

COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES QUALITY IMPROVEMENT
PROGRAM AND WORK PLAN

Quality Improvement
Program and Work Plan -
Substance Use Disorders



2018-2019

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INTRODUCTION

In accordance with the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver requirements, the County of San Diego Behavioral Health Services (BHS) has a Quality Improvement (QI) Unit and an Annual Quality Improvement Work Plan (QIWP) for Substance Use Disorders (SUD) programs. The County of San Diego has an integrated behavioral health department which comprises both Mental Health and Substance Use Disorders systems of care.

The goals of the BHS QI Unit are based on the healthcare quality improvement aims identified by the Institute of Medicine's (IOM) report: "*Crossing the Quality Chasm.*" The targeted quality improvement aims for all health care services are to be *safe, client centered, effective, timely, efficient, and equitable*. These IOM aims are interwoven throughout the QI Unit and QIWP. In addition, both are guided by BHS' mission statement and 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 disorders.
- 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 Unit, FY 2018-19

Quality Improvement Unit Purpose

The purpose of the County of San Diego's BHS Quality Improvement (QI) Program is to ensure that all clients and families receive the highest quality and most cost-effective mental health, substance use, and administrative services available.

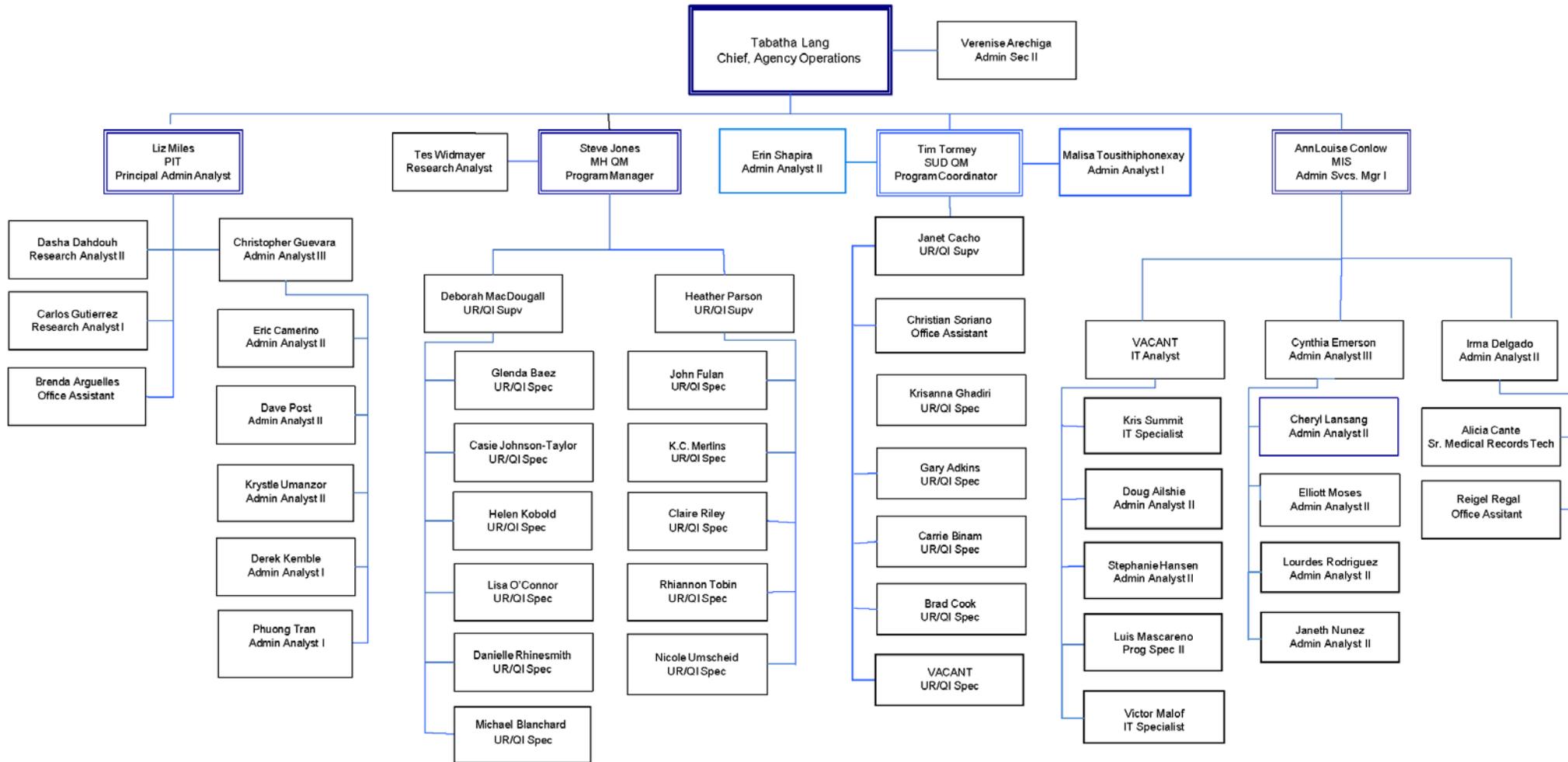
The QI Program delineates the structures and processes that will be used to monitor and evaluate the quality of mental health and substance use disorder services provided. The QI Program encompasses the efforts of clients, family members, clinicians, behavioral health advocates, substance use disorder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

