County of San Diego

Behavioral Health Services

FY 2025-26

Quality Improvement Program & Work Plan

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INTRODUCTION

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

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

SDCBHS Guiding Principles:

- To foster continuous improvement to maximize efficiency and effectiveness of services.

- To support activities designed to reduce stigma and raise awareness surrounding mental health and substance use disorder.

- To maintain fiscal integrity.

- To ensure services are:

    o   Outcome driven

    o   Culturally competent

    o   Recovery and client/family centered

    o   Innovative and creative

    o   Trauma-informed

- To assist County employees to reach their full potential.

County of San Diego Behavioral Health Services Mission Statement:

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

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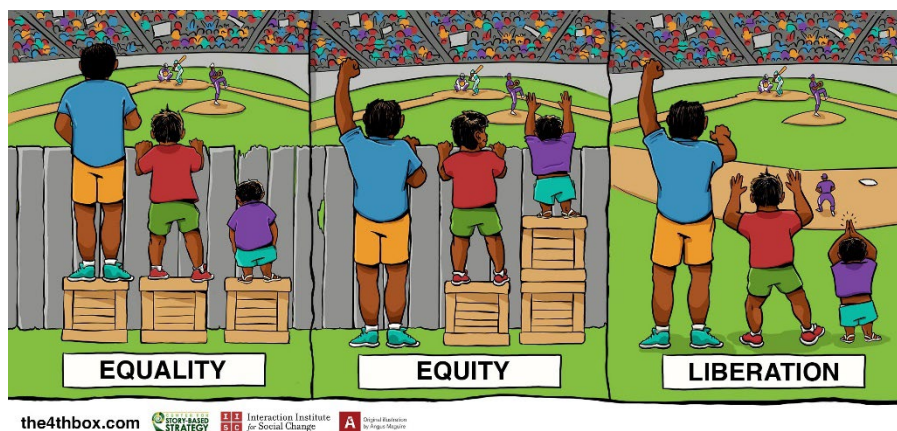
QUALITY IMPROVEMENT (QI)

QI Purpose

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

QI delineates the structures and processes that are used to monitor and evaluate the quality of mental health and substance use disorder services provided to members. QI encompasses the efforts of persons with lived experience, behavioral health advocates, family members of members 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.
- Member 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.

EQUALITY EQUITY LIBERATION

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Quality Improvement Program

Over the past few years, SDCBHS has undergone additional reorganization. Part of the reorganization was the restructuring of the QI Program. To ensure a more comprehensive approach, multiple teams now have responsibility for enhancing quality improvement. The new structure consists of collaboration from the following departments:
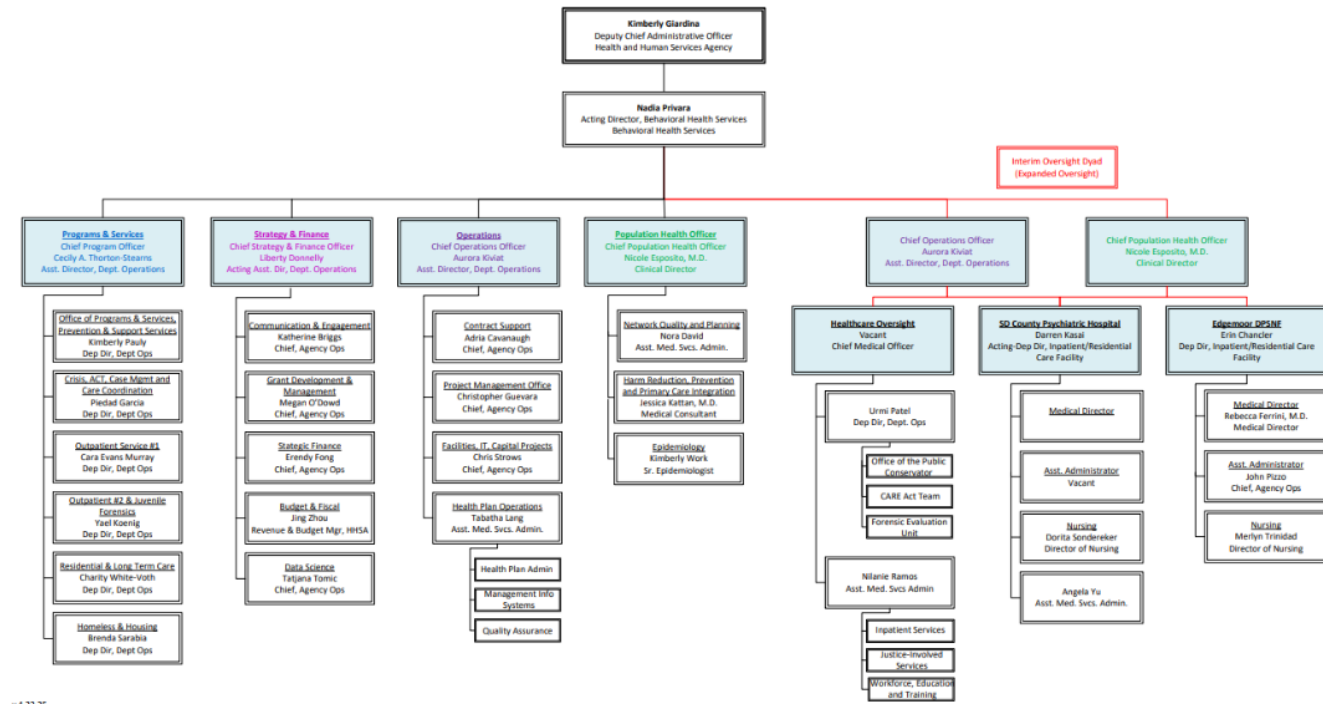
Recent state-level behavioral health policy changes have driven efforts to enhance service delivery by streamlining and integrating care across the continuum for vulnerable populations. These efforts are informed by population needs and emphasize equity and cultural responsiveness.

Proposition 1 significantly amends MHSA and renames the law as the Behavioral Health Services Act (BHSA). BHSA structurally reforms MHSA and reconfigures funding for local services and state initiatives to increase behavioral health care capacity for vulnerable populations, including individuals with substance use disorder (SUD). In addition to the allowance of treatment for SUD, BHSA invests resources for housing interventions to address chronic homelessness, support for the behavioral health workforce, and expands prevention and early intervention efforts, such as pilot programs for diverse populations. Lastly, BHSA revises local county processes for Community Program Planning (CPP) and reporting for improved accountability and transparency.

The Centers for Medicare & Medicaid Services (CMS) approved the BH-CONNECT demonstration which establishes a robust continuum of evidence-based community services for people with significant behavioral health needs. By expanding community-based services and integrating evidence-based practices (EBPs), BH-CONNECT aims to reduce costly emergency department visits, hospitalizations, and institutional stays, including within carceral settings. This initiative will help Medi-Cal members with significant behavioral health needs, including children

and youth involved in child welfare, individuals and families experiencing or at risk of homelessness, and people involved in the justice system. BH-CONNECT also includes incentives for Counties which includes a $1.9 billion Access, Reform, and Outcomes Incentive Program to reward county behavioral health plans for improving access, reducing disparities, and strengthening behavioral health quality improvement. These new changes are impacting quality improvement work within SDCBHS.

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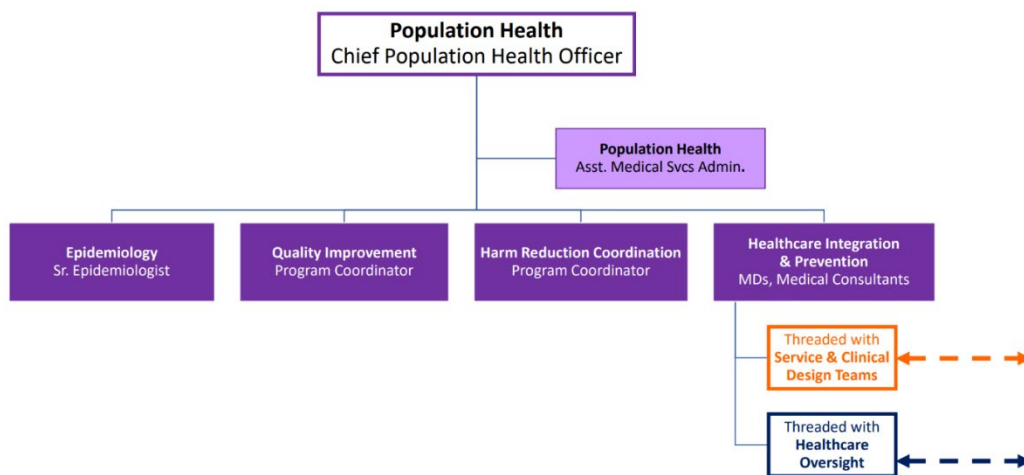
Data Science: A centralized data hub to support rapid-response evidence-based decision making and inform program, clinical, and operations strategies; provide oversight in relation to key Data Governance components. Data Science consists of the following units:

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

Quality Assurance (QA): The QA team is another component of the QI program and is comprised of Utilization Review Quality Improvement Specialists—licensed clinicians—who conduct Medi-Cal site certifications, grievance, appeal and state fair hearings oversite, medical record reviews, audits, trainings, and other quality improvement functions for both County-operated and County-contracted programs. The team includes analyst support to develop reports used to track data trends with a focus on quality improvement activities. Through monitoring conducted by the QA team, appropriate and timely intervention of occurrences that raise quality of care concerns are implemented. Appropriate follow-up action steps are taken when these quality concerns arise and the results of the interventions taken are evaluated annually at a minimum.

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

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

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

Cara Evans Murray, MFT Deputy Director	Dr. Piedad Garcia Deputy Director	Yael Koenig, LCSW Deputy Director	Kimberly Pauly, LPCC Deputy Director	Dr. Brenda Sarabia Deputy Director	Charity White, LCSW Deputy Director
Outpatient 1	Crisis and Case Management	Juvenile Forensic Services —— Outpatient 2	Prevention and Support Services —— Office of Programs and Services	Housing and Homelessness	Residential, Children's Inpatient, and Long-Term Care

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

The following are essential elements of the QI structure:

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

- **Outcomes and Metrics Committee (OMC)**
  The Outcomes and Metrics Committee (OMC), established in 2022, evaluates the effectiveness of programs and services within San Diego County Behavioral Health Services (SDCBHS). One of the OMC's primary objectives is to establish performance indicators that assess the quality of services provided within the mental health (MH) and substance use disorder (SUD) systems of care. By identifying and selecting key performance indicators at each level of care, the committee aims to spotlight areas for increased efficiency and quality improvement.

OMC Completed/Current Phases:

In Phase 1: *Initial Assessment*, a comprehensive review was conducted for each level of care (LOC) within both the MH and SUD systems. Subject Matter Experts (SMEs) were engaged to gather valuable insights and feedback. This phase ensured the continuity of services across the MH and SUD programs.

In Phase 2: *Development of Performance Indicators*, key performance indicators were established to measure the quality and effectiveness of services. The focus was on metrics that highlighted areas for potential efficiency improvements. During this phase, the BH Connect initiative was launched as a statewide incentive opportunity. BH Connect was designed to enhance access to care for individuals with complex needs, aligning with OMC's intention to improve care coordination and communication across behavioral health services. Thus, many of the BH Connect indicators were incorporated into the development of performance indicators selected by OMC. Evidence-based research outcomes and SME feedback also guided the selection of these indicators. Baseline data for all selected indicators was obtained, and approval from EQIT is currently in progress.

OMC Future Phases

In Phase 3: Implementation and Monitoring, the identified indicators will be implemented across the systems of care. Processes will be developed for ongoing monitoring and evaluation of performance data, with regular reviews to assess progress and adjust as needed.

Moving to Phase 4: Continuous Improvement, the collected data will be analyzed to identify trends and areas requiring enhancement. Stakeholders will be engaged to discuss the findings and collaborate on strategies for improvements. Additionally, efforts will be made to foster a culture of continuous improvement within SDCBHS.

Quality Review Committee (QRC)

The Population Health Network Quality and Planning (NQP) team organizes the QRC, which is a standing body charged with the responsibility to provide recommendations regarding the quality improvement activities for mental health and substance use disorder systems, and the QIWP. The QRC meets quarterly, and the members are persons with lived experience and family members, as well as stakeholders, from the behavioral health communities across all regions. The QRC provides recommendations and guidance to SDCBHS on developing the annual QIWP, including identification of additional methods for including members 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 2025-26:

- Review reports and identify areas for improvement
- Examine EQRO, BHSA, and BH Connect metric requirements and consider strategies to address areas with the highest level of impact
- Continue to conduct root cause analysis and propose interventions for quality improvement activities

Performance Improvement Projects

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

PIP #1:	
TOPIC:	MH Non-clinical PIP: Improve timely access from first contact from any referral source to first offered appointment for any specialty mental health service (SMHS)
AIM STATEMENT:	This project aims to increase the timeliness to first non-urgent mental health service to a minimum of 80%.
INTERVENTION/PLANS:	Established access workgroups for both Child/Youth programs and Adult programs. Currently examining data of programs with high access times to establish intervention. Planned PDSA with CY high access time program as pilot.
LEARNINGS:	TBD

PIP #2:	
TOPIC:	MH Clinical PIP: Follow-Up After Emergency Department Visit for Mental Illness (FUM)
AIM STATEMENT:	This project aims to increase by 5% the percent of adult, Medi-Cal-eligible clients from pilot EDs receiving navigation support services within 30 days after an ED visit.
INTERVENTION/PLANS:	Reviewing data, discussing data sharing with HPs, SD Relay for involuntary MH holds, review previous interventions from BHQIPs (NAMI Peers)
LEARNINGS:	TBD

PIP #3:	
TOPIC:	SUD Non-clinical PIP: Peer Increase the percentage of members who receive at least one Peer Support Service
AIM STATEMENT:	This project aims to increase by 5% the percentage of members who receive at least one Peer Support service.
INTERVENTION/PLANS:	Reviewing data on number of Peers in SUD programs by LOC, expansion of peers in programs (SD Relay, Drug Checking, OTPs)
LEARNINGS:	TBD

PIP #4:	
TOPIC:	SUD Clinical PIP: Follow-Up After Emergency Department Visit for Substance Use (FUA)
AIM STATEMENT:	This project aims to increase by 5% the percent of adult, Medi-Cal-eligible clients from pilot EDs receiving navigation support services within 30 days after an ED visit.
INTERVENTION/PLANS:	Reviewing data, discussing data sharing with HPs, establishing SD Relay for primary intervention, presentation at February's Hospital Partner's meeting on SD Relay
LEARNINGS:	TBD

QI Committee and Workgroup Diagram

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

QI Process

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

This model encompasses a systematic series of activities, organization-wide, which focus on improving the quality of identified key systems, service, and administrative functions. The overall objective of the quality improvement process is to ensure that quality is built, measured consistently, interpreted, and articulated into the performance of the SDCBHS functions. The quality improvement process is incorporated internally into all service areas of SDCBHS. It is applied when examining the care and services delivered by the SDCBHS network of providers, programs, facilities, and the Administrative Service Organization.

Member and Family Involvement in QI

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

Members, 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, member 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.

Member Grievance and Appeals

San Diego County Behavioral Health Services is committed to honoring the rights of every member to have access to a fair, impartial, effective process through which the member 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 Member and Appeal Process. The MHP has delegated the roles and responsibilities of managing the grievance and appeal resolution process for members 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 members to access without the need for request. Each provider site shall have posters, brochures, and grievance/appeal forms in threshold languages, and stamped, self-addressed envelopes available to members. These materials shall be displayed in a prominent public place. Members
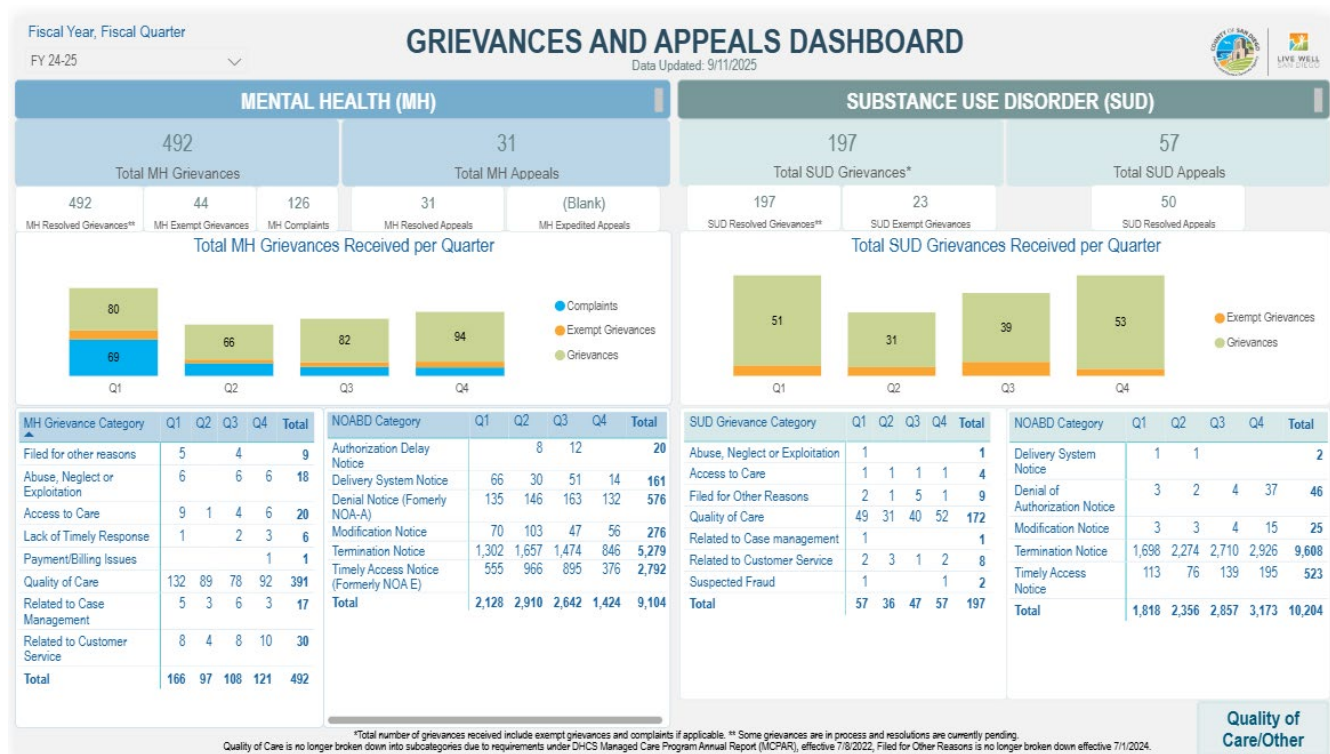
shall not be subject to any discrimination, penalty, sanction, or restriction for filing a grievance/appeal.

Monitoring the Member Grievance and Appeal Resolution Process

The MHP, operating from a shared concern with providers about improving the quality of care and experience of members, will monitor feedback from the grievance/appeal process to identify potential deficiencies and take actions for continuous improvement. Data is collected, analyzed and shared with the SDCBHS System of Care and stakeholder through system-wide meetings and councils. Below is an example of the Grievance and Appeals Dashboard data for FY 2024-25.

GRIEVANCES AND APPEALS DASHBOARD

Fiscal Year, Fiscal Quarter: FY 24-25

Data Updated: 9/11/2025

MENTAL HEALTH (MH)

492	31
Total MH Grievances	Total MH Appeals

492	44	126	31	(Blank)
MH Resolved Grievances**	MH Exempt Grievances	MH Complaints	MH Resolved Appeals	MH Expedited Appeals

Total MH Grievances Received per Quarter

- Complaints
- Exempt Grievances
- Grievances

Q1: 80 / 69, Q2: 66, Q3: 82, Q4: 94

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	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

NOABD Category	Q1	Q2	Q3	Q4	Total
Authorization Delay Notice			8	12	20
Delivery System Notice	66	30	51	14	161
Denial Notice (Formerly NOA-A)	135	146	163	132	576
Modification Notice	70	103	47	56	276
Termination Notice	1,302	1,657	1,474	846	5,279
Timely Access Notice (Formerly NOA E)	555	966	895	376	2,792
Total	2,128	2,910	2,642	1,424	9,104

SUBSTANCE USE DISORDER (SUD)

197	57
Total SUD Grievances*	Total SUD Appeals

197	23	50
SUD Resolved Grievances**	SUD Exempt Grievances	SUD Resolved Appeals

Total SUD Grievances Received per Quarter

- Exempt Grievances
- Grievances

Q1: 51, Q2: 31, Q3: 39, Q4: 53

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

NOABD Category	Q1	Q2	Q3	Q4	Total
Delivery System Notice	1	1			2
Denial of Authorization Notice	3	2	4	37	46
Modification Notice	3	3	4	15	25
Termination Notice	1,698	2,274	2,710	2,926	9,608
Timely Access Notice	113	76	139	195	523
Total	1,818	2,356	2,857	3,173	10,204

Quality of Care/Other

*Total number of grievances received include exempt grievances and complaints if applicable. ** Some grievances are in process and resolutions are currently pending.
Quality of Care is no longer broken down into subcategories due to requirements under DHCS Managed Care Program Annual Report (MCPAR), effective 7/8/2022, Filed for Other Reasons is no longer broken down effective 7/1/2024.

