COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

QUALITY IMPROVEMENT

Substance Use Disorder Services Work Plan Evaluation Fiscal Year 2020-2021

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,
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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 BHSQIPIT.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 six target areas: Services Are Client Centered; Services are Safe; Services Are Effective; Services Are Efficient and Accessible; Services Are Equitable; and Services Are Timely. The target areas are in line with the priorities outlined by the DHCS. Some of the goals are process goals while others are measurable objectives. The prime objective incorporated in the QIWP goals is to continuously improve both clinical and administrative service delivery through a systematic process of monitoring critical performance indicators and implementing specific strategies to improve the process, access, safety, and outcomes of all services provided. All goals are in line with the HHSA 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.

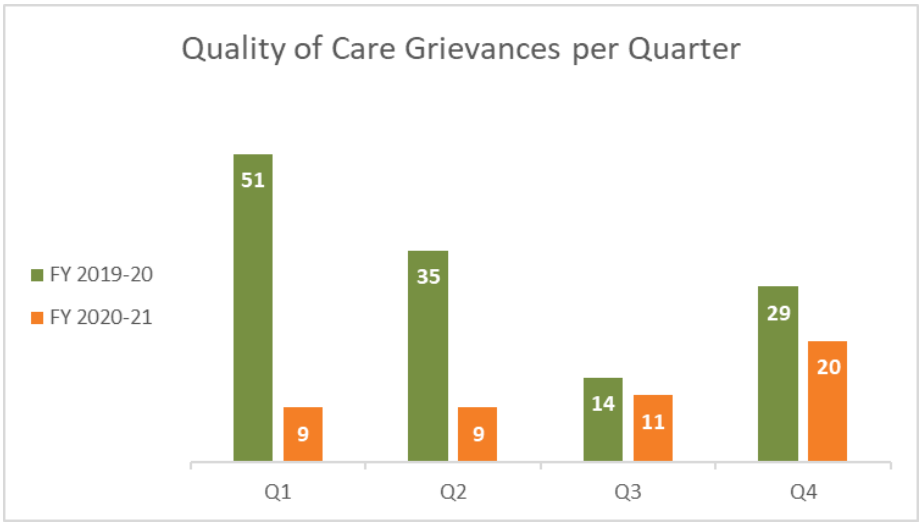
GOAL 1

Decrease the proportion of Grievances/Appeals related to *Quality of Care* by 5%, compared to FY 2019-20.

METHODS

- Track the number of grievances and appeals received related to *Quality of Care*.
- *Quality of Care* grievances and appeals are broken down into subcategories:
  - *Staff Behavior Concerns*,
  - *Treatment Issues/Concerns*,
  - *Medication*,
  - *Cultural Appropriateness*, and
  - *Other Quality of Care Issues*.
- Compare the fiscal year (FY) number of *Quality of Care* grievances and appeals between FY 2019-20 and FY 2020-21 using the quarterly Grievances and Appeals Report.

DATA



RESULTS

- Out of the total 82 grievances received through FY 2020-21, 49 of those were related to Quality of Care. **This is a 62% decrease compared to *Quality of Care* grievances received in FY 2019-20.**
- *Quality of Care* includes the following subcategories and totals for FY 2020-21:
  - ***Staff Behavior Concerns – 29 (59%)***
  - ***Treatment Issues/Concerns – 3 (6%)***
  - ***Medication – 3 (6%)***
  - ***Cultural Appropriateness – 1 (2%)***
  - ***Other Quality of Care Issues – 13 (27%)***
- There were one appeal received for *Quality of Care* during FY2020-21.
- SDCBHS will continue to monitor the number of *Quality of Care* grievances and appeals in FY 2021-22, with the intention of continuing to meet this goal.

