QUALITY IMPROVEMENT PROGRAM WORK PLAN

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

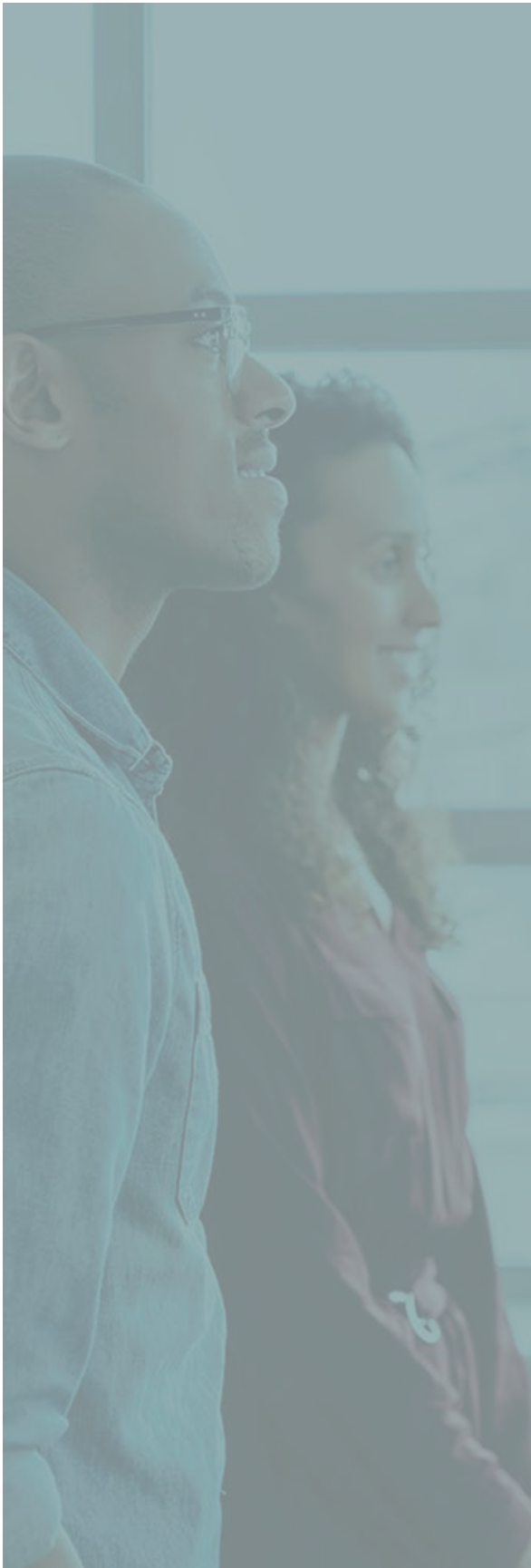### *Fiscal Year 2021-22*

Table of Contents

INTRODUCTION

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

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

BHS Guiding Principles:

- To foster continuous improvement to maximize efficiency and effectiveness of services.
- To support activities designed to reduce stigma and raise awareness surrounding mental health and substance use disorder.
- To maintain fiscal integrity.
- To ensure services are:
  o Outcome driven
  o Culturally competent
  o Recovery and client/family centered
  o Innovative and creative
  o Trauma-informed
- To assist County employees to reach their full potential.

County of San Diego Behavioral Health Services Mission Statement:

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

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

QUALITY IMPROVEMENT (QI) UNIT

QI Unit Purpose

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

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

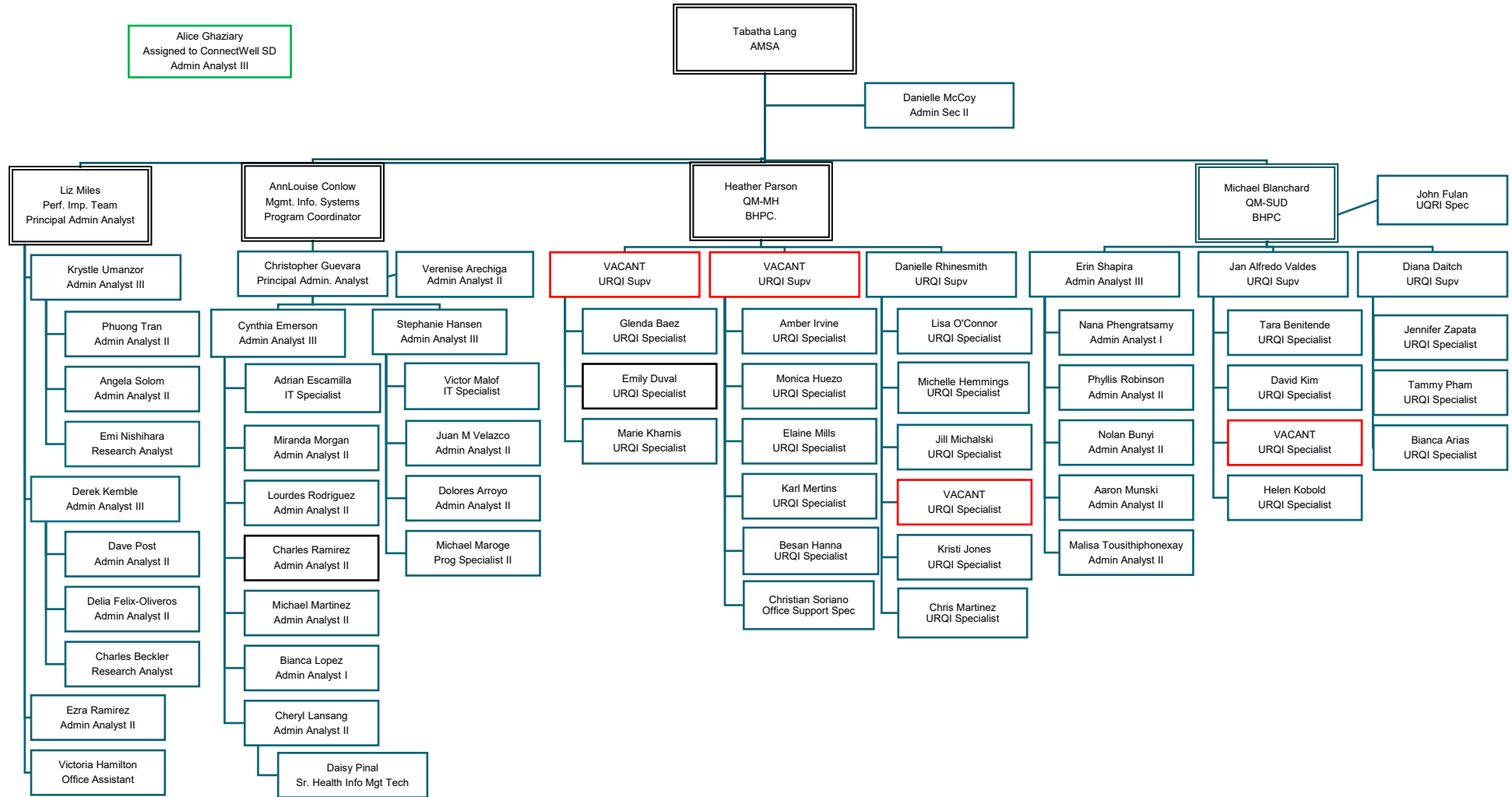The QI Unit and Quality Improvement Work Plan (QIWP) are based on the following values:

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

Quality Improvement Program & Work Plan
Fiscal Year 2021-22

QI Unit Organizational Chart

Tabatha Lang — AMSA

Danielle McCoy — Admin Sec II

Alice Ghaziary — Assigned to ConnectWell SD — Admin Analyst III

Liz Miles — Perf. Imp. Team — Principal Admin Analyst

- Krystle Umanzor — Admin Analyst III
  - Phuong Tran — Admin Analyst II
  - Angela Solom — Admin Analyst II
  - Emi Nishihara — Research Analyst
- Derek Kemble — Admin Analyst III
  - Dave Post — Admin Analyst II
  - Delia Felix-Oliveros — Admin Analyst II
  - Charles Beckler — Research Analyst
- Ezra Ramirez — Admin Analyst II
- Victoria Hamilton — Office Assistant

AnnLouise Conlow — Mgmt. Info. Systems — Program Coordinator

- Christopher Guevara — Principal Admin. Analyst
  - Cynthia Emerson — Admin Analyst III
    - Adrian Escamilla — IT Specialist
    - Miranda Morgan — Admin Analyst II
    - Lourdes Rodriguez — Admin Analyst II
    - Charles Ramirez — Admin Analyst II
    - Michael Martinez — Admin Analyst II
    - Bianca Lopez — Admin Analyst I
    - Cheryl Lansang — Admin Analyst II
    - Daisy Pinal — Sr. Health Info Mgt Tech
- Verenise Arechiga — Admin Analyst II
  - Stephanie Hansen — Admin Analyst III
    - Victor Malof — IT Specialist
    - Juan M Velazco — Admin Analyst II
    - Dolores Arroyo — Admin Analyst II
    - Michael Maroge — Prog Specialist II

Heather Parson — QM-MH — BHPC.

- **VACANT** — URQI Supv
  - Glenda Baez — URQI Specialist
  - Emily Duval — URQI Specialist
  - Marie Khamis — URQI Specialist
- **VACANT** — URQI Supv
  - Amber Irvine — URQI Specialist
  - Monica Huezo — URQI Specialist
  - Elaine Mills — URQI Specialist
  - Karl Mertins — URQI Specialist
  - Besan Hanna — URQI Specialist
  - Christian Soriano — Office Support Spec
- Danielle Rhinesmith — URQI Supv
  - Lisa O'Connor — URQI Specialist
  - Michelle Hemmings — URQI Specialist
  - Jill Michalski — URQI Specialist
  - **VACANT** — URQI Specialist
  - Kristi Jones — URQI Specialist
  - Chris Martinez — URQI Specialist

Michael Blanchard — QM-SUD — BHPC

John Fulan — UQRI Spec

- Erin Shapira — Admin Analyst III
  - Nana Phengratsamy — Admin Analyst I
  - Phyllis Robinson — Admin Analyst II
  - Nolan Bunyi — Admin Analyst II
  - Aaron Munski — Admin Analyst II
  - Malisa Tousithiphonexay — Admin Analyst II
- Jan Alfredo Valdes — URQI Supv
  - Tara Benitende — URQI Specialist
  - David Kim — URQI Specialist
  - **VACANT** — URQI Specialist
  - Helen Kobold — URQI Specialist
- Diana Daitch — URQI Supv
  - Jennifer Zapata — URQI Specialist
  - Tammy Pham — URQI Specialist
  - Bianca Arias — URQI Specialist

QI Unit Structure

The following are components of the QI Unit structure:

- **Executive Quality Improvement Team (EQIT)**
  The EQIT is responsible for implementing the QI Unit, responding to recommendations from the Quality Review Council (QRC), and identifying and initiating quality improvement activities. The EQIT consists of the BHS senior leadership including the Director, Clinical Director, Assistant Directors, Deputy Directors, Chief Population Health Officer, and QI Assistant Medical Services Administrator.
- **Quality Improvement Performance Improvement Team (QI PIT)**
  The QI Unit includes the BHS QI PIT, which monitors targeted aspects of care on an ongoing basis and produces reports monthly, quarterly, or annually. High-volume, high-frequency, and high-risk areas of client care are given priority. So that opportunities for improvement can be identified, the QI PIT collects data which are analyzed over time and used to measure against goals and objectives. Reports in each of these areas are frequently brought to the EQIT and QRC for input.
- **Quality Management (QM) Team**
  The QM team is another component of the QI Unit and is comprised of Quality Improvement Specialists, licensed therapists and clinicians,

who conduct a variety of reviews, audits, trainings, and other quality improvement functions for both County-operated and County-contracted programs.

- **Management Information Systems (MIS) Team**
  The MIS team provides support services to BHS programs through internal security management of user accounts, development of electronic forms, troubleshooting system issues, implementation of new functionality within the Cerner Community Behavioral Health (CCBH) Client Management System, user acceptance testing of releases for CCBH and the Web Infrastructure for Treatment Services (SanWITS), and the coordination of IT support for BHS Administration. Staff serve in a variety of advisory capacities including committees on interoperability and other system functionality. Staff also collaborate with other BHS departments, the County's outsourced IT Vendor, and Cerner, the software vendor for CCBH to design, test, and implement new functionality and hardware.
- **Quality Review Committee(QRC)**
  The QI Unit organizes the QRC, which is a standing body charged with the responsibility to provide recommendations regarding the quality improvement activities for mental health and substance use disorder systems, and the QIWP.

The QRC meets at least quarterly, and the members are clients or family members, as well as stakeholders, from the behavioral health communities across all regions. The QRC provides advice and guidance to BHS on developing the annual QIWP, including identification of additional methods for including clients in quality improvement activities; collection, review, interpretation, and evaluation of quality improvement activities; consideration of options for improvement based upon the report data; and recommendations for system improvement and policy changes.

- **Quality Improvement Committees (QICs)**

    The QICs are subcommittees of the QRC composed of QRC members and QI staff. Subcommittee minutes and activities are monitored by the QRC. The current QRC Subcommittees are:
    - QRC Membership Committee
    - Peer-Family Employment

The QI Unit's recent accomplishments include, but are not limited to:

- Collaborating with Optum in developing and enhancing the System of Care Application, a web application where providers can access and submit all information required by the Medicaid and Children's Health Insurance Plan (CHIP) Managed Care Final Rule, also known as the Mega-Regs

- Collaborating with Optum, BHS Population Health Team, and BHS Strategic Planning & Operations in developing the Data Metric Framework. This is a landscape assessment of all BHS metrics that will be tracked within San Diego County's patient population. This development also focuses on the review and refinement of key metrics that standardize San Diego County's Level of Care and aligns with quality improvement processes. These standards allow for consistency in both monitoring and quality outcome measurements.

- Developing the master demographics report from Optum to help streamline reporting requirements by having demographics "ready to go"

- Developing the Accountability Report Package to provide direct feedback to programs and help highlight potential areas for improvement

- Coordinating updates and submitting the 2021 Cultural Competence and 3-Year Strategic Plan to DHCS

- Updating the 2021 Mental Health Implementation Plan

- Developing a new Interactive Annual Systemwide Dashboard and Interactive Justice Population Dashboard

- Enhancing the Justice Population report methodology and sharing data with the County of San Diego Probation Department

- Developing a detailed capacity analysis on Inpatient Hospital/Long Term Care/Board & Care/Housing Prices with a focus on Admin Days

- Stratification of PERT client characteristics by overall emergency utilization

- Homefinders program data matching to highlight the 100 clients and families with the highest need for a housing voucher

- Participating in the Cal Medi-Connect Data match project

- In collaboration with UCSD Research Centers, developing the Community Experience Project, an interactive data dashboard that allows users to investigate disparities across a greater number of populations (e.g., by sexual orientation, neighborhood, etc.), for an expanded list of outcomes (e.g., client outcomes, social determinants of behavioral health, community data, substance use, etc.), using the most current community data

- Enhancing the SUD EHR SanWITS to allow for MAT split dosing on the encounter/service screen and the claim screen

- Developing numerous electronic assessments in SanWITS including Adult/Adolescent/Parent Guardian Initial Level of Care, Recommended Level of Care, Risk and Safety, Diagnostic Determination Note, and Discharge Summary

- Developing system level and supplemental client feedback reports that evaluate the impacts of the COVID-19 pandemic on behavioral health

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

QI Process

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

The overall objective of the quality improvement process is to ensure that

Client and Family Involvement in QI

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

Clients, family members, providers and stakeholders are involved in the planning, operations, and monitoring of our quality improvement efforts. Their input comes from a broad variety of sources including the

Goals of Quality Improvement

The goals of the quality improvement process are to:

1) Identify important practices and processes where improvement is needed to achieve excellence and conformance to standards
2) Monitor these functions accurately
3) Draw meaningful conclusions from the data collected using valid and reliable methods
4) Implement useful changes to improve quality
5) Evaluate the effectiveness of changes

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

Behavioral Health Advisory Board, community coalitions, planning councils, community engagement forums, client and family focus groups, client- and family-contracted liaisons, youth and Transition Age Youth (TAY) representatives, Program Advisory Groups, client satisfaction surveys, client advocacy programs, complaints, grievances, and input from the County Behavioral Health website.