State Fair Hearing (SFH)

Members must exhaust the BHP's appeal process prior to requesting a State Hearing. A member has the right to request a State Hearing only after receiving notice that the Plan is upholding an Adverse Benefit Determination. If the Plan fails to adhere to the notice and timing requirements in 42 CFR§438.408, including the BHP's failure to provide a NOABD or a NAR the member is deemed to have exhausted the Plan's appeals process. The member may then initiate a State Hearing. Members may request a State Hearing within 120 calendar days from the date of the NAR which informs the member the Adverse Benefit Decision has been upheld by the Plan.

For Standard Hearings, the BHP shall notify members that the State must reach its decision on the hearing within 90 calendar days of the date of the request for the hearing.

- For Expedited Hearings, the BHP shall notify members that the State must reach its decision on the state fair hearing within three working days of the date of the request for the hearing.

- For Overturned Decisions, the BHP shall authorize or provide the disputed services promptly and as expeditiously as the member's health condition requires, but no later than 72 hours from the date it receives notice reversing the Plan's adverse benefits determination.

Services for Dual Diagnosis Members (Mental Illness and Co-occurring Substance Use Disorders)

San Diego County Adult & Older Adult Behavioral Health, Children, Youth and Families Services and Substance Use Disorders, recognize that clients with a dual diagnosis, a combination of mental illness and substance use, may appear in all parts of the system. These conditions are associated with poor outcomes and higher costs for care. Integrated treatment of co-occurring substance use and mental health diagnosis is recognized evidence-based practice.

Upon intake to a behavioral health program, the presence of substance use by clients shall be assessed. During treatment, substance use is reassessed on an ongoing basis and discussed with the client in terms of its impact on and relationship to the primary mental health disorder. Client Plans shall clearly reflect any services that may be needed to address the co-occurring substance use problems. Progress notes shall meet documentation requirements and must list a mental health diagnosis or problem as the focus of the intervention.

To support the implementation of the Dual Diagnosis Initiative, Behavioral Health Services recommends the development of Dual Diagnosis Capable programs. Programs shall demonstrate the following to be considered dually capable:

- San Diego Charter adoption and implementation
- COMPASS completion
- Action Plan development
- Program Policies
  - Welcoming Policy/Statement
  - BHS Co-occurring Disorders Policy
- Training and supervision of staff in Integrated Treatment Practice Model
- Integrated Screening
- Integrated Clinical Assessment
- Integrated Psychiatric Assessment
- Implementing Stage of Change Interventions
- Measure of client progress as evidence in the client plan and in progress notes (Outcomes: stage of change level, number of relapses, reduction of alcohol/drug use by type, number of months clean and sober, other)

- QA Baseline Monitoring Tool compliance

For additional information on the Dual Diagnosis initiative, please refer to the County of San Diego, Mental Health Services Policy and Procedures Specialty Mental Health Services for Clients with Co-occurring Substance Use No. <u>BHS 01-02-205</u> and the <u>HHSA, Dual Diagnosis Strategic Plan, 2005</u>.

Cultural and Linguistic Competence at SDCBHS

SDCBHS is committed to enhancing service delivery to meet cultural and linguistic competence requirements. San Diego County is the second most populous of California's 58 counties and the fifth largest county in the United States. For county residents under 18, 30.1% are Latinx, and approximately 27.1 of the county's population are immigrants, including refugees, and speak 68 languages *(Cultural Competency Plan FY 2024-25)*.The rich diversity in San Diego County requires consistent efforts to augment service delivery based on community needs. The Organizational Providers Operation Handbook (OPOH) and Substance Use Disorder Provider Operation Handbook (SUDPOH) are service delivery operational manuals that include guidance on providing *Culturally and Linguistically Appropriate Services (CLAS)* Standards, 15 action steps developed by the Health and Human Services Office of Minority Health, intended to inform, and facilitate efforts towards becoming culturally and linguistically sensitive across all levels of a healthcare continuum. All SDCBHS provider's Statements of Work include specific language on the requirements to implement the CLAS Standards. Countywide, staff are required to complete 4 hours of cultural competency training per fiscal year. In FY 2023-24, the program transitioned to the name Cultural Responsiveness Academy. The new training model takes the form of individual day trainings, as the County's current workforce shortages has not allowed for the foundational series model.

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

San Diego Access and Crisis Line

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

The ACL offers behavioral health resources countywide on mental health and substance use from experienced counselors, all trained in crisis intervention, including but not limited to: mental health referrals, suicide prevention, crisis intervention, mobile crisis response services, community resources, and alcohol and substance use support services. Language interpreter

services enable the ACL to assist in over 200 languages within seconds. Staff evaluates the degree of immediate danger and determines the most appropriate intervention.

