

# QUALITY IMPROVEMENT

## Substance Use Disorder Services Work Plan Evaluation Fiscal Year 2021-2022

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



## INTRODUCTION

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

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

---

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



Nicole Esposito, MD, Chief Population Health Officer  
Nora David, LMFT, Assistant Medical Services Administrator  
Liz Miles, EdD, MSW, MPH, Program Coordinator  
Bessie Pineda, MPH, Administrative Analyst III  
Sunisa Prapaitrakool, Administrative Analyst II

Summary data and a brief synopsis are provided for each QIWP goal. If more information is desired, please email your request to [BHSQIPIT.HHSA@sdcounty.ca.gov](mailto:BHSQIPIT.HHSA@sdcounty.ca.gov).

## TABLE OF CONTENTS

|   |           |
|---|-----------|
| <b>Work Plan Goals.....</b>   | <b>4</b>  |
| <b>SERVICES ARE CLIENT CENTERED</b>   |           |
| <b>Goal 1.....</b>  | <b>5</b>  |
| Improve client Quality of Care experience, measured by a 5% reduction in the proportion of grievances in Quality of Care categories compared to FY 2020-21.   |           |
| <b>SERVICES ARE SAFE</b>  |           |
| <b>Goal 2.....</b>  | <b>6</b>  |
| Decrease the number of overdoses compared to those reported in FY 2020-21 by 5%, as reported in the System of Care Serious Incident Reports.  |           |
| <b>Goal 3.....</b>  | <b>7</b>  |
| Increase utilization of MAT services by 5% offered by BHS contracted providers.   |           |
| <b>SERVICES ARE EFFECTIVE</b>   |           |
| <b>Goal 4.....</b>  | <b>8</b>  |
| BHS will have two active PIPs that contribute to meaningful improvement in clinical care as monitored by EQRO.  |           |
| <b>Goal 5.....</b>  | <b>9</b>  |
| Develop a continuous quality improvement toolkit, to include models such as PDSA and SMARTIE to be made available to CORs and providers in FY 2021-22.  |           |
| <b>SERVICES ARE EFFICIENT AND ACCESSIBLE</b>  |           |
| <b>Goal 6.....</b>  | <b>10</b> |
| Establish an ASAM 3.7 medically-monitored Withdrawal Management site in the Central region.   |           |
| <b>Goal 7.....</b>  | <b>11</b> |
| 90% of all clients who initiate services by receiving a second visit within 14 days of their initial visit shall engage in at least 2 treatment visits within the next 34 days, in alignment with HEDIS measures. |           |
| <b>Goal 8.....</b>  | <b>12</b> |
| Establish an ASAM level 3.3 residential treatment site within one of the six San Diego regions.   |           |
| <b>SERVICES ARE EQUITABLE</b>   |           |
| <b>Goal 9.....</b>  | <b>13</b> |
| 90% of adults and youth stated the staff were sensitive to my cultural background (race/ethnicity, religion, language, etc).  |           |
| <b>Goal 10.....</b>   | <b>14</b> |
| Develop a Community Experience Dashboard (CED) to identify disparities and gaps of services in the community.   |           |
| <b>SERVICES ARE TIMELY</b>  |           |
| <b>Goal 11.....</b>   | <b>15</b> |
| Ensure 100% of individuals seeking outpatient substance use disorder treatment are offered an appointment within the 10-business day timeliness standard.   |           |

**Goal 12.....16**

Ensure 100% of individuals seeking substance use disorder treatment from an Opioid Treatment Program (OTP) are offered an appointment/dose within the 3-calendar day timeliness standard.

