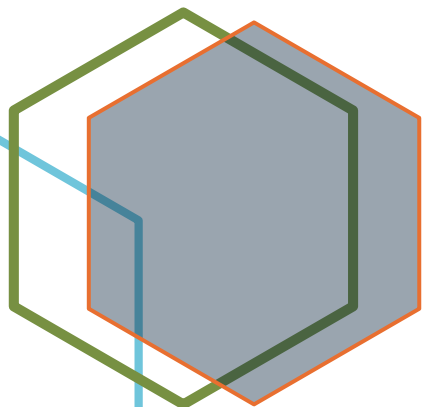




QUALITY IMPROVEMENT WORK PLAN EVALUATION

Fiscal Year 2024-2025

*County of San Diego Health and Human Services Agency
Behavioral Health Services*

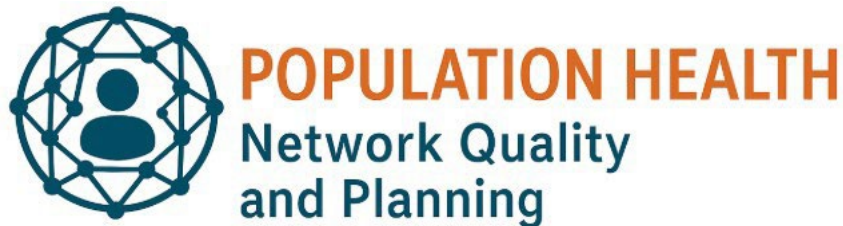


INTRODUCTION

As required by the California Department of Health Care Services (DHCS), the County of San Diego Behavioral Health Services (SDCBHS) produces an annual Quality Improvement Work Plan (QIWP) that establishes the quality improvement goals for the current fiscal year. The plan describes quality improvement activities including plans for sustaining improvement, monitoring of previously identified issues, and tracking of target areas over time. Areas that are identified as needing critical attention are continued into the following fiscal year(s) for additional progress monitoring. This process helps ensure the system is safe, effective, accessible, equitable, and focuses on the inclusion of the individuals and family members served. The system is also reflective of business principles in which services are delivered in a cost-effective, outcome-driven, and trauma informed fashion.

At the end of each fiscal year, the goals stated in the QIWP are evaluated to determine the overall effectiveness of the behavioral health system and the quality improvement program. This evaluation informs SDCBHS of potential areas for improvement, as well as areas to develop or enhance based on collaborative goals; and ultimately ensure that services provided are inclusive and delivered appropriately to the individuals being served.

Quality Improvement Work Plan (QIWP) Evaluation
Developed by the County of San Diego Health and Human Services Agency,
Behavioral Health Services, Population Health Quality Improvement,
Network Quality and Planning (NQP)



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Summary data and a brief synopsis are provided for each QIWP goal. If more information is desired, please email your request to bhspophealth.hhsa@sdcounty.ca.gov.

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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).

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WORK PLAN GOALS

The QIWP goals define targeted measures by which SDCBHS can objectively evaluate the quality of services, both clinical and administrative, provided to the individuals and family members receiving services. The goals are separated into six target areas: Services Are Client Centered; Services are Safe; Services Are Effective; Services Are Efficient and Accessible; Services Are Equitable; and Services Are Timely. The target areas are in line with the priorities outlined by the DHCS. Some of the goals are process goals while others are measurable objectives. The prime objective incorporated in the QIWP goals is to continuously improve both clinical and administrative service delivery through a systematic process of monitoring critical performance indicators and implementing specific strategies to improve the process, access, safety, and outcomes of all services provided. All goals are in line with the HHSA and Behavioral Health Services' vision, mission, and strategy/guiding principles.

County of San Diego, Health and Human Services Agency

Vision: Healthy, Safe, and Thriving San Diego Communities.

Mission: To make people's lives healthier, safer, and self-sufficient by delivering essential services.

Strategy:

1. **Building a Better System** focuses on how the County delivers services and how it can further strengthen partnerships to support health. An example is putting physical and mental health together so that they are easier to access.
2. **Supporting Healthy Choices** provides information and educates residents, so they are aware of how the choices they make affect their health. The plan highlights chronic diseases because these are largely preventable, and we can make a difference through awareness and education.
3. **Pursuing Policy Changes for a Healthy Environment** is about creating policies and community changes to support recommended healthy choices.
4. **Improving the Culture from Within.** As an employer, the County has a responsibility to educate and support its workforce so employees "walk the talk". Simply said, change starts with the County.

Behavioral Health Services (BHS)

Vision: Safe, mentally healthy, addiction-free communities.

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

Guiding Principles:

1. Support activities designed to reduce stigma and raise awareness surrounding mental health, alcohol and other drug problems, and problem gambling.
2. Ensure services are outcome driven, culturally competent, recovery and client/family centered, and innovative and creative.
3. Foster continuous improvement to maximize efficiency and effectiveness of services.
4. Maintain fiscal integrity.
5. Assist employees to reach their full potential.



GOAL 1

In FY 2024-25:

- BHS will implement a standard for timely data entry.
- Measure improvement on access times data entry compared to FY 2023-24.

METHODS

The San Diego Behavioral Health Services (BHS) Network Quality and Planning (NQP) Team conducted a review of the Outpatient Provider Operations Handbook (OPOH) to assess the presence of a data entry standard. Upon evaluation, it was determined that no standard existed for the initial entry into the electronic health record (EHR). In response, NQP collaborated with the Mental Health Quality Assurance (MH QA) Team to discuss and develop a proposed standard. This proposal was submitted to the Deputy Directors for review and approval, resulting in the establishment and incorporation of a standardized initial data entry requirement into the OPOH.

Additionally, BHS NQP continued its engagement with the Access Times Workgroup, composed of subject matter experts (SMEs), which was formed during the FY 2023-24. With BHS transitioning to a new EHR system, SmartCare, the Data Science Team developed reports to enable providers to monitor their own access times. To further support quality improvement efforts, Plan-Do-Study-Act (PDSA) cycles were introduced within outlier programs to implement targeted interventions aimed at improving access times. These efforts are currently ongoing.

DATA

	Total % that Met Standard
FY 2023-24	79.6%
FY 2024-25	78.9%

RESULTS

The goal of implementing a standard for timely data entry was met. The goal of improvement on access times data entry compared to FY 2023-24 was not met (79.6% vs. 78.9%). Although access time data entry was not met, the change was very minimal (0.7%).

Note: As of September 1, 2024, the EHR system has transitioned, which may have resulted in modifications to the methodology.



GOAL 2:

Implement a PDSA cycle with Children and Youth entities with high access times for first offered appointment compared to FY 2023-24.

METHODS

Quality Improvement (QI) efforts have focused on enhancing access to care by improving outpatient service availability and reducing wait times. Following a data review, a workgroup was established to assess current processes, identify challenges, gather input from subject matter experts (SMEs), and develop strategies to reduce waitlists.

Initially, the workgroup operated as a single entity, but it soon became evident that Child/Youth services faced distinct challenges, necessitating the formation of separate subgroups. Data analysis identified one child/youth provider with significantly prolonged access times, prompting targeted QI interventions.

To address these issues, tailored interventions were implemented within the identified program, including the introduction of a Plan-Do-Study-Act (PDSA) cycle. Once the PDSA cycle was introduced, the provider was encouraged to conduct their own cycle and report progress during monthly workgroup meetings, facilitated by the assigned Contracting Officer's Representative (COR).

DATA

	Total % Met Standard
FY 2023-2024	34.1%
FY 2024-2025	17.8%

RESULTS

The goal of implementing a PDSA cycle with Children and Youth entities with high access times for first offered appointment compared to FY 2023-24 was met. Although the percentage of appointments that met the standard decreased, additional interventions are being planned, and access times will continue to be a high priority for improvement.

Note: As of September 1, 2024, the EHR system has transitioned, which may have resulted in modifications to the methodology.



GOAL 3

Increase system capacity through the utilization of outpatient group therapy modalities among BHS Children and Youth providers.

METHODS

San Diego County Behavioral Health Services and the Child and Adolescent Services Research Center (CASRC) at UC San Diego conducted a Clinical Performance Improvement Project (PIP) aimed at increasing the use of school-based group therapy among outpatient child and youth clients after results from the 2023 Youth Services Survey (YSS) highlighted views regarding group therapy. It was to build awareness about the efficacy of group therapy and to increase access and utilization among child and youth outpatient clients experiencing anxiety, depression, and social skills challenges. Results regarding group therapy perceptions from the 2024 YSS were compared to the 2023 results and reports remained low for group therapy.

To address these barriers to group therapy access and utilization, a toolkit for youth and parents was developed and distributed among select programs to measure differences in perceptions of group therapy between program participants who received the toolkit and those in programs not receiving the toolkit. These differences were measured using supplemental items related to group therapy included in the YSS.

DATA

CYF OP Group Therapy Services	Unique Outpatient Youth Clients with Any Group Services	% of Youth Receiving Group Services
FY 2023-24	921	10.5%
FY 2024-25 (as of 7/9/25)	578	9.2%

RESULTS

Due to the transition of priorities at the state level, this goal has been discontinued. Prior to discontinuation, a toolkit was created and distributed, however the percent of youth receiving group services decreased from FY 2024-25.



GOAL 4:

In FY 2024-25, perform a data analysis on beneficiary transitions between different levels of care.

METHODS

To address transitions of beneficiaries across care settings and reduce systemic delays in moving clients to lower levels of care (LOC), the Network Quality and Planning (NQP) team within the Population Health Unit initiated a targeted evaluation and process development effort focused on service timeliness and continuity within the adult mental health system of care.

A cross-functional workgroup was convened, including subject matter experts (SMEs), Deputy Directors (DDs), and representatives from various levels of care. The purpose of the group was to assess existing transition processes, identify systemic barriers, and explore solutions to improve client flow and reduce wait times. As part of this effort, the workgroup conducted a root cause analysis, which identified several key challenges: prolonged wait times for step-down services, program-specific capacity limitations, inconsistent communication across programs, and gaps in standardized transition workflows.

In response, the group determined that a regional evaluation of Assertive Community Treatment (ACT), Strength-Based Case Management (SBCM), and Outpatient (OP) programs was needed to better understand capacity constraints in relation to other available adult services. The evaluation focused on service utilization by client zip code, as well as demographic characteristics, including race, gender, housing status, and employment status.

DATA

A regional data analysis was conducted in collaboration with UC San Diego to evaluate capacity and utilization trends within ACT, Strength-Based Case Management (SBCM), and Outpatient (OP) programs. The analysis included client service utilization by zip code and demographic variables such as race, gender, housing status, and employment. Geo-mapping was used to identify geographic disparities and underserved areas. ACT waitlist data was cross-referenced with OP program capacity to explore potential mismatches or correlations between program demand and availability.

To ensure data validity, multiple sources, including single point of access (SPOA) reports and the Access Services Journal (ASJ), were cross-validated to identify inconsistencies prior to mapping and analysis.

RESULTS

This goal has been met for FY 2024-25. Initial findings highlighted that, while the long-term objective is to create a comprehensive, real-time LOC transition process, a foundational need exists to first strengthen data tracking at the program level. Accurate and consistent documentation of transitions, wait times, and capacity is essential before developing or piloting a universal transition model. This foundational work will support future quality improvement efforts and system-wide standardization.



GOAL 5:

Increase the connection rate for adult beneficiaries by 5% compared to last FY for those using the transition of care tool.

METHODS

To improve the connection rate for adult beneficiaries, the team will implement strategies based on feedback from the Level of Care (LOC) Transition Workgroup, focusing on identifying barriers related to the use of the Transition of Care Tool. This process will involve analyzing SmartCare reports for real-time tracking of the tool's usage and effectiveness. In addition, a feedback group will be organized with acute LOC providers to discuss and address the challenges they face in completing the Transition of Care Tool. Based on insights gained from these discussions, a toolkit will be created for providers. This toolkit outlines clear guidelines for referring clients to Behavioral Health Services (BHS) and emphasizes the importance of properly closing the referral loop when initiating multiple referrals. Data on the effectiveness of these interventions will be gathered through provider feedback and analysis of referral and transition data within the SmartCare system.

DATA

Transition of Care Tracking	Percentage
FY 2023-24 Adult Transition of Care Connection Rate	21.08
FY 2024-25 Adult Transition of Care Connection Rate	36.75

RESULTS

The goal of increasing the connection rate for adult beneficiaries using the Transition of Care tool was met for FY 2024–25. During the FY 2023-24, the connection rate for adult beneficiaries utilizing the Transition of Care Tool was 21.08%. Following the implementation of targeted strategies, including analysis of SmartCare reports, provider feedback sessions, and the creation of a Transition of Care Toolkit, the connection rate increased to 36.75%, reflecting an improvement of 15.67%.

BHS is continuously prioritizing efforts to enhance the accuracy and consistency of LOC transition tracking by refining SmartCare data entry and reporting processes.



GOAL 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.

METHODS

Improve San Diego County Behavioral Health Services (BHS's) relationship with contracted mental health providers to support more transparent communication between BHS and staff working in contracted provider agencies.

LISTENING SESSION	QUALTRICS SURVEY
<ul style="list-style-type: none"> ▶ Held on December 6th ▶ 18 participants ▶ Strengths and challenges in communication and accessing information between program and BHS ▶ Strategies to improve communication and information sharing 	<ul style="list-style-type: none"> ▶ November to mid-December ▶ Distributed to over 500 mHOMs users ▶ 91 completed surveys <ul style="list-style-type: none"> ▶ 29 Administrators (32%) ▶ 26 Clinicians (29%) ▶ 36 Leaders (40%)

DATA



RESULTS

The goal to hold a listening session in FY 2024-25 with contract provider staff to increase MHP knowledge of behavioral health provider challenges and inform planning strategies was met. Feedback received through the listening sessions and survey include improving email communication to highlight important information and provide links for more details, provide a centralized source for timely information, and providing more opportunities for provider feedback on new initiatives and systems as to reduce the sense of disconnect between providers and BHS staff.



GOAL 7:

Increase referrals to Managed Care Partners (MCPs) for beneficiaries who qualify for Enhanced Care Management (ECM) services (PIP).

METHODS

Many clients of SDCBHS programs would qualify for ECM services, however, very few clients are being identified and referred to these services as the process of identifying clients and successfully referring them to a MCP is complex. The PIP team heard from program staff the process to identify, refer, and engage ECM-eligible clients was too difficult to understand and implement. 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)
- Referral process information on how to referral eligible clients to MCPs
- Training and support on the usage of all of the above

DATA

Steps were taken to establish data however, due to the discontinuation of this goal, were not completed. The following systems were developed within the initial stages of the PIP:

Referral Tracker – The PIP team has developed a referral data tracker for each pilot program to enter information on each referral of an ECM-eligible client to an MCP. The PIP team will monitor this data daily to see program utilization and provide feedback to programs during meetings with the programs.

Measurable Outcomes: 1) Number of ECM-eligible clients referred by each pilot program to each MCP. The PIP team held a training session with the North Coastal ACT program on January 8, 2025 to help pilot all the materials developed and help study the implementation of the PIP with a program. This session utilized the newly modified eligible client list as well as a toolkit designed to be utilized in the absence of a prequalified list.

RESULTS

Due to the transition of priorities at the state level, this goal has been discontinued. Although this goal was discontinued, SDCBHS is still committed to improving the warm hand off of ECM services to MCPs.



GOAL 8:

Improve the quality of care for FY 2024-25, measured by a 5% reduction in grievances in this domain.

METHODS

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.

Jewish Family Service of San Diego (JFS) provides continuous training to facilities to ensure compliance – 100 trainings were completed in 1 quarter alone. Trainings provided include: Analysis of Denial of Rights, Minors Due Process Rights, 30-Day Holds (5270) [Patient Advocacy - JFSSD](#).

The Consumer Center for Health, Education, and Advocacy (CCHEA) provides training on the behavioral health grievance and appeal process, patient's rights, and other topics including commenting on health plan policies and practices affecting behavioral health clients [Patient Advocacy - CCHEA](#).

DATA

FY 2024-25

MH Grievance Category	Q1	Q2	Q3	Q4	Total
Filed for other reasons	5		4		9
Abuse, Neglect or Exploitation	6		6	6	18
Access to Care	9	1	4	6	20
Lack of Timely Response	1		2	3	6
Payment/Billing Issues				1	1
Quality of Care	132	89	78	92	391
Related to Case Management	5	3	6	3	17
Related to Customer Service	8	4	8	10	30
Total	166	97	108	121	492

FY 2025-26

MH Grievance Category	Q1	Q2	Q3	Q4	Total
Filed for other reasons	1	1	1	1	4
Abuse, Neglect or Exploitation	3		4	3	10
Access to Care	1	1	1	4	7
Lack of Timely Response	1	1			2
Quality of Care	115	54	106	126	401
Related to Case Management	1	2		2	5
Related to Customer Service	13	8	12	4	37
Total	135	67	124	140	466

RESULTS

The goal to Improve the quality of care for FY 2024-25, measured by a 5% reduction in grievances in the Quality of Care domain was not met. In FY 2024-25 there were 391 quality of care grievances, while in FY 2023-24 there were 401 quality of care grievances, demonstrating that although the goal of reducing by 5% was not met, there was still a reduction achieved in this domain.



GOAL 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.

METHODS

In 2024, the San Diego County Behavioral Health Services (SDCBHS) Network Quality and Planning (NQP) Team presented at the Peer Council and Adult Council meetings, facilitating discussions on the role of peer support specialists. Additionally, a presentation was delivered at the Quality Review Committee (QRC) meeting.

Following these discussions, SDCBHS NQP collaborated with the BHS Communication and Engagement Team to review feedback from the QRC, Adult Council, and Peer Council meetings regarding peer support specialists and strategies for enhancing communication with providers and staff. During this process, the QRC highlighted the upcoming Global Peer Support Day in October, prompting NQP to explore ways to promote awareness within the community.

As part of these efforts, NQP engaged with the National Alliance on Mental Illness (NAMI), resulting in the inclusion of Global Peer Support Day in their newsletter, which reaches members, colleagues, and affiliated providers. NAMI also shared that they had planned an event to recognize the day, promoted it through their email distribution list, mentioned it in meetings, and featured it on their website.

Additionally, peer support training opportunities were broadly disseminated across SDCBHS community meetings and newsletters, including the September 2024 issue of *Up To The Minute* (UTTM).

DATA

[NAMI Newsletter August 2024](#)



RESULTS

The goal of BHS increasing the flow of communication about the role of peer support specialists, training opportunities, and requirements for promotion for FY 24-25 was met.



GOAL 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).

METHODS

- 1) Ensure all programs have the necessary documents in every threshold language
- 2) 100% of SDCBHS and contracted staff will complete the 4 hours of required cultural competence training in FY 2024-25.
- 3) Educate CORs to provide consistent technical assistance to programs.

DATA

Legend:

Combined

MHS

SUD

Δ column indicates change compared to 2023 results.

