

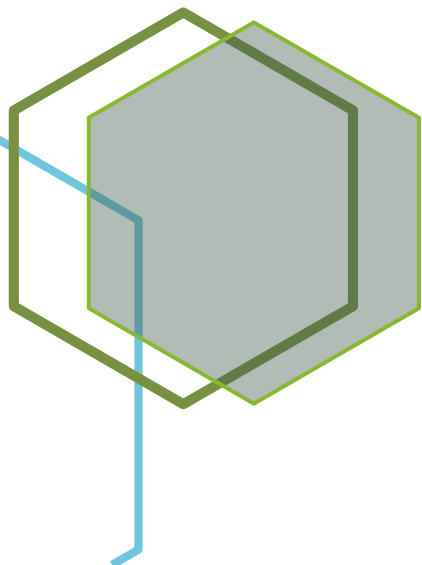


# QUALITY IMPROVEMENT WORK PLAN EVALUATION

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**Fiscal Year 2023-2024**

*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.

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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



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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](mailto: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 focus on five domains: Access to Services, Timeliness of Services, Quality/Effectiveness of Care, Consumer Reported Outcomes, and Quality Data Infrastructure. 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 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.



## Mental Health Goal 1

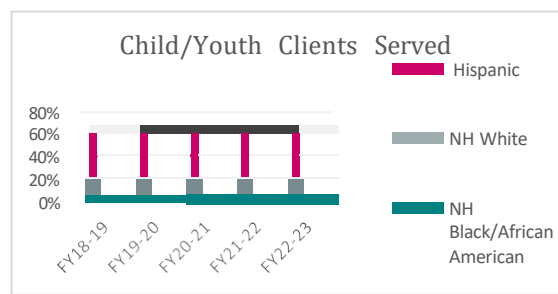
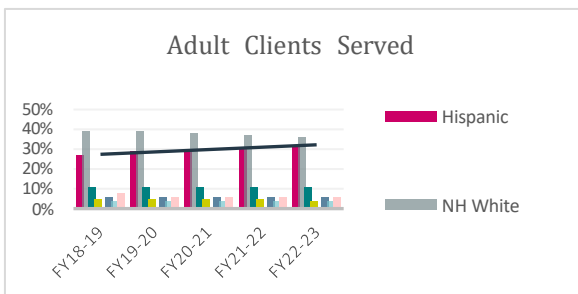
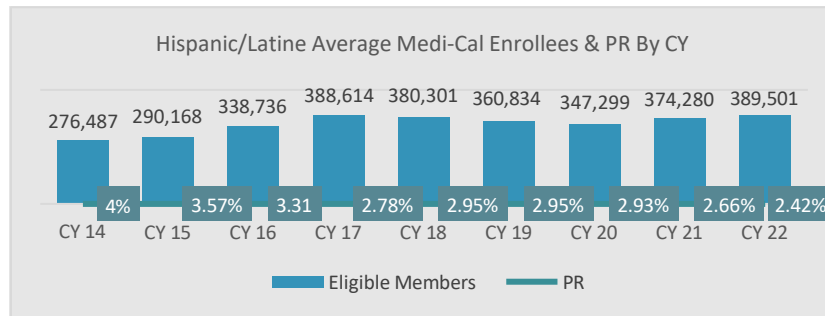
BHS will increase the penetration rate for the Latino/Hispanic population so that it is comparable (3.06%) to other large California counties for their Mental Health Plan (MHP).

### METHODS

During FY 2023-24, the Network Quality and Planning (NQP) team had undertaken a comprehensive approach to address the penetration rate (PR) in San Diego County's Behavioral Health Services (SDCBHS), including a root cause analysis with the Quarterly Review Committee (QRC). The root cause analysis revealed significant barriers to services, such as the language capacity of providers, social determinants, stigma, and a lack of trust in the system. In response, the NQP conducted a service utilization analysis, focusing on the level of care and language capacity, to pinpoint areas for improvement. NQP then engaged with stakeholders and outpatient providers to solicit further feedback and refine strategies. Collaboration with the Communications team to increase media coverage of behavioral health services in densely populated Hispanic/Latine communities is in progress.

The PR is calculated by dividing the number of unduplicated beneficiaries served by the monthly average Medi-Cal enrollee count. Hispanic/Latine PR baseline data for San Diego County, as reported by the state for calendar year (CY) 2022, was 2.42%. In addition to state-reported data, SDBHS also analyzed recent internal PR data (Quarterly County of San Diego Behavioral Health Services Report) and total clients served data (Quarterly Dashboard).

### DATA



### RESULTS

**The goal to increase the Hispanic/Latine PR to align with larger counties of California was not met for FY 2023-24.** The direction of the Hispanic/Latine PR has generally decreased since CY 14, while eligible clients have increased by 113,014. More recent internal data illustrates a similar trend with declining PR rates and increased eligible enrollees. Though PR rates have declined, the number of Hispanic/Latine clients SDCBHS serves has consistently increased across adult and children services. The Hispanic/Latine population is the second highest-served population in adult services and the highest-served population in children services. Overall, although the PR has not increased, work to reach eligible members is evident in the local client-served data. Ongoing efforts will continue to be implemented to reach the growing eligible Hispanic/Latine population.

SERVICES ARE ACCESSIBLE



## Mental Health Goal 2

Begin construction of a new East Region Crisis Stabilization Unit to increase the number of crisis stabilization recliners in the east county.

### METHODS

The County of San Diego and partner agencies broke ground on July 18, 2024, for the East Region Crisis Stabilization Unit (CSU). The new 14,000 square foot building is being built on County-owned property in El Cajon. It is expected to open in the fall of 2025 and be the first in CSU East County. The East Region CSU unit project has a roughly \$29 million budget. It will be environmentally sound and built to the U.S. Green Building Council's LEED certifications. The East Region CSU will provide immediate mental health support and treatment services in a calm setting to adults with serious behavioral health needs who require urgent care beyond what an outpatient clinical service can provide. This project was formerly known as the East Region CSU/RBC.

