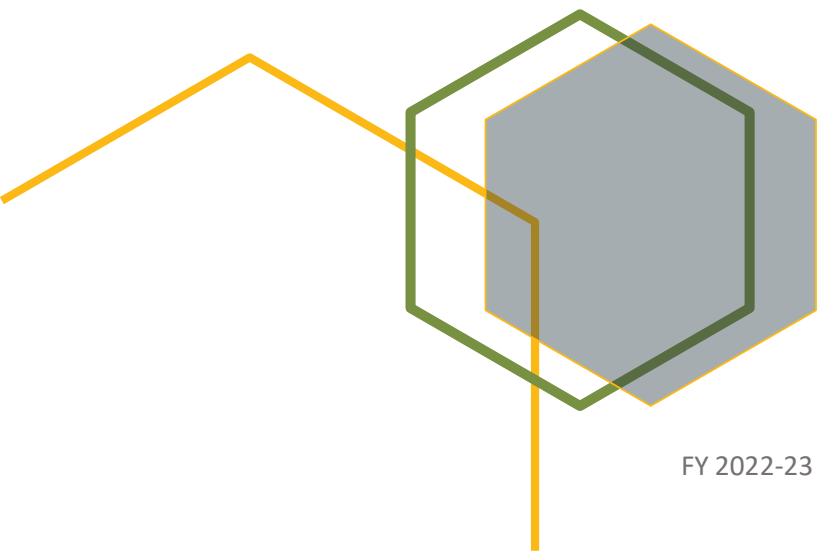


QUALITY IMPROVEMENT

Substance Use Disorder Services Work Plan Evaluation Fiscal Year 2022-2023

*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 Network Quality and Planning



Nicole Esposito, MD, Chief Population Health Officer
Nora David, LMFT, Assistant Medical Services Administrator
Liz Miles, EdD, MSW, MPH, Program Coordinator
Carlie Amacher, LMFT, URQI Supervisor
Marie Khamis, LMFT, URQI Specialist
Samantha Wilson, PsyD, LCSW, URQI Specialist
Olivia Martinez, LMFT, URQI Specialist
Conscilia Nwabueze, RN, URQI Specialist
Catherine Houghton, LMFT, URQI Specialist

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

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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 four domains: Access, Timeliness, Effectiveness of Care, and Consumer Reported Outcomes. The target areas are in line with the priorities outlined by the DHCS and the External Quality Review Organization (EQRO). 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 HHS and Behavioral Health Services' vision, mission, and strategy/guiding principles.

County of San Diego, Health and Human Services Agency

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

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

Strategy:

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

Behavioral Health Services (BHS)

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

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

Guiding Principles:

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



GOAL 1

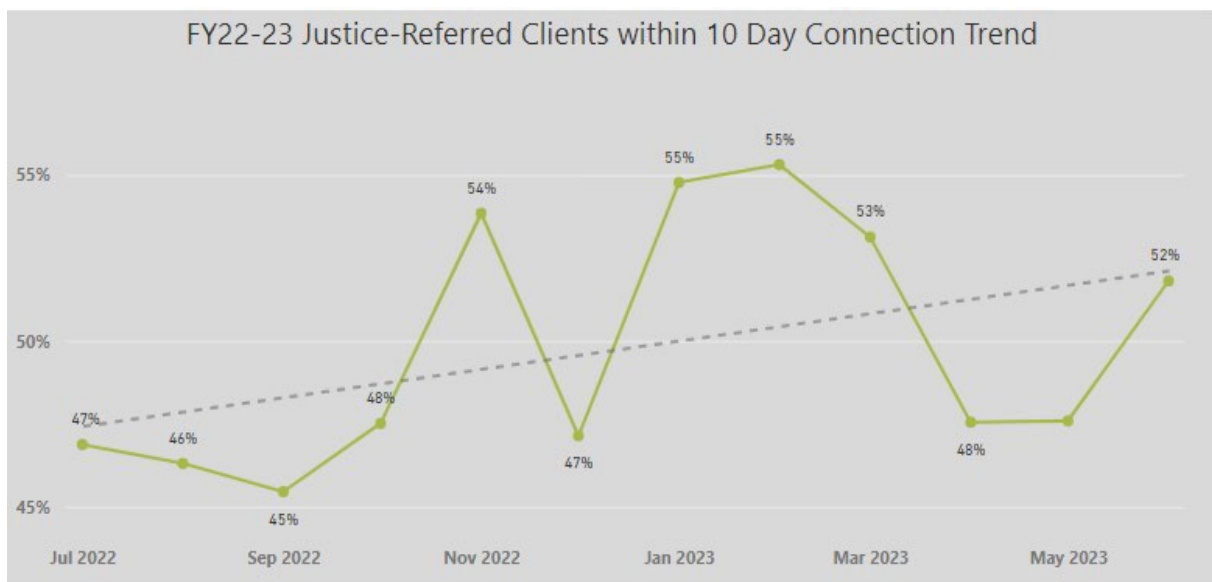
Ensure 50% of justice-referred clients discharged from a substance use treatment program with a referral are connected to another level of care within 10 days to ensure ongoing access, support, and treatment.