Quality Review Committee Focus

QRC has identified the following potential focus topics for FY 2021-22:

- Housing-related issues: Board & Care, Independent Living Facilities, Recovery Residences
- Quality of services in Behavioral Health Services
- Suicide Prevention and Serious Incident Reporting
- Consumer Employment & Workforce
- COVID-19 Pandemic Impact

Performance Improvement Projects

To be responsive and transformative, the QI Unit will continue its work on four Performance Improvement Projects (PIPs) focused on:

1) <u>Improving outcomes for adolescents with depression (Mental Health Clinical)</u>
The MH Clinical PIP is focused on addressing the steady increase of depression among adolescents in San Diego's Behavioral Health Services (BHS) Children Youth & Families (CYF) system of care. San Diego data shows that the incidence of depression in the system has increased by 14 percentage points over the past seven years, with a 4-percentage point increase between FY 2016-17 to FY 2017-18. Depression is also the most common diagnosis among the youth served, with

approximately 33% of youth in CYF with this primary diagnosis in FY 2017-18. A recent study of high-cost users in San Diego's CYF outpatient system found that the largest group of highest-cost users consisted of adolescents with a primary diagnosis of depression and a secondary co-morbid diagnosis (Dickson, Stadnick, Lind & Trask, 2019). Youth with depression are also almost twice as likely to use inpatient and crisis stabilization services when compared with all youth served in CYF. Treating this group of adolescents is costly to the system but more importantly, this also means that a large group of CYF clients have a diagnosis (depression) that is a significant risk factor for suicide. These findings suggest that outpatient services may not be adequately addressing the mental health needs of many of these adolescents with depression, and that there will be even greater pressure on outpatient services in the future to address symptoms of depression given the large increase in depression diagnoses. The main goal for a PIP focused on this issue will be to reduce crisis service and inpatient use among adolescents with depression, through improvements in outpatient care.

In September 2021, the UCSD research team met with BHS to further discuss potential interventions. An intervention designed to improve sleep was chosen. Additional meetings were held in September and October to discuss how to refine the intervention and to choose outcome measures. The intervention has since been applied and data is being collected for analysis at the end of the year.

2) Improving client linkages to MH services following a PERT contact (Mental Health Non-Clinical)

    The MH Non-Clinical PIP targets improving client linkages to services following a contact with PERT services. Data over the past three fiscal years revealed a 10 percent increase in the proportion of clients who have an emergency service as their first visit in the Mental Health System of Care (MHSOC), specifically clients are utilizing PERT Services as a first entry. Furthermore, 75% of clients who have their first services in San Diego County Behavioral Health Services (SDCBHS) through PERT do not connect with any services in the system within 90 days. The focus of this non-clinical PIP is to help create new or enhance mechanism of

connection between PERT and the MHSOC with a focus on, but not limited to, first time users of SDCBHS MHSOC to help moderate this lack of service linkage.

SDCBHS is implementing an intervention with a warm handoff to a peer support specialist and identifying the best way to create the warm handoff for the PERT client between the PERT clinician and the identified peer specialist. Next steps include developing a script for the warm handoff to begin having the PERT clinicians introduce the peer-based intervention to identified clients.

3) Improving connections to services after discharge with referral (DMC Clinical)

    The SUD Clinical PIP is focused on addressing the low and decreasing rates of connection to a program after discharge with referral, including from residential and withdrawal management (acute care) services. Data over the past three quarters indicate that on average, only 28% of clients who complete an SUD program and are discharged with referral to another SUD program are connected within the 10 day-standard, decreasing from 33% in April 2019 to 13% in December 2019. Continuity of care is linked

to length of abstinence, number of arrests, days in jail, housing, and employment, and increased rates of completed treatment and length of stay in treatment. Strengthening connections between residential or withdrawal management programs, and other levels of care following discharge may improve connection rates and positively impact outcomes for clients.

The potential interventions being considered include additional discharge planning with the client, peer-supported warm handoffs, and implementing administrative connections such as pre-scheduled appointments at the program where the client was referred.

Next steps include finalizing interventions in alignment with the proposed outcomes of increasing the rate of connection to another program post discharge.