### DATA

The East Region CSU will give people who are suffering with a mental health crisis a place to get around-the-clock help for up to 24 hours. This facility will enhance the service offerings available to those living in East County ensuring care is accessible in their community. Services are short-term basis including crisis intervention, mental health assessment, medication assistance, therapy and peer support, resources, and connections to ongoing behavioral health services. The East Region CSU is scheduled to have 12-16 recliners.



*Artist's rendering of East County Crisis Stabilization Unit.*

### RESULTS

**The goal to begin construction of the East Region Crisis Stabilization was met, this was initiated on July 18, 2024.** The facility will be in El Cajon at 200 Magnolia Avenue and West Douglas Avenue. The site is close to public transit and freeways for easy access, and other East County-based behavioral health services for connection to ongoing support or treatment. For more information visit [CSU \(sandiegocounty.gov\)](https://www.sandiegocounty.gov)



### Mental Health Goal 3

Increase the percent of appointments that met the timely access standard for first non-urgent outpatient service rendered by 5% compared to FY 2022-2023.

#### METHODS

San Diego County Behavioral Health Services developed data infrastructure to track first rendered service rates that meet the standard and provide data to providers for program level QI. BHS created a workgroup with SME's focused on adult and youth who are served in San Diego County to review current access times and the state set standard.

#### DATA

When comparing FY 2022-23 to FY 2023-24, the percent of appointments that met the timely access standard for first non-urgent outpatient service rendered changed from 52.3% to 50.1%, which indicates a slight decrease.

FY 2023-24	1 <sup>st</sup> Service Rendered
Total Count	3,410
Total Percent that Met the 10-day Timeliness Standard	50.1%

FY 2022-23	1 <sup>st</sup> Service Rendered
Total Count	3,307
Total Percent that Met the 10-day Timeliness Standard	52.3%

#### RESULTS

**The goal of increasing the percent of appointments that met the timely access standard for first non-urgent outpatient service rendered by 5% compared to FY 2022-23 was not met.** However, there were over 2,000 additional access times data entries from the previous fiscal year. San Diego County is committed to continually monitoring and addressing timely access for all of the MH services offered and will continue to strive to improve access for all.

SERVICES ARE TIMELY





## Mental Health Goal 4

Implement a QI process to increase the Access to Services Journal (ASJ) data entries from a current baseline of 61% for all MH programs in FY 2022-23 to 70% in FY 2023-24.

### METHODS

To implement a QI process the data from the Access Service Journal Entries Follow-Up was utilized for FY 2022-23 to establish a baseline of 61%. In response to overwhelming provider feedback, MHS provided an FAQ document on Optum ([MH Access Times FAQ and Tip Sheet](#)) to providers to increase access and ASJ entries., Contracting Officer Representatives (CORs) have regular discussions with programs regarding their ASJ entries. The BHS QA team provides office hours weekly to providers if they have questions. San Diego County is continually monitoring data integrity.

### DATA

Out of all active Outpatient programs, 70.9% entered data in the ASJ in FY 2023-24 and the remaining 29.1% have no data entered.

Of the programs that entered data into the ASJ in FY 2023-24, 51 programs served children and 22 programs served adults.

### RESULTS

**The goal of implementing a QI process to increase the Access to Services Journal (ASJ) data entries from a current baseline of 61% for all MH programs in FY 2022-23 to 70% in FY 2023-24 was met.** More ASJ entries occurred in FY 2023-24. With the upcoming transition to SmartCare, the ASJ will be phased out and a new manner of recording initial requests will be introduced and widely trained on throughout the county.



## **Mental Health Goal 5**

Establish baseline performance for the transition of care tool connection rate between the Managed Care Plans (MCPs) and the Mental Health Plan (MHP) in FY 2023-24.

### METHODS

A flow chart was created to outline the steps from MCP to MHP. Once the MCP identifies a member who needs a referral to MHP, the MHP completes the transition tool and emails the referral to a transition of care specific email address at the county. San Diego County Behavioral Health Services (SDCBHS, also referred to as the MHP) then contacts the MCP for additional documentation and BHS contacts the client/caregiver that day (daily attempts will be made 2 more times). SDCBHS will work on connecting client to appropriate services. Within 3 days of receiving the referral, BHS will contact the MCP regarding the outcome.

### DATA

San Diego County created a spreadsheet document specifically for screening and tracking transitions of care.

	<b>TOC Referrals Received</b>	<b>Connection Rate</b>
Adult Members	147	31
Child/Youth Members	27	14
<b>TOTALS</b>	<b>173</b>	<b>45</b>

### RESULTS

**The goal of establishing baseline performance for the transition of care tool connection rate between the Managed Care Plans (MCPs) and the Mental Health Plan (MHP) in FY 2023-24 was met.**



## Mental Health Goal 6

Establish a training to promote standardization for technical assistance to providers by enhancing COR knowledge on cultural competence and advancing equity.

### METHODS

Provide a series of four Cultural Competence (CC) trainings to Contracting Officer Representatives (CORs) and analysts. Four trainings were scheduled at monthly COR meetings in Q1 and Q2 of FY 2023-24. Training audience included CORs and contract analysts.

### DATA



### RESULTS

**The goal to establish a training to promote standardization for technical assistance to providers by enhancing COR knowledge on cultural competence and advancing equity was met for FY 2023-24.** The trainings were held as scheduled with the intention to standardize the knowledge of BHS staff and aid in better technical assistance being provided to contractors. Positive feedback was received.



## Mental Health Goal 7

A minimum of 90% of participants receiving mental health treatment services will report that staff were sensitive to their cultural background (race/ethnicity, religion, language etc.) per the Consumer Satisfaction Survey.

### METHODS

This goal utilized the response rates from the Consumer Satisfaction Survey (CSS), Mental Health Statistics Improvement Project (MHSIP) survey tool for adults' question #18 "Staff were sensitive to my cultural background" and the Youth Services Survey (YSS) question #15 "Staff were sensitive to my cultural/ethnic background." The previous fiscal year's baseline rates reported MHSIP adults having 87.6%, YSS parent/caregiver 97.0% and YSS Youth 84.6%.