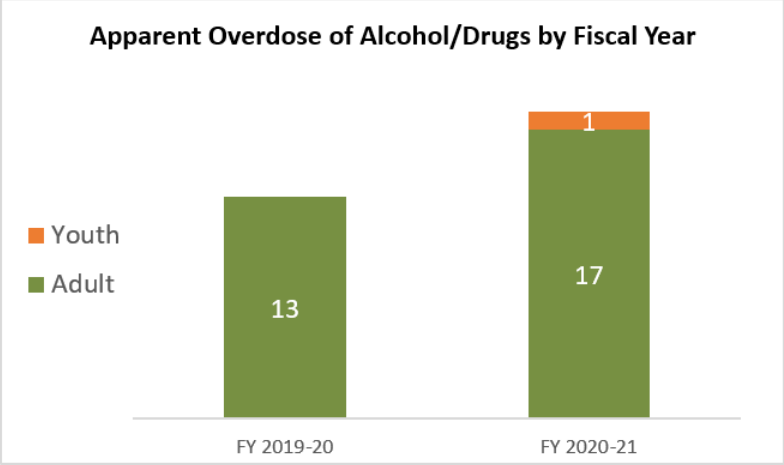
GOAL 2

Decrease the number of overdoses compared to those reported in FY 2019-20 by 5%, as reported in the System of Care Serious Incident Reports.

METHODS

- Monitor the number of overdose serious incidents by reviewing the Serious Incident Summary Report quarterly in FY 2020-21.
- Tracked the number of *Apparent Overdose of Alcohol/Drugs* serious incidents by System of Care, separated by adult and youth, and compared the number of overdoses reported to the number of overdoses in FY 2019-20.

DATA



RESULTS

- In FY 2020-21, there were 18 serious incidents reported for *Apparent Overdose of Alcohol/Drugs* in which 17 were from the adult population and one was a youth.
- In the previous fiscal year (FY 2019-20), there were no serious incidents received for the youth population.
- *Apparent Overdose of Alcohol/Drugs* ranked as the second highest serious incident reported for FY 2020-21.
- *Apparent Overdose of Alcohol/Drugs* accounted for 19% out of all serious incidents for the adult population and 50% for the youth.
- **The 18 serious incidents reported for *Apparent Overdose of Alcohol/Drugs*, is an increase of 38% from the previous fiscal year.** This increase may be due to several factors including:
  - The DMC/ODS is still a growing system and the programs are learning more about the need to submit Serious Incident Reports (SIRs).
  - Providers are becoming more diligent with their reporting due to consistent training/orientation from the SUD SIR team. Providers are now asking for guidance/technical assistance on completing forms, etc.
  - The pandemic has increased all types of overdose events, in addition to fentanyl issues.