4) <u>Improving client linkages to SUD services following a PERT contact (DMC Non-Clinical)</u>

The SUD Non-Clinical PIP is focused on addressinglinkages to SUD services following a PERT contact.. With the launch of the DMC-ODS at the beginning of FY 2018-19, the number of co-served clients increased by 40% compared to the previous fiscal year (from 3,097 to 4,336). A deeper look into this group of co-

served clients revealed an almost two-fold increase over the same time period in the proportion of co-served clients with a PERT service each fiscal year (from 8% to 15%). Despite almost half of the clients (40%) who received a PERT service during FY 2018-19 being diagnosed with a SUD, only 19% of them were admitted to a SUD treatment provider within the DMC-ODS during the fiscal year. Furthermore, 75% of these admissions occurred more than 30 days after the PERT service. These findings illustrate a need and opportunity for better SUD screenings and connections to SUD services during a PERT contact.

One of the potential interventions being considered is the implementation of a Screening, Brief Intervention, and Referral to Treatment (SBIRT) evidence-based practice during PERT contacts. Warm hand-offs to SUD treatment providers for PERT clients at risk of a SUD, as well as implementation of a peer navigator program are also being considered to help facilitate client connection to needed SUD services.
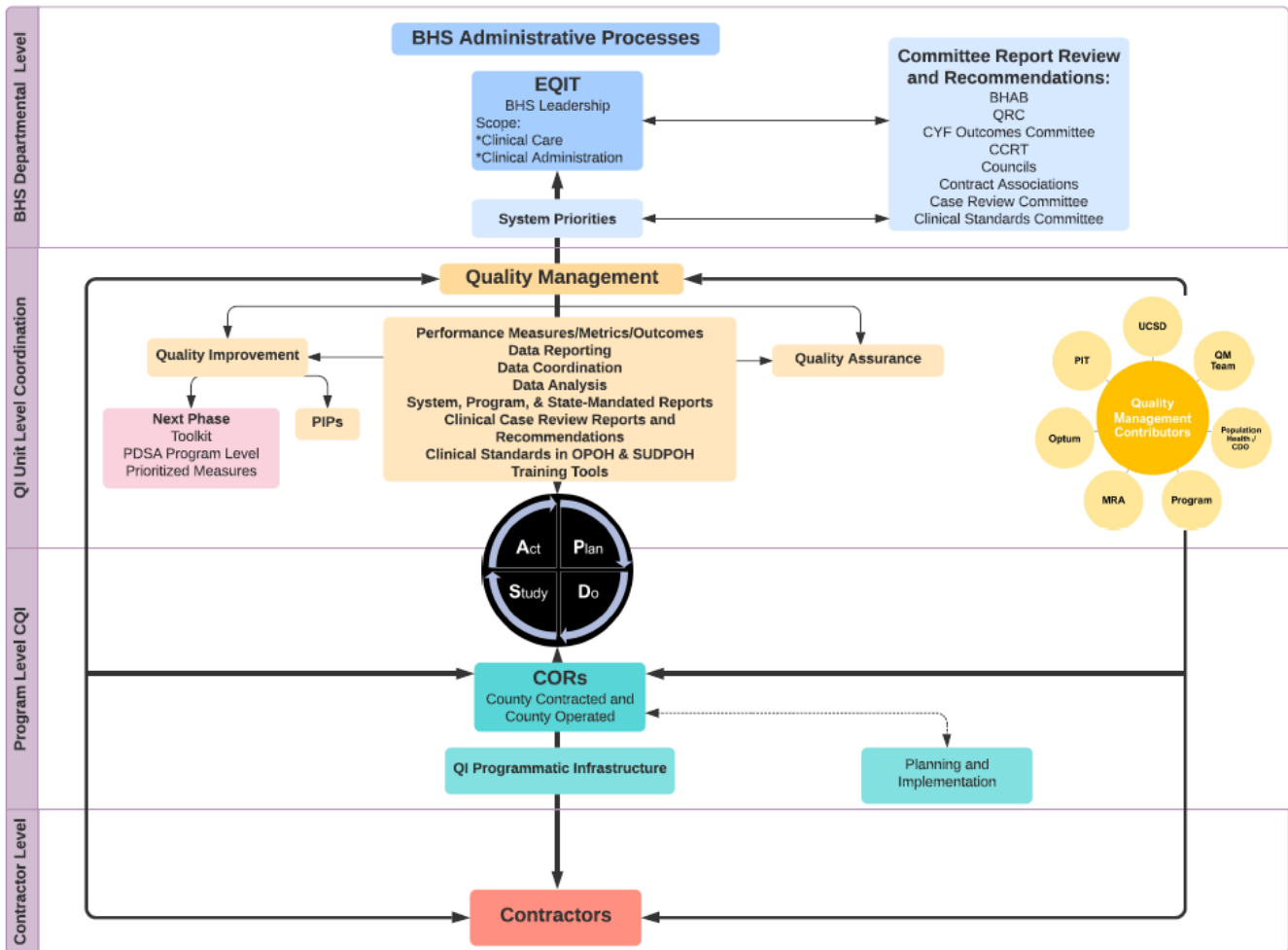
Quality Management Process