### DATA

#### Consumer Satisfaction Survey

MHSIP 2023		Question	% Strongly Disagree	% Strongly Agree/Agree
Adult Mental Health Services	#18	"Staff were sensitive to my cultural background."	2.00%	87.90%
YSS 2023		Question	% Strongly Disagree	% Strongly Agree/Agree
Parent/Caregiver	#15	"Staff were sensitive to my cultural/ethnic background."	1.30%	97.50%
Youth	#15	"Staff were sensitive to my cultural/ethnic background."	4.10%	82.80%

### RESULTS

**The goal to meet a minimum of 90% per the Consumer Satisfaction Survey was not met for FY 2023-24.** The MHSIP survey data indicated for FY 2023-24 that 87.9 % of participants reported that staff were sensitive to their cultural background. This is a 0.3% increase from 87.6% in FY 2022-23 but does not meet the current FY 2023-24 goal. The YSS survey for FY 2023-24 data reported that 97.5% of parents/caregivers and 82.80% of youth strongly agree or agree staff were sensitive to their cultural/ethnic background, but does not meet the current FY 2023-24 goal. In FY 2022-23 parents/caregivers reported a 97.0% agreement indicating a 0.5% increase from FY 2022-23. Youth reported a 1.8% decrease from FY 2022-23.



## Mental Health Goal 8

A minimum of 62% of participants receiving mental health treatment services will report that as a direct result of services, they do better in school/work per the Consumer Satisfaction Survey.

### METHODS

This goal utilized the response rates from the Consumer Satisfaction Survey (CSS), Mental Health Statistics Improvement Project (MHSIP) survey tool for adults question #26 "I do better in school and/or work" and the Youth Services Survey (YSS) question #19 "My child is doing better in school and/or work." The previous fiscal year's baseline rates reported CSS having a 58.9%, YSS parent/caregiver 65.4%, and YSS Youth 60.0%.

### DATA

#### Consumer Satisfaction Survey

MHSIP 2023		Question	% Strongly Disagree	% Strongly Agree/Agree
Adult Mental Health Services	#26	"I do better in school and/or work."	8.80%	61.80%
YSS 2023		Question	% Strongly Disagree	% Strongly Agree/Agree
Parent/Caregiver	#19	"My child is doing better in school and/or work."	9.40%	70.90%
Youth	#19	"I am doing better in school/or work."	12.40%	63.70%

### RESULTS

**The goal to meet a minimum of 62% per the Consumer Satisfaction Survey was not met for FY 2023-24.** The MHSIP survey data indicated for FY 2023-24 that 61.8% of participants reported as a direct result of services, they did better in school/work based on services within the last 6 months. This is a 2.9% increase from 58.9% in FY 2022-23 but does not meet the current FY 2023-24 goal. The YSS survey data indicated for FY 2023-24 that 70.9% of participants as a direct result of services, their child is doing better in school and/or work within the last 6 months. This is a 5.5% increase from 65.4% for parent/caregiver and a 3.70% increase for Youth from FY 2022-23, but does not meet the current FY 2023-24 goal.



## Substance Use Disorder Goal 1

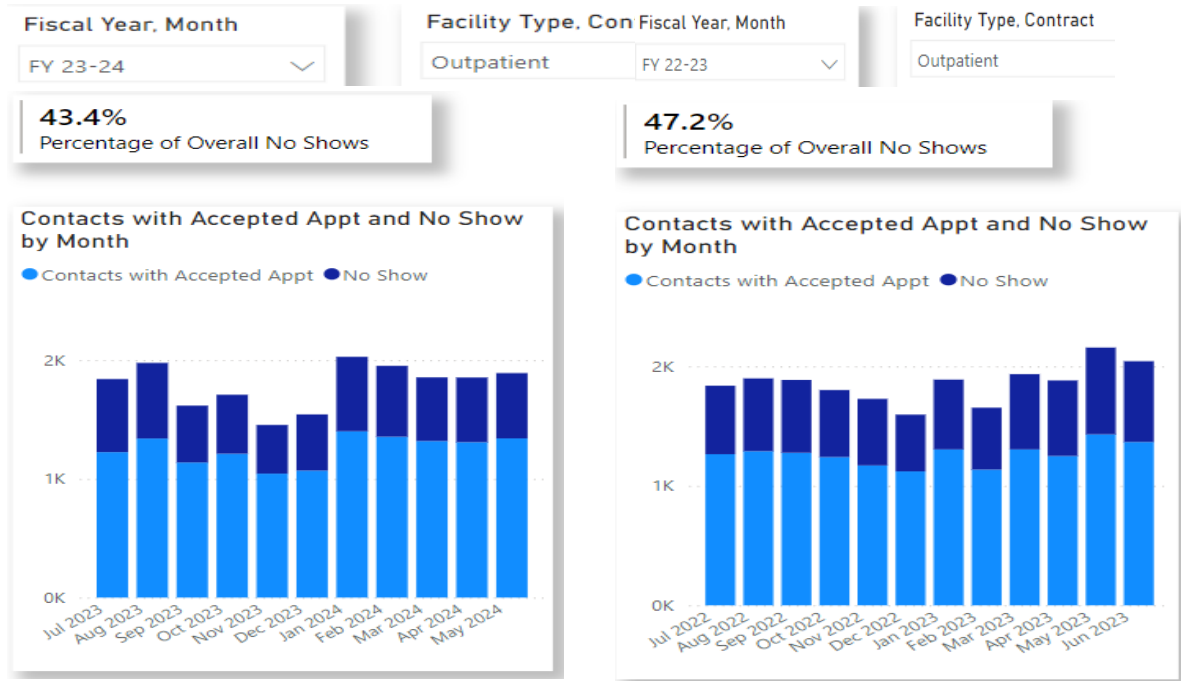
Decrease the rate of no shows to first scheduled appointment for outpatient level of care by 5% when compared to FY 2022-23.

### METHODS

San Diego County Behavioral Health Services created a workgroup to address the no show rates for outpatient level of care initial appointments to the DMC-ODS system of care. Interventions were provided to both CORs and programs. A training was provided to CORs, an FAQ document, and a new dashboard were created to help with monitoring and reviewing program data. A new report in SanWITs was requested by providers and created for programs to run their own no-show data for on-going quality improvement monitoring. A brief resource guide was created in addition for program monitoring of no-shows to initial appointments.

### DATA

The table below is from a newly created dashboard that shows the number of no-show first appointments compared to the number of first appointments that were completed. The overall percentage of no-show appointments is included. The data displayed below is representing FY 2023-2024 and FY 2022-23.



### RESULTS

**The goal of decreasing the rate of no shows for first scheduled appointments within outpatient level of care by 5% when compared to FY 2022-23 was not met.** While there was a decrease of 3.8% in FY 2022-23, the no-show rate was 47.2% and in FY 2023-24 the no-show rate was 43.4%.

SERVICES ARE ACCESSIBLE



## Substance Use Disorder Goal 2

Increase the number of Justice involved individuals connected to care in the DMC-ODS system by 5% in FY 2023-24.

### METHODS

Analysis for this goal is based on the substance use disorder (SUD) Justice Population Report from FY 2022-23 that established a baseline of 50% of justice involved individuals connected to care in the DMC-ODS system.

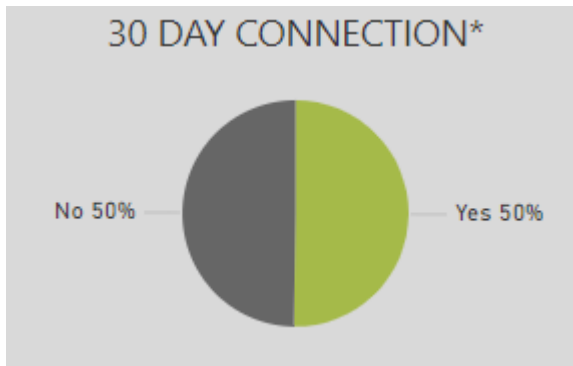
### DATA

# SUD JUSTICE POPULATION REPORT

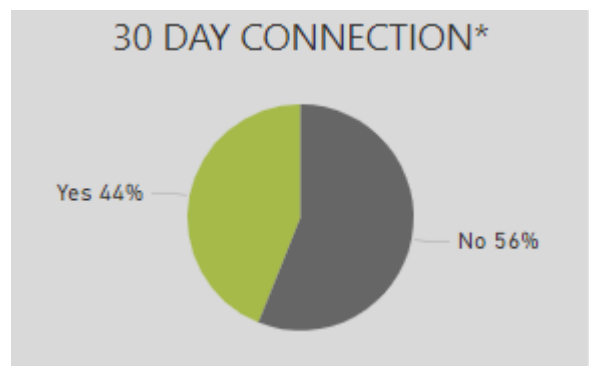
COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES



Reporting Period 7/1/2022-6/30/2023



Reporting Period 7/1/2023-3/31/2024



### RESULTS

**The goal to increase connection to care with justice involved individuals in the DMC-ODS system by 5% in FY 2023-24 was not met.** The SUD Justice Population Report indicated for FY 2023-24 that 44% of individuals were connected to care. This is a 6% decrease from 50% in FY 2022-23 not meeting the current FY 2023-24 goal.

SERVICES ARE ACCESSIBLE



## Substance Use Disorder Goal 3

Begin construction for the new Recovery Bridge Center, which will include sobering services and outpatient substance use disorder services for the east county region.

### METHODS

This project was formerly known as the East Region Crisis and Stabilization Unit (CSU) and Recovery Bridge Center (RBC). Previous plans for this CSU included a RBC with a sobering center and outpatient substance use disorder (SUD) services. In light of conservatorship reform, and an emphasis on substance use disorder care at LPS-designated facilities, these plans have shifted. The Program Team decided to remove the RBC and replace the space for future use.

### DATA

SERVICES ARE ACCESSIBLE

COUNTYWIDE SERVICES (CONT'D)	ANCILLARY SERVICES (CONT'D)	
<p><b>RESIDENTIAL SERVICES</b></p> <p><b>McAllister Institute for Treatment and Education (MITE)</b>  <b>Perinatal Withdrawal Management</b>                      2049 Skyline Dr.                      Lemon Grove, CA 91945                      Tel: (619) 465-7303                      Website: <a href="http://www.mcallisterinc.org/programs">www.mcallisterinc.org/programs</a></p> <p><b>North County Serenity House</b>                      (Accepts women with children age 5 and under)                      1341 North Escondido Blvd.                      Escondido, CA 92026                      Tel: (760) 747-1015                      Tel: (760) 741-5098 (bed availability)                      Website: <a href="http://www.healthright360.org/agency/north-county-serenity-house">www.healthright360.org/agency/north-county-serenity-house</a></p> <p><b>Turning Point</b>                      1315 25th St.                      San Diego, CA 92102                      Tel: (619) 233-0067                      Website: <a href="http://www.turningpointhome.org">www.turningpointhome.org</a></p> <p><b>ANCILLARY SERVICES</b></p> <p><b>Catholic Charities, Inc. (Recovery Drop-in)</b>  <b>Rachel's Women's Center</b>                      759 6th Ave.                      San Diego, CA 92101                      Tel: (619) 696-0873                      Website: <a href="http://www.ccsd.org/programs/homeless-womens-services">www.ccsd.org/programs/homeless-womens-services</a></p> <p><b>Vista Hill Foundation (VHF)</b>  <b>CalWORKs Case Management</b>                      Tel: (619) 431-2103                      Website: <a href="http://www.vistahill.org/programs-services/calworks-case-management-services">www.vistahill.org/programs-services/calworks-case-management-services</a></p> <p><b>Vista Hill Foundation (VHF)</b>  <b>Dependency Drug Court</b>                      Tel: (619) 668-4265                      Website: <a href="http://www.vistahill.org/programs-services/dependency-drug-court">www.vistahill.org/programs-services/dependency-drug-court</a></p> <p><b>Pregnant women have priority admission to recovery and treatment programs</b></p>	<p><b>ANCILLARY SERVICES (CONT'D)</b></p> <p>Public Health Nursing Home Visiting Services                      To make a referral, please call one of the following:</p> <ul style="list-style-type: none"> <li>•▲ North Coastal-Oceanside (760) 967-4401</li> <li>North Inland-Escondido (760) 740-4000</li> <li>North Central-Kearny Mesa (858) 573-7300</li> <li>Central-Mid City (619) 229-5400</li> <li>East-El Cajon (619) 441-6500</li> <li>South-Chula Vista (619) 409-3110</li> </ul> <p><b>CALL 2-1-1 FOR REFERRALS OR INFORMATION</b></p> <p><i>Clients receiving services through County of San Diego contracted SUD programs are treated with equality, in a welcoming, nondiscriminatory manner, consistent with applicable state and federal law. Client fees are waived for Medi-Cal eligible persons participating in Medi-Cal certified services (except for required share of cost). No services will be refused due to a client's inability to pay.</i></p> <p><a href="http://www.sandiegocounty.gov/hhsa/programs/bhs">www.sandiegocounty.gov/hhsa/programs/bhs</a></p> <p><a href="http://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/dmc_ods.html">www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/dmc_ods.html</a></p>	<p><b>County of San Diego Health and Human Services Agency</b></p> <p><b>DIRECTORY OF SUBSTANCE USE DISORDER PROGRAMS FOR WOMEN</b></p> <p><b>Behavioral Health Services</b>                      3255 Camino Del Rio South                      San Diego, CA 92108                      (No services provided at this location)                      *****</p> <p><b>SAN DIEGO ACCESS &amp; CRISIS LINE</b>  <b>1-888-724-7240</b>  <b>TDD/TTY Dial 711</b>                      Free assistance 7 days / 24 hours</p> <p><a href="http://www.livewellsd.org">www.livewellsd.org</a></p> <p></p>

