identified the following topics of focus for FY 2024-25:

- Review reports and identify areas for improvement
- Examine EQRO recommendations and consider strategies to address areas with the highest level of impact
- Utilize the Plan-Do-Study-Act model for conducting quality improvement activities

Performance Improvement Projects

To be responsive and transformative, the SDCBHS will is working on four Performance Improvement Projects (PIPs):

Mental Health Group Therapy PIP:

The 2024-25 Behavioral Health Services for Children & Youth (SDCBHS-CY) Clinical Performance Improvement Project (PIP) is focused on increasing the use of school-based group therapy among outpatient SDCBHS-CY clients. It is intended to build awareness about the efficacy of group therapy and to increase access and utilization among SDCBHS-CY outpatient clients experiencing anxiety, depression, and social skills challenges. The CASRC team has prepared an enhanced screener measuring group therapy eligibility to be distributed to SchooLink providers starting January 1st, 2025. In February 2024, the parent toolkit and youth and parent flyers were developed using feedback from community members. In March 2024 the finalized toolkit and flyers were submitted to SDCBHS-CY for Spanish language translation. In June the CASRC team met with San Diego County leadership to discuss the direction of the group therapy PIP. The goal of the meeting was to address challenges to the PIP and outline

the Year 2 PIP intervention. It was decided that the PIP would continue to develop an enhanced screening tool for providers to use to identify youth group therapy eligibility.

The next PIP Workgroup meeting the new enhanced screener toolkit will be presented to the PIP Workgroup and next steps for training and uptake among SchooLink providers will be discussed. The PIP's second-year intervention is focused on the use an enhanced clinical screening process for group therapy eligibility that will strengthen appropriate service connections and lead to more timely services that support positive psychosocial functioning for youth experiencing challenges related to anxiety, depression, and social functioning. The screening protocol will be included in the upcoming toolkit for providers.

Mental Health Enhanced Care Management (ECM) Referral PIP:

Aims to increase referrals to Managed Care Partners (MCPs) for clients who qualify for Enhanced Care Management (ECM) services. In order to address these concerns, a toolkit has been developed for use by SDCBHS program staff to more easily and efficiently identify, refer, and engage ECM-eligible clients. This intervention would involve working closely with staff to design, modify, and implement the solution. The toolkit would solve the problems above by providing the following materials and training: a flowchart to guide users through the referral process, a quarterly list of clients who have qualified for one of the populations of focus described above (transferred using a HIPAA client secure data portal), a referral process information to the specified MCPs including contact information, and training and support on the usage.

The PIP team has been actively working to recruit SBCM programs to participate as pilot programs from the PIP. Due to competing demands the program staff are facing with workload, recruiting programs has not been a successful as expected. The PIP team will be working with SDCBHS CORs to help recruit SBCM programs for the PIP in addition to finalize the referral informational document and referral tracking sheet. Next steps include continuing to recruit pilot programs, finalizing referral information document, finalizing the referral tracking link, and printing toolkits for participating programs.

SUD Pharmacotherapy for Opioid Use Disorder (POD) PIP:

Aims to increase the percentage of new OUD pharmacotherapy treatment events among members served at the OTPs aged 16 and older with OUD that continue for at least 180 days (6 months) by 5%. Distribution of Tri-fold MAT educational pamphlet, discuss of educational video to show in program lobbies.

SUD treatment data from the July 2024 SanWITS extracts could be linked to 291 unique clients in the POD Intervention Tracking Log with a new program enrollment at one of the three participating pilot sites. Of those, at least 180 days had elapsed between the program enrollment

start date and the date of the July SanWITS extract for 77 clients (26.5%). Of those 77 clients who received the intervention, had a new program enrollment at one of the three pilot sites at least 180 days prior to the pull date of the July SanWITS extracts, 24 clients (31.2%) continued receiving MAT from their OTP provider for at least 180 days without a gap of eight or more days. This preliminary figure is higher than what was observed across the system at baseline (23.6%) and while preliminary, suggests that the educational interventions may be helping to improve retention rates among the target population. The PIP evaluation team will continue to monitor retention rates as more clients who received the intervention reach the 180-day mark since the start of their program enrollment at the OTPs.