BHS has adopted a continuous quality management process that threads multiple levels of coordination through an iterative Plan-Do-Study-Act (PDSA) problem-solving model.

The PDSA cycle is ongoing, with different levels of the organization becoming more efficient as the model is intuitively adopted into program planning.

Targeted Aspects of Care Monitored by the QI Unit

Appropriateness of Services
- Assessment
- Level of Care
- Treatment Plans
- Discharge Planning
- Education Outcomes
- Employment Outcomes
- Utilization Management
- Crisis Stabilization Services

Access to Routine, Urgent and Emergency Services
- Crisis Stabilization Services
- Access Times for Assessments
- Access to Inpatient Hospital Beds
- Access to Crisis Residential Services
- Access to Residential Treatment Services
- Call Volume for the Access and Crisis Line (ACL)

Utilization of Services
- Retention Rate
- Completion Rate
- Readmission Rate
- Patterns of Utilization
- Average Length of Stay (ALOS) for Hospitals

Client Satisfaction
- Grievances
- Satisfaction Surveys
- Provider Transfer Requests Cultural Competence
- Trauma-Informed
- Staff Cultural Competence
- Analysis of Gaps in Services
- Provider Language Capacity

- Penetration Rate of Populations
- Training Provided and Evaluated for Feedback

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

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

Coordination with Physical Health and Other Community Services
- MOAs with Healthy San Diego
- Integration with Physical Health Providers
- Outcomes Resulting from Improved Integration

Safety of Services
- Serious Incidents
- Medication Monitoring
- On-Site Review of Safety

QI WORK PLAN DEVELOPMENT

QIWP Goals

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

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

Annual Evaluation of the QIWP

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

Target Objectives for the QIWP

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

DEVELOPING THE QIWP

The purpose of the BHS QIWP is to establish the framework for evaluating how the QI Unit contributed to meaningful improvement in trauma-informed care and administrative services.

It defines the specific areas of quality of services, both clinical and administrative, that BHS will evaluate for FY 2021-22.

The QIWP defines the objectives, goals, indicators and/or measures, and data collection methods. It also includes plans for monitoring previously identified issues, sustaining improvement from previous years, and tracking of issues over time.

The QIWP will be monitored and revised throughout the year, as needed. It will be reviewed and approved by the QRC, and a formal evaluation will be completed annually.

MENTAL HEALTH SERVICES GOALS

Domains	#	Goals	Indicators	Data Collection Methods
Services are Client Centered	1	**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.**	Number of grievances related to quality of care.	Quarterly Grievances and Appeals report. Annual Medi-Cal Beneficiary Grievance and Appeal Report (ABGAR)
	2	**A minimum of 85% of Adults/Older Adults receiving mental health services will report they are involved in setting outcome goals for their treatment per the Consumer Perception Survey (CPS).**	Number of clients who report involvement in setting goals for their treatment plan	Annual client satisfaction survey, including threshold languages from MHSIP and YSS
Services are Safe	3	**Decrease the number of suicides and attempted suicides compared to FY 2020-21 by 5%, as reported in the System of Care Serious Incident Reports.**	Rates of suicides and serious incidents in the System of Care	Suicide report based on data from the Medical Examiner's Office and System of Care Serious Incidents Report
	4	**Add 84 new housing units this fiscal year in Central and North Coastal regions for adult clients receiving mental health services.**	Number of housing units in Central & North Coastal regions for adult clients receiving MH services	Program confirmation
Services are Effective	5	**Increase the number of clients discharged from a psychiatric hospital that connect to treatment services within 7 and within 30 days after discharge by 5%, compared to FY 2020-21.**	Connection to services within 7 and within 30 days after psychiatric inpatient discharge.	ASO report and dashboard on client services 7 and 30 days following psychiatric hospital discharge. Data from CCBH and ASO
	6	**BHS will have two active PIPs that contribute to meaningful improvement in clinical care as monitored by the EQRO.**	Ongoing work on the approved MH-focused PIPs	Data collection by UCSD and from CCBH