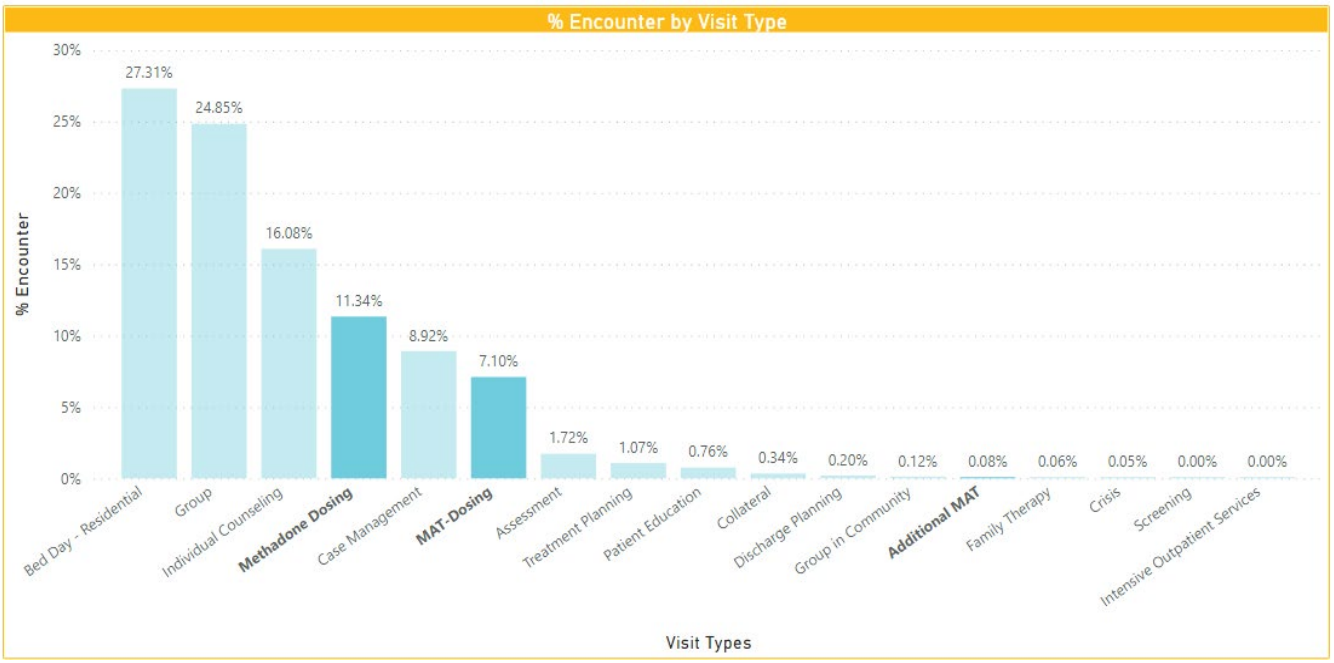
GOAL 3

Establish a baseline for Medication Assisted Treatment (MAT) services utilized in FY 2020-21.

METHODS

Analysis for this goal is based on encounter data from the SanWITS data system. The analysis below is meant to provide a baseline for Medication Assisted Treatment (MAT) services by viewing MAT service utilization in comparison to all services for FY 2020-21. The figure below shows what percent of clients utilized the various services offered throughout the Behavioral Health Services SUD System of Care (SOC).

DATA



RESULTS

- There was a total of 802,589 encounters for the various visit types listed above for FY 2020-21.
- MAT Dosing services account for 7.10% (57,003) of all visit types for FY 2020-21, while Methadone dosing services account for 11.34% (90,988) and Additional MAT services account for .08% (626).
- **Based on the provided data, the baseline for MAT services for FY 2020-21 would be 18% of all services utilized in FY 2020-21.**
- In FY 2021-22, SDCBHS has set a goal to have MAT services account for at least 23% of all services utilized in the SUD SOC.

GOAL 4

30% of clients who are homeless at intake shall be housed at the end of the treatment phase.

METHODS

- Using the 1-06 QSR (4 outcomes) report in the SanWITS SSRS, to identify the:
  a. denominator (homeless at admission) as the number of clients who were discharged with completed treatment, with length of stay 31 days or more, and with homeless as living situation at admission in FY 2020-21
  b. numerator as the number of clients who were discharged with completed treatment, with length of stay 31 days or more, with homeless as living situation at admission, and with dependent living or independent living as living situation at discharge in FY 2020-21.

DATA

QSR FY 20-21	Homeless at Admission	Dependent or Independent Living Situation at Discharge	Percent of Homeless Clients at Admission Who Became Housed at Discharge
Q1	452	387	85.6%
Q2	429	376	87.6%
Q3	447	378	84.6%
Q4	481	400	83.2%
Total	**1,809**	**1,541**	**85.2%**

RESULTS

- During FY 2020-21, there were 1,809 clients who completed SUD treatment with length of stay of 31 days or more and were homeless at admission.
- Out of 1,809 clients, **85.2% or 1,541 clients were in dependent or independent living at discharge.**
- The rate of clients identified as homeless at admission housed by discharge date showed a steady trend at above 80%.