## WORK PLAN GOALS

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

### County of San Diego, Health and Human Services Agency

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

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

**Strategy:**

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

### Behavioral Health Services

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

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

**Guiding Principles:**

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



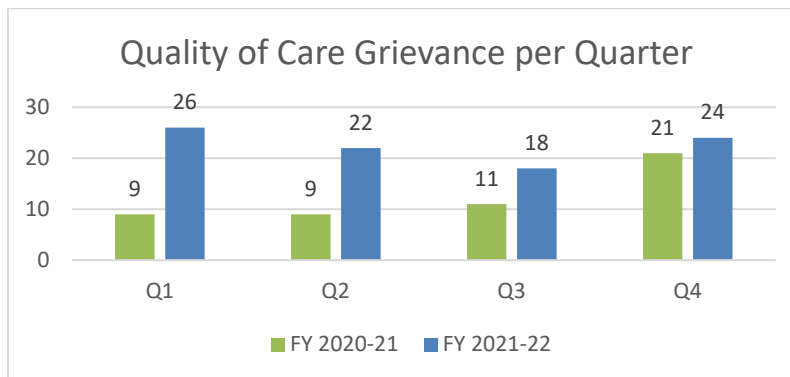
## GOAL 1

Improve client Quality of Care experience, measured by a 5% reduction in the proportion of grievances in Quality of Care categories compared to fiscal year (FY) 2020-21.

### METHODS

- Track the number of grievances and appeals received related to *Quality of Care*.
- *Quality of Care* grievances and appeals are broken down into subcategories which include, *Staff Behavior Concerns, Treatment Issues/Concerns, Medication, Cultural Appropriateness, and Other Quality of Care Issues*.
- Compare the FY number of *Quality of Care* grievances and appeals between FY 2020-21 and FY 2021-22 using the quarterly Grievances and Appeals Report.

### DATA



### RESULTS

- **The overall goal of decreasing the proportion of *Quality of Care* grievances by 5% was not met for FY 2021-22.**
- Out of the 130 grievances received in FY 2021-22, 90 were related to *Quality of Care*.
- *Quality of Care* accounts for 69.2% of grievances received FY 21-22 and a 9.0% increase over FY 2020-21.
- *Quality of Care* includes the following subcategories and totals for FY 2021-22:
  - *Staff Behavior Concerns* – 54 (60.0%)
  - *Treatment Issues/Concerns* – 7 (7.8%)
  - *Medication* – 14 (15.6%)
  - *Cultural Appropriateness* – 1 (1.0%)
  - *Other Quality of Care Issues* – 14 (15.6%)
- SDCBHS will continue to monitor the number of *Quality of Care* grievances and appeals in FY 2022-23, with the intention of continuing to meet this goal. BHS will also collaborate with the advocacy agencies to continue to education providers on *Quality of Care* grievances and strategies to address them.



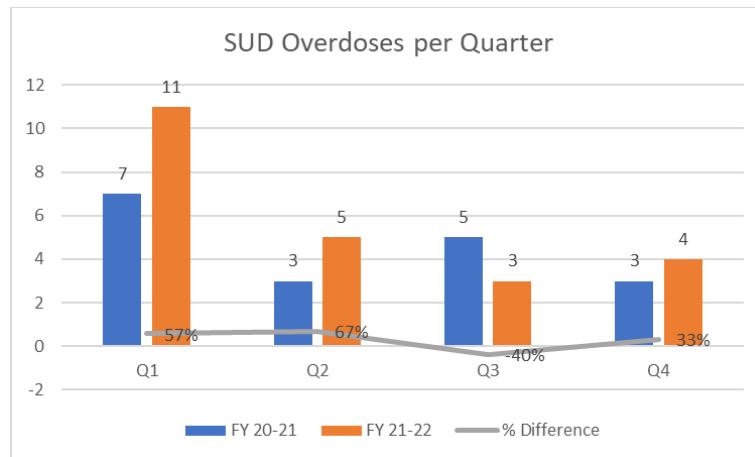
## GOAL 2

Decrease the number of overdoses compared to those reported in FY 2020-21 by 5%, as reported in the System of Care Serious Incident Reports.

## METHODS

- Monitor the number of overdose serious incidents by reviewing the Serious Incident Summary Report quarterly.
- Tracked the number of overdose data from the Medical Examiner's Office and System of Care Serious Incidents Report and compared the number of overdoses between FY 2020- 21 and FY 2021-22.

## DATA



## RESULTS

- **The goal for 5% decrease in the number of overdoses as reported in the System of Care Serious Incident Reports in FY 2021-22 was not met.**
- In FY 2021-22, there were 23 serious incidents reported for *Apparent Overdose of Alcohol/Drugs* compared to 18 overdose incidents in FY 2020-21.
- The 23 serious incidents reported for *Apparent Overdose of Alcohol/Drugs*, is an increase of 28% from the previous fiscal year.
- This increase may be due to several factors including:
  - The Drug Medi-Cal Organized Delivery System (DMC-ODS) is still a growing system, and the programs are learning more about the need to submit Serious Incident Reports (SIRs).
  - Providers are becoming more diligent with their reporting due to consistent training/orientation from the substance use disorder (SUD) SIR team. Providers are now asking for guidance/technical assistance on completing forms, etc.
    - The pandemic has increased all types of overdose events, in addition to fentanyl issues.
- SDCBHS is committed to addressing this concern as demonstrated by the Harm Reduction strategy that was recently initiated.



## GOAL 3

Increase utilization of medication-assisted treatment (MAT) services by 5% offered by SDCBHS providers.

### METHODS

- Analysis for this goal is based on encounter data from the SanWITS data system.
- MAT service utilization was measured by comparing a baseline FY2020-21 data and FY 2021-22 data.
- MAT services include encounters with visit types as: MAT dosing, Methadone Dosing, and Medication Service.
- The table below shows the number of encounters for the MAT Services offered by SDCBHS contracted providers by FY.

### DATA

| Number of Encounters by Visit Type and Fiscal Year |                     |                |                     |                |
|--|---------------------|----------------|---------------------|----------------|
| Fiscal Year  | FY2020-21           |                | FY2021-22           |                |
| Visit Type   | Count of Encounters | % Encounter    | Count of Encounters | % Encounter    |
| Assessment   | 13,796              | 1.74%          | 13,333              | 1.31%          |
| Bed Day - Residential                              | 215,130             | 27.09%         | 242,433             | 23.79%         |
| Case Management                                    | 71,205              | 8.97%          | 58,278              | 5.72%          |
| Collateral   | 2,753               | 0.35%          | 1,391               | 0.14%          |
| Crisis   | 383                 | 0.05%          | 201                 | 0.02%          |
| Discharge Planning                                 | 1,589               | 0.20%          | 1,660               | 0.16%          |
| Family Therapy                                     | 455                 | 0.06%          | 300                 | 0.03%          |
| Group  | 198,587             | 25.00%         | 249,262             | 24.46%         |
| Group in Community                                 | 976                 | 0.12%          | 2,615               | 0.26%          |
| Individual Counseling                              | 126,085             | 15.88%         | 101,318             | 9.94%          |
| Intake   |                     |                | 1                   | 0.00%          |
| Intensive Outpatient Services                      | 2                   | 0.00%          |                     |                |
| <b>MAT-Dosing</b>                                  | <b>56,853</b>       | <b>7.16%</b>   | <b>63,612</b>       | <b>6.24%</b>   |
| Medication Service                                 | 625                 | 0.08%          | 34                  | 0.00%          |
| <b>Methadone Dosing</b>                            | <b>91,215</b>       | <b>11.48%</b>  | <b>261,116</b>      | <b>25.63%</b>  |
| Patient Education                                  | 5,978               | 0.75%          | 15,447              | 1.52%          |
| Screening  | 8                   | 0.00%          |                     |                |
| Treatment Planning                                 | 8,581               | 1.08%          | 7,909               | 0.78%          |
| <b>Total</b>                                       | <b>794,221</b>      | <b>100.00%</b> | <b>1,018,910</b>    | <b>100.00%</b> |

### RESULTS

- **The goal for 5% increase utilization of MAT services by SDCBHS contracted providers was met for FY 2021-22.**
- There was a total of 1,018,910 encounters for the various visit types listed above for FY 2021-22.
- MAT Dosing services account for 6.2% (63,612) of all visit types for FY 2021-22, while Methadone dosing services account for 25.6% (261,116) and Medication services account for 0.0% (34)
- There was a 13.2% increase in utilization of MAT services out of all SUD services in FY 2021-22 (31.9%) as compared to FY 2020-21 (18.7%).





## GOAL 4

SDCBHS will have two active Performance Improvement Projects (PIPs) that contribute to meaningful improvement in clinical care as monitored by the External Quality Review Organization (EQRO).

### METHODS

SDCBHS had a series of consultations with the State's EQRO on possible PIP topics as per DHCS requirements, using system data and community stakeholder feedback.