METHODS

Analysis for this goal is based on the SUD Justice Population Report using admission and discharge data from the SanWITS data system. For individuals with referrals, time was measured from discharge to admission to another level of care (LOC).

DATA

Charts illustrate the percentage of justice-referred clients who were discharged from an SUD program with a referral and connected to another LOC within 10 days.



RESULTS

The goal of 50% of justice-referred clients discharged from a substance use disorder treatment program with a referral to be connected within 10 days was met for FY 2022-23. In FY 2022-23, there were 3,002 justice-referred clients discharged from an SUD treatment program with a referral, and 50% were connected to another LOC within 10 days from the discharge date. 48% of clients were discharged to residential facilities, 17% to outpatient services, 14% to intensive outpatient services, 11% to withdrawal management programs, and 11% to REC programs. There is a percentage increase trend for 10-day connections throughout FY 2022-23.



GOAL 2

Increase ASAM 3.7 medically-monitored Withdrawal Management (WM) services (units of service) by 5% in the Central Region.

METHODS

San Diego County Behavioral Health Services has begun implementation of Withdrawal Management services systemwide. This service was newly added to the Regional Recovery Centers, Perinatal Programs, and APEX. APEX an outpatient withdrawal management program procured in FY 22-23 and began serving consumers in July of 2023. The program is located in Central San Diego and serves consumers county-wide. Since opening the program in July, they have received an average of 10-15 referrals per week and 5-10 intakes with these numbers increasing the longer the program has been established. Data was examined through HHS- BHS Power BI and combining the Adult Admissions by Region and Self- Reported Primary Substance Use and the Adolescent Admission by Region and Self-Reported Primary Substance Use.

SERVICES ARE ACCESSIBLE

APEX RECOVERY
OUTPATIENT DETOX WITHDRAWAL MANAGEMENT
 WE ACCEPT MEDI-CAL AND UNINSURED
 Call now for a brief screening 619-914-2690

Who We Are
 Apex Recovery offers outpatient detox/withdrawal management treatment for those struggling with substance use disorder serving San Diego County. We are a dual diagnosis treatment program designed to ensure that all clients will be treated equally regardless of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, as well as source of payment or any other non-treatment or non-service-related characteristics.

Hours
 MONDAY through FRIDAY: 7:00 AM - 6:00 PM
 SATURDAYS & SUNDAYS: 8:00 AM - 12:00 PM
 By appointment 619-914-2690

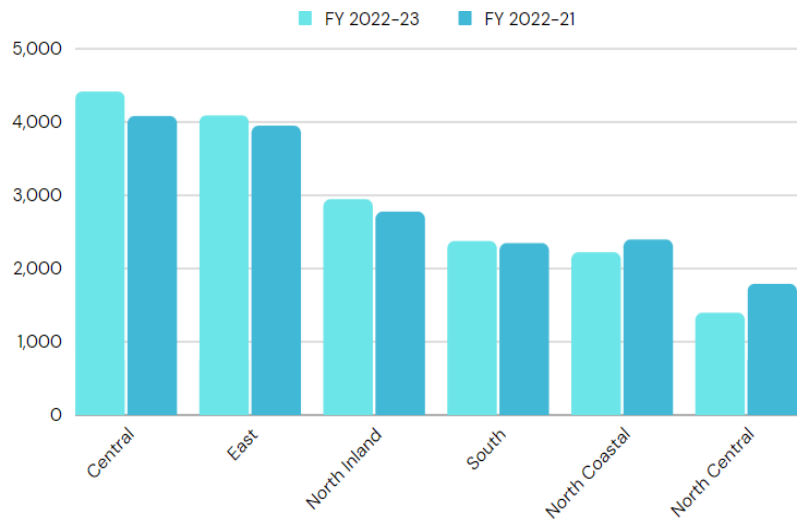
WALK-INS
 MONDAY through FRIDAY: 9:00 AM - 2:00 PM
 Additional evening and weekend hours are available by appointment 619-914-2690

