San Joaquin County Behavioral Health Services

Quality Improvement Work Plan - Substance Use Disorder Services

July 1, 2018 – June 30, 2020

Annual Update FY19-20

Quality Assessment and Performance Improvement Program

Purpose and Intent

San Joaquin County Behavioral Health Services (SJCBHS) is committed to service excellence and continuous quality improvement. Toward this end, SJCBHS has developed and implemented a range of quality assessment and performance improvement activities to measure and improve the timeliness, access, quality, and outcomes of its services.

The function of SJCBHS's Quality Assurance and Performance Improvement (QAPI) Substance Use Disorder (SUD) Work Plan is to plan and monitor compliance with the program goals related to access to services, improvements to service delivery, and enhancements to quality of care. This purpose is accomplished by following a planned and systematic process of collecting data, establishing a baseline, setting

San Joaquin County's implementation of the DMC-ODS has renewed the focus of service delivery, with BHS striving for continued improvement in quality and access. As the methods for evaluating quality and outcomes have improved, BHS has implemented a variety of new performance measures throughout the Substance Use Disorder system of care. This document serves to categorize and define these

Document Layout and Description

Goal: The overarching BHS goal for service provision

FY18/19 Strategic Actions: Tasks conducted and processes implemented toward meeting the broad scope goals during FY18/19

Target: Measurable objective identified for FY19/20 that relates to the BHS goal

FY18/19: Results of the measurable objective during FY18/19; the established baseline (if applicable)

Data Source: System that contains outcome data related to the target

Responsible Party: BHS Senior Leadership member(s) responsible for overseeing implementation and outcomes

Review Committee: BHS committee responsible for reviewing progress and documenting barriers to implementation

Frequency of Review: Maximum interval between the Review Committee's progress assessments

FY19/20 Action Plan: Tasks and processes planned for FY19/20 geared to meet the target

Initiative 1: Improve Timely Access to SUD Services									
#	Goal	FY18/19 Actions	Target	FY18/19	Data Source	Responsible Party	Review Committee	Frequency of Review	FY19/20 Action Plan
1.a	Timely access from first contact to face to face appointments	Begin framework of Timeliness Application	By 6/30/20 100% of beneficiaries will be offered an assessment appointment within 10 days of request for service.	n/a	Timeliness Application	Deputy Directors of SUD and QAPI	QAPI Council and PIP Committee	Quarterly	Finalize Timeliness Application. Provide staff training on data tracking. Create shared scheduling between County-operated programs to schedule assessment appointments. Continue provision of 24/7 walk-in assessments. Implement BQUIP for streamlining referral of phone contacts to appropriate level of care.
1.b	Timely access from first contact to first dose of NTP services	Advise contractors of timeliness standards and provide education on required data.	By 6/30/20 100% of beneficiaries will receive first NTP dose within 2 days of request for service.	100%	NTP self-report until access to Timeliness Application	Deputy Directors of IS and Administration	QAPI Council and PIP Committee	Quarterly	Provide contractors with remote access to Timeliness Application and provide staff training on data collection. Provide contract monitoring and timeliness oversight at least quarterly by SUD manager and Management Analyst.
1.c	Timely appointments for urgent conditions	Create operational definition of urgent condition.	By 6/30/20 100% of beneficiaries with an urgent condition will be offered an assessment appointment within 48 hours of request for service. (Note: offer of immediate walk-in is always made in addition to appointments)	n/a	Timeliness Application	Deputy Director of SUD	QAPI Council and PIP Committee	Quarterly	Create shared scheduling between County-operated programs to schedule assessment appointments. Continue provision of 24/7 walk-in assessments. Implement BQUIP for streamlining referral phone contact to appropriate level of care. Provide additional staff training regarding urgent condition requirements.
1.d	Timely access to follow-up appointments after residential treatment	Query CalOMS database for follow-up rates. Report average number of days to follow-up.	By 6/30/20 40% of beneficiaries who successfully complete residential treatment will begin outpatient services within seven days of residential discharge.	11%	CalOMS	Deputy Director of SUD	QAPI Council and PIP Committee	Monthly	Develop and implement processes for step-down: scheduled introduction and orientation. See PIP for additional information.