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

Ensuring Access to Behavioral Health Services

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

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

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

Effectiveness of Managed Care Practices
- Provider Satisfaction
- Provider Denials and Appeals
- Credentialing Committee Actions
- Client Appeals and State Fair Hearings

Coordination with Physical Health and Other Community Services
- MOAs with Healthy San Diego
- Integration with Physical Health Providers
- Integration with Mental Health and/or Substance Use Disorder Providers
- Outcomes Resulting from Improved Integration

QUALITY IMPROVEMENT WORK PLAN (QIWP) DEVELOPMENT

QIWP Goals

The purpose of the SDCBHS QIWP is to establish the framework for evaluating how QI has contributed to meaningful improvement in trauma-informed care and administrative services. SDCBHS priorities have shifted under the new guidance of DHCS and HSAG. Priorities of the QIWP align with the new guidance with areas of focus as Performance Validation Measures (PMV), Network Adequacy Validation Measures (NAV), and Performance Improvement Projects (PIPs).

The QIWP goals define targeted measures by which SDCBHS can objectively evaluate the quality of services, provided to members and families. It defines the specific areas of quality of services, both clinical and administrative, that SDCBHS will evaluate for FY 2025-26.

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

DEVELOPING THE QIWP

The QIWP defines the goals, indicators and/or measures, and planned activities for quality improvement within the domains of Performance Measure Validation (PMV), Network Adequacy Validation (NAV), and Performance Improvement Projects (PIP).

Areas of focus within these 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.

Annual Evaluation of the QIWP

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

Target Objectives for the QIWP

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

Mental Health Services Goals

Domain	#	Goal	Indicators	Planned Activities	Lead for Coordination
Performance Measure Validation (PMV)	1	FUM: Follow-Up After Emergency Department Visit for Mental Illness: Meet the minimum state required MPL or if previously met, increase by 5% the emergency department (ED) visits for members six years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness within 30 days.	Percent of emergency department (ED) visits for members six years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness within 30 days. **MY 2024 Baseline:** 61.79% MY 2024 Benchmark MPL: 53.82%	BHS will join the IHI collaborative project with Blue Shield and Kaiser Permanente to improve population health outcomes for FUM/FUA. BHS will continue collaborating with Managed Care Plans through the Healthy San Diego Behavioral Health Quality Improvement workgroup, prioritizing developing data infrastructure and care coordination for FUA and FUM.	Population Health Network Quality & Planning (NQP)
	2	FUH: Follow-Up After Hospitalization for Mental Illness: Meet the minimum state required MPL or if previously met, increase by 5% the discharges for members six years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider.	Percent of discharges for members six years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider. Two rates are reported: 1. The percentage of discharges for which the member received follow-up within 30 days after discharge. 2. The percentage of discharges for which the member received follow-up within 7 days after discharge. **30 Day MY 2024 Baseline**: 44.48%	Complete the A3 Lean Process template to identify processes for measure rating improvement. Work with hospital leadership to review patient follow-up protocols to identify potential areas of enhancement.	Population Health Network Quality & Planning (NQP)

Domain	#	Goal	Indicators	Planned Activities	Lead for Coordination
			7 Day MY 2024 Baseline: 20.12% MY 2024 Benchmark MPL: 59.85%		
	3	APP: Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics: Meet the minimum state required MPL or if previously met, increase by 5% the children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.	Percent of children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment. **MY 2024 Baseline:** 76.72% MY 2024 Benchmark MPL: 60.22%	BHS will develop a care framework that incorporates evidence-based psychosocial interventions as the first-line treatment for applicable conditions. BHS will develop a report that tracks children and adolescent clients who receive medication services with no other concurrent services to monitor that antipsychotic medication is part of a comprehensive and coordinated treatment plan.	Population Health Network Quality & Planning (NQP)
	4	SAA: Adherence to Antipsychotic Medications for Individuals with Schizophrenia: Meet the minimum state required MPL or if previously met, increase by 5% the members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.	Percent of members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period. **MY 2024 Baseline:** 60.98% MY 2024 Benchmark MPL: 62.56%	Conduct research on the social determinants of health and special populations impacted by schizophrenia and present recommendations to leadership/ stakeholders aimed at enhancing adherence to antipsychotic medications for individuals with schizophrenia. Complete the A3 Lean Process template to identify processes for measure rating improvement.	Population Health Network Quality & Planning (NQP)

Domain	#	Goal	Indicators	Planned Activities	Lead for Coordination
Network Adequacy Validation (NAV)	5	First Non-Urgent Appointment Offered: The average for first offered non-urgent appointment for all SDCBHS services will be within 10 business days of request for service.	Offered an appointment within 10 business days of request for service. **FY 2023-24 Baseline:** 11 days	Collaborate with Data Science to review Timely Access Data Tool (TADT) Reports in SmartCare to monitor status and assess if meeting standards. Review methodology used to measure the TADT and identify programs with high un-met standards, work with CORs; establish workgroups as needed.	Population Health Network Quality & Planning (NQP)
	6	First Non-Urgent Psychiatry Appointment Offered: The average for first offered non-urgent psychiatry appointment for SDCBHS will be within 15 business days of request for service.	Offered an appointment within 15 business days of request for service. **FY 2023-24 Baseline:** 4.8 days	Collaborate with Data Science to review Timely Access Data Tool (TADT) Reports in SmartCare to monitor status and assess if meeting standards. Review methodology used to measure the TADT and identify programs with high un-met standards, work with CORs; establish workgroups as needed.	Population Health Network Quality & Planning (NQP)
	7	Urgent Services Offered (Including all Outpatient Services): The average for first offered urgent appointment for all SDCBHS services will be within 48 hours without prior authorization and 96 hours with prior authorization of request for service.	48 hours without prior authorization 96 hours with prior authorization **FY 2023-24 Baseline:** 5.7 hours	Collaborate with Data Science to review Timely Access Data Tool (TADT) Reports in SmartCare to monitor status and assess if meeting standards. Review methodology used to measure the TADT and identify programs with high un-met standards, work with CORs; establish workgroups as needed.	Population Health Network Quality & Planning (NQP)