Next steps will be to continue to monitor dissemination of California MAT Expansion Project handouts and the tri-fold MAT Educational pamphlets at the pilot sites, utilize the project tracking log and treatment data from the OTPs to monitor intervention implementation, continue weekly dissemination of the POD Implementation Status report, and coordinate with COR to determine best approach for following up with the participating pilot sites, given suspected limited bandwidth due to EHR changes.

SUD Residential Follow-Up PIP:

Aims to measure connection rates for clients being discharged from residential programs to attend their first (and subsequent) appointment(s) in the next lower level of care within seven days. Interventions included discussing implementing the Motivational Enhancement for Engagement in Therapy (MEET) curriculum in residential programs. MEET is an evidence-based, trauma-informed intervention, rooted in components of motivational interviewing, and was implemented a few years ago as part of the Connections PIP project to increase the proportion of clients who were connected to a lower level of care within ten days of discharge.

A meeting was held with county staff, MEET team, and UCSD in August which provided helpful insight into the feasibility of implementing a tailored version of MEET. In particular, this meeting shed light on the fact that tailoring MEET to only target clients experiencing homelessness may pose challenges as there are many other reasons these clients may not get connected to care after a residential discharge rather than a lack of motivation (e.g. clients experiencing homelessness are likely more focused on finding housing then attending treatment appointments). Therefore, the PIP evaluation team, decided to slightly pivot the PIP focus away from only clients experiencing homelessness and instead focus efforts on implementing an expanded version of MEET in which all residential programs will be invited to participate, including the five pilot sites that participated in the MEET pilot as part of the Connections PIP.

While the PIP evaluation team will still explore a feasible adaptation to MEET that could be particularly beneficial for clients experiencing homelessness, the goal of this PIP will be to

improve connection rates to a lower level of care for all clients within *seven days* of residential discharge. County staff will distribute recruitment email to CORS of residential programs to invite programs to participate in the new PIP and discuss details of implementation, including potential adaptation for clients experiencing homelessness.

QI Committee and Workgroup Diagram

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

QI Process

SDCBHS 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.

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 quality is built, measured consistently, interpreted, and articulated into the performance of the SDCBHS functions. The quality improvement process is incorporated internally into all service areas of SDCBHS. It is applied when examining the care and services delivered by the SDCBHS network of providers, programs, facilities, and the Administrative Service Organization.

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
6) Communicate findings to the appropriate people
7) Document the outcomes

Beneficiary and Family Involvement in QI

Consistent with our goals of involving beneficiaries and family members in the quality improvement process, many of the QI activities are based on direct consumer feedback.

Beneficiaries, persons with lived experience and 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 Behavioral Health Advisory Board, community coalitions, planning councils, community engagement forums, consumer and family focus groups, beneficiary and family-contracted liaisons, youth and Transition Age Youth (TAY) representatives, Program Advisory Groups (PAGs), consumer satisfaction surveys, behavioral health advocacy programs, complaints, grievances, and the County Behavioral Health website.

Cultural and Linguistic Competence at SDCBHS

SDCBHS is committed to enhancing service delivery to meet cultural and linguistic competence requirements. San Diego County is the second most populous of California's 58 counties and the fifth largest county in the United States. For county residents under 18, 30.1% are Latinx, and approximately 27.1 of the county's population are immigrants, including refugees, and speak 68 languages *(Cultural Competency Plan FY 2024-254)*.The rich diversity in San Diego County requires consistent efforts to augment service delivery based on community needs. The Organizational Providers Operation Handbook (OPOH) and Substance Use Disorder Provider Operation Handbook (SUDPOH) are service delivery operational manuals that include guidance on providing *Culturally and Linguistically Appropriate Services (CLAS)* Standards, 15 action steps developed by the Health and Human Services Office of Minority Health, intended to inform, and facilitate efforts towards becoming culturally and linguistically sensitive across all levels of a healthcare continuum. All SDCBHS provider's Statements of Work include specific language on the requirements to implement the CLAS Standards. Countywide, staff are required to complete 4 hours of cultural competency training per fiscal year. In FY 2023-24, the program transitioned to the name Cultural Responsiveness Academy. The new training model takes the form of individual day trainings, as the County's current workforce shortages has not allowed for the foundational series model.