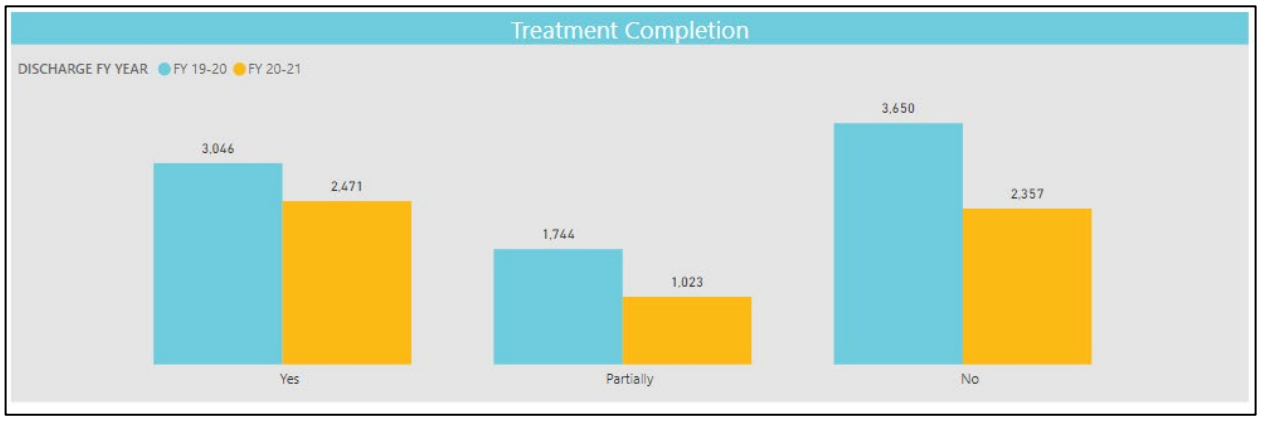
GOAL 5

Increase the number of clients in the justice involved population that complete each treatment program episode by 5%, to gauge effectiveness of case management and counseling efforts.

METHODS

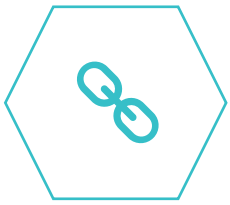
- Analysis for this goal is based on Justice population data which comes from admissions in the SanWITS data system.
- The chart below shows the count of clients by three categories based on treatment completion.
  - Yes, would indicate that the client was able to fully complete their treatment and recovery plan goals and were either referred or not referred to another treatment program.
  - Partially completing treatment indicates the client left before completion with satisfactory progress.
  - No indicates that a client left before completion with unsatisfactory progress or was subject to death/incarceration.
- The measure of interest for this goal is the "Yes" category since this reflects the number of clients in the justice involved population that complete each treatment program episode. These metrics are a direct comparison of Q1-Q3 for FY 2019-20 and FY 2020-21.

DATA



RESULTS

- The number of clients who completed their programs decreased from 3,046 to 2,471 from FY 2019-20 to FY 2020-21, a change of -18.88%.
- The Partially and No categories, which represent clients who did not fully complete treatment, decreased by -41.34% for Partially and -35.42% for No. These results could possibly be due to the COVID 19 pandemic.
- **Overall trends would indicate a decrease in treatment completion, therefore the goal of increasing the number of clients completing treatment in the Justice population was not met this FY.**
- SDCBHS will continue to monitor the number of clients in the justice involved population that complete each treatment program to gauge effectiveness of case management and counseling efforts in future FYs.



GOAL 6

BHS will have two active PIPs that contribute to meaningful improvement in clinical care as monitored by EQRO.

METHODS

BHS had a series of consultations with the State's External Quality Review Organization (EQRO) from FY 2019-20 on possible Performance Improvement Project (PIP) topics as per DHCS requirements, using system data and community stakeholder feedback.

When the PIP topics were approved by EQRO in FY 2019-20, BHS developed the PIP design and interventions through close consultation with EQRO.

DATA & RESULTS

SDCBHS currently has 2 active Performance Improvement Projects (PIPs), one non-clinical and one clinical.

1. **Non-Clinical PIP: Improving client linkages to services following a PERT contact.**

   The PIP targets improving client linkages to services following a contact with PERT services. The improvement strategy will focus on having the PERT clinician connect eligible clients through a warm handoff to an identified peer or family support specialist who will engage the client or family member of the client, and guide them to the appropriate level of services within the MHSOC or the SUD SOC.

   In April 2020, the first intervention was implemented to help identify and track eligible clients who will be connected to the identified Peer/Family Support Specialist. After the screening form identifies the client for a connection with the Peer/ Family Support Specialist, the client will be tracked with regard to contact attempts, referrals, and connection. Initial warm handoff procedures were piloted in December, and data collected from the intervention was used in the PIP writeup submitted to the State's reviewers. This PIP intervention is expected to be completed at the end of December 2021.

2. **Clinical PIP: Improving connections to services after discharge with referral.**

   The 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. EQRO approved the PIP concept in March 2020. The intervention will focus on the Motivational Enhancement and Engagement in Therapy (MEET) Training which will train clinicians in warm hand-off between the discharging program and admitting program, and a client questionnaire at the end of the discharge planning session/s.

   Baseline data from SUD clients was collected through supplemental questions in the State-mandated client survey in November 2020. Implementation Champions were identified among the pilot programs that received the training and as of April 2021, began consultations with the PIP leads for technical support. The client questionnaires from the intervention were entered into the database beginning in April. The PIP intervention is expected to be completed at the end of March 2022.

GOAL 7

Establish an ASAM 3.7 medically-monitored Withdrawal Management site in the Central region.

METHODS

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

RESULTS

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

GOAL 8

100% of clients and families in the Treatment Perceptions Survey report that they had access to written information in their primary language and/or received services in the language they prefer.

METHODS

- Language availability data for written information and services received in the DMC-ODS System of Care was collected in November 2020 through the Annual Treatment Perceptions Survey (TPS).
- Responses to the following survey question was evaluated: "Staff were sensitive to my cultural background (race/ethnicity, religion, language, etc.)". Respondents can answer in the negative (disagree/strongly disagree) or positive (agree/strongly agree).

DATA

Adult Client Survey Results

Questions based on services received within the last year:	N	Disagree/Strongly Disagree (%)	Agree/Strongly Agree (%)
7. Staff were sensitive to my cultural background (race/ethnicity, religion, language, etc.).	1,221	1.3	89.4

Youth & Families Survey Results

Questions based on services received within the last year:	N	Disagree/Strongly Disagree (%)	Agree/Strongly Agree (%)
9. Staff were sensitive to my cultural background (race/ethnicity, religion, language, etc.).	72	1.4	77.8

RESULTS

During the 2020 survey period:

- 77.8% (72) of Youth consumers reported that staff were sensitive to their cultural background when receiving services.
- 89.4% (1,221) of Adult consumers reported that staff were sensitive to their cultural background when receiving services.
- **The goal of 100% of surveyed clients and families reporting they had access to written information and received services in their primary or preferred language was not met.**
- SDCBHS will continue to monitor the consumer (clients and families) response to the annual surveys to gauge availability of written information and access to care in their primary language or language of preference.