### DATA & RESULTS

SDCBHS currently has 2 active PIPs, one non-clinical and one clinical. **This goal has been met for FY 2021-22.**

#### **1. Clinical PIP: MAT**

The proposal for the new MAT PIP was approved by the EQRO representative in early March 2022. This PIP will focus on implementing a standard protocol at admission to increase the proportion of clients with an opioid use disorder (OUD) who are dual enrolled in SUD treatment and MAT.

The MAT PIP focuses the intervention efforts on increasing enrollment into MAT. Due to the severity of the opioid crisis both locally and nationally, the Advisory group feels as though it is important to address the problem by strengthening MAT services within the DMC-ODS from multiple angles.

#### **2. Non-Clinical PIP: CalAIM Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)**

High emergency department (ED) use for individuals with alcohol and other drug (AOD) use may signal a lack of access to care or issues with continuity of care, which is why timely follow-up care for individuals with AOD who were seen in the ED is associated with a reduction in substance use, future ED use, hospital admissions and bed days. In August 2022, the Health Services Research Center (HSRC) assisted the SDCBHS Population Health team with completing the CalAIM BHQIP template for the FUA PIP. This included adding the data received from the State, first suppressed, and later, expanded tables and charts using unsuppressed data once it was received.

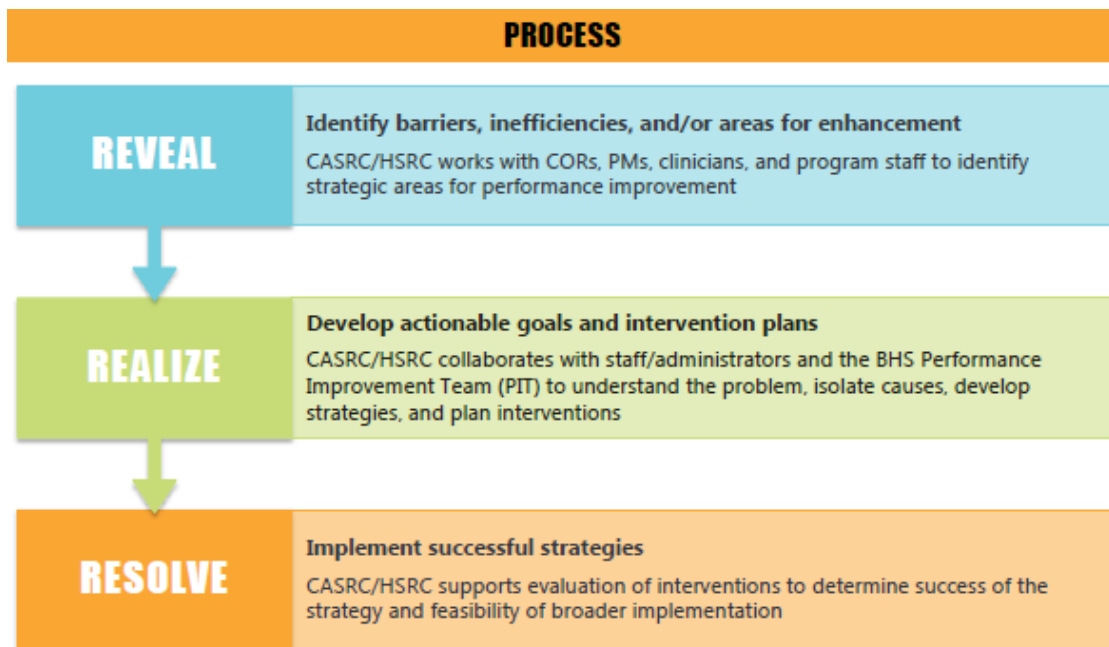


## GOAL 5

Develop a continuous quality improvement toolkit, to include models such as Plan-Do-Study-Act (PDSA) and Strategic, Measurable, Ambitious, Realistic, Time-bound, Inclusive, and Equitable (SMARTIE) to be made available to Contracting Officer's Representatives (CORs) and providers in FY 2021-22.

## METHODS

As part of the County of San Diego Behavioral Health Services mission to support providers, improve quality, and enhance services, University California San Diego (UCSD) Child & Adolescent Services Research Center (CASRC) and HSRC has engaged programs in a Program Performance Improvement (PPI) review process personalized to that program's specific needs and challenges.



## DATA & RESULTS

- **This goal has met for FY 2021-22.** UCSD presented toolkit to CORs in September 2021.
- UCSD presented to mental health providers and SUD providers in summer of 2022 results of new PPI initiative and findings.
- The PPI protocol leverages the analytic and applied expertise of the research centers to streamline the process for CORs and providers. CORs and providers have access to a PPI Toolkit, comprised of worksheets and resources to facilitate problem-solving and goal-setting. CASRC and HSRC trained key staff to use the PPI Toolkit, fill in resource gaps, and support implementation and evaluation of action plans. PPIs have been conducted with programs to address a variety of issues from workforce recruitment to satisfaction survey effectiveness.



## GOAL 6

Establish an American Society of Addiction Medicine (ASAM) Level 3.7 medically monitored withdrawal management (WM) site in the Central region.

### METHODS

- Began efforts to expand Level 3.7 WM services in the Central region.
- ASAM Level 3.7 is high-intensity inpatient services for withdrawal management, with 24-hour professionally directed medical monitoring and addiction treatment in an inpatient setting.
- The County is currently developing proposal details for contractors interested in providing this level of care, with a goal of offering these services within the next fiscal year.

### RESULTS

Since FY 2020-21, efforts to expand WM services were stalled due to COVID-19 impacts. The County is currently strategizing how best to move forward with establishing this level of care in the Central Region. Due to the changing climate with COVID-19, a timeline for this process has not yet been defined.

- **Goal of establishing an ASAM Level 3.7 medically monitored WM site in the Central region was not met for FY 2021-22.**



## GOAL 7

90% of all clients who initiate services by receiving a second visit within 14 days of their initial visit shall engage in at least 2 treatment visits within the next 34 days, in alignment with HEDIS measures.

### METHODS

- Analysis for this goal is based on SUD Initiation & Engagement Report using intake and encounter data from the SanWITS data system.
- The table below shows the counts and the percentage of clients by level of care at intake who engaged in at least 2 treatment visits within the next 34 days among all clients who initiated services by receiving a second visit within 14 days of their initial visit.

### DATA

| Engagement              |   |  |              |
|-------------------------|---|--|--------------|
| Level of Care at Intake | Clients who initiated a second treatment visit within 14 days from intake | Of those, clients who engaged in at least 2 treatment visits within the next 34 days | Percent      |
| IOS                     | 3,443   | 2,975  | 86.4%        |
| OS                      | 3,649   | 3,410  | 93.5%        |
| OTP                     | 2,682   | 2,485  | 92.7%        |
| RES                     | 3,727   | 3,523  | 94.5%        |
| WM                      | 1,412   | 1,217  | 86.2%        |
| <b>Total</b>            | <b>14,913</b>   | <b>13,610</b>  | <b>91.3%</b> |

### RESULTS

- **The goal of 90% of all clients who initiate services by receiving a second visit within 14 days of their initial visit shall engage in at least 2 treatment visits within the next 34 days was met for FY 2021-22.**
- 91.3% of clients engaged in at least 2 treatment visits within the next 34 days among all clients who initiated services by receiving a second visit within 14 days of their initial visit.
- Clients in the residential treatment program had the highest engagement rate of 94.5%.
- Clients in the withdrawal management program had the lowest engagement rate of 86.2%



## GOAL 8

Establish an ASAM Level 3.3 residential treatment site within one of the six San Diego regions.

### METHODS

- Began efforts to expand Level 3.3 WM services in one of the six San Diego regions.
- ASAM Level 3.3 is Clinically Managed Population Specific High Intensity Residential services for withdrawal management. Level 3 programs provide 24-hour treatment services in a safe environment.
- The County is currently developing proposal details for contractors interested in providing this level of care, with a goal of offering these services within the next fiscal year.

### DATA & RESULTS

**Goal of establishing an ASAM Level 3.3 residential treatment site within one of the six San Diego regions was met for FY 2021-22.**

- Since FY 2020-21, efforts to expand WM services were stalled due to COVID-19 impacts. The County has been working with Freedom Ranch to establish four (4) ASAM Level 3.3 beds. The County is in the process of amending their contract for a 10/1/22 execution.
- The Level 3.3 Services will also be incorporated into the Substance Use Residential request for proposal for 6 of the adult/older adult contracts, with the new contracts beginning 7/1/23.