### RESULTS

The goal to begin construction for the new Recovery Bridge Center was not met. The Program Team decided to remove the RBC after receiving an estimate on the project cost and determined to remove the RBC and replace its space for future use. County is working with the state to optimize access for crisis stabilization services for those with SUD.





## Substance Use Disorder Goal 4

Increase the percent that met the standard for follow up services post residential treatment within 7 days.

### METHODS

San Diego County Behavioral Health Services created a workgroup to address improving the time for follow-up services post residential treatment. SDCBHS additionally presented the FY 2022-23 data at stakeholder meetings for review of data integrity and standards, and to obtain feedback on root causes. Individual meetings were conducted between providers and SDCBHS to further review the data provided and ensuring accuracy of reporting. Clarification was provided through an FAQ document that was sent to the providers and CORs.

### DATA

Table 10: FY 2022-23 DMC Assessment of Timely Access

Timeliness Measure	Average/Rate	Standard	% That Meet Standard
First Non-Urgent Appointment Offered	3.6 Business Days	10 Business Days*	94.3%
First Non-Urgent Service Rendered**	5.2 Business Days	10 Business Days***	90.6%
Non-Urgent MAT Request to First NTP/OTP Appointment	0.1 Business Days	3 Business Days*	99.3%
Urgent Services Offered	52.2 Hours	48 Hours**	70.9%
Follow-up Services Post-Residential Treatment	35.7 Days	7 Days***	33.0%
WM Readmission Rates Within 30 Days	6.6%	n/a	n/a
No-Shows	37.0%	n/a	n/a

\* DHCS-defined timeliness standards as per BHIN 21-023 and 22-033  
 \*\* Outpatient services only, OTP and residential reported separately  
 \*\*\* DMC-ODS-defined timeliness standards

For the FY 2022-23 EQR, the DMC-ODS reported its performance for the following time period: CY 2022

Table 10: FY 2023-24 San Diego DMC-ODS Assessment of Timely Access

Timeliness Measure	Average/Rate	Standard	% That Meet Standard
First Non-Urgent Appointment Offered	3.2 Business Days	10 Business Days*	95.2%
First Non-Urgent Service Rendered***	4.2 Business Days	10 Business Days**	93.4%
Non-Urgent MAT Request to First Offered NTP/OTP Appointment	0.1 Business Days	3 Business Days*	99.7%
Urgent Services Offered	58.6 Hours	48 Hours**	70.2%
Follow-up Services Post-Residential Treatment	26.4 Calendar Days	7 Calendar Days	33.9%
WM Readmission Rates Within 30 Days	8.6%	n/a	n/a
No-Shows	38.2%	n/a	n/a

\* DHCS-defined timeliness standards as per BHIN 22-033  
 \*\* DMC-ODS-defined timeliness standards  
 \*\*\* Outpatient services only, OTP and residential reported separately in the ATA form.

For the FY 2023-24 EQR, the DMC-ODS reported its performance for the following time period: CY 2023

### RESULTS

**The goal of increasing the percent that met the standard for follow up services post residential treatment within 7 days was met.** In FY 2022-23 the post residential follow-up services post residential discharge treatment within 7 days was 33%, whereas in FY 2023-24 the follow-up rate was 33.9%. Although the increase was small, it still showed an improvement of 0.9%.

SERVICES ARE TIMELY



## Substance Use Disorder Goal 5

Establish baseline performance for overdoses tracked through Serious Incident Reports (SIRs) and develop a training toolkit to promote standardization for technical assistance to providers by enhancing COR knowledge of overdose trends and best practices.

### METHODS

The Population Health Network Quality and Planning (NQP) team begin working with Data Science, Epidemiology, and Health Plan Operations to develop a DMC-ODS overdose dashboard and overdose training toolkit designed to track the rate of substance overdose by program and level of care.

### DATA



### RESULTS

**The goal to establish a baseline performance for overdoses tracked through SIRs and the development of a training toolkit was met in FY 2023-24.** The Overdose Dashboard was developed in FY 2022-23, this initiated the tracking for baseline performance. An Overdose Training Toolkit PowerPoint was developed by Population Health NQP team along with Residential and Outpatient Overdose response protocols. The toolkit promote standardization for technical assistance to providers by enhancing COR knowledge of overdose trends and best practices.



## Substance Use Disorder Goal 6

Establish a process to monitor and establish baseline performance of the coordination of physical and mental health services at the DMC-ODS provider level.