SERVICES ARE TIMELY

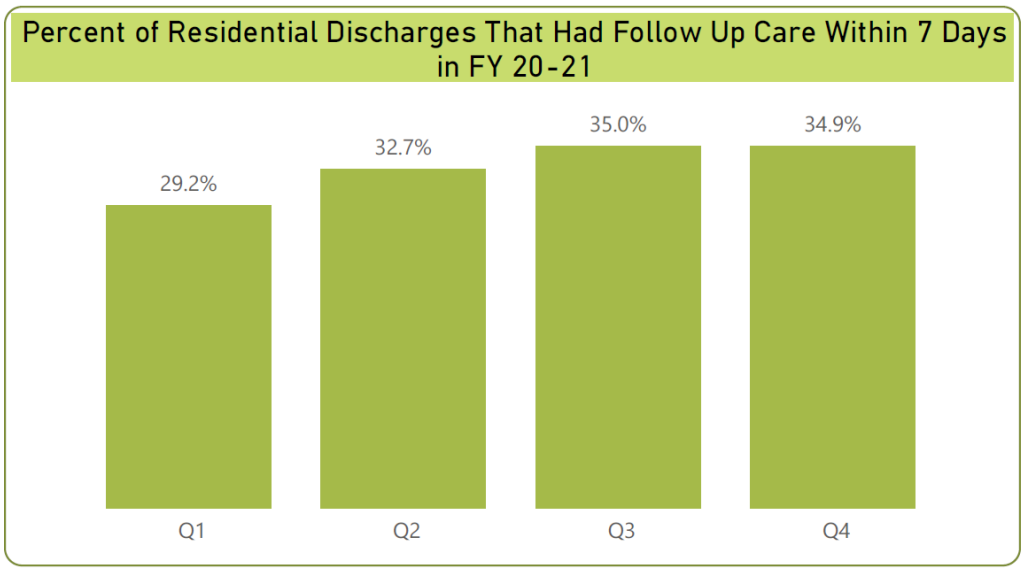
GOAL 9

25% of clients discharged from Residential Services shall receive a follow-up care encounter in a lower level treatment program within 7 calendar days.

METHODS

- Utilized the Follow Up Care Post Residential Discharge Report and;
  - Identified the denominator as the number of clients who were discharged from residential modality in FY 2020-21.
  - Identified the numerator as the number of clients who were discharged from residential modality in FY 2020-21 and had an encounter in lower level of care (recovery, outpatient, intensive outpatient, and OTP) within 7 days of discharge.

DATA



Please note:

- Residential and Withdrawal Management follow up level of care were excluded.
- Data may be impacted starting March 2020 due to COVID-19.

RESULTS

- In FY 2020-21, there were 3,959 clients who were discharged from residential level of care.
- Out of 3,959 clients, **32.9% or 1,304 clients had a follow up encounter in lower level of care within 7 days.**
- The percent of residential discharges that had follow up care within 7 days steadily increased from Q1 thru Q4 of FY 2020-21.

SERVICES ARE TIMELY

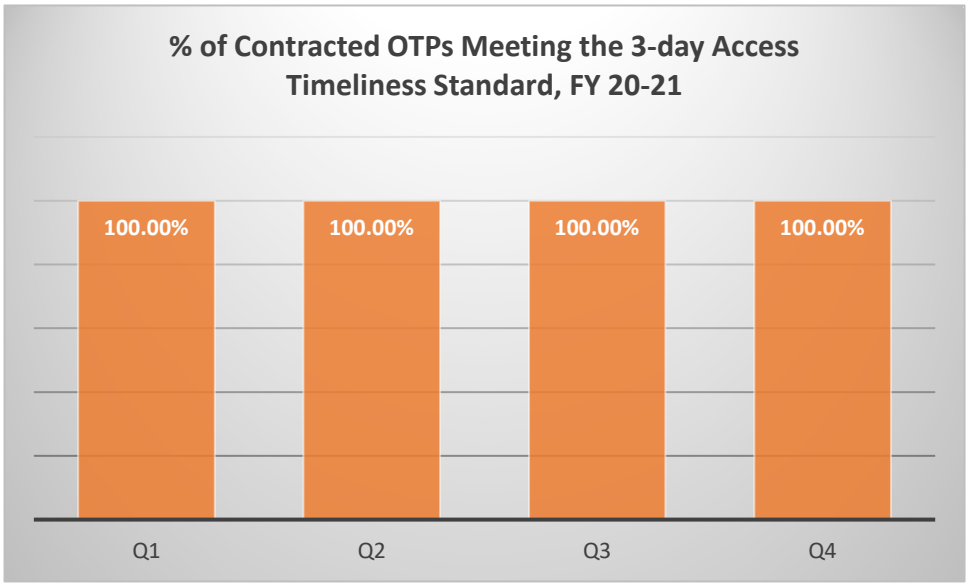
GOAL 10

100% of OTPs shall meet the access timeliness standard of 3 business days for an initial dosing of medication.

METHODS

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

DATA



RESULTS

- All 10 SDCBHS contracted OTPs were able to meet the access timeliness standard of 3 business days for an initial dosing of medication.
- **Each quarter 100% of OTPs met this goal for FY 2020-21.**