## GOAL 9

90% of adults and youth stated the staff were sensitive to my cultural background (race/ethnicity, religion, language, etc).

### METHODS

- Language availability data for written information and services received in the DMC-ODS System of Care was collected in September 2021 through the Annual Treatment Perceptions Survey (TPS).
- Responses to the following survey question was evaluated: “Staff were sensitive to my cultural background (race/ethnicity, religion, language, etc.)”. Respondents can answer in the negative (disagree/strongly disagree) or positive (agree/strongly agree).

### DATA

#### Adult Client Survey Results:

| Questions based on services received within the last year:                                 | N     | Disagree/Strongly Disagree (%) | Agree/Strongly Agree (%) |
|--|-------|--------------------------------|--------------------------|
| Staff were sensitive to my cultural background (race/ethnicity, religion, language, etc.). | 1,545 | 2.6                            | 89.3                     |

#### Youth & Family Survey Results:

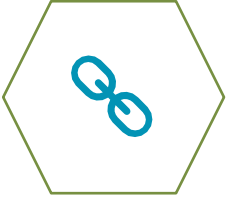
| Questions based on services received within the last year:                                 | N  | Disagree/Strongly Disagree (%) | Agree/Strongly Agree (%) |
|--|----|--------------------------------|--------------------------|
| Staff were sensitive to my cultural background (race/ethnicity, religion, language, etc.). | 58 | 5.2                            | 84.5                     |

### RESULTS

During the 2021 survey period:

**The goal of 90% of surveyed adults and youth stated the staff were sensitive to my cultural background (race/ethnicity, religion, language, etc) was not met.**

- 84.5% (58) of Youth consumers reported that staff were sensitive to their cultural background when receiving services.
- 89.3% (1,545) of Adult consumers reported that staff were sensitive to their cultural background when receiving services.
- SDCBHS will continue to monitor the consumer (clients and families) response to the annual surveys. In addition, BHS will continue to promote cultural competence and health equity training for staff and providers.



## GOAL 10

Develop a Community Experience Dashboard (CED) to identify disparities and gaps of services in the community.

### METHODS

- The Community Experience Partnership (CEP) developed the CED.
- The CED is an interactive Power BI dashboard comprised of custom behavioral health datasets, including mapping overlays for spatial indicators. Data sources include surveys, vital records, hospitalization and emergency department data, and service and outcome data for individuals served by the SDCBHS system of care.
- Users can explore indicators of equity over time, across neighborhoods, and for numerous subpopulations, including by race/ethnicity, gender, sexual orientation, age, justice involvement and more. The CED is equipped with dynamic tools to facilitate interpretation and summarize key data points.

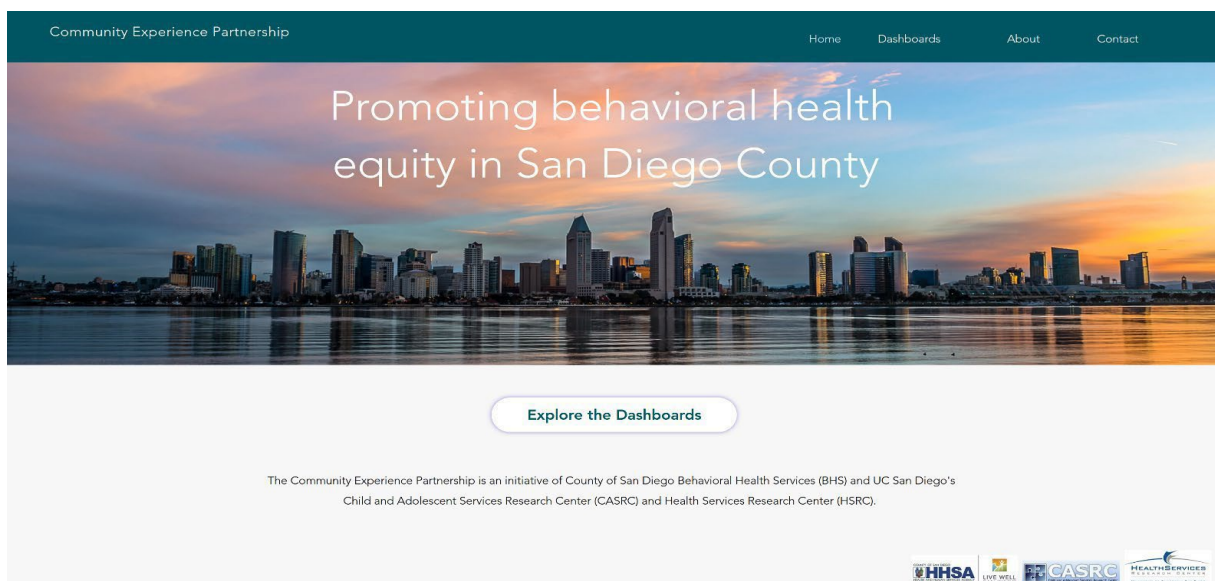
### DATA & RESULTS

**This goal has been met for FY 2021-22.** CEP has developed a Community Experience Dashboard (CED) that was launched to the public in Spring 2022.

The CED has been presented at numerous venues for feedback and awareness:

- Executive Quality Improvement Team (EQIT)
- Quality Review Council (QRC)
- Behavioral Health Advisory Board (BHAB) Stakeholder Engagement Workgroup
- Community Experience Committee (CEC) Workgroup
- HHS Executive Lead Meeting

Response to the CED was overwhelmingly positive and it is a tool that has been utilized for program planning and services utilization.





## GOAL 11

Ensure 100% of individuals seeking outpatient substance use disorder treatment are offered an appointment within the 10-business day timeliness.

### METHODS

- Analysis for this goal is based on SUD Outpatient Access Time Report using initial contact data from the SanWITS data system.
  - The timeline was measured by the duration time from initial appointment request time to first appointment offered time for individuals seeking outpatient substance use disorder treatment.
  - The table below shows the percentage of clients who requested SUD treatment at outpatient programs that were offered an appointment within 10 business days from initial request.

### DATA

| Initial Request to First Offered Appointment (Business Days) |                                 |                                 | All Services                                    |
|--|---------------------------------|---------------------------------|---|
| <b>Adult</b><br>Adult/Child                                  | <b>Non-Perinatal</b><br>Program | <b>99%</b><br>Percent Met Goal  | <b>99%</b><br>Percent of First Offered Met Goal |
| <b>Adult</b><br>Adult/Child                                  | <b>Perinatal</b><br>Program     | <b>99%</b><br>Percent Met Goal  |   |
| <b>Child</b><br>Adult/Child                                  | <b>Non-Perinatal</b><br>Program | <b>99%</b><br>Percent Met Goal  |   |
| <b>Child</b><br>Adult/Child                                  | <b>Perinatal</b><br>Program     | <b>100%</b><br>Percent Met Goal |   |

### RESULTS

- **The goal of 100% of individuals seeking outpatient substance use disorder treatment being offered an appointment within the 10-business day timeliness standard was not met for FY 2021-22.**
- **Child perinatal program met a goal of 100%.**
- In FY 2021-22, there were 13,280 clients who requested SUD treatment at outpatient programs.
- 99% of clients who requested SUD treatment at outpatient programs were offered an appointment within 10 business days from initial request.

SERVICES ARE TIMELY





## GOAL 12

Ensure 100% of individuals seeking substance use disorder treatment from an Opioid Treatment Program (OTP) are offered an appointment/dose within the 3-calendar day timeliness standard.

### METHODS

- Review of admissions and initial contact data from the SanWITS SUD record system.
- Analysis of average access time of initial dosing for each OTP facility to determine if access times met the goal of 3 calendar days.

### DATA

| Initial Request to First Offered Appointment (Calendar Days) |                      |                  |
|--|----------------------|------------------|
| <b>Adult</b>   | <b>Non-Perinatal</b> | <b>99%</b>       |
| Adult/Child  | Program              | Percent Met Goal |

### RESULTS

- **The goal of 100% of individuals seeking outpatient substance use disorder treatment being offered an appointment within the 3-calendar day timeliness standard was not met by 1% for FY 2021-22.**
- 8 out of 10 SDCBHS contracted OTPs were able to meet the access timeliness standard of 3 calendar days for an initial dosing of medication.
- 99% of clients who requested SUD treatment at OTP were offered an appointment within 3 calendar days from initial request.
- SDCBHS will continue to monitor the offered appointment time and work with programs to ensure the standards are met.