In an effort to continuously monitor the county's progress towards reducing disparities SDCBHS in partnership with UCSD, developed the *Community Experience Partnership (CEP)*, a set of interactive dashboards that help to track and monitor gaps in services, an ongoing project with components for further development with stakeholder engagement.

San Diego Access and Crisis Line

The San Diego Access and Crisis Line (ACL) is confidential, free of charge, 24 hours a day, 7 days a week resource designed to connect individuals who may require behavioral health information or intervention to appropriate programs, providers, and resources.

The ACL offers behavioral health resources countywide on mental health and substance use from experienced counselors, all trained in crisis intervention, including but not limited to: mental health referrals, suicide prevention, crisis intervention, mobile crisis response services, community resources, and alcohol and substance use support services. Language interpreter services enable the ACL to assist in over 200 languages within seconds. Staff evaluates the degree of immediate danger and determines the most appropriate intervention.

The ACL provides access to crisis intervention and response services for those actively experiencing a behavioral health crisis. SDCBHS receives the Optum Access and Crisis Line Summary Statistics Report monthly where services are regularly monitored. In FY 2023-2024, a total of 93,316 Mental Health and DMC-ODS (SUD) calls were received by the ACL, with the average responsive time ranging between 14-19 seconds.

Ensuring Access to Behavioral Health Services

SDCBHS is committed to ensuring access to services in a timely manner consistent with the Department of Health Care Services standards. When a consumer contacts a Mental Health and/or Substance Use Disorder program, providers are required to log every inquiry for services they receive. This tracking mechanism is in place to ensure beneficiaries receive services within state required standards. SDCBHS monitors monthly access times to first appointment and has set up data infrastructure through PowerBI dashboards (internal) to aid in this QI process.

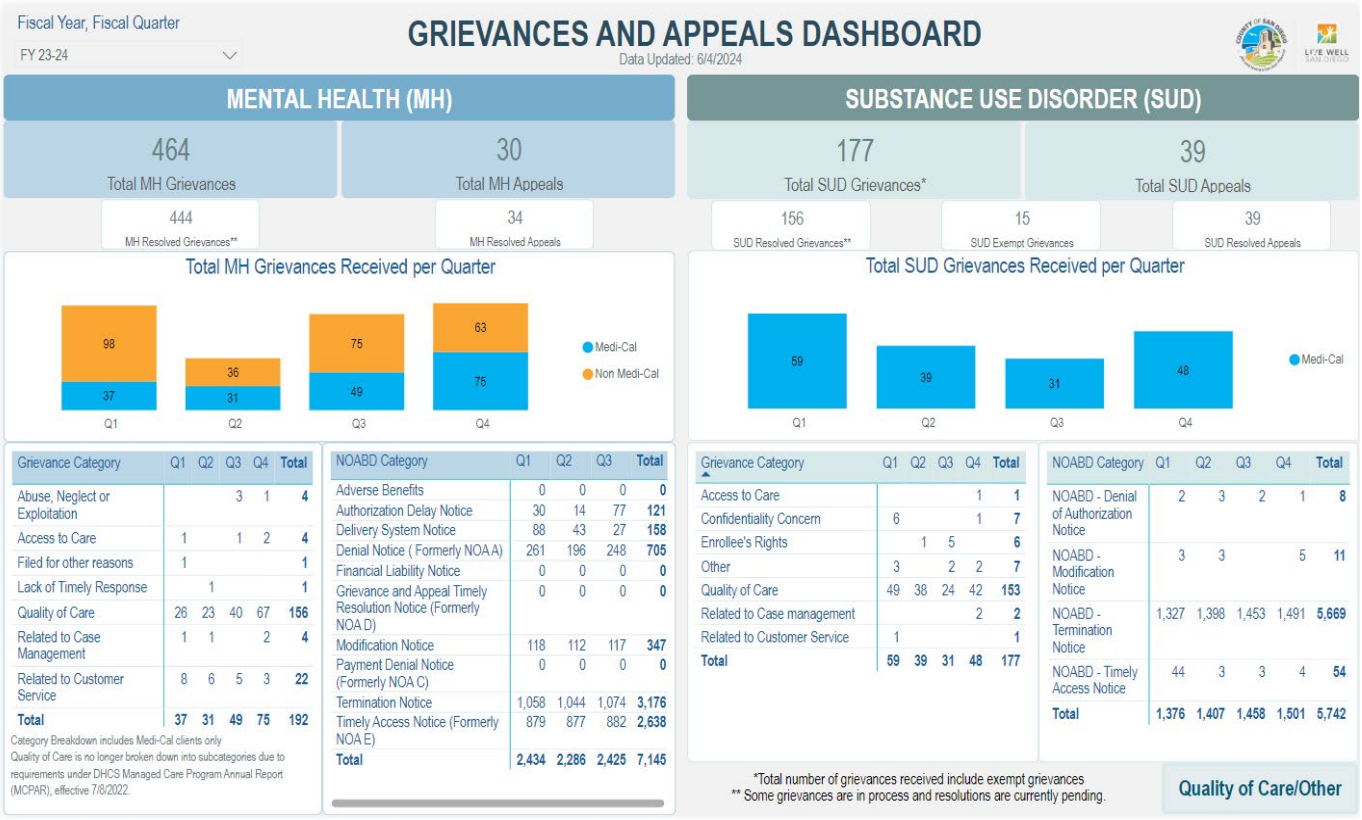
Beneficiary Grievance and Appeals

San Diego County Mental Health Services is committed to honoring the rights of every beneficiary to have access to a fair, impartial, effective process through which the beneficiary can seek resolution of a grievance or adverse benefit determination by the MHP. All county operated and contracted providers are required to participate fully in the Beneficiary and Appeal Process. The MHP has delegated the roles and responsibilities of managing the grievance and appeal resolution process for beneficiaries to contracted advocacy organizations. When one of the contracted advocacy organizations notifies a provider of a grievance or appeal, the provider will cooperate with the investigation and resolution of the grievance or appeal in a timely manner.

At all times, Grievance and Appeal information must be readily available for beneficiaries to access without the need for request. Each provider site shall have posters, brochures, and grievance/appeal forms in threshold languages, and addressed envelopes available to clients. These materials shall be displayed in a prominent public place. Beneficiaries shall not be subject to any discrimination, penalty, sanction, or restriction for filing a grievance/appeal.

Monitoring the Beneficiary Grievance and Appeal Resolution Process

The MHP, operating from a shared concern with providers about improving the quality of care and experience of beneficiaries, will monitor feedback from the grievance/appeal process to identify potential deficiencies and take actions for continuous improvement. Data is collected, analyzed and shared with the SDCBHS System of Care and stakeholder thru system-wide meetings and councils. Below is an example of the Grievance and Appeals Dashboard data for FY 2023-24.



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

Utilization of Services

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

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)

Safety of Services

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

Client Satisfaction

- Grievances
- Satisfaction Surveys
- Provider Transfer Requests Cultural Competence
- Trauma-Informed
- Staff Cultural Competence
- Analysis of Gaps in Services
- Provider Language Capacity
- Penetration Rate of Populations
- Training Provided and Evaluated for Feedback

Client Rights

- LPS Facility Reviews
- Patient Advocate Findings
- Quarterly Grievance and Appeals 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
- Integration with Mental Health and/or Substance Use Disorder Providers
- Outcomes Resulting from Improved Integration

QUALITY IMPROVEMENT WORK PLAN (QIWP) DEVELOPMENT

QIWP Goals

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

The QIWP goals define targeted measures by which SDCBHS can objectively evaluate the quality of services, provided to beneficiaries and families. It defines the specific areas of quality of services, both clinical and administrative, that SDCBHS will evaluate for FY 2024-25.