Initiative 2: Ensure Access to Care									
#	Goal	FY18/19 Actions	Target	FY18/19	Data Source	Responsible Party	Review Committee	Frequency of Review	FY19/20 Action Plan
2a	Timely and accurate information in appropriate language using the telephone access line (i.e., responsiveness of the beneficiary access line)	Mount language services posters in reception areas of all County-operated programs. Provide staff education on language line services. Access to HCIN and scheduled in-person interpreters solidified.	By 6/30/2020 100% of documents provided to - or signed by - beneficiaries will be available in Spanish.	Unknown	Intranet	Deputy Director of QAPI	Cultural Competence	Quarterly	Determine documents not currently available in Spanish and have them translated. Provide education to staff on availability of new forms and ensure intranet posting
		Develop policy and procedure for SUD test calls.	By 6/30/2020 100% of test calls to SUD points of entry during business hours will receive timely and accurate information	n/a	QAPI test call log		QAPI Council		Conduct test calls 6 test calls per month beginning 12/19 to County-operated SUD programs and Access call line during and after business hours in English and Spanish. Report outcomes to QAPI Council. Identify areas of improvement and document strategies for implementation.
			By 6/30/2020 100% of test calls to SUD points of entry after hours will receive timely and accurate information						
			By 6/30/2020 100% of relevant test calls to SUD points of entry during business hours will document use of interpreter or language line						
			By 6/30/2020 100% of relevant test calls to SUD points of entry after hours will document use of interpreter or language line						
2b	Expand access to SUD treatment through collaboration with local government agencies and non-profit organizations.	Established agreements with NTPs regarding service provision and ODS requirements. Improve collaborative courts processes, with BHS staff present in courts. Participation in the Community Corrections Partnership that includes District Attorney, judges, law enforcement, probation and public defenders representation. Improve referrals to BHS services from child welfare and dependency court.	By 6/30/2020 develop agreements with both NTP companies to use Timeliness Application across SUD system of care.	n/a	MOUs	Deputy Directors of IS and QAPI	QAPI Council	Quarterly	Create Timeliness Application with remote access for contract providers, develop procedures for contract staff to input data, and provide Timeliness Application training.
			By 6/30/2020 100% of County-operated programs with have practices in place for coordination on physical and mental health care.	n/a	Policy / Procedure	Deputy Directors of SUD and Adult Outpatient	QAPI Council	Quarterly	Create streamlined access for SUD clients to receive needed mental and physical health care.
			By 6/30/2020 create at least one new agreement with housing agency for Recovery Residence placement.	n/a	MOUs	Deputy Directors of Administration and SUD	Senior Managers	Quarterly	Evaluate available Recovery Residence options and create an agreement for County-funded placement.

Initiative 2: Ensure Access to Care									
#	Goal	FY18/19 Actions	Target	FY18/19	Data Source	Responsible Party	Review Committee	Frequency of Review	FY19/20 Action Plan
2c	Minimal wait time for residential placement	Create Timeliness Application for tracking access data. Expedite access to services by having BHS staff present in courts for screening and referral. De-centralize entry to services by eliminating Central Intake and having all counselors conduct initial assessments.	By 6/30/2020 85% of residential treatment referrals will have intake offered within 10 days.	81%	CalOMS	Deputy Director of SUD	PIP Committee	Monthly	Develop shared scheduling between County-operated programs for expedited access to intake appointments. Improve access to outpatient services for those in residential treatment to increase support and decrease length of stay in residential, allowing more beneficiaries quicker access to residential treatment. See "step-down" PIP for more information.
2d	Service access, availability, and capacity reflective of cultural competence principles and practices	Query Sharecare and CalOMS to produce utilization and outcome reports disaggregated by ethnic, racial, linguistic and other culturally relevant demographic categories.	By 6/30/2020 increase penetration rates of Hispanic beneficiaries to 0.82%	0.53%	Penetration data	Deputy Directors of Administration and SUD	Cultural Competence	Quarterly	Increase number of Spanish-speaking staff to improve access for monolingual Spanish-speaking clients. Provide staff training on use of Language Line - including additional training on using Language Line for telephone contacts.
2e	Access to after hour care	Implement "no wrong door" practice of walk-in assessments avoidable 24 hours per day.	By 6/30/2020 100% of clients requesting services after hours will be offered assessments by walk-in or appointments.	n/a	Timeliness Application	Deputy Director of SUD	QAPI Council	Quarterly	Create procedures at 24/7 facilities for walk-in assessments for clients requesting services after hours. Complete Timeliness Application to monitor after-hours requests for service. Create shared scheduling system for assessment appointments.

Initiative 3: Improve quality of service delivery and beneficiary satisfaction									
#	Goal	FY18/19 Strategic Actions	Target	FY18/19	Data Source	Responsible Party	Review Committee	Frequency of Review	FY19/20 Action Plan
3a	Beneficiaries and other stakeholders participate in SUD planning and evaluation	Identify how committees will be organized within BHS: SUD v. MH v. Integrated	By 6/30/2020 increase consumer/family member participation in Cultural Competence Committee, Consumer Advisory Council, and QAPI Council by at least two members each.	n/a	Meeting minutes and sign in sheets	Deputy Director of Administration and Ethnic Services Manager	QAPI Council and Cultural Competence Committee	Quarterly	BHS will actively advertise Cultural Competence Committee, providing increased opportunity for staff participation, and posting information in public areas soliciting consumer/family member participation.
		Continue administering Consumer Perception Survey at least annually.	By 6/30/2020 at least 50% of "open" BHS SUD clients will participate in Consumer Perception Survey.	51%	UCLA Survey Results	Deputy Director of QAPI	QAPI Council	Annually	Survey beneficiaries at least annually. Establish improvement objectives based on findings from the survey,
3b	Beneficiary experiences and overall perception of and satisfaction with quality of care (including grievances)	Initiate UCLA's Client Perception of Care Survey in accordance with specified methods to identify areas system strengths and areas of concern.	By 6/30/2020 at least 85% of beneficiaries surveyed will report overall satisfaction with services received.	84%	UCLA Survey Results	Deputy Director of QAPI	QAPI Council	Annually	Survey beneficiaries at least annually. Establish improvement objectives based on findings from the survey,
		Measure and report the number/percent of beneficiaries filing grievances, appeals, expedited appeals, fair hearings, expedited fair hearings, provider appeals, and clinical records review	By 6/30/2020 100% of quality of care grievances and appeals will be reviewed by Grievance Committee (unless contraindicated) with plans of correction when appropriate.	n/a	QAPI Grievance Log	Deputy Director of QAPI	Grievance Committee	Quarterly	Measure and report the number/percent of beneficiaries filing grievances, appeals, expedited appeals, fair hearings, expedited fair hearings, provider appeals, and clinical records review. Provide suggestions for improvements to prevent recurrence of comparable grievances when indicated.
3c	Beneficiaries receive adequate dosage of services with adequate frequency of follow-up appointments in accordance with their individualized treatment plan	Provide staff with training on levels of care, minimum hours of service by level of intensity, and appropriate documentation of services.	By 6/30/2020 develop automated report to evaluate average number of service hours per client per week across each outpatient level of care.	n/a	QAPI Subcommittee Reviews	Deputy Directors of QAPI and IS	QAPI Chairs	Quarterly	Create utilization report with IS to assist with valid evaluation of service provision. Programs managers to assess frequency of services and provide staff/program training as appropriate.
	Beneficiaries remain in treatment for adequate length of	Query Sharecare to determine average length of stay in treatment per beneficiary for	By 6/30/2020 76% of residential clients will remain in treatment for at least 7 days.	71%	CalOMS	Deputy	QAPI Council	Quarterly	Provide additional staff training to improve engagement of new clients in residential treatment.

Initiative 3: Improve quality of service delivery and beneficiary satisfaction									
#	Goal	FY18/19 Strategic Actions	Target	FY18/19	Data Source	Responsible Party	Review Committee	Frequency of Review	FY19/20 Action Plan
3d	time	each level of care.	By 6/30/2020 61% of outpatient clients referred after successful residential treatment will remain in outpatient treatment for at least 30 days.	53%	CalOMS	Directors of SUD, QAPI, and IS	QAPI Council	Quarterly	Provide additional staff training to improve engagement of new clients in outpatient treatment. See "step-down" PIP for additional information.
3e	Coordination of physical and mental health services with waiver services at the provider level	Measure proportion of clients who are adequately linked to MH and PC services though QAPI chart review.	By 6/30/2020 100% of charts reviewed by QAPI Subcommittee will indicate appropriate referral to mental and physical health care.	Unknown	QAPI Subcommittee Reviews	Deputy Directors of QAPI and SUD	QAPI Chairs	Quarterly	Review policies and practices of linking clients with other health care providers and develop relationships/agreements (official or unofficial) to streamline access. Prioritize measure for exploration and receive technical assistance for assessment of appropriate linkage.

Initiative 4: Improve Clinical Outcomes									
#	Goal	FY18/19 Strategic Actions	Target	FY18/19	Data Source	Responsible Party	Review Committee	Frequency of Review	FY19/20 Action Plan
4a	Reduce readmissions	Query CalOMS to determine the percent of beneficiaries who re-admit to withdrawal management or residential treatment within 30 days of discharge	By 6/30/2020 no more than 5.0% residential clients will readmit to residential treatment within 30 days of discharge.	5.90%	CalOMS	Deputy Directors of SUD and QAPI	QAPI Council	Quarterly	Increase access to outpatient services and supports to prevent need from repeated residential treatment episodes. Implement PIP for step-down from residential to outpatient services. (See PIP For additional information)
4b	Improve clinical/ functional outcomes	Select key outcome indicators from among data collected in CalOMS. Query CalOMS to report proportion of clients who demonstrate improvement at select intervals (e.g., between intake and discharge). Prepare initial data report for review by QAPI committee	By 6/30/2020 at least 40% of outpatient clients will demonstrate a decrease in substance use as evidenced by intake and discharge from level of care in CalOMS data.	33% (n=273)	CalOMS	Deputy Director of QAPI	QAPI Council	Quarterly	QAPI committee reviews selected outcome reports and establishes objectives. Disaggregate outcome data by underserved demographic groups, including TAYs or individuals with co-occurring disorders.
4c	Treatment completion	Query CalOMS to determine percent of clients who completed treatment/recovery plan goals upon discharge (disaggregated by level of care/placement type and/or demographic groupings).	By 6/30/2020 at least 58% of Recovery House episodes will be identified as successful completions (closing reasons 1-4).	53%	CalOMS	Deputy Director of QAPI	QAPI Council	Quarterly	Review CalOMS discharge data at QAPI Council to assess rate of successful treatment episodes and document recommendations for improvement.
			By 6/30/2020 at least 60% of Family Ties episodes will be identified as successful completions (closing reasons 1-4).	55%					
			By 6/30/2020 at least 58% of CDCC episodes will be identified as successful completions (closing reasons 1-4).	53%					

Initiative 5 : Enhance Data-Driven Decision Making									
#	Goal	FY18/19 Strategic Actions	Target	FY18/19	Data Source	Responsible Party	Review Committee	Frequency of Review	FY19/20 Action Plan
5a	Complete and expand use of monthly quality performance dashboards to inform administration and management, and to guide decision-making	Identify workgroup for implementation. Identify performance measures to be reported, review data sources, coordinate planning with SUD and executive leadership. Develop dashboard framework.	By 6/30/2020 complete Performance Dashboards for all County-operated SUD programs.	n/a	IS	Deputy Director of QAPI	QAPI Council	Quarterly	Identify state/federal standards, benchmarks and/or averages to guide planning. Coordinate with IS for technical assistance on creation of dashboards and retrieval of data.
5b	Performance improvement projects (PIPs) contribute to meaningful improvements in clinical care and beneficiary service	Evaluate offered SUD programs, alignment with ODS expectations, and potential areas of improvement.	By 6/30/2020 complete two PIPs, complete with results and recommendations for future improvements.	n/a	CalOMS and Timeliness Application	Deputy Director of QAPI	SUD PIP Committee	Weekly	Draft and submit PIPs to BHC. Create needed data systems to retrieve outcome data. Train staff on implementation of PIPs. Review processes and adjust interventions as appropriate. Gather outcome data, interpret results, and assess success of interventions. Provide suggestion for continuing or modifying future interventions.
5c	Monitor program capacity to meet beneficiary needs	Establish staff to client ratio expectation for each level of care. Monitor caseloads to determine staffing capacity.	By 6/30/2020 Recovery House staff to client ratio will be at least 1:8. By 6/30/2020 Family Ties staff to client ratio will be at least 1:5. By 6/30/2020 CDCC staff to client ratio will be at least 1:25.	Unknown	NACT and HR	Deputy Director of SUD	SUD Leadership	Quarterly	Continue to monitor caseloads. If caseloads consistently exceed staff:client ratios, develop plan to expand capacity. Review staffing between programs to best allocate staff to meet ratio standards.

Initiative 6: Staff Development and Cultural Competence									
#	Goal	FY18/19 Strategic Actions	Target	FY18/19	Data Source	Responsible Party	Review Committee	Frequency of Review	FY19/20 Action Plan
6a	Linguistically and culturally diverse staff	Document the linguistic capabilities of SAS staff and compare to Medi-Cal eligible populations to determine capacity of existing staff to meet linguistic needs of the population.	By 6/30/2020 increase number of Spanish-speaking direct-service staff from one FTE to three FTEs.	1 FTE	NACT	Deputy Directors of SUD and Administration	Cultural Competence Committee	Quarterly	Review findings in QAPI Council and Cultural Competency Committee to establish recruitment objectives for fiscal year.
6b	Staff and leadership trained in cultural responsiveness	Implement an online Cultural Competence training that is required of all BHS staff.	By 6/30/2020 100% of staff will be trained in Cultural Competence and new staff will complete it within 12 months of hire.	n/a	TPS	Deputy Director of SUD	SUD Leadership	Monthly	SUD managers and supervisors to track required staff trainings - including Cultural Competence - and document staff completion.
6c	Promotion of culturally and linguistically appropