FY 2023-24

Quality Improvement Program Work Plan

County of San Diego

Behavioral Health Services

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INTRODUCTION

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

The goals of the BHS 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 BHS' mission statement, and these guiding principles.

BHS Guiding Principles:

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

> **County of San Diego Behavioral Health Services Mission Statement:**
>
> To help ensure safe, mentally healthy, addiction-free communities.
>
> In partnership with our communities, work to make people's lives safe, healthy, and self-sufficient by providing quality behavioral health services.
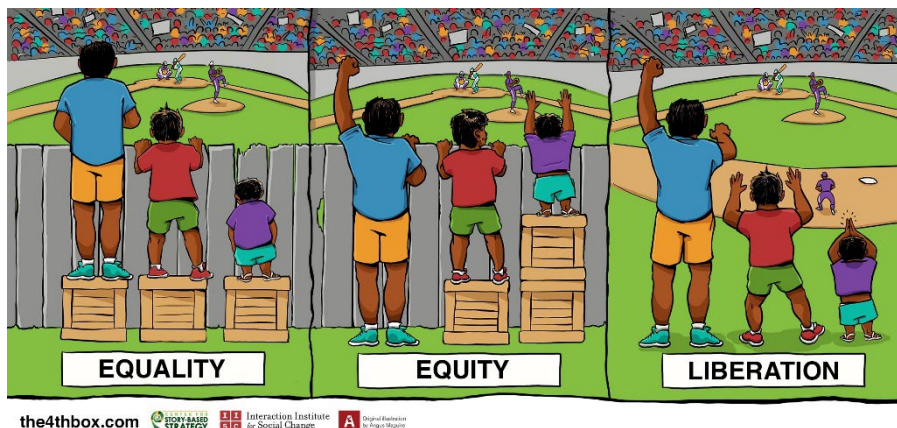
QUALITY IMPROVEMENT (QI)

QI Purpose

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

QI delineates the structures and processes that 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.


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Quality Improvement Program

Over the past fiscal year, BHS 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:
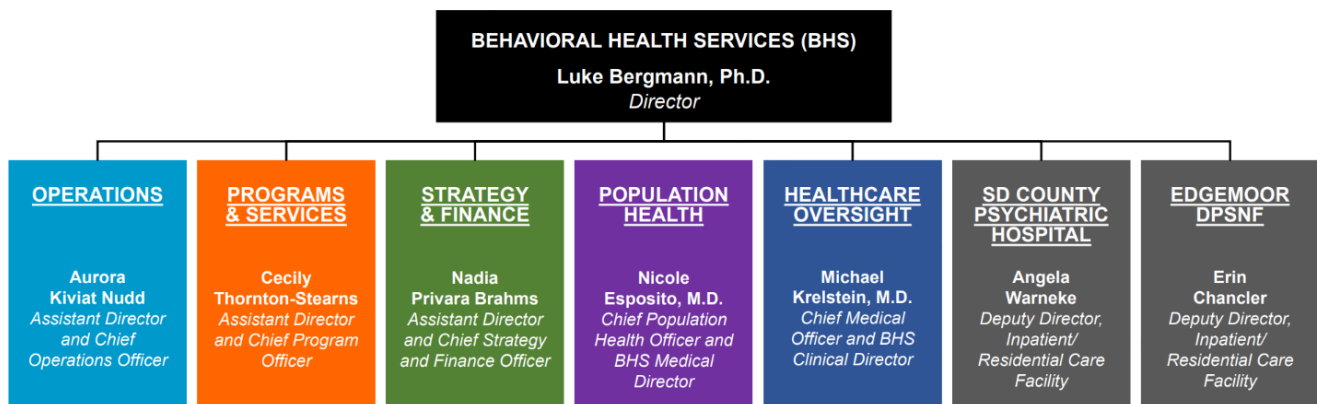
QI Program Structure

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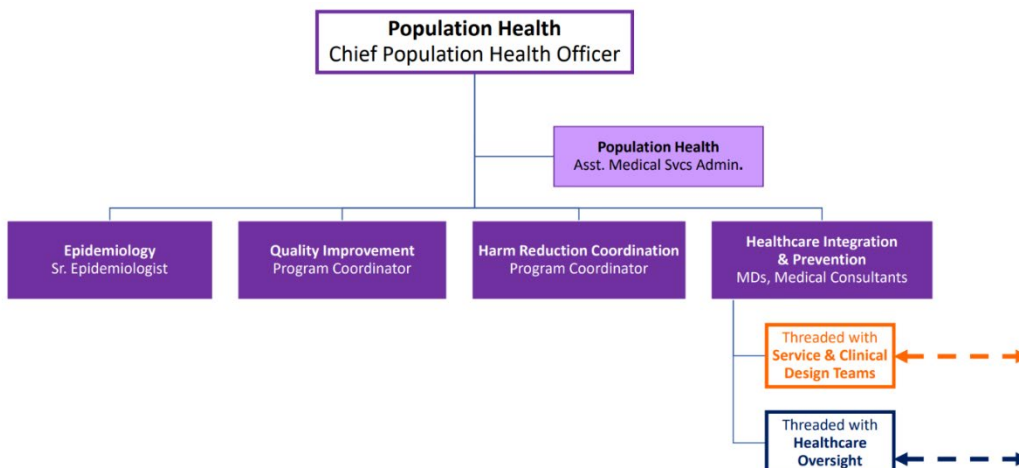
Data Science: A centralized data hub to support rapid-response evidence-based decision making and inform program, clinical, and operations strategies; provide oversight in relation to key Data Governance components. Data Science consists of the following units:

- **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 BHS 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 BHS consumer management information system users, including but not limited to service providers, administrative and support staff, and BHS 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 BHS created the Health Plan Administration (HPA) team as part of the BHS Operations division. The HPA team is tasked with both existing and emerging bodies of work related to the Specialty Mental Health Plan and Drug Medi-Cal Organized Delivery System. This includes planning, developing, organizing, and coordinating various BHS tactical policies, processes, and controls to comply with federal and state regulations, mandates, and guidance.

Program and Services: The largest unit in BHS, 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.

Reorganization Phase 5: P&S

Team Blue		Team Green	Team Gray	Team Peach
Dr. Piedad Garcia, Deputy Director	Dr. Brenda Sarabia, Acting Deputy Director	Cara Evans Murray, Deputy Director	Yael Koenig, Deputy Director	Charity White, Deputy Director
Crisis, ACT, Care Coordination and Case Management	Housing & Homelessness	Outpatient 1	Outpatient 2	Residential, Inpatient, Long Term Care
		Prevention and Support Services	Juvenile Forensic Services	Public Conservator and CARE

While the responsibility is now shared among these various teams, the collective purpose of the BHS 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.
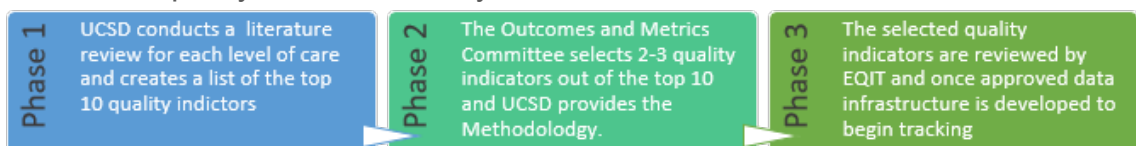
The following are essential elements of the QI structure:

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

Phase 1	Phase 2	Phase 3
UCSD conducts a literature review for each level of care and creates a list of the top 10 quality indictors	The Outcomes and Metrics Committee selects 2-3 quality indicators out of the top 10 and UCSD provides the Methodolodgy.	The selected quality indicators are reviewed by EQIT and once approved data infrastructure is developed to begin tracking

- **Quality Review Committee (QRC)**

  The QI organizes the QRC, which is a standing body charged with the responsibility to provide recommendations regarding the quality improvement activities for mental health and substance use disorder systems, and the QIWP. The QRC meets at least quarterly, and the members are 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 BHS 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 2023-24:

- 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 BHS will continue its work on five Performance Improvement Projects (PIPs) focused on:

1. **Telehealth Performance Improvement Project** (Mental Health)

Feedback directly from older adult consumers revealed that older adult's reluctance or inability to access telehealth services was due to technology issues such as lack of information, frustration with technology, and suspicion/lack of trust of technology. The Telehealth PIP goal was focused on increasing access and utilization of telehealth services for the refugee, Filipino and Latino Adult and Older Adult Population. In May 2023, UPAC EMASS and UPAC Positive Solutions successfully provided the training on using telehealth devices to 45 clients (who had recently acquired a telehealth capable device) at 3 different locations. The recorded in-person training, pre-post questionnaires, client tracking sheet and the training Power Points were provided in several language translations (English, Spanish, Arabic, Tagalog) to meet the needs of the population served. The PIP evaluation team is currently analyzing the data and developing a summary of the results and UPAC EMASS agreed to do another training later this year.

2. **Therapeutic Support for LGBTQ+ Youth Performance Improvement Project** (Mental Health)

This PIP focuses on increasing therapeutic support for youth and young adults who identify as sexual and gender minorities through group/family therapy. On March 2, 2023, Responsive Integrated Health Solutions (RIHS), in partnership with Behavioral Health Services (BHS) and the Child and Adolescent Services Research Center at UC San Diego held a training for providers working in the Children, Youth and Families (CYF) system of care to increase providers' knowledge and skill in providing affirming therapeutic support for youth who identify as LGBTQ+ and are receiving services across the San Diego County system of care. Approximately 170 providers attended the training. The It's Up to Us LGBTQ+ resource pages were updated to include additional LGBTQ+ resources in a more user-friendly format. These resources can be found on the *It's Up to Us Webpage.*
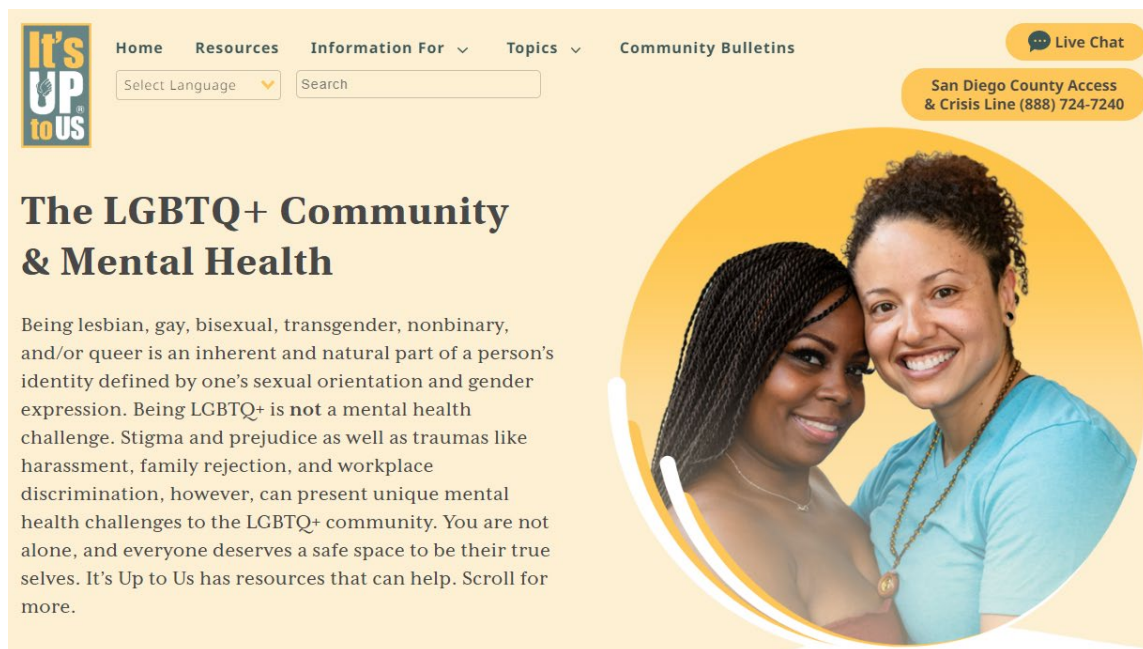
The updated *It's Up to Us* LGBTQ+ resource page has been active since October 2022, and it has increased page views by 300% when compared to the previous year.

The Spring 2023 Youth Services Survey results will be utilized to examine if the PIP interventions have made an impact in the quality of care provided to LGBTQ+ youth and young adults. The Spring Youth Services Survey data is under analysis. Some results include:

- **54.6%** reported providers asked about their sexual orientation.
- **63.1%** reported providers asked about their gender identity.

- **45.2%** reported providers talked about challenges they may face because of their LGBTQ+ identity.
- **45.1%** reported providers shared LGBTQ+-specific resources.
- **Significant increase** in the mean scores of: "Overall, I am satisfied with the services I received."

3. CalAIM Behavioral Health Quality Improvement Project FUM/BHQIP (Mental Health)

This project aims to increase the percentage of emergency department (ED) visit follow-up appointments within 7 and 30 days for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, by 5% from the baseline.

4. CalAIM Behavioral Health Quality Improvement Project FUA/BHQIP (DMC-ODS)

The goal is to increase the percentage of emergency department follow-up visits within 7 and 30 days for members 13 years of age and older with a principal diagnosis of substance use disorder (SUD) or any diagnosis of unintentional drug overdose, by 5% from the baseline.

The BHQIPs FUM/FUA were part of integrated approach. In August 2023, UC San Diego Health Services Research Center (HSRC) worked with the County of San Diego's Behavioral Health Services (BHS) Communication & Engagement Team to develop a resource card to be given to individuals in the emergency department. The purpose of the card is 1) to disseminate information about two specific BHS resources for BH treatment: NAMI PeerLINKS and the Access and Crisis Line (ACL), 2) to provide resources to patients seen in the emergency department for a mental health primary diagnosis if a PeerLINKS staff member is unavailable, and 3) to provide these resources to patients seen who are not interested in receiving a referral for navigation services at the time of their emergency department visit, but may be in a better situation to reach out later. The content was finalized in August 2023.

BHS has established a monthly transfer of claims data from DHCS. This data will be a valuable source for monitoring trends in the County. The CalAIM Behavioral Health Quality Improvement Program (BHQIP) evaluation team has discussed data exchange flow between PeerLINKS and the UCSD EDs (tracked by PeerLINKS staff following a referral form from the EDs), feedback to the ED providers on outcomes and data exchange between MCP's and the UCSD EDs. The latter two have not yet occurred. A major barrier is SUD client data sharing (42 CFR Part 2), but the county is working on better understanding how to meet these requirements for the BHQIP. HSRC designed a tracking log for PeerLINKS to be used when referrals are received from the UC San Diego emergency departments. The tracker will document all referrals received and their outcomes so that this data can be reported for the PIP.

San Diego County has been engaged in collaboration with three MCP's since February 2023. The plans involved are Community Health Group (CHG), Molina and Kaiser (MCPs). There have been two large group meetings with representatives from BHS and at least one representative from each of the MCPs, and multiple smaller meetings to focus the discussion of current practices by MCP. The conversations primarily centered around timeliness of data received by the MCP, and the feasibility of implementing a long-term data exchange platform using a secure connection. An identified need was to have a workflow of how MCPs would securely receive data from EDs in a timelier manner and how MCPs would send confirmation back to ED providers that a patient received county services. The county has not exchanged data with the collaborating MCPs due to barriers with SUD client data sharing defined in 42 CFR Part 2. Next steps include confirming baseline rates, reviewing emergency department pilot site, finalizing FUA intervention implementation plan, distributing resource cards, re-engaging managed care plans (MCPs) and sending data request for data exchange pilot intervention.

5. **Substance Use- CalAIM POD Performance Improvement Project/BHQIP** (DMC-ODS)

The aim is to increase the percentage of individuals with an Opioid Use Disorder (OUD) use of pharmacotherapy treatment events for at least 180 days (6 months) by 5% among members aged 16 and older. In November 2022, a client supplemental survey was conducted, and the feedback was reviewed. Clients reported not enough information was known about the MAT (Medication-Assisted Treatment) program and therefore they did not think it would be helpful. This made it clear that more client education was needed on the MAT program and its benefits. In February 2023, the County received the claims data about clients who have been seen for substance use disorder services but were not in a MAT program. An educational pamphlet on opioid use disorder for new Medication-Assisted Treatment (MAT) clients was submitted to the San Diego County Behavioral Health Services Communication and Engagement Team for approval in early September. All three Opioid Treatment Program providers who provided feedback on the pamphlet agreed to be pilot sites. Currently pilot sites are utilizing the Consumer Facing Resource, which provides patient friendly information on MAT, from the California MAT Expansion Project. When approved, the MAT educational pamphlet will be provided to clients together with the resource from the California MAT Expansion Project. The next steps also include creating an intervention implementation protocol and tracking log and monitoring dissemination of California MAT Expansion Project handouts.

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

QI Process

BHS has adopted a continuous quality improvement process that threads multiple levels of coordination through an iterative Plan-Do-Study-Act (PDSA) problem-solving model. The PDSA cycle is ongoing, with different levels of the organization becoming more efficient as the model is intuitively adopted into program planning.

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

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 BHS

BHS 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, 37% are Hispanic, and approximately 21.5% of the county's population are immigrants, including refugees, and speak 68 languages *(Cultural Competency Plan FY 2023-24)*.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. Additionally, the county has partnered with the *Cultural Competency Academy (CCA)* for a 6-month cultural training designed to provide awareness, knowledge, and skill-based training to focus on cultural connection and provide culturally meaningful services.

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. BHS receives the Optum Access and Crisis Line Summary Statistics Report monthly where services are regularly monitored. In FY 2022-2023, a total of 86,242 Mental Health and DMC-ODS (SUD) calls were received by the ACL, with the average responsive time ranging between 15-27 seconds.

Looking for mental health or substance use services for you or a loved one?

CALL THE
ACCESS & CRISIS LINE (ACL)*
1-888-724-7240
Available 24/7

LIVE CHAT
Available Mon-Fri
(4pm-10pm)

Dial 7-1-1 (TTY)

Ensuring Access to Behavioral Health Services

BHS 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. BHS 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 BHS System of Care and stakeholder thru system-wide meetings and councils.

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 BHS 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 BHS 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 BHS will evaluate for FY 2023-24.

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

BHS shall evaluate the QIWP annually in order to ensure that it is effective and remains current with overall goals and objectives. This evaluation will be the Annual QIWP Evaluation. The assessment will include

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.

a summary of completed and in-process quality improvement activities, the impact of these processes, and the identified need for any process revisions and modifications.

Target Objectives for the QIWP

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

MENTAL HEALTH SERVICES GOALS

Domains	#	Goals	Data/Indicators	Planned Activities
ACCESS	1	BHS will increase the penetration rate for the Latino/Hispanic population so that it is comparable (3.06%) to other large California counties for their Mental Health Plan (MHP)	Annual MH EQRO report. Current baseline for MHP is 2.42%, for the larger county is 3.06%, and for the state is 3.51%.	Set up quarterly meetings with the BHS Communication and Engagement team to collaborate efforts on increased awareness campaigning for the Latino/Hispanic population. Utilize the Service Planning Tool to identify geographic areas with the densest Latino population. Review and analyze utilization data to better understand trends, patterns, and variance by race/ethnicity of Latino/Hispanic individuals in behavioral health services. Participate 1-2x in the Regional Leadership Meetings Conduct listening groups that focus on the needs of the Latino/Hispanic communities. Conduct Latino focus training as part of the Cultural Competence Academy (CCA).

Domains	#	Goals	Data/Indicators	Planned Activities
	2	Begin construction of a new East Region Crisis Stabilization Unit to increase the number of crisis stabilization recliners in the east county.	12-16 recliners placed in the East Region Crisis Stabilization Unit.	Construction of East Region Crisis Stabilization Unit is estimated to begin spring 2024 and it is anticipated to be completed in a year.
TIMELINESS	3	Increase the percent of appointments that met the timely access standard for first non-urgent outpatient service rendered by 5% compared to FY 2022-2023.	MH EQRO report Numerator: number of first non-urgent outpatient service appointment completed within the access standard Denominator: total number of all first non-urgent outpatient service appointments offered. EQRO current baseline: 52.3%.	Develop data infrastructure to track first rendered service rates that meet the standard and provide data to providers for program level QI
	4	Implement a QI process to increase the Access to Services Journal (ASJ) data entries from a current baseline of 61% for all MH programs in FY 2022-23 to 70% in FY 2023-24.	ASJ entries; Numerator, number of ASJ entries; Denominator, total number of new clients opened.	Set a timeliness standard for data entry of 3 business days for the MHP Develop a provider training for the ASJ FAQs As CORS monitor ASJ entries, provide ASJ entry data to programs monthly, offer support for providers not entering consistently.
QUALITY/ EFFECTIVENESS OF CARE	5	Establish baseline performance for the transition of care tool connection rate between the Managed Care Plans (MCPs) and the Mental Health Plan (MHP) in FY 2023-24.	Transition of Care Tool.	Develop data infrastructure and a tracking mechanism for care coordination utilizing the transition of care tool.

Domains	#	Goals	Data/Indicators	Planned Activities
	6	Establish a training to promote standardization for technical assistance to providers by enhancing COR knowledge on cultural competence and advancing equity.	Provide a series of 4 Cultural Competence (CC) trainings to CORs.	Topics include: 1) High Level Cultural Competency at BHS: Technical Resource Library, Cultural Competency Plan/Handbook, CCRT, CEP 2) Monitoring Cultural Competency: CC Assessment Tools and Results, LE CC Plans, CLAS 3) CEP Overview/Deep Dive (UCSD): CEP Dashboard, BHEI, Service Planning Tool 4) Data/Reports (Data Science): PowerBI
CONSUMER REPORTED OUTCOMES	7	A minimum of 90% of participants receiving mental health treatment services will report that staff were sensitive to their cultural background (race/ethnicity, religion, language, etc.) per the Consumer Satisfaction Survey.	Annual Consumer Satisfaction Survey (CSS) #18 As reported by the Consumer Satisfaction Survey (May 2022), 87.6% of individuals felt staff were sensitive to their cultural background.	Ensure all programs have necessary documents in the six threshold languages. 100% of BHS and contracted staff will complete 4 hours of cultural competency training as required in FY 2023-24. Educate CORs to provide consistent technical assistance to programs.
	8	A minimum of 62% of participants receiving mental health treatment services will report that as a direct result of services, they do better in school/work per the Consumer Satisfaction Survey.	Annual Consumer Satisfaction Survey (CSS) #26. As reported by the Consumer Satisfaction Survey (May 2022), 58.9% of individuals reported that as a direct result of the services they received, they do better in school/work.	Engagement training for staff to explore implementing school/work goals focused on overcoming barriers to school/work performance.

SUBSTANCE USE DISORDER SERVICES GOALS

Domains	#	Goals	Indicators	Planned Activities
ACCESS	1	Decrease the rate of no shows to first scheduled appointment for outpatient level of care by 5% when compared to FY 2022-23.	Workgroup to address the no show rates for initial appointments starting October 2023. Numerator, number of no show first scheduled appointment for outpatient care; Denominator, number of attended first scheduled appointment for outpatient care. Current baseline is 46% (EQRO FY 2022-23, pg. 28)	Ensure CORs know how to provide data to programs for improved monitoring.
	2	Increase the number of Justice involved individuals connected to care in the DMC-ODS system by 5% in FY 2023-24.	Current baseline per the Justice Involved Population Report for FY 2022-23 is 48%.	Establish a baseline of individuals being referred to the MAT Care Coordination team in order to increase rate of connection to care.
	3	Begin construction for the new Recovery Bridge Center, which will include sobering services and outpatient substance use disorder services for the east county region.	The Recovery Bridge Center located within the same facility as the East Region Crisis Stabilization Unit. 15 cots placed in the Recovery Bridge Center. Sobering services available only for inebriated/ intoxicated individuals referred by health, safety, or law enforcement personnel. Outpatient substance use treatment	The construction of the Recovery Bridge Center is expected to begin in early 2024. The Recovery Bridge Center is expected to open in 2025.

Domains	#	Goals	Indicators	Planned Activities
			services available via referral from the East Region Crisis Stabilization Unit and sobering service, other local providers, or by self-referral	
TIMELINESS	4	Increase the percent that met the standard for follow up services post residential treatment within 7 days.	Numerator, number of attended follow-up services post residential treatment within 7 days: Denominator, number of discharges from residential treatment. Current baseline is 17.16% (EQRO FY 2022-23, pg. 32)	Present data at stakeholder meetings for review of data integrity/standards, feedback on root causes, and intervention planning in SUD EQRO workgroup
QUALITY/ EFFECTIVENESS OF CARE	5	Establish baseline performance for Overdoses tracked through Serious Incident Reports (SIRs) and develop a training toolkit to promote standardization for technical assistance to providers by enhancing COR knowledge of overdose trends and best practices.	Establish baseline performance and data infrastructure to track overdoses through PowerBI at the program level.	Develop an Overdose Dashboard. Develop a training toolkit for CORS and response intervention based on program risk.
	6	Establish a process to monitor and establish baseline performance of the coordination of physical and mental health services at the DMC-ODS provider level.	Medical Record Review tool Establish baseline performance	The MRR Tool will be utilized to evaluate coordination of care during the fiscal year. QA will support the program through TA and will provide evidence of efforts made to improve coordination of care.
	7	Establish a training to promote standardization for technical assistance to providers by enhancing COR knowledge on	Provide a series of 4 Cultural Competence (CC) trainings to CORs.	Topics include: 1) High Level Cultural Competency at BHS: Technical Resource Library, Cultural Competency Plan/Handbook, CCRT, CEP 2) Monitoring Cultural

Domains	#	Goals	Indicators	Planned Activities
		cultural competence and advancing equity.		Competency: CC Assessment Tools and Results, LE CC Plans, CLAS 3) CEP Overview/Deep Dive (UCSD): CEP Dashboard, BHEI, Service Planning Tool 4) Data/Reports (Data Science): PowerBI
CONSUMER REPORTED OUTCOMES	8	A minimum of 90% of participants receiving substance use treatment services will report that staff were sensitive to their cultural background (race/ethnicity, religion, language, etc.) per the Treatment Perception Survey (TPS).	Annual Treatment Perception (TPS) survey #7 As reported by the Treatment Perception Survey (TPS) (October 2022), 87.6% of individuals felt staff were sensitive to their cultural background.	Ensure all programs have necessary documents in the nine threshold languages. Use the Service Planning Tool to gain a better understanding of demographics and services available based on community needs. Mandatory 4 hour cultural competency training for county and contracted employees. Educate CORs to provide consistent technical assistance to programs.
	9	A minimum of 85% of participants receiving substance use treatment services will report that staff worked directly with their physical health care providers to support their wellness, per the Treatment Perception Survey (TPS).	Annual Treatment Perception (TPS) survey #1. As reported by the Treatment Perception Survey (TPS) (October 2022), 81.4% of individuals felt staff worked with their physical health care providers to support their wellness.	Engagement training for staff to explore ways to overcome barriers connecting with patient/clients' physical healthcare providers during treatment.

QUALITY DATA INFRASTRUCTURE GOALS

Domains	#	Goals	Data/Indicators	Planned Activities
QUALITY DATA INFRASTRUCTURE	1	BHS will collaborate with stakeholders to solicit input regarding the rollout of the new EHR and will present monthly updates to providers on the EHR implementation.	Meetings held throughout FY 2023-24	The Mental Health Plan is undertaking a swift and robust plan to implement a new EHR by Fall 2024. Pre-implementation activities are underway with focus on data migration of legacy system data and training strategy. EHR Project Team leads have regular touchpoints with subject matter experts from a disparate and representative group of providers and plan to expand on these in CY 2024 as go-live approaches.
	2	Establish a data infrastructure to report on DHCS required HEDIS measures within FY 2023-24.	2022 DHCS Comprehensive Quality Strategy CalAIM CALMHSA Boilerplate Welfare and Institutions Code 14717.5	2x monthly workgroup with EPI, Data Sciences, and NQP to establish the methodology and framework for tracking/reporting on the required HEDIS measures Develop a PowerBI Dashboard
	3	Develop baseline data of urgent service requests for withdrawal management services tracked by the Access and Crisis Line (ACL).	Collect data from the Optum Access & Crisis Line Summary Statistics Report to develop baseline data for urgent services.	Analyze the data in the Optum Access & Crisis Line Statistics Report for Withdrawal Management by count and percentage. (FY 2022-23 10.89% of SUD calls did not result in a warm transfer due to urgent need for Withdrawal Management referral) Begin planning pilot program of tracking access times for urgent service requests for WM.

Domains	#	Goals	Data/Indicators	Planned Activities
	4	Establish data infrastructure for EQRO metrics ensuring COR access to support consistency with contractor provider standards.	EQRO performance metrics	Work with Data Science to establish a dashboard for EQRO timeliness/access metrics. Provide training to CORs to ensure data access.