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

Goals established on the QIWP can be process goals while others are measurable objectives. The target areas for improvement have been identified in the following ways:

1) Consumer and family feedback on areas that need improvement
2) Systemwide enhancement identified through data and analysis

Annual Evaluation of the QIWP

SDCBHS 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

DEVELOPING THE QIWP

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

The five 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. *QUALITY/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.

5. *QUALITY DATA INFRASTRUCTURE* – Development of data analytics to support decision making and inform QI strategy.

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 consumers and family members in San Diego County. San Diego County SDCBHS identifies and prioritizes opportunities for improvement driven by the results of the QIWP. SDCBHS also utilizes qualitative and quantitative data gathered through various means including the results of the Consumer Satisfaction Surveys; grievance and appeal data and reports; discussions in community forums; regional meetings attended including the Mental Health Contractors Association (MHCA) and Alcohol and Drug Services Provider Association (ADSPA); and councils such as the Quality Review Committee (QRC), the Cultural Competence Resource Team (CCRT) and the Behavioral Health Advisory Board (BHAB). The significant issues identified by these various means are considered when implementing efforts around opportunities for improvement, including the manner and extent to which the opportunity affects care and services.

Mental Health Services Goals

Domain	#	Goal	Indicators	Planned Activities	Staff Responsible
Access	1	In FY 2024-25: a) BHS will implement a standard for timely data entry. b) Measure improvement on access times data entry compared to FY 2023-24.	FY 23-24 MHP EQRO Recommendation (1) **Baseline:** 72.5 % FY 2023-24	- Review current timeliness of data entry. - Develop a standard with the Quality Assurance Team and update the Organizational Providers Operation Handbook (OPOH). - Communicate to providers through the OPOH update. - Develop a dashboard after the transition to SmartCare (in September 2024) that shows provider data entry. - Conduct an analysis in new SmartCare system of data entry for providers who are required to enter.	NQP - Cathy
	2	Implement a PDSA cycle with Children and Youth entities with high access times for first offered appointment compared to FY 2023-24.	FY 23-24 MHP EQRO Recommendation (1) MH CYF Access Times Dashboard **Baseline:** 87.5 average access times (in business days) FY 2023-24 identified beneficiary preferred provider	- Identified programs are going to set a standard process and workflow for follow-up and referrals. - Group services are going to be implemented. - Success will be measured over time.	NQP - Cathy
	3	Increase system capacity through the utilization of outpatient group therapy	EQRO Performance Improvement Project (PIP)	- Develop group therapy	NQP – Cathy

Domain	#	Goal	Indicators	Planned Activities	Staff Responsible
		modalities among BHS Children and Youth providers.	**Baseline:** *pending*	psychoeducation toolkit. - Disseminate psychoeducation toolkit to pilot sites; expand to all SchooLink providers. - Compare utilization of group therapy between FY 2022-23, FY 2023-24 and FY 2024-25.	
Timeliness	4	In FY 2024-25, perform a data analysis on beneficiary transitions between different levels of care.	FY 23-24 MHP EQRO Recommendation (2)	- A workgroup including subject matter experts (SMEs) from across the mental health system will be formed and meet biweekly. - The workgroup will collect feedback from various programs regarding the current tracking system for transitions and will seek direct insights into the barriers faced. - A root cause analysis will be conducted to identify obstacles to tracking LOC transitions, along with a data analysis to map the movement of a cohort of beneficiaries through the mental health system.	NQP - Sam
	5	Increase the connection rate for adult beneficiaries by 5% compared to last FY for those using the transition of care tool.	Transition of Care Tool **Baseline:** 21.08%, Adult Program Tracking	- Implement feedback from the Level of Care (LOC) Transition Workgroup to identify barriers. - Explore SmartCare reports for real-time	NQP - Sam