	Not at All	Δ	Sometimes	Often	Δ	Most of the time	Δ	All the time
12. Does your organization consider cultural and linguistic differences in developing quality improvement processes?	0.0%		1.9%	5.6%	↓	30.0%	↓	62.4%
	0.0%		1.3%	5.4%	↓	31.5%	↓	61.7%
	0.0%		3.1%	6.3%	↓	26.6%	↑	64.1%

RESULTS

The goal of 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) was not met. The results indicated that 61.7% of respondents reported their organization “all the time” considers cultural and linguistic differences in developing quality improvement processes. However, the result of 61.7% is a significant increase from the 2023 results in which only 56.8% of respondents reported their organization “all the time” considers cultural and linguistic differences which shows a positive trend in efforts and methods used to increase these efforts in developing quality improvement processes.



GOAL 11

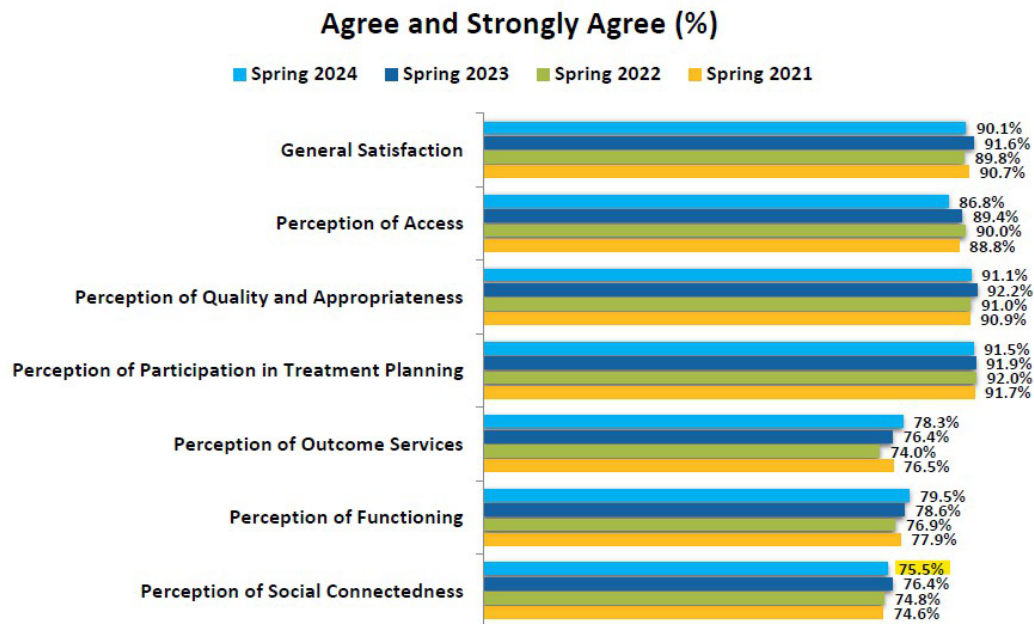
80% of respondents receiving mental health services will report positive social connectedness measured by the Consumer Satisfaction Survey (CCS).

METHODS

The Mental Health Statistics Improvement Plan (MHSIP) adult consumer satisfaction survey assesses client satisfaction with services and their perceptions of outcomes using a 5-point scale, which ranges from strongly disagree to strongly agree. The MHSIP encompasses seven domains, one of which specifically focuses on perceptions of social connectedness. This survey is conducted anonymously on an annual basis, with the most recent administration occurring from May 20 to May 24, 2024. A total of 2,596 surveys were distributed across 110 programs, yielding 2,005 completed responses, while those with insufficient information were excluded from scoring. The survey was administered by UCSD's Health Services Research Center, utilizing both paper and electronic formats. UCSD's Health Services Research Center was also responsible for collecting, analyzing, and reporting the findings of the MHSIP.

DATA

Consumer Satisfaction: Trends Across Time



*The total number of responses for domain scores may be less than the reported number of completed surveys, as a completed survey was defined as any survey having sufficient data to calculate the first (General Satisfaction) domain. While some respondents may have completed this requirement, sufficient data to calculate the other domain scores may not have been available for all respondents.

RESULTS

The goal for 80% of respondents receiving mental health services will report positive social connectedness measured by the Consumer Satisfaction Survey (CCS) was not met. Data from the Spring 2024 MHSIP adult Consumer Satisfaction Survey reveals that only 75.5% of adults expressed a positive view of social connectedness. Due to the transition of priorities at the state level, this goal has been discontinued.



GOAL 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.

METHODS

- Conduct analysis of Access and Crisis Line data.
- Review Optum of San Diego ACL report.
- Regionalized the Optum San Diego ACL report.
- EPI team created a map of withdrawal management services in comparison to community need indicators from ED data.
- NQP analyzed WM expansion efforts from Programs and Services.

DATA

County of San Diego Behavioral Health Services Warm Transfer Data for ACL Referrals to Withdrawal Management July – October FY 2024-25:

Warm Transfer for SUD Referral Calls	Count	Percent
Warm Transfer Completed	41	8.40%
Warm Transfer Not Completed	217	44.47%
Third Party Caller	64	13.11%
No Selection Made	166	34.02%
Total Count:	488	

Reason Warm Transfer Was Not Completed	Count	Percent
ACL Declined - Crisis Call in Queue	1	0.46%
Afterhours Call Back Declined	2	0.92%
Afterhours Call Back Scheduled	1	0.46%
Caller Declined Warm Transfer- Will f/u on their o	117	53.92%
Does Not Qualify for Medi-Cal Benefits	4	1.84%
No Answer at Program (During Business Hrs.)	3	1.38%
No Answer at Program (Outside of Business Hrs.)	9	4.15%
Out of County Medi-Cal	3	1.38%
Private Insurance	4	1.84%
Program Doesn't Do Telephonic Screenings	2	0.92%
Screening Stopped	22	10.14%
Withdrawal Management- Referred to hospital	49	22.58%
Total Count:	217	

RESULTS

Due to the transition of priorities at the state level, this goal has been discontinued. Although, extensive work was done in quarter 1 of FY 2024-25 in partnership with Optum as they provided the data above noting the percentage of warm transfers completed.



GOAL 2:

In FY 2024-25, SDCBHS utilizing a population health approach will conduct a data analysis on the need for expanding withdrawal management services within San Diego County.

METHODS

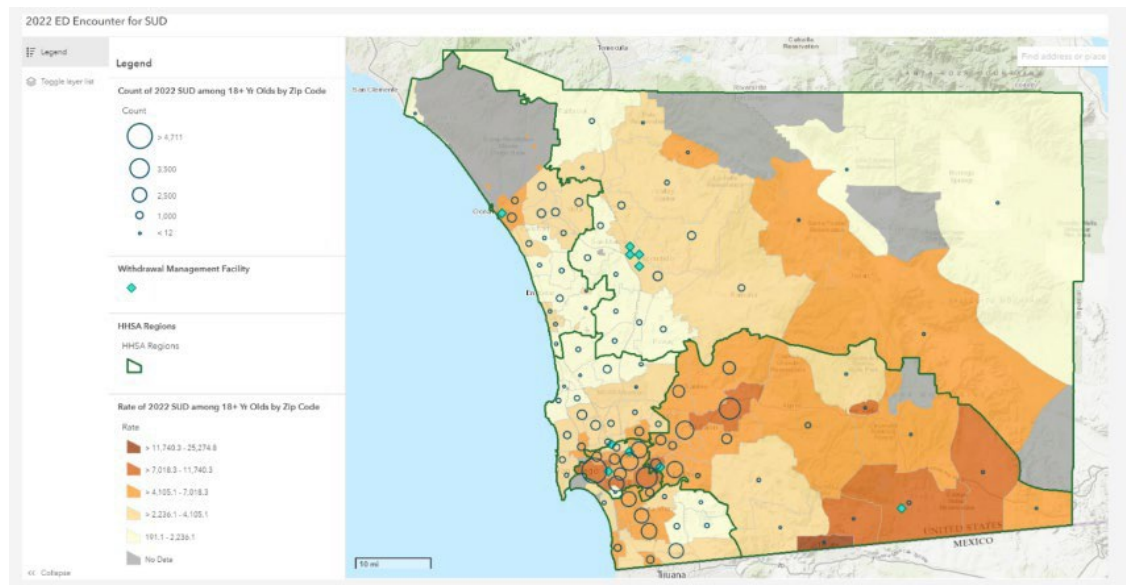
San Diego County Behavioral Health Services (SDCBHS), Network Quality and Planning team (NQP), collaborated with the Data Science team to acquire the latest lists of programs offering Withdrawal management (WM) services. This collaboration aimed to identify programs where the availability of WM services is lacking. Furthermore, the Epidemiology team, with support from the Office of Business Intelligence, created a needs indicator map outlining potential areas for expanding WM services regionally. The SDCBHS NQP team then analyzed the data from both the Data Science and Epidemiology teams and shared the results with the Quality Review Committee and the Alcohol and Drug Services Provider Association to gather feedback and identify barriers related to WM capacity.

DATA

Needs indicator map

- According to the map the most notable area for potential need is El Cajon within the east region.
- SDCBHS looked at multiple indicators of need including overdose data which shows a higher rate in Escondido.

RESULTS



The goal to conduct a data analysis on the need for expanding withdrawal management services within San Diego County in FY 2024-25 was met. During this period, BHS collaborated with the Epidemiology team to develop a needs indicator map, which facilitated the analysis of the demand for additional withdrawal management services in the County. The map identified El Cajon in the eastern region as the area with the most significant potential need for these services. However, due to the transition of priorities at the state level, this goal has been discontinued.



GOAL 3

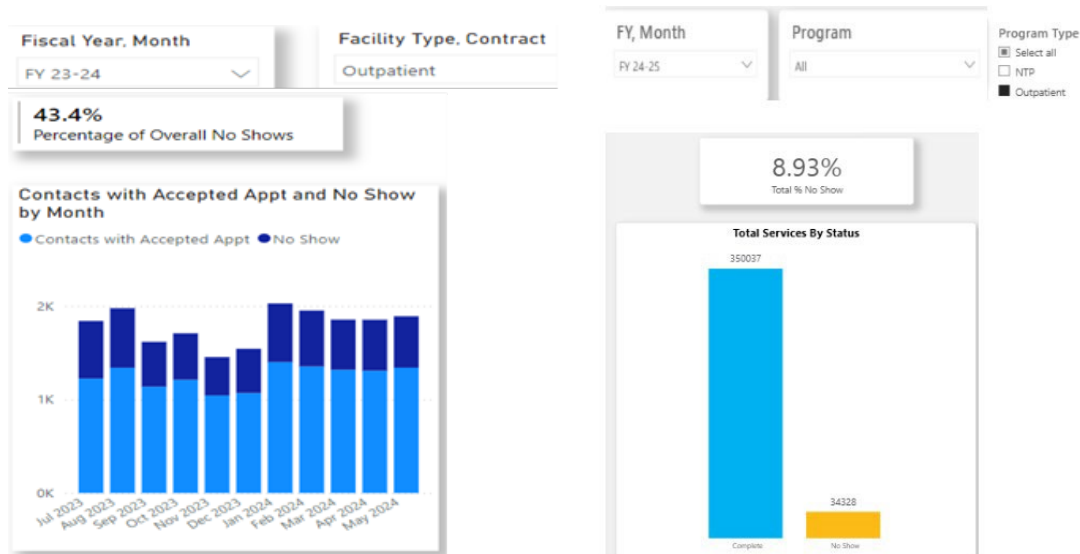
Decrease the rate of no shows by 3% to first scheduled outpatient appointments from the previous fiscal year.

METHODS

In the previous fiscal year (2023-24), San Diego County Behavioral Health Services (BHS) established a dedicated workgroup, provided training for Contracting Officer Representatives (CORs), and developed a brief resource guide, an FAQ document, and a dashboard. Additionally, a new SanWITs report was introduced, enabling programs to generate their own no-show data for ongoing quality improvement monitoring.

For the fiscal year 2024-25, programs have been able to independently track their no-show rates using the new SanWITs report and implement necessary adjustments as needed. BHS Data Science (DS) team transitioned and created a new report in SmartCare capturing similar data. A data analysis was conducted comparing the two fiscal years.

DATA



Note: As of September 1, 2024, the EHR system has transitioned, which may have resulted in modifications to the methodology.

RESULTS

The goal of decreasing the rate of no shows by 3% to first scheduled outpatient appointments from the previous fiscal year was met. It is important to consider the impact of the EHR transition and modifications in methodology. **Baseline:** 43.4%



GOAL 4:

In FY 2024-25, SDCBHS, utilizing a population health approach, will conduct a data analysis on the need for expanding residential treatment within San Diego County.

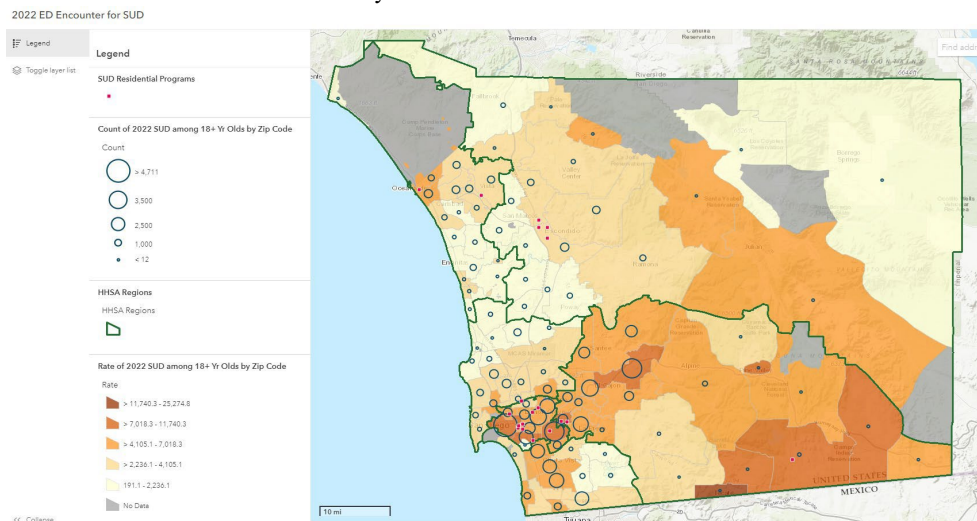
METHODS

In partnership with the Epidemiology and Data Science team, a thorough analysis was conducted on the utilization of substance use disorder (SUD) residential services (Levels of Care 4-4.5). This analysis involved segmenting the data by client zip code and geo-mapping it to identify and better understand geographic patterns in service usage.

DATA

The list of residential treatment providers, provided by the SDCBHS Data Science team, indicates that San Diego County has 20 residential programs across four regions: 8 in Central, 4 in East, 2 in North Coastal, and 4 in North Inland.

Note: Red dots indicate residential facility



RESULTS

This goal was met for FY 2024-25. The analysis revealed significant areas of potential need for expanded residential treatment services, particularly in the southern and eastern regions of San Diego County. In response to this need, the San Diego County Board of Supervisors has approved funding for the development of a new facility in the South Region, which will provide substance use treatment services. This new facility will feature a). 72-96 beds dedicated to residential treatment, b). withdrawal management services, and c). short-term housing for adults recovering from acute care discharge. Currently, there are 1,013 beds available across existing facilities, with plans to expand this capacity to 1,114 beds through open procurement. Additionally, more providers are offering advanced care for clients with complex needs (Level 3.5).

As part of an ongoing effort to reduce reliance on residential treatment, there has been a concerted push to expand outpatient services, six providers located in the East, South Bay, North Central, and North Coastal regions will offer Medication Assisted Treatment (MAT), either on-site or through direct connections. Several providers have also opted to renovate their facilities and seek certification to offer Ambulatory Withdrawal Management (AWM) services. As part of this expansion, additional outpatient and perinatal programs will also offer AWM services. Furthermore, five more outpatient programs are set to be reprocured, and four perinatal providers will integrate AWM services into their offerings.



GOAL 5– Improve connection rates to a lower level of care within seven days of residential discharge.

METHODS

The Performance Improvement Project (PIP) evaluation team initiated the Motivational Enhancement for Engagement in Therapy (MEET) Expansion PIP within the Drug Medi-Cal Organized Delivery System (DMC-ODS) to increase the percentage of clients transitioning to a lower level of care within seven days post-residential discharge by 5%. The MEET Expansion PIP was an extension of the successful Connections PIP established several years prior. To facilitate participation in the MEET project, the PIP evaluation team created a recruitment email for County staff to share with the Contracting Officer’s Representatives (CORs) of the substance use disorder (SUD) residential programs, inviting them to engage in the MEET Expansion PIP. This email was sent to all SUD residential programs within the DMC-ODS, including the five pilot sites that had previously implemented MEET as part of the Connections PIP. Subsequently, the PIP evaluation team compiled a list of interested programs and convened with the MEET curriculum creator to discuss implementation details and a training session for the interested programs.

DATA

Follow-up Services After Residential Treatment	
Reporting Period	Percent of Services Delivered Within 7 Days
FY 2023-24	33.5%
FY 2024-25	37.23%

RESULTS

The goal to improve connection rate to a lower level of care within seven days of residential discharge was met. From FY 2023-24 to FY 2024-25, follow-up services post residential discharge increased by 3.73%. **Due to the transition of priorities at the state level, this goal has been discontinued.** Before the goal was discontinued, the PIP evaluation team created a recruitment email aimed at enlisting participants for the MEET Expansion pilot program. This email was distributed by County staff to the CORs of SUD residential programs. The PIP team then compiled a list of interested programs and met with the MEET curriculum creator to discuss implementation details and a training session.



GOAL 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 and inform planning strategies.

METHODS

UCSD had planned a listening session in February 2025 with DMC-ODS contract providers. The session was canceled due to new directives from Health Services Advisory Group (HSAG) concerning focus of goals.

DATA

Feedback was received, however, from a listening session that was completed with Mental Health providers, see Mental Health Plan goal number 6.

RESULTS

Due to the transition of priorities at the state level, **this goal has been discontinued.**



GOAL 7:

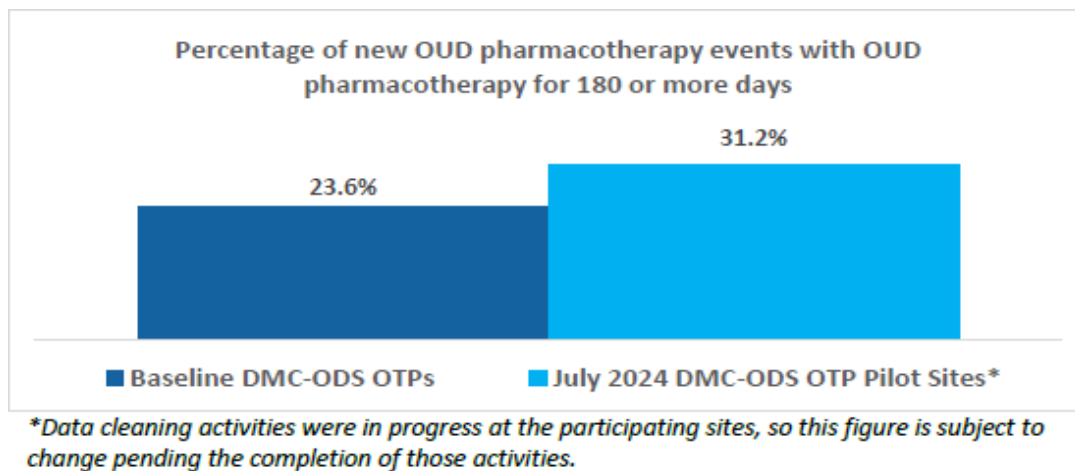
Increase the percentage of new OUD pharmacotherapy treatment events among members served at the OTPs aged 16 and older with OUD continue for at least 180 days (6 months by 5%).

METHODS

The County of San Diego recruited three pilot Opioid Treatment Programs (OTPs) to implement Medication-Assisted Treatment (MAT) education for all clients with Opioid Use Disorder (OUD) at program intake. The goal of this initiative was to increase the likelihood that individuals who understand the benefits of MAT will remain in treatment for a longer duration. The educational interventions included the distribution of two key resources: 1) the Consumer Facing MAT Resource from the California MAT Expansion project, and 2) an educational pamphlet developed with input from OTP providers and individuals served. In January 2024, all other OTPs within the San Diego County DMC-ODS were invited to participate in the project.

In October 2024, the three pilot sites engaged with the PIP evaluation team to address a data quality audit of the intervention tracker. One site provided specific feedback, while the other two indicated they were still working on completing the task. At the end of the month, the new EQRO communicated that activities related to the current PIPs should be paused and redirected to new PIP topics selected by the State. As a result, November 2024 marked the final month for the POD PIP interventions. The pilot sites finalized all remaining data quality corrections and back data entry during December 2024.

DATA



RESULTS

This goal was met for FY 2024-25. The baseline retention rate for treatment continuation at 180 days was 23.6%, and by the end of the project, this percentage increased to 31.2%. This represents an improvement of 7.6 percentage points, exceeding the targeted 5% increase, indicating that the intervention, which included MAT education at intake, was likely effective in increasing treatment retention over the six-month period.

**GOAL 8:**

Improve the quality of care for FY 2024-25, measured by a 5% reduction in grievances in this domain.

METHODS

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.

Jewish Family Service of San Diego (JFS) provides continuous training to facilities to ensure compliance – 100 trainings were completed in 1 quarter alone. Trainings provided include: Analysis of Denial of Rights, Minors – Due Process Rights, 30-Day Holds (5270) [Patient Advocacy - JFSSD](#).

The Consumer Center for Health, Education, and Advocacy (CCHEA) provides training on the behavioral health grievance and appeal process, patient's rights, and other topics including commenting on health plan policies and practices affecting behavioral health clients [Patient Advocacy - CCHEA](#).

DATA

FY 2024-25

SUD Grievance Category	Q1	Q2	Q3	Q4	Total
Abuse, Neglect or Exploitation	1				1
Access to Care	1	1	1	1	4
Filed for Other Reasons	2	1	5	1	9
Quality of Care	49	31	40	52	172
Related to Case management	1				1
Related to Customer Service	2	3	1	2	8
Suspected Fraud	1			1	2
Total	57	36	47	57	197

FY 2023-24

SUD Grievance Category	Q1	Q2	Q3	Q4	Total
Access to Care			1	2	3
Confidentiality Concern	6			1	7
Filed for Other Reasons	3	1	8	3	15
Quality of Care	52	38	28	46	164
Related to Case management				2	2
Related to Customer Service	1				1
Total	62	39	37	54	192

RESULTS

The goal to Improve the quality of care for FY 2024-25, measured by a 5% reduction in grievances in the Quality of Care domain was not met. In FY 2024-25 there were 172 quality of care grievances, while in FY 2023-24 there were 164 quality of care grievances.



GOAL 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 Competence Policy Assessment (CLCPA).

METHODS

- 1) Ensure all programs have the necessary documents in every threshold language
- 2) 100% of BHS and contracted staff will complete the 4 hours of required cultural competence training in FY 2024-25.
- 3) Educate CORs to provide consistent technical assistance to programs.

DATA

Legend: Combined MHS SUD

Δ column indicates change compared to 2023 results.

	Not at All	Δ	Sometimes	Often	Δ	Most of the time	Δ	All the time	Δ
12. Does your organization consider cultural and linguistic differences in developing quality improvement processes?	0.0%		1.9%	5.6%	↓	30.0%	↓	62.4%	↑
	0.0%		1.3%	5.4%	↓	31.5%	↓	61.7%	↑
	0.0%		3.1%	6.3%	↓	26.6%	↑	64.1%	↑

RESULTS

The goal of 67% 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) was not met. For the substance use disorder patients, the results indicated that 64.7% of respondents reported their organization “all the time” considers cultural and linguistic differences in developing quality improvement processes. However, the result of 64.7% is a significant increase from the 2023 results in which only 55.6% of respondents reported their organization “all the time” considers cultural and linguistic differences which shows a positive trend in efforts and methods used to increase these efforts in developing quality improvement processes.



GOAL 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).

METHODS

Data on consumer satisfaction was collected from clients through the Adult Treatment Perception Survey (TPS). The survey sample was based on the following criteria:

- Adults served by a substance use disorder program contracted by San Diego County Behavioral Health Services (SDCBHS).
- Clients who received at least one billed service (face-to-face, phone, telehealth, or community service) between October 21-25, 2024.

The TPS results were derived directly from the submitted surveys. During the October 2024 survey period, San Diego County received 1,872 Adult TPS forms. Of these, 1,245 surveys (67%) were submitted via paper, and 627 surveys (33%) were submitted online. Approximately 97% of the surveys (1,820) were fully completed. In total, 39% of clients who received a service during the reporting period completed the survey.

The relevant survey items for the Perception of Care Coordination category included questions 11, 12, and 13.

DATA

Perception of Care Coordination	Agree/Strongly Agree (%)	Disagree/Strong Disagree (%)
Perception of Care Coordination	80.7	3.5

Questions based on services received within the last year	Agree/Strongly Agree (%)	Disagree/Strong Disagree (%)
11. Staff here work with my physical health care providers to support my wellness.	80.1	6.5
12. Staff here work with my mental health care providers to support my wellness.	79.3	5.4
13. Staff here helped me connect with other services as needed (social services, housing, etc.)	81.7	6.3

Note: Percent does not add up to 100%, as “I am Neutral” and “Not Applicable” responses are not reported here

RESULTS

The Perception of Care Coordination goal for adults receiving substance use services was not met for FY 2024-25. Among the 1,820 completed surveys, 80.7% of respondents agreed that their treatment included care coordination, while 3.5% disagreed. Although overall responses were generally positive, all three care coordination–related questions fell slightly below the target of 84%, suggesting there is an ongoing opportunity to strengthen coordination and support across service areas.



GOAL 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).

METHODS

- 1) Ensure all programs have the necessary documents in every threshold language
- 2) 100% of BHS and contracted staff will complete the 4 hours of required cultural competence training in FY 2024-25.
- 3) Educate CORs to provide consistent technical assistance to programs.

DATA

Satisfaction by Item Responses: Systemwide

1 = Strongly Disagree; 2 = Disagree; 3 = I am Neutral; 4 = Agree; 5 = Strongly Agree

Questions about your experience at this program:	N	Agree/Strongly Agree (%)	Disagree/Strongly Disagree (%)
9. Staff were sensitive to my cultural background (race/ethnicity, religion, language, etc.).	109	80.7	6.4

RESULTS

The goal of 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) was met. The results of the Youth Treatment Perceptions Survey indicated a result of 80.7% of participants agree/strongly agreed that staff were sensitive to their cultural background.



METHODS

SDCBHS participated in ongoing communication with other counties via the CalMHSA regularly scheduled calls, annual conferences with CalMHSA, and some ad hoc meetings as needed.



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GOAL 2:

Perform an analysis of the beneficiary experience of permanent supportive housing resources within SDCBHS to identify opportunities for process improvements in FY 2024-25.

METHODS

In 2023, the County of San Diego Behavioral Health Services (SDCBHS) department, in collaboration with the California Interagency Council on Homelessness, commissioned a report from Focus Strategies. This report provided an analysis of key performance metrics related to homelessness as part of the Permanent Housing Strategies Technical Assistance project. To address the report's recommendations, SDCBHS recognized the need to thoroughly understand the current process a beneficiary undergoes to achieve permanent housing. As a result, SDCBHS initiated regular meetings with the Housing and Homelessness (H&H) Team to assess existing procedures, evaluate available resources, and develop a process map to identify opportunities for improvement.

DATA

The process map for current beneficiaries was developed with the assistance of the Housing and Homelessness (H&H) Team. It outlines the steps a beneficiary follows from enrollment in a SDCBHS program through the housing assessment and placement process. The process begins with the beneficiary's enrollment and an initial screening to evaluate housing needs. If no housing need is identified, the beneficiary is provided with other relevant services and resources. If a housing need is identified, the beneficiary undergoes an assessment to determine their level of independence.

- If the beneficiary is unable to live independently, they are referred to Board and Care Coordination.
- If they can live independently, they are screened to determine if they meet the U.S. Department of Housing and Urban Development (HUD) definition of homelessness.

If the beneficiary does not meet the HUD definition, Coordinated Entry System (CES) enrollment is not required, and they are referred to available Transitional and Permanent Housing resources. If they do meet the definition, they are entered into CES, connected with housing and treatment resources, and based on current vacancies, referred to an appropriate Permanent Supportive Housing (PSH) program.

RESULTS

The goal to perform an analysis of the beneficiary experience of permanent supportive housing resources within SDCBHS to identify opportunities for process improvements in FY 2024-25 was met. The process map is currently only an internal document.

For further information, contact bhspophealth.hhhsa@sdcounty.ca.gov.



GOAL 3:

Establish a data infrastructure to report on DHCS required HEDIS measures within FY 2024-25.

METHODS

The California External Quality Review Organization (EQRO) required counties to submit their HEDIS calculations for measurement year (MY) 2023 and 2024 during the reporting period of 2025. The San Diego County Health and Human Services Agency approved the CalMHSA Quality Measures Participation Agreement for MY 2023 and 2024, allowing CALMHSA to collaborate with San Diego County to calculate the HEDIS rates for these years.

DATA

N/A

RESULTS

The goal to establish a data infrastructure to report on DHCS required HEDIS measures within FY 2024-25 was met. The County approved the CalMHSA Quality Measures Participation Agreement for MY 2023 and 2024 and collaborated with CalMHSA to calculate and submit the HEDIS rates to DHCS.



GOAL 4:

Establish a Quality Improvement Workgroup with Managed Care Plans (MCPs) to foster collaboration, promote health equity, and reduce disparities within behavioral health.

METHODS

The County has formed the Healthy San Diego Quality Improvement Workgroup, which serves as a partnership between Medi-Cal Managed Care Plans and San Diego County. The workgroup convenes monthly, and its primary goal is to evaluate and discuss quality performance initiatives and metrics related to behavioral health plans, with a unified aim of advancing quality and equity. Key focus areas for process alignment, enhancement, and development include:

- Data infrastructure concerning quality performance measures and behavioral health quality improvement initiatives.
- Care coordination associated with behavioral health quality improvement initiatives

DATA

N/A

RESULTS

The goal to establish a Quality Improvement Workgroup with Managed Care Plans (MCPs) to foster collaboration, promote health equity, and reduce disparities within behavioral health was met. The workgroup meets monthly, focusing primarily on assessing and discussing quality performance initiatives and metrics pertinent to behavioral health plans, all with a shared commitment to improving quality and equity.



GOAL 5

Establish data infrastructure with the new transition to SmartCare for BHS state-defined performance measures to support consistent monitoring of contractor provider standards.

METHODS

The Data Science team-initiated improvements to the Power BI Dashboard by aligning SmartCare extracts with state-defined performance metrics. This project included the integration of claims data into the SmartCare system and the development of SmartCare data workflows, which involved utilizing system features to flag encounters, thereby supporting compliance with state regulations and ensuring consistent monitoring of contractor provider standards.

The Management Information Systems team initiated the development of a provider-level Timeliness Data Entry (TDAT) report, essential for evaluating how promptly providers enter data in SmartCare.

DATA

N/A

RESULTS

This goal has been met. The Data Science team-initiated enhancements to the Power BI Dashboard by aligning SmartCare extracts with state-defined performance metrics for behavioral health services. Also, the Management Information Systems initiated the development of a provider-level Timeliness Data Entry (TDAT) report to assess data entry promptness by providers.