Services

- Assessments
- Withdrawal Management
- Dual Diagnosis
- Counseling
- Therapy
- Coordinating care

619-914-2690 | 2810 CAMINO DEL RIO SOUTH, SUITE 106 SAN DIEGO, CA 92108

DATA



RESULTS

The goal of increasing ASAM 3.7 medically-monitored Withdrawal Management (WM) services by 5% in the Central Region was not met. Although the Withdrawal Management services goal was not met in the Central Region there was a reduction in the reported usage of Heroin from 636 in FY 2021-22 to 409 in FY 2022-23, as well as reported Marijuana usage reducing from 303 in FY 2021-22 to 298 in FY 2022-23.



GOAL 3

Distribute a minimum of 33,000 kits (2 doses in each kit) of naloxone by the end of the fiscal year throughout San Diego County.

METHODS

On the first day of the month, site leads, or their designee collect naloxone kits distribution data from the paper-based County of San Diego Naloxone Distribution Encounter Form and enter data into County Microsoft Forms for the previous month's data. Individuals scan a QR code on the naloxone vending machine to access naloxone training. Once training is complete, the individual receives a pin number that can be entered directly into the machine to access naloxone.

DATA

Naloxone Kits Distribution Table

Number of kits Distributed to Partner Organizations	Number of kits Distributed to the Community	Total
24,979	20,932	45,911

Example of a Naloxone Vending Machine



RESULTS

The goal to distribute a minimum of 33,000 kits (2 doses in each kit) of naloxone by the end of the FY 2022-23 was met and exceeded. 24,979 naloxone kits were distributed to partner organizations and 20,932 were distributed to the community. A total of 45,911 naloxone kits were distributed. Naloxone distribution locations can be obtained from [Naloxone Distribution Information](#).

SERVICES ARE ACCESSIBLE



GOAL 4

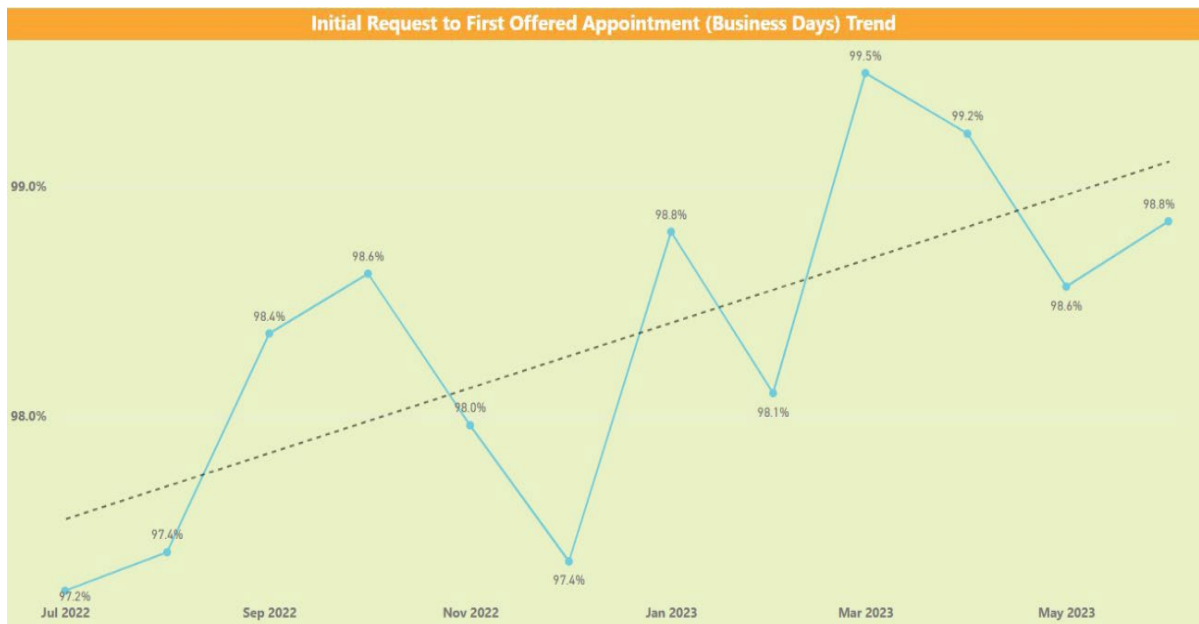
Ensure 85% of individuals seeking outpatient substance use disorder treatment are offered an appointment within the ten-day timeliness standard as measured by the first offered appointment.

METHODS

Analysis for this goal is based on the SUD Outpatient Access Time Report using initial contact data from the SanWITS data system. The timeline was measured by the duration time from the initial appointment request time to the first appointment time offered for individuals seeking outpatient SUD treatment.

DATA

The table and chart below show the percentage of clients who requested SUD treatment at outpatient programs that were offered an appointment within 10 days from the initial request.



RESULTS

The goal of 85% of individuals seeking outpatient substance use disorder treatment being offered an appointment within the 10-day timeliness standard was met for FY 2022-23. In FY 2022-23, there were 16,278 clients who requested SUD treatment at outpatient programs. Of this, 98% (16,009) of clients who requested SUD treatment at outpatient programs were offered an appointment within 10 days from the initial request. There is a percentage increase trend throughout FY 2022-23, with a minimum of 97.2% in July 2022 and a maximum of 99.5% in March 2023.

SERVICES ARE TIMELY



GOAL 5

Increase the percent of services delivered with 7 days of discharge from residential treatment by 5% in comparison with last fiscal year.

METHODS

Utilizing data identified in the Follow-up Care Post Residential Discharge Report from SanWITS, follow-up care encounter rates from SUD residential treatment are tracked. Specific data analyzed include follow-up encounters within 7 days of discharge from a SUD residential treatment. FY 2021-22 and FY 2022-23 were compared to identify trends.

DATA

Discharge Year	Total Discharges	Had Follow Up Encounters Within 7 Days	Percent
FY 21-22	4,504	1,537	34.1%
FY 22-23	4,542	1,555	34.2%

RESULTS

The goal of increasing the percent of services delivered with 7 days of discharge from residential treatment by 5% in comparison with last fiscal year was not met. However, fiscal year trends are moving in a direction of higher increases for FY 2023-24. The percentage of individuals discharged from an SUD residential placement who received a follow-up encounter within 7 days demonstrated a slight increase across FY 2021-22 and FY 2022-23 (34.1% to 34.2%).



GOAL 6

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

METHODS

The SUD OTP Access Time Report using data from SanWITS shows initial contact data. The starting point for analysis is from first point of contact initiated by individual through the first offered appointment at OTP programs. The table below highlights the percentage of individuals seeking substance use disorder treatment from an Opioid Treatment Program (OTP) who were offered an appointment/dose within the 3-business day timeliness standard.

DATA

Initial Appointment Offered Within 3 Business Days	Percent Goal Met
Adults/Children	99%

RESULTS

The goal of ensuring 100% of individuals seeking substance use disorder treatment from an Opioid Treatment Program (OTP) are offered an appointment/dose within the 3-business day timeliness standard was not met for FY 2022-23. The table above shows that 99 % of the clients who requested services at OTP programs were offered an appointment within 3 business days in FY 2022-23. Although the goal of 100 % was not met, this goal was able to be met 99% of the time.



GOAL 7

BHS will develop and incorporate an equity statement in 100% of new and amended Statements of Work (SOW).

METHODS

Discuss with the Program and Services Clinical Design and the Contract Support teams the addition of an equity statement to add to new and amended SOWs.



RESULTS

The goal of BHS developing and incorporating an equity statement in 100% of new and amended Statements of Work (SOW) was not met. An equity statement was developed, although it was decided to be put on hold in consideration of additional requirements in the SOW. These requirements include:

Add Cultural Competency Language

- In Exhibit A: Statement of Work, under Service Delivery Requirements, include the following:
 - Contractor shall comply with BHS' cultural competency requirements as referenced in the SUDPOH and/or OPOH, and shall demonstrate integration of cultural competence standards described in the San Diego County Behavioral Health Services Cultural Competence Plan (see the Cultural Competence Plan at the following link: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/technical_resource_library.html#4)
 - Contractor's services shall be culturally appropriate and offered in the client's/family's preferred language. When this is not possible, Contractor shall arrange for appropriate interpretation services.
- Add the following in the Submittal Requirements:
 - Contractor shall provide a Human Resource Plan that includes how Contractor shall recruit, hire, and retain bilingual and culturally diverse staff, and shall provide an updated Human Resource Plan when any substantive changes have been made.
 - Contractor shall identify a process to determine bilingual proficiency of staff at a minimum in the threshold languages for the County as described in the SUDPOH and/or OPOH.
 - Contractor shall describe their organization's approach of methods to achieve culturally responsive, diverse, and community based behavioral health and primary care services in performing the SOW. Provide sufficient detail that demonstrates how these approaches will effectively and efficiently meet the requirements, goals, and proposed process outcomes.

Add Cultural and Linguistically Appropriate Services Language

- In Exhibit A: Statement of Work, under Service Delivery Requirements, include the following:
 - To ensure equal access to quality care by diverse populations, each service provider receiving funds from this contract shall adopt the federal Office of Minority Health (OMH) Culturally and Linguistically Appropriate Service (CLAS) national standards. The national CLAS standards are located at: <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>



GOAL 8

Implement a clinical design process by June 30, 2022 for 100% of new competitive procurement to review programs to ensure services are data driven, evidence based and effective and provide quality.

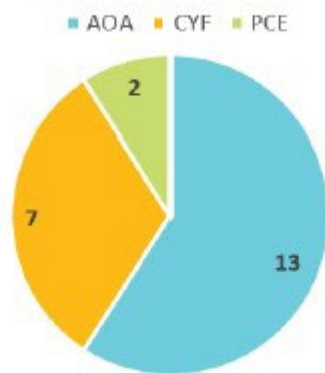
METHODS

The Programs and Services Team, in collaboration with the Contract Support Team, and Data Science worked to implement a clinical design process for 100% of new competitive procurement to ensure services are data-driven, evidence-based, and effective. Key changes in the procurement process include bundling (grouping multiple contracts together in one solicitation based on service line), staggering (varied timeline spacing between contract execution and contract start date), creation of the Procurement Dashboard on PowerBI, and implementation of the Service Planning Tool. Clinical Design meetings were scheduled early in the fiscal year to review FY 2023-24 procurements, for a countywide launch in July 2023.

DATA

FY 2022-23 CLINICAL DESIGN STATS

Number of CD Meetings/Bundles Held: 22/25



Number of Contracts in CD Cycle: 48



Note: Clinical design is identified as CD in the graphs.

RESULTS

The goal to implement a clinical design process by June 30, 2022, for 100% of new competitive procurements was met for FY 2022-23. SDCBHS began transitioning to the new procurement redesign during the 2023 fiscal year, with a countywide launch beginning on July 1, 2023. Additionally, the Procurement Dashboard is live on PowerBI. The Service Planning Tool, which is an additional enhancement in progress, is in the final stages of review and is expected to launch in the next 2-3 months.



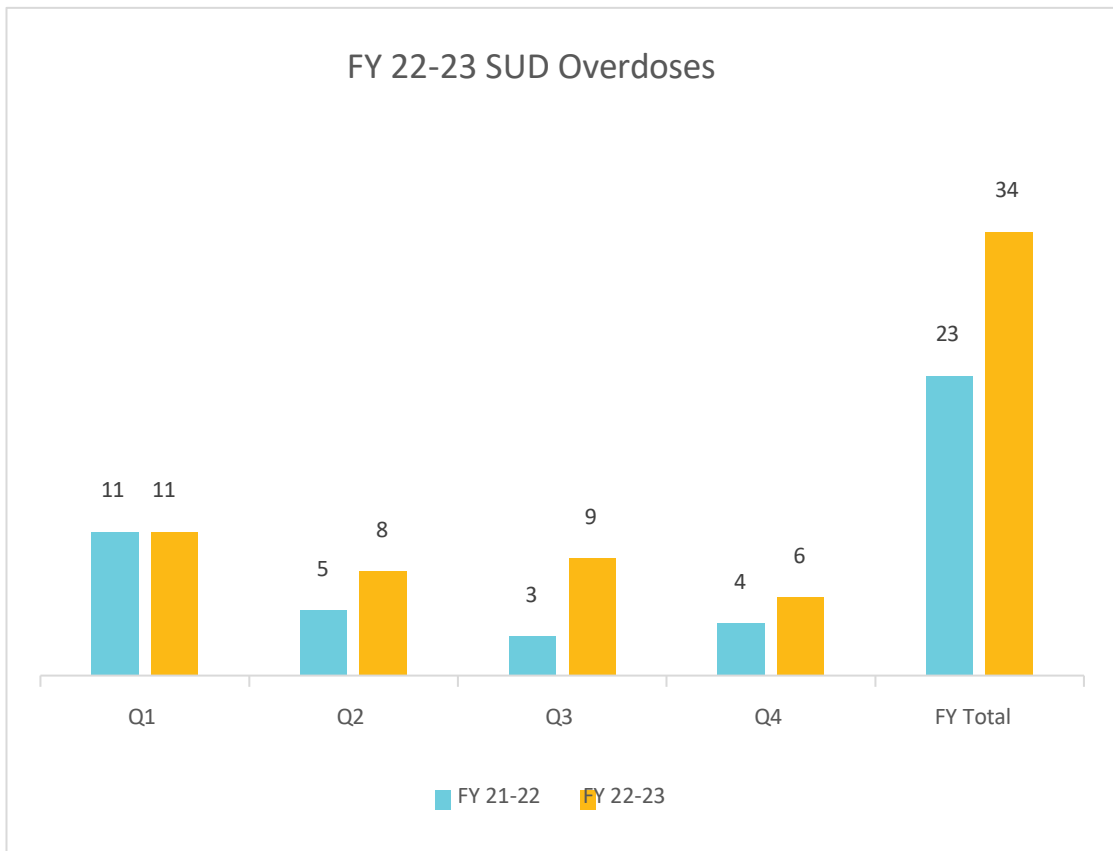
GOAL 9

Decrease the number of overdoses compared to those reported in FY 2021-22 by 5%, as reported in the System of Care Serious Incident Reports.

METHODS

Utilize the Serious Incident Report (SIR) Overdose dashboard to track quarterly overdoses. Compare overdoses between FY 2021-22 and FY 2022-23.

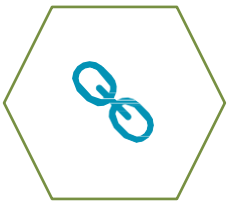
DATA



RESULTS

The goal of decreasing the number of overdoses in FY 2022-23 by 5% compared to FY 21-22 was not met. SUD overdoses increased to 34 in FY 2022-23 from 23 in FY 2021-22, an increase of 32% year-over-year. Although the goal of decreasing the number of overdoses in FY 2022-23 by 5% was not met, San Diego County has greatly increased prevention efforts. For FY 2022-23, a total of 45,911 naloxone kits were distributed to partner organizations and community members.

EFFECTIVENESS OF CARE



GOAL 10

Hold a minimum of 1 community engagement effort for each of the 5 supervisorial/regional districts to inform behavioral health program planning and design by June 30, 2023.

METHODS

In partnership with UC San Diego, “listening sessions” were implemented in all 5 supervisorial/regional districts where community members were given the opportunity to share their top healthcare concerns for their community. These sessions were conducted within existing community meetings or events in an effort to reach a wider audience.

DATA

Community member answers were analyzed separately using quantitative content analysis. Nine listening sessions were held between October 2022 and February 2023. Due to scheduling conflicts and time constraints, no listening sessions were held in the South region. For the regions that participated in the listening sessions Central, North Central had 1 session, East and North had 2 sessions, and Countywide 3 sessions were held. The top 10 themes were included in the following table (Table 10).

Table 10: Challenges Accessing Resources by Region

Challenge	All Regions	Central	East	North	North Central	Unspecified SDC Region
Insufficient health care coverage	68	1	12	39	7	9
Stigma	63	4	11	22	11	15
Staffing issues	63	1	11	17	8	26
Transportation	62	2	19	25	2	14
Unaware of services available	59	5	9	25	14	6
Waitlists and scheduling	55	3	10	11	13	18
Cultural and language barriers	46	2	9	17	4	14
Technology barriers	18	1	6	5	0	4
Basic needs are not met	15	0	2	10	0	3
Government regulations	15	0	1	2	1	6

RESULTS

The goal of holding 1 community engagement effort for each of the 5 supervisorial/regional districts by June 30, 2023 was not met. However, community engagement forum activities were implemented in 5 of the 6 HHS regions, with the goal to convene stakeholders and the community. An additional listening session was conducted with BHAB and SOC Council members. Participants agreed that the greatest need was for children and TAY programs across all regions. The 2nd and 3rd greatest needs varied by region but included needs for culturally appropriate services, prevention and early intervention, one-stop hub or integrated system and peer support/promoters/community health workers.



GOAL 11

A minimum of 90% of Youth receiving substance use treatment services will report that they are involved in setting the treatment goals together per the Treatment Perception Survey (TPS).

METHODS

Data on consumer satisfaction was collected by youth clients through the Youth Treatment Perception Survey (TPS). Survey sample criteria include:

- Clients aged 12 to 17 years served by a substance use disorder program contracted by San Diego County Behavioral Health Services (SDCBHS).
- Received at least one billed service (face-to-face, phone, telehealth, or community service) between October 17-21, 2022.

TPS results are calculated directly from submitted surveys. San Diego County received 72 Youth TPS forms for the October 2022 survey period; 16 (22%) of these surveys were submitted via paper survey and 56 (78%) were submitted via online survey. All 72 surveys were complete. Overall, 52% of clients who received a service during the reporting period, completed the survey.

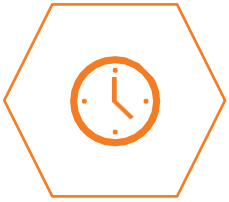
DATA

Questions based on services received in the last year	Agree/Strongly Agree (%)	Disagree/Strongly Disagree (%)
4. My counselor and I worked on treatment goals together.	73.2	4.2

NOTE: Percent does not add up to 100%, as "I am Neutral" and "Not Applicable" responses are not reported here.

RESULTS

The goal to have 90% of youth who receive substance use treatment services report that they are involved in setting the treatment goals was not met for FY 2022-23. Findings from the 72 completed surveys show that 73.2% of the youth felt they worked with their counselor on their treatment goals, which is lower than the 90% satisfaction goal.



GOAL 12

A minimum of 90% of Adults receiving substance use treatment services will report that the services were available when they were needed per the Treatment Perception Survey (TPS).

METHODS

Data on consumer satisfaction was collected by youth clients through the Adult Treatment Perception Survey (TPS). Survey sample criteria include:

- Adults served by a substance use disorder program contracted by San Diego County Behavioral Health Services (SDCBHS)
- Received at least one billed service (face-to-face, phone, telehealth, or community service) between October 17-21, 2022

TPS results are calculated directly from submitted surveys. San Diego County received 1,489 Adult TPS forms for the October 2022 survey period; 776 (52%) of these surveys were submitted via paper survey and 713 (48%) were submitted via online survey. Approximately 98% of the surveys (1,464) were complete, Overall, 33% of clients who received a service during the reporting period, completed the survey.

DATA

Questions based on services received within the last year	Agree/Strongly Agree (%)	Disagree/Strong Disagree (%)
2. Services were available when I needed them.	86.1	4.4

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

RESULTS

The goal for 90% of adults receiving substance use treatment services to report that the services were available when they were needed was not met for FY 2023-23. Findings from the 1,464 completed surveys show that 86.1% of adults felt that services were available when they were needed, which is lower than the 90% satisfaction goal.