Domain	#	Goal	Indicators	Planned Activities	Staff Responsible
				tracking of the tool and organizing a feedback group for acute LOC providers. - A toolkit will be developed for providers.	
QUALITY/ EFFECTIVENESS OF CARE	6	In FY 2024-25, a listening session will be conducted with contract provider staff to increase MHP knowledge of behavioral health provider challenges and inform planning strategies.	FY 23-24 MHP EQRO Recommendation (3) Planned Activities Include: Development of the UCSD Report	- External contractor to develop questionnaire. - Conduct a listening session for MH providers in November 2024. - External contractor to provide a detailed report.	NQP - Marie
	7	Increase referrals to Managed Care Partners (MCPs) for beneficiaries who qualify for Enhanced Care Management (ECM) services (PIP).	EQRO Performance Improvement Project (PIP) Planned activities: developed referral data tracker	- Develop a toolkit for use by SDCBHS program staff. - Recruit programs to train and participate in piloting the toolkit. - Print and provide toolkits for participating programs - Develop Referral Tracker and monitor data daily to see program utilization and provide feedback to programs during meetings with the programs.	NQP - Marie
	8	Improve the quality of care for FY 2024-25, measured by a 5% reduction in grievances in this domain.	BHIN-22-063, Grievance and Appeals PowerBI Dashboard **Baseline**: 156 (quality of care) FY 2023-24 MHP Medi-Cal grievances	- Program leadership staff will provide training on communication strategies for trauma-informed care. - Program leadership staff will provide training on appropriate medication management and protocols.	NQP - Marie

Domain	#	Goal	Indicators	Planned Activities	Staff Responsible
Consumer Reported Outcomes	9	In FY 2024-25, BHS will increase the flow of communication about the role of peer support specialists, training opportunities, and requirements for promotion.	FY 23-24 MHP EQRO Recommendation (5)	- Connect with peer meetings (i.e. Peer Council, Adult Council) and workgroups. - Increase peer acknowledgement (Peer Recognition Day), resources and training opportunities appropriate to the role.	NQP – Cathy
	10	65% of respondents will report their organization "all the time" considers cultural and linguistic differences in developing quality improvement processes measured by the Cultural and Linguistic Competence Policy Assessment (CLCPA).	BHIN-22-063, Cultural and Linguistic Competence Policy Assessment (CLCPA)-Question #12 **Baseline:** 61.7 %	- Ensure all programs have the necessary documents in every threshold language - 100% of BHS and contracted staff will complete the 4 hours of required cultural competence training in FY 2024-25. - Educate CORs to provide consistent technical assistance to programs.	NQP - Marie
	11	80% of respondents receiving mental health services will report positive social connectedness measured by the Consumer Satisfaction Survey (CCS).	Consumer Satisfaction Survey (CCS) - items 33-36 **Baseline:** 76.4%	- Identify programs that demonstrate high levels of reported social connectedness and collect successful interventions associated with those programs. - Compile these interventions and distribute them to programs that report lower levels of positive satisfaction.	NQP – Conscilia