The QI Program and QI Work Plan (QIWP) are based on the following values:

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

The QI Unit monitors the services provided for safety, effectiveness, responsiveness to clients, timeliness, efficiency, and equity. Key variables related to practices and processes performed or delivered by service providers that affect the outcome of services to client and family members are measured and analyzed on a weekly, quarterly, or annual basis. QI staff perform client record reviews and work with contracted providers on continuous improvement activities. Access times, serious incidents, and complaints and grievances are tracked and trended. Surveys are conducted to monitor client and provider satisfaction.

Quality Improvement Unit Organizational Chart



Quality Improvement Unit Structure

The following are components of the QI Unit structure:

- **Executive Quality Improvement Team (EQIT)**
The EQIT is responsible for implementing the QI Program, responding to recommendations from the Quality Review Council (QRC), and identifying and initiating quality improvement activities, as indicated. The EQIT consists of BHS Director, BHS Clinical Director, Deputy Directors, QI Chief and QI program staff designees.
- **Quality Improvement Performance Improvement Team (QI PIT)**
The QI Program includes the SDCBHS QI PIT, which monitors targeted aspects of care on an on-going basis and produces reports weekly, monthly, quarterly, or annually. High-volume, high-frequency, and high-risk areas of client care are given priority. So opportunities for improvement can be identified, the QI PIT collects data which are analyzed over time and used to measure against goals and objectives. Reports in each of these areas are periodically brought to the EQIT and QRC for input. The QI PIT also provides oversight and monitoring to the SDCBHS performance improvement projects.
- **Quality Management (QM) Team**
The QM team is another component of the QI program and is comprised of Quality Improvement Specialists — licensed therapists, clinicians, and registered nurses—and Analysts who conduct a variety of reviews, audits, trainings, and other quality improvement functions for both County-operated and County-contracted programs. The QM team consists of Mental Health and Substance Use Disorders units.
- **Management Information Services (MIS) Team**
The MIS team—another component of the QI Program—provides data management and systems support to BHS client management information system users, including but not limited to service providers, administrative and support staff, and BHS staff.
- **Quality Review Council (QRC)**
The QI Program includes the QRC, which is a standing body charged with the responsibility to provide recommendations regarding the quality improvement activities for behavioral health and the QI Work Plan (QIWP). The QRC meets every two months, and the members are clients or family members, as well as stakeholders, from the mental health and substance abuse health communities across all regions. The QRC provides advice and guidance to SDCBHS on developing the annual QIWP, including identification of additional methods for including clients in quality improvement activities, collection, review, interpretation, and evaluation

of quality improvement activities, consideration of options for improvement based upon the report data, and recommendations for system improvement and policy changes.