Domain	#	Goal	Indicators	Planned Activities	Lead for Coordination
Performance Improvement Project (PIP)	8	San Diego County BHS will conduct two mental health PIPs per EQRO regulations.	a. FUM: Follow-Up After Emergency Department Visit for Mental Illness **[PMV Goal]** **MY 2024 Baseline:** 61.79% MY 2024 Benchmark MPL: 53.82% b. Improve timely access from first contact from any referral source to first offered appointments for any specialty mental health services (SMHS) **CY 2024 Baseline:** 75.9%	a. In collaboration with two of our local health plans, Kaiser and Blue Shield, BHS will participate in the second cycle of the Medi-Cal Behavioral Health Collaborative, which will include Learning Sessions Action Periods with educational webinars, Coaching and Measurement. BHS will identify interventions for the implementation stage prior to 1/1. b. In collaboration with UCSD, BHS will support and approve interventions, which are to begin 1/1/26. BHS will conduct data analysis to measure progress.	Population Health Network Quality & Planning (NQP)
Consumer Reported Outcomes	9	In FY 2025-26, BHS will demonstrate an improvement in client-perceived quality of life, as measured by Question #16 on the Recovery Markers Questionnaire (RMQ) ("I have a decent quality of life"), for newly enrolled clients in behavioral health services.	Increase the mean of 3.66 from FY 2024-25 with a target mean score of ≥ 3.96 in FY 2025–26 for RMQ #16 for newly enrolled clients.	Conduct a crosswalk analysis of quality of life indicators across the RMQ, CANS, and PSCs. Identify correlations and gaps in quality of life data elements that align with BH Connect incentive requirements. Partner with UCSD analysts and researchers to conduct a deeper evaluation of RMQ Question #16 responses. Analyze trends by demographic characteristics, service	Population Health Network Quality & Planning (NQP)

Domain	#	Goal	Indicators	Planned Activities	Lead for Coordination
				types, and length of engagement to identify key drivers of improvement.	

Substance Use Services Goals

Domain	#	Goal	Indicators	Planned Activities	Lead for Coordination
Performance Measure Validation (PMV)	1	Follow-up after emergency department visit for substance use (FUA): Meet the minimum state required MPL or if previously met, increase by 5% the emergency department (ED) visits among members age 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up within 30 days.	Percent of emergency department (ED) visits among members age 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up within 30 days. **30 day MY 2024 Baseline:** 53.28% MY 2024 Benchmark MPL: 36.18%	BHS will join the IHI collaborative project with Blue Shield and Kaiser Permanente to improve population health outcomes for FUM/FUA. BHS will continue collaborating with Managed Care Plans through the Healthy San Diego Behavioral Health Quality Improvement workgroup, prioritizing developing data infrastructure and care coordination for FUA.	Population Health Network Quality & Planning (NQP)
	2	Pharmacotherapy for Opioid Use Disorder (POD): Meet the minimum state required MPL or if previously met, increase by 5% the opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days among members 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event.	Percent of opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days among members 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event. **MY 2024 Baseline:** 20.51% MY 2024 Benchmark MPL: 25.28%	Complete the A3 Lean Process template to identify processes for measure rating improvement. Enhance contract requirements to increase access to medication-assisted treatment (MAT) services. Address negative attitudes and stigma surrounding individuals with OUD through public awareness campaigns and educational initiatives.	Population Health Network Quality & Planning (NQP)
	3	Use of Pharmacotherapy for	Percent of adults age 18 years and older with pharmacotherapy for opioid	Enhance contract requirements to increase access to	Population Health Network Quality &

Domain	#	Goal	Indicators	Planned Activities	Lead for Coordination
		Opioid Use Disorder (OUD): Meet the minimum state required MPL or if previously met, increase by 5% the adults age 18 years and older with pharmacotherapy for opioid use disorder (OUD) who have at least 180 days of continuous treatment.	use disorder (OUD) who have at least 180 days of continuous treatment. **MY 2024 Baseline:** 80.66% MY 2024 Benchmark MPL: 60.20%	medication-assisted treatment (MAT) services. Address negative attitudes and stigma surrounding MAT and individuals with OUD through public awareness campaigns and educational initiatives.	Planning (NQP)
	4	Increase the timely initiation of SUD treatment following a new diagnosis (IET): Meet the minimum state required MPL or if previously met, increase by 5% the new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within 14 days.	Percent of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within 14 days. **MY 2024 Baseline**: 48.59% MY 2024 Benchmark MPL: 44.51%	Conduct a root cause analysis and review program policies and procedures to Identify and address potential barriers to care and areas for enhancements.	Population Health Network Quality & Planning (NQP)
	5	Increase sustained engagement in SUD treatment following initiation (IET): Meet the minimum state required MPL or if previously met, increase by 5% the new SUD episodes that have evidence of treatment engagement within 34 days of initiation.	Percent of new SUD episodes that have evidence of treatment engagement within 34 days of initiation. **MY 2024 Baseline**: 25.32% MY 2024 Benchmark MPL: 14.39%	Conduct a root cause analysis and review program policies and procedures to Identify and address potential barriers to care and areas for enhancements.	Population Health Network Quality & Planning (NQP)

Domain	#	Goal	Indicators	Planned Activities	Lead for Coordination
Network Adequacy Validation (NAV)	6	First Non-Urgent Appointment Offered: The average for first offered non-urgent OP/Residential appointment for all SDCBHS services will be within 10 business days of request for service.	% of contacts that met the state required (10 business days for OP/Residential) for non-urgent appointment. **FY 2023-24 Baseline**: 4.2 days	BHS will conduct data analysis of first non-urgent appointment offered by reviewing the TADT in SmartCare. BHS will identify any outliers and share with CORs.	Population Health Network Quality & Planning (NQP)
	7	Opioid Treatment Program: The average for first offered Opioid Treatment appointment for all SDCBHS services will be within 3 business days of request for service.	Offered an appointment within 3 business days of request for services **FY 2023-24 Baseline**: 0.2 days	BHS will conduct data analysis of first offered appointments in SmartCare by reviewing the TADT. BHS to share any findings of outliers with CORs.	Population Health Network Quality & Planning (NQP)
Performance Improvement Project (PIP)	8	San Diego County BHS will conduct two mental health PIPs per EQRO regulations.	a. Follow-up after emergency department visit for substance use (FUA) **[PMV Goal]** **Pre-PIP Baseline**: 53.28% MY 2024 Benchmark MPL: 36.18 b. Increase the percentage of members who receive at least one peer support service **Pre-PIP Baseline: 23.1%**	a. BHS will join the IHI collaborative project with Blue Shield and Kaiser Permanente to improve population health outcomes for FUM/FUA. BHS will continue collaborating with Managed Care Plans through the Healthy San Diego Behavioral Health Quality Improvement workgroup, prioritizing developing data infrastructure and care coordination for FUA and FUM. BHS will collaborate with UCSD to inform the PIP. BHS will Implement SD Relay, a peer led	Population Health Network Quality & Planning (NQP)

Domain	#	Goal	Indicators	Planned Activities	Lead for Coordination
				program that works directly with members in the EDs to connect them with follow-up services. b.Establish a collaboration involving biweekly to monthly meetings. Ensure that interventions are finalized and submitted on time for the 1/1/26 deadline. Connect with San Diego County's Peer Council to review and analyze both past and current initiatives.	
Consumer Reported Outcomes	8	In FY 2025-26, BHS will improve youth perception of the effectiveness of services, as measured by Question #16 on the Treatment Perception Survey (TPS) (*As a direct result of the services I am receiving, I am better able to do things I want to do),* by 5 percentage points.	Increase the response rate from the current baseline of 72.8% to the target rate of 77.8% in FY 2025–26 for question #16 on the TPS for youth responding.	Identify programs or providers with downward trends in TPS Question #16 outcomes. Enhance regular feedback loops with CORs to communicate and collaboratively interpret data trends. Provide program-level summaries and comparative benchmarks to support performance discussions. Support CORs with talking points and recommended follow-up actions to discuss with providers.	Population Health Network Quality & Planning (NQP)

Domain	#	Goal	Indicators	Planned Activities	Lead for Coordination
				Collaborate with UCSD to utilize available post-handout intervention tools or guidance tailored for youth.	

Quality Data Infrastructure Services Goals

Domain	#	Goal	Indicators	Planned Activities	Lead for Coordination
Quality Data Infrastructure (QDI)	1	In FY 2025-26, Behavioral Health Services will work together with Managed Care Plans to establish an interim data sharing solution aimed at identifying patients who had a mental health/substance use related emergency department (ED) visit while establishing real-time data sharing solution.	Process established for data sharing to identify clients utilizing the ED.	Establish workgroup to discuss data sharing. Current Healthy San Diego (HSD) Quality Improvement Subcommittee will address this as a priority. Workgroup consists of SDCBHS staff and representatives from each of the Managed Care Plans.	Population Health NQP in collaboration with Epidemiology, HPA, and Data Science
	2	In FY 2025-26, the Behavioral Health Services Data Science team will work to establish data sharing with San Diego Health Connect to enable the County to receive ED encounter data via San Diego Health Connect.	SDCBHS will establish data sharing for receiving ADT data.	Data Science will collaborate with San Diego Health Information Exchange, in partnership with Pop Health (EPI).

Population Health to inform what data fields are necessary for QI (e.g., FUM/FUA metrics). | Data Science with Pop Health to inform data fields needed |
| | 3 | In FY 2025-26, the County will work together with Managed Care Plans to create a data process for reporting on eligible and active members of the Enhanced Care Management program. | Process established for data sharing and enhanced communication for ECM clients.

Establish data exchange process for ECM clients. | Established workgroup to discuss data infrastructure and data sharing. Current Healthy San Diego (HSD) Quality Improvement Subcommittee will address this as a priority. Workgroup consists of SDCBHS staff and representatives from each of the Managed Care Plans. | Population Health NQP, Epidemiology and Data Science staff |