Substance Use Services Goals

Domain	#	Goal	Indicators	Planned Activities	Staff Responsible
Access	1	In FY 2024-25, conduct an Access and Crisis Line (ACL) pilot project to improve data tracking and connection from the ACL to programs providing withdrawal management (WM) services.	FY 23-24 DMC-ODS EQRO Recommendation (3)	- Conduct an analysis of Access and Crisis Line data. - Review Optum of San Diego ACL report. - Based on findings, collaborate with withdrawal management pilot programs for direct referrals.	NQP - Marie
	2	In FY 2024-25, BHS utilizing a population health approach will conduct a data analysis on the need for expanding withdrawal management services within San Diego County.	FY 23-24 DMC-ODS EQRO Recommendation (1) Optum Access & Crisis Line Summary Statistics Report and Population Health Epidemiology OBI Report	- Collaborate with the Data Science team to acquire the latest lists of WM program services. - The Epidemiology team, with support from office of Business Intelligence (OBI), will create a needs indicator map outlining potential areas for expanding WM services regionally. - Analyze the data provided and present the findings to the Quality Review Community to gather feedback and identify barriers related to WM capacity.	NQP - Conscilia
Timeliness	3	Decrease the rate of no shows by 3% to first scheduled outpatient appointments from the previous fiscal year.	**Baseline:** 43.4%	- Develop a report after the transition to SmartCare to show no show rates. - Conduct data analysis (looked at previously but now need to transition	NQP – Cathy

Domain	#	Goal	Indicators	Planned Activities	Staff Responsible
				previous tracking mechanism to new EHR).	
	4	In FY 2024-25, BHS utilizing a population health approach will conduct a data analysis on the need for expanding residential treatment within San Diego County.	FY 23-24 DMC-ODS EQRO Recommendation (2)	- An assessment will be conducted to identify regional causes for increased demand in specific areas. - Explore community resources to address these needs and assess whether lower levels of care can effectively meet them. - Collaborate with the Data Science team to analyze utilization data and geomap client origins, engaging with the epidemiology team to investigate unmet utilization needs in high-demand areas, and analyzing wait times. - Recommendations will be prepared based on the findings from these analyses.	NQP – Sam
	5	Improve connection rates to a lower level of care within seven days of residential discharge.	EQRO Performance Improvement Project **Baseline:** 33.9% met 7-day standard (Systemwide) Pilot Programs in recruitment phase	- Identify pilot project providers. - Implement the Motivational Enhancement for Engagement in Therapy (MEET) model with new providers in addition with previous pilot providers. - Measure success (example: measure if patients got connected within 7 days of discharge).	NQP - Conscilia
QUALITY/ EFFECTIVENESS OF CARE	6	In FY 2024-25, a listening session will be conducted with contract provider staff to increase DMC-ODS knowledge of behavioral health provider challenges	FY 23-24 DMC-ODS EQRO Recommendation (4)	- External contractor to develop questionnaire. - Conduct a listening session for SUD providers projected in January 2025.	NQP – Cathy

Domain	#	Goal	Indicators	Planned Activities	Staff Responsible
		and inform planning strategies.		- External contractor to provide a detailed report.	
	7	Increase the percentage of new OUD pharmacotherapy treatment events among members served at the OTPs aged 16 and older with OUD that continue for at least 180 days (6 months) by 5%.	EQRO Performance Improvement Project (PIPs) **Baseline:** 23.6%	- Monitor the distribution of the California MAT Expansion Project handouts and tri-fold MAT educational pamphlets at the pilot sites. - Utilize SanWITS data from the Opioid Treatment Programs (OTPs) to track the implementation of interventions. - Weekly dissemination of the POD Implementation Status report will be maintained, along with an assessment of preliminary retention rates. - Assist in recruiting participants for a video project and develop a draft interview script, which will be shared with the stakeholder workgroup participants for feedback.	NQP - Sam
	8	Improve the quality of care for FY 2024-25, measured by a 5% reduction in grievances in this domain.	BHIN-22-063, Grievance and Appeals PowerBI Dashboard **Baseline:** 153 FY 2023-24 DMC-ODS Medi-Cal grievances (quality of care domain)	- Program leadership staff will provide training on communication strategies for trauma-informed care. - Program leadership staff will provide training on appropriate medication management and protocols.	NQP – Marie
Consumer Reported Outcomes	9	A minimum of 67% of respondents will report their organization “all the time” considers cultural and linguistic differences in developing quality improvement processes per the Cultural and Linguistic	Cultural and Linguistic Competence Policy Assessment (CLCPA)-Question #12	- Ensure all programs have the necessary documents in every threshold language. - 100% of BHS and contracted staff will complete the 4 hours of required cultural	NQP - Marie