### METHODS

The SDCBHS Drug Medi-Cal Organized Delivery System (DMC-ODS) Quality Assurance team added two new assessment questions in the Medical Record Review (MRR) tool in FY 2023-24.

### DATA

PN8	For clients with physical health needs related to their mental health treatment, do progress notes document that physical health care is integrated into treatment through education, resources, referrals, symptom management and/or care coordination with physical healthcare providers?	94%
CC2	Do services identify activities that provide coordination of SUD care, mental health care, and medical care, in addition to supporting the client with linkages to services and supports designed to restore the client to their best possible functional level?	94%

### RESULTS

**The goal of establishing a process to monitor and create a baseline performance for FY 2023-24 coordination of physical and mental health care was met.** The Medical Record Review (MRR) data indicated that for FY 2023-24 94% of charts audited showed evidence of care coordination activities at the provider level.



## Substance Use Disorder Goal 7

Establish a training to promote standardization for technical assistance to providers by enhancing COR knowledge on cultural competence and advancing equity.

### METHODS

Provide a series of four Cultural Competence (CC) trainings to Contracting Officer Representatives (CORs) and analysts. Four trainings were scheduled at monthly COR meetings in Q1 and Q2 of FY 2023-24. Training audience included CORs and contract analysts.

### DATA



### RESULTS

**The goal to establish a training to promote standardization for technical assistance to providers by enhancing COR knowledge on cultural competence and advancing equity was met for FY 2023-24.** The trainings were held as scheduled with the intention to standardize the knowledge of BHS staff and aid in better technical assistance being provided to contractors. Positive feedback was received.



## Substance Use Disorder Goal 8

A minimum of 90% of participants receiving substance use treatment services will report that staff were sensitive to their cultural background (race/ethnicity, religion, language, etc.) per the Treatment Perception Survey (TPS).

### METHODS

Utilizing the annual Adult Treatment Perception (TPS) survey question #7 and the Youth Treatment Perception survey question #9 “Staff were sensitive to my cultural background” [System of Care Evaluation \(SOCE\) \(sandiegocounty.gov\)](https://www.sandiegocounty.gov/system-of-care-evaluation)

### DATA

#### Treatment Perceptions Survey

TPS 2023		Question	% Strongly Disagree	% Strongly Agree/Agree
Adult	#7	“Staff were sensitive to my cultural background.”	3.40%	86.90%
Youth	#9	“Staff were sensitive to my cultural background.”	8.80%	76.30%

### RESULTS

**The goal to meet a minimum of 90% per the Adult Treatment Perception Survey was not met.** The adult TPS survey data indicated for FY 2023-24 that 86.9% of participants reported that staff were sensitive to their cultural background this is a 0.7% decrease from 87.6% FY 2022-23. The youth TPS survey data indicated for FY 2023-24 that 76.3 % of participants reported that staff were sensitive to their cultural background. This is a **16.9% increase** from 59.4% in FY 2022-23.



## Substance Use Disorder Goal 9

A minimum of 85% of participants receiving substance use treatment services will report that staff worked directly with their physical health care providers to support their wellness, per the Treatment Perception Survey (TPS).

### METHODS

Utilizing the Adult Treatment Perception (TPS) survey question #11 “Staff here work with my physical health providers to support my wellness” from the previous fiscal year’s baseline of 81.4% to conduct the assessment.

### DATA

#### Treatment Perceptions Survey

TPS 2023		Question	% Strongly Disagree	% Strongly Agree/Agree
Adult	#11	“Staff here work with my mental health providers to support my wellness.”	5.60%	80.30%

### RESULTS

**The goal to meet a minimum of 85% per the Adult Treatment Perception Survey was not met.** The TPS survey data indicated for FY 2023-24 that 80.3% of participants reported that staff work with their physical health providers to support their wellness, which is a 1.1% decrease from 81.4% in FY 2022-23.



## Quality Data Infrastructure Goal 1

BHS will collaborate with stakeholders to solicit input regarding the rollout of the new EHR and will present monthly updates to the providers on the EHR implementation.

### METHODS

The California Mental Health Services Authority's (CalMHSA) SmartCare system meets the needs and regulatory requirements of participating California counties, with the necessary documentation and workflow already in place. While workflow design workshops were not required, Stakeholders were encouraged to participate and ask questions during monthly combined mental health plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) virtual Townhall meetings, where implementation updates were provided. The FAQs and project updates discussed in the Townhalls were conveniently accessible on the SmartCare tab of the MHP and DMC-ODS Provider Page on the [Optum](#) website.

- At one of the Townhall meetings, a survey was conducted to gather data on SOC training preferences.

Bi-weekly subject-matter expert (SME) in-person demonstration sessions with both County and contracted providers were held for advising on testing, training, and change management activities. A total of 80 SMEs were given access to the Sandbox, the train domain, to test its functionality and workflow. After the completion of the Sandbox assessment, those SMEs transitioned into an advisory group that was tasked with reviewing and providing recommendations on various components of implementation planning. Other SMEs conducted a thorough review of SmartCare, focusing on specific features and user roles.

### DATA

A survey on training preferences which received 798 responses, revealed that 61% of stakeholders preferred video tutorials, while 39% preferred classroom training. There was a notable demand for live virtual training based on the text responses received. In response to the training feedback, CalMHSA implemented mandatory SmartCare training through on-demand online videos. Optional training sessions include interactive live instructors, offered in both in-person and online settings.

### RESULTS

**The goal to collaborate with stakeholders to solicit input regarding the rollout of the new EHR and present monthly updates to the providers on the EHR implementation was met.** To engage the SOC in the project rollout, regular demonstration sessions and virtual Townhall meetings were organized to address questions, share updates, and collect feedback. Conveniently, the Optum website offered access to the FAQs and project updates. A survey was conducted to determine stakeholders' training preferences, and the feedback was used to tailor SmartCare training.



## Quality Data Infrastructure Goal 2

Establish a data infrastructure to report on DHCS required HEDIS measures within FY 2023-24.