- **Quality Improvement Committees (QICs)**

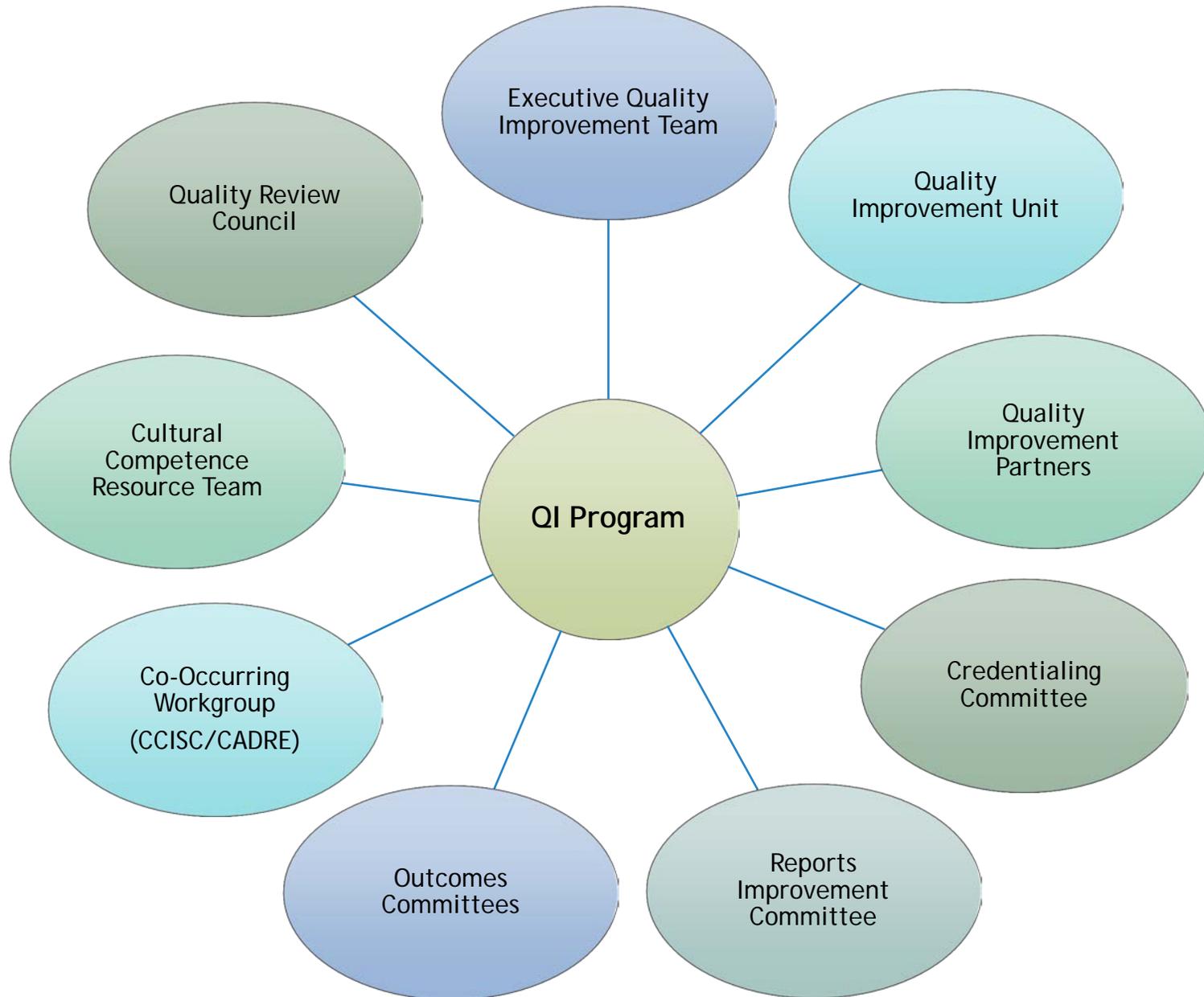
The QICs are subcommittees of the QRC composed of QRC members and QI staff. Subcommittee minutes and activities are monitored by the QRC. The current QRC Subcommittees are:

- QRC Membership Committee
- Serious Incidents (ad hoc committee)
- Peer Family Employment Subcommittee

The QI Unit's recent accomplishments have included, but weren't limited to:

- Collaborating with other teams and stakeholders on the Project One for All (POFA) Agency Initiative
- Implementing Prevention and Early Intervention (PEI) program regulations
- Completing and submitting the 2017 Cultural Competence and 3-Year Strategic Plan to DHCS
- Collaborating on Hepatitis A reporting to assist with efforts to increase vaccinations within BHS programs
- Developing and updating an electronic database for tracking AB 109 clients
- Obtaining DHCS's approval for DMC-ODS Implementation Plan and Fiscal Plan
- Providing numerous trainings and forums to SUD providers in preparation for DMC-ODS implementation
- Updating the SanWITS system to meet DMC-ODS implementation

The following diagram depicts the committees and workgroups that make up the structure of the QI Program:



Quality Improvement Process

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

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

Client and Family Involvement in Quality Improvement

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

Clients, family members, providers and stakeholders are involved in the planning, operations, and monitoring of our quality improvement efforts. Their input comes from a broad variety of sources including the Behavioral Health Advisory Board, community coalitions, planning councils, community engagement forums, client and family focus groups, client- and family-contracted liaisons, youth and Transition Age Youth (TAY) representatives, Program Advisory Groups, client satisfaction surveys, client advocacy programs, complaints, grievances, and input from the County Behavioral Health website.