Domain	#	Goal	Indicators	Planned Activities	Staff Responsible
		Competence Policy Assessment (CLCPA).	**Baseline:** 64.1%	competence training in FY 2024-25. - Educate CORs to provide consistent technical assistance to programs.	
	10	A minimum of 84% of respondents receiving substance use services will report positive improvement in care coordination, measured by the Adult Treatment Perception Survey (TPS).	Adult Treatment Perception Survey (TPS) - items 11,12,13 **Baseline:** 79%	- Engage with outlier programs that demonstrate high connection rates (as documented in the annual TPS) to identify the successful strategies they utilize. - Disseminated findings across the SUD system to promote best practices. - Conduct analysis of TPS data from the past two fiscal years to identify programs with low connection rates and cross-reference these findings with TPS comments to uncover potential correlations. - Develop a satisfaction toolkit and gather their feedback to support continuous improvement.	NQP – Sam
	11	A minimum of 80% of respondents receiving substance use services will report that staff were sensitive to their cultural background (race/ethnicity, religion, language, etc.), per the Youth Treatment Perceptions Survey (TPS).	Youth Treatment Perceptions Survey (TPS) – question 9 **Baseline:** 76.3%	- Ensure all programs have the necessary documents in every threshold language - 100% of BHS and contracted staff will complete the 4 hours of required cultural competence training in FY 2024-25. - Educate CORs to provide consistent technical assistance to programs.	NQP - Marie

Quality Data Infrastructure Goals

Domain	#	Goal	Indicators	Planned Activities	Staff Responsible
Quality Data Infrastructure	1	In FY 2024–25, Behavioral Health Services (BHS) will do an analysis of lessons learned after the SmartCare go live date and meet with representatives from other counties who implemented SmartCare to gain further insights on system limitations and any barriers to address.	FY 23-24 MHP EQRO Recommendation (4) FY 23-24 DMC-ODS EQRO Recommendation (5)	- Heather Rey and Angie DeVoss have been in contact with other counties and continuing discussions about lessons learned as needed. - The findings from the work completed will serve as a response to this QIWP goal.	NQP – Conscilia
	2	Perform an analysis of the beneficiary experience of permanent supportive housing resources within BHS to identify opportunities for process improvements in FY 2024-25.	Focus Strategies Report Planned Activities: Process Map	- Develop a Process Map of Permanent Supportive Housing from the beneficiary perspective. - Identify next steps and areas for quality improvement.	NQP – Cathy
	3	Establish a data infrastructure to report on DHCS required HEDIS measures within FY 2024-25.	MY 2022 DHCS Baseline Data	- Work in partnership with CalMHSA to report on the required HEDIS measures. - Request a TA from CalMHSA to establish the methodology and framework for reporting on the required HEDIS measures for MY 2024.	NQP - Conscilia
	4	Establish a Quality Improvement	DHCS QI initiatives	- The Healthy San Diego (HSD) quality improvement workgroup members meet	NQP – Conscilia

Domain	#	Goal	Indicators	Planned Activities	Staff Responsible
		Workgroup with Managed Care Plans (MCPs) to foster collaboration, promote health equity, and reduce disparities within behavioral health.		twice a month. The following is the HSD Workgroup Objective: - Quality Improvement: To review and discuss behavioral health plan quality performance initiatives and metrics with a shared goal of improving quality and equity. Key areas for process alignment, improvement and development include: Data infrastructure related to Quality Performance Measures and Behavioral Health QI initiative and Care coordination related to Behavioral Health QI initiatives.	
	5	Establish data infrastructure with the new transition to SmartCare for BHS state-defined performance measures to support consistent monitoring of contractor provider standards.	EQRO Performance Metrics Reporting	- After transitioning to Smart Care in September 2024, establish a dashboard for the state's timeliness/access metrics.	NQP – Conscilia Support – Data Science