Domains	#	Goals	Indicators	Data Collection Methods
Services are Effective	7	**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.**	Ongoing work by QI and UCSD	Executive approval of the QI toolkit for distribution to CORs and providers
Services are Efficient and Accessible	8	**Expand the Mobile Crisis Response Team (MCRT) pilot program Countywide.**	Number of MCRT units	Confirmation by program staff
	9	**Reduce the Outpatient CYF no show rate by 2% over the next fiscal year.**	Number of CYF No Shows	CCBH Admissions Data CCBH No Show data (?)
Services are Equitable	10	**Establish a committee of community partners representing the diversity of stakeholders to support the Community Engagement Project (CEP)**	Ongoing work by QI and UCSD	Committee roster
	11	**Develop a Community Experience Dashboard (CED) to identify disparities and gaps of services in the community.**	Ongoing work by QI and UCSD on the CED	System and population data
Services are Timely	12	**100% of adult/older adult programs (AOA) meet the mental health assessment timeliness standards for routine and urgent appointments.**	Percent of AOA providers who offer face-to-face clinical contact within timeliness standards	Access to Services Journal data
	13	**a) 95% of calls answered by the Access and Crisis Line (ACL) crisis queue are within 45 seconds.** **b) Average speed to answer all other (non-crisis) calls is within 60 seconds.**	Number of crisis and non-crisis ACL calls received. Response rates for crisis and non-crisis ACL calls.	Report on ACL access times and types of calls received. Quarterly ACL Performance Standards Report.

SUBSTANCE USE DISORDER SERVICES GOALS

Domains	#	Goals	Indicators	Data Collection Methods
Services are Client Centered	1	**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.**	Number of grievances related to quality of care	Quarterly Grievances and Appeals report.
Services are Safe	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.**	Rates of overdose and serious incidents in the System of Care	Overdose data from the Medical Examiner's Office and System of Care Serious Incidents Report
	3	**Increase utilization of additional MAT services by 5% offered by BHS contracted providers.**	Additional MAT services utilization data	SanWITS encounter data
Services are Effective	4	**BHS will have two active PIPs that contribute to meaningful improvement in clinical care as monitored by EQRO.**	Ongoing work on two DMC-ODS focused PIPs	Data collection by UCSD
	5	**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.**	Ongoing work by QI and UCSD	Executive approval of the QI toolkit for distribution to CORs and providers
Services are Efficient and Accessible	6	**Establish an ASAM 3.7 medically-monitored Withdrawal Management site in the Central region.**	Number of ASAM 3.7 medically-monitored WM beds	Confirmation by program staff
	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.**	SUD Initiation & Engagement Rates	SUD Initiation & Engagement Report

Domains	#	Goals	Indicators	Data Collection Methods
Services are Efficient and Accessible	8	**Establish an ASAM level 3.3 residential treatment site within one of the six San Diego regions.**	Number of ASAM 3.3 residential treatment sites in San Diego	Confirmation by program staff
Services are Equitable	9	**100% of clients and families report that they had access to written information in their primary language and/or received services in the language they prefer per the Treatment Perception Survey.**	Treatment Perception Survey results	Annual Treatment Perception Survey results for SUD, collected by UCSD
	10	**Develop a Community Experience Dashboard (CED) to identify disparities and gaps of services in the community.**	Ongoing work by QI and UCSD on the CED	System and population data
Services are Timely	11	**Ensure 100% of individuals seeking outpatient substance use disorder treatment are offered an appointment within the 10-business day timeliness standard.**	Timely Access Standard for Outpatient Services	SanWITS Contact Log Data SUD System Access Time Report
	12	**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.**	Access Times for OTP services	SanWITS Contact Log Data SUD System Access Time Report