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

Quality Review Council Focus

QRC will be identifying potential focus topics for FY 2018-19. Initial ideas include:

- *Client-centered services*: client grievances, and monitoring of requests for Appeals and State Fair Hearings.
- *Safety*: reducing serious incidents.
- *Effective services*: continuity of care.
- *Efficient and accessible services*: ensuring time or distance standard per Network Adequacy requirements.
- *Equitable services*: client and family access to information in their preferred language.
- *Timely services*: timely access to services.

Performance Improvement Projects

To be responsive and transformative, the QI Unit is currently analyzing data for determination of two Performance Improvement Projects (PIPs) focused on substance use services. The QI unit will be working with EQRO to ensure the topics identified are appropriate.

Targeted Aspects of SUD Care Monitored by QI Unit

Appropriateness of Services

- Assessment
- Level of Care
- Treatment Plans
- Discharge Planning
- Education Outcomes
- Employment Outcomes
- Utilization Management
- ASAM Training and Implementation

Access to Services

- Access Times for Assessments
- Access to Residential Treatment Services
- Access to Opioid Treatment Program
- Call Volume for the Access and Crisis Line (ACL)
- Timeliness of Authorization Requests for Residential Treatment Services

Utilization of Services

- Retention Rate
- Penetration Rate
- Continuum of care episodes
- Readmission Rate
- Patterns of Utilization
- Approval and Denial Rate for Residential Treatment Services

Client Satisfaction

- Grievances
- Satisfaction Surveys

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

Effectiveness of Managed Care Practices

- Provider Denials and Appeals for Residential Treatment Services
- Client Appeals and State Fair Hearings

Coordination with Physical Health and Other Community Services

- MOAs with Healthy San Diego
- Integration with Physical Health Providers

Safety of Services

- Serious Incidents

Quality Improvement Work Plan, FY 2018-19

Developing the Quality Improvement Work Plan

The purpose of the SDCBHS QIWP is to establish the framework for evaluating how the QI Unit contributed to meaningful improvement in trauma-informed care and administrative services. The QIWP defines the specific areas of quality of services, both clinical and administrative, that SDCBHS will evaluate for FY 2018-19.

The QIWP defines the 1) objectives, 2) goals, 3) indicators and/or measures, 4) planned interventions, 5) data collection and interpretation, and 6) planned reports. The QIWP includes plans for monitoring previously identified issues, sustaining improvement from previous years, and tracking of issues over time.

The QIWP will be monitored and revised on an on-going basis. Additional QI activities may be added during the year based on requirements from the County or the State, recommendations by the QI Committee or other stakeholder group, or may be based on observed patterns, trends, or single occurrences. The QIWP is reviewed by the QRC and approved by the EQIT. A formal evaluation will be completed annually.

Annual Evaluation of the Quality Improvement Work Plan

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 Quality Improvement Work Plan

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

Quality Improvement Work Plan Goals

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

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

#	Based on:	Goal:	Indicator/Measure:	Method for Data Collection:	Proposed Intervention or Previous Next Steps:
QIWP Target Area: Services Are Client Centered					
1	DMC-ODS San Diego County Implementation Plan	Establish a baseline for the number of Grievances and Appeals received.	Number of grievances & appeals related to quality of care.	Report from QM	
2		100% of clients shall indicate in the Substance Use Disorder (SUD) Services Client Survey that they chose their treatment goals with their provider's help.	SUD Client Survey results.	UCSD Research Centers	
QIWP Target Area: Services Are Safe					
3		Establish a baseline for the number of Substance Use Disorder (SUD) Serious Incidents reported.	Number of serious incidents.	Quarterly QM's incident report	
QIWP Target Area: Services Are Effective					
4		Establish a baseline for the readmission rate for Withdrawal Management services.	Withdrawal Management readmission rate	SanWITS Data	
5		At a minimum, 70% of clients shall either be employed, in structured employment preparation program, in a formal educational setting, or enrolled in an eligibility program, as measured at the end of the treatment phase.		Quarterly SUD Outcomes Report	
QIWP Target Area: Services Are Efficient and Accessible					
6	DMC-ODS San Diego County Implementation Plan	100% of Outpatient services shall be within 15 miles from client's residence.		Optum's Maps and SanWITS Data	
7		Establish a Withdrawal Management dedicated facility in the North Region.			
QIWP Target Area: Services Are Equitable					
8		100% of clients shall indicate in the Substance Use Disorder (SUD) Services Client Survey that they were given information about their rights.	SUD Client Survey Results	UCSD Research Centers	
QIWP Target Area: Services Are Timely					
9	DMC-ODS San Diego County Implementation Plan	100% of Outpatient programs shall meet the access timeliness standard of 10 business days.		SanWITS Data	