### METHODS

San Diego County Behavioral Health Services (BHS) organized four monthly HEDIS workgroup meetings that brought together members from the Data Science, Epidemiology, Network Quality and Planning, and UCSD teams. These meetings served as a platform for discussions on claims data issues, HEDIS guidelines and methodology, technical assistance (TA) sessions, and the integration of the California Mental Health Services Authority’s (CALMHSA) SmartCare electronic health record (EHR) with HEDIS. At the conclusion of each meeting, essential workgroup members were assigned tasks related to HEDIS reporting.

San Diego County Health and Human Services Agency approved the CalMHSA Quality Measures Participation Agreement, enabling CALMHSA to work with San Diego County in order to calculate MY 2023 HEDIS rates.

### DATA

The Network Quality and Planning team developed a HEDIS methodology spreadsheet in addition to a summary of the 24-004 BHIN HEDIS requirements shared in multiple executive leadership meetings, along with San Diego County’s baseline rates.

San Diego County MY 2022 MHP Baseline rates

Measure Name	Measure Methodology	DHCS Baseline Values
Follow up After Emergency Department Visit for Alcohol and Other Drug Abuse (FUA)	This measure assesses the percentage of ED visits for members 13 years of age and older with a principal diagnosis of substance use disorder (SUD) or any diagnosis of unintentional drug overdose, with a follow up visit. Two rates are reported: <ol style="list-style-type: none"> <li>The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).</li> <li>The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).</li> </ol>	<b>FUA 30</b> Numerator: 3097 Denominator: 9696 Rate: 31.9%  <b>FUA 7</b> Numerator: 2075 Denominator: 9696 Rate: 21.4%
Pharmacotherapy for Opioid Use Disorder (POD)	This measure assesses the percentage of opioid use disorder (OUD) pharmacotherapy treatment events among members age 16 and older that continue for at least 180 days (6 months).	Numerator: 496 Denominator: 3902 Rate: 12.7%
Initiation and Engagement of Substance Use Disorder Treatment (IET)	This measure assesses adults and adolescents 13 years of age and older with a new episode of alcohol or other drug (AOD) dependence. Two rates are measured: <ol style="list-style-type: none"> <li>Initiation of AOD Treatment: Adolescents and adults who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication-assisted treatment (MAT) within 14 days of diagnosis.</li> <li>Engagement of AOD Treatment: Adolescents and adults who initiated treatment and had two or more additional AOD services or MAT within 34 days of the initiation visit.</li> </ol>	<b>IET-Initiation (All)</b> Numerator: 4321 Denominator: 23759 Rate: 18.2%  <b>IET-Engagement (All)</b> Numerator: 1666 Denominator: 23759 Rate: 7.0%
Use of Pharmacotherapy for Opioid Use Disorder (OUD)	This measure assesses adults aged 18 years and older with pharmacotherapy for opioid use disorder (OUD) who have at least 180 days of continuous treatment. <ol style="list-style-type: none"> <li>The percentage of adults aged 18 years and older with pharmacotherapy for opioid use disorder (OUD) who have at least 180 days of continuous treatment without a gap of more than 7 days.</li> </ol>	<b>OUD (Overall)</b> Numerator: 5056 Denominator: 8744 Rate: 57.8%

QUALITY DATA INFRASTRUCTURE



## San Diego County MY 2022 DMC-ODS Baseline Rates

Measure Name	Measure Methodology	DHCS Baseline Values
Follow up After Emergency Department Visit for Mental Illness (FUM)	This measure assesses the percentage of ED visits for members 6 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. Two rates are reported: <ol style="list-style-type: none"> <li>The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).</li> <li>The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).</li> </ol>	<b>FUM 30</b> Numerator: 3643 Denominator: 6330 Rate: 57.6%  <b>FUM7</b> Numerator: 2719 Denominator: 6330 Rate: 43.0%
Follow-Up After Hospitalization for Mental Illness (FUH)	This measure assesses continuity of care for mental illness. It measures the percentage of members 6 years of age and older who were hospitalized for treatment of selected mental disorders or intentional self-harm and who had a follow-up visit by a mental health provider within 30 days, or within 7 days after their discharge from the hospital.	<b>FUH 30</b> Numerator: 1971 Denominator: 2343 Rate: 84.1%  <b>FUH 7</b> Numerator: 1831 Denominator: 2343 Rate: 78.1%
Antidepressant Medication Management (AMM)	This measure assesses adults 18 years of age and older with a diagnosis of major depression who were newly treated with antidepressant medication and remained on their antidepressant medications. Two rates are reported: <ol style="list-style-type: none"> <li>Effective Acute Phase Treatment: Adults who remained on an antidepressant medication for at least 84 days (12 weeks).</li> <li>Effective Continuation Phase Treatment: Adults who remained on an antidepressant medication for at least 180 days (6 months).</li> </ol>	<b>Acute</b> Numerator: 7045 Denominator: 12272 Rate: 57.4%  <b>Continuation</b> Numerator: 4261 Denominator: 12272 Rate: 34.7%
Use of First-line psychosocial Care for Children and Adolescents on Antipsychotics (APP)	This measure assesses the percentage 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.	Numerator: 268 Denominator: 494 Rate: 54.3%
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	This measure assesses the percentage of members with schizophrenia or schizoaffective disorder who were 18 years of age and older and were dispensed and remained on an antipsychotic medication for at least 80% of the treatment period.	Numerator: 3738 Denominator: 5866 Rate: 63.7%

## RESULTS

**The goal to establish a data infrastructure to report on DHCS required HEDIS measures within FY 2023-24 was met.** SDCBHS received technical assistance from BHC regarding methodology and formed four HEDIS workgroups, which played a crucial role in promoting accountability and advancing the development of a HEDIS reporting system.



## Quality Data Infrastructure Goal 3

Develop baseline data of urgent service requests for withdrawal management services tracked by the Access and Crisis Line (ACL).

### METHODS

SDCBHS, Population Health Network Quality and Planning collaborated with Optum Access and Crisis Line (ACL) to develop baseline data of urgent service request for withdrawal management services that are tracked by the ACL. Optum developed the Warm Transfer Data for ACL Referrals to WM Report.

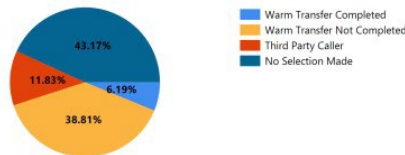
### DATA



County of San Diego Behavioral Health Services  
Warm Transfer Data for ACL Referrals to Withdrawal Management  
April 2024



Figure 12. Warm Transfer for SUD Referral Calls FY 23/24



Warm Transfer for SUD Referral Calls	Count	Percent
Warm Transfer Completed	78	6.19%
Warm Transfer Not Completed	489	38.81%
Third Party Caller	149	11.83%
No Selection Made	544	43.17%
<b>Total Count:</b>	<b>1,260</b>	

Reason Warm Transfer Was Not Completed	Count	Percent
ACL - VCC Technical Difficulties	2	0.41%
ACL Declined - Client requested LOC that is not cl	1	0.20%
ACL Declined - Crisis Call in Queue	4	0.82%
Afterhours Call Back Declined	4	0.82%
Afterhours Call Back Scheduled	3	0.61%
Call Dropped	2	0.41%
Caller Declined Warm Transfer- Will f/u on their o	279	57.06%
Does Not Qualify for Medi-Cal Benefits	3	0.61%
No Answer at Program (During Business Hrs.)	7	1.43%
No Answer at Program (Outside of Business Hrs.)	11	2.25%
Out of County Medi-Cal	3	0.61%
Private Insurance	13	2.66%
Program Doesn't Do Telephonic Screenings	1	0.20%
Screening Stopped	52	10.63%
Withdrawal Management- Referred to hospital	104	21.27%
<b>Total Count:</b>	<b>489</b>	

### RESULTS

**The goal to develop a baseline data of urgent service request for WM services tracked by the ACL was met.** Optum gathered data from the ACL call logs that resulted in a referral to WM call and from the WM calls the warm transfer status was determined from each call. Data was analyzed utilizing the report and a baseline of 6.19% of WM calls are completed with a warm transfer while 38.81% are not completed with warm transfer.



## Quality Data Infrastructure Goal 4

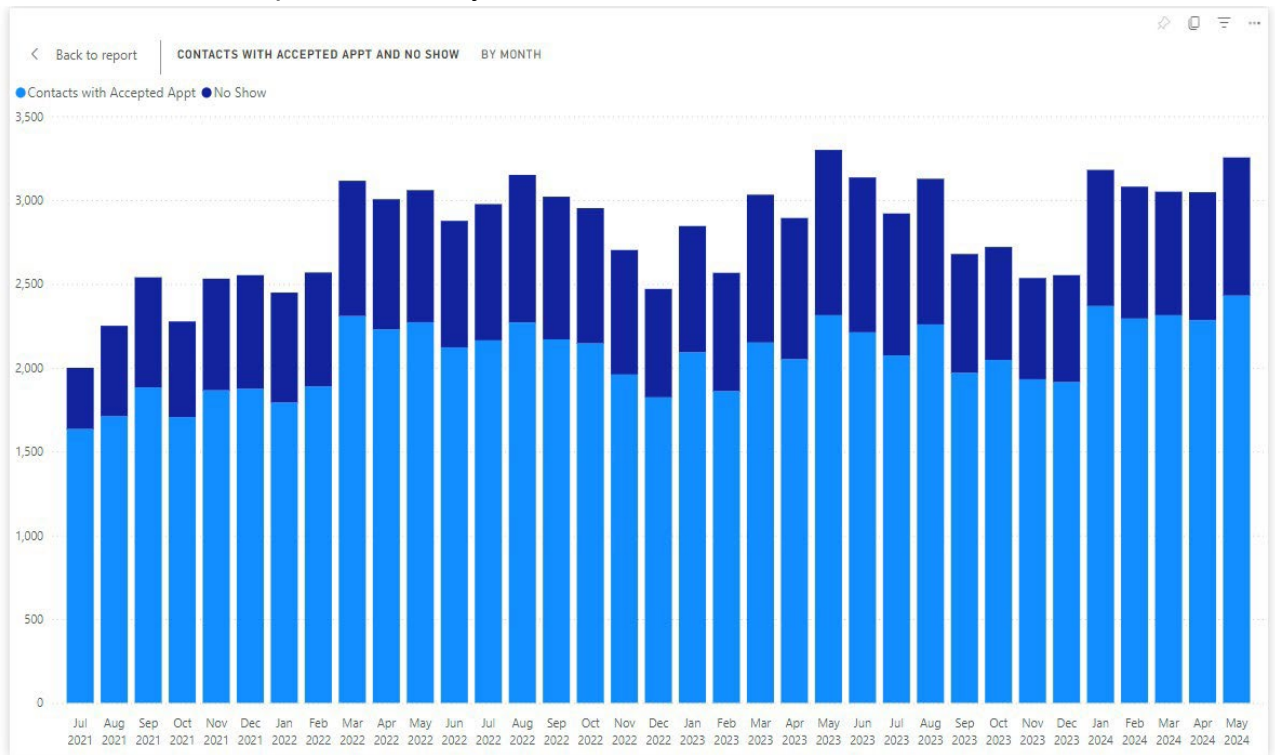
Establish data infrastructure for EQRO metrics ensuring COR access to support consistency with contractor provided standards.

### METHODS

The Network Quality and Planning team (NQP) created a guide for the mental health plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) state required timeliness metrics that outlines the methodology for each metric with links to the corresponding Power BI dashboards. This guide enabled NQP to identify multiple dashboards for most of the state required metrics, some of which did not align with the state methodology. As a result, Data Science and NQP commenced a bimonthly meeting to consolidate the dashboards and align them with the state’s methodology. The link to the consolidated dashboards was distributed to the CORs for efficient monitoring and data access.

### DATA

Below is an example of the newly consolidated no -show metric dashboard:



### RESULTS

**The goal to establish data infrastructure for EQRO metrics ensuring COR access to support consistency with contractor provided standards was met.** Data Science consolidated the existing EQRO dashboards and aligned them to the EQRO methodology. The link to the consolidated dashboard was then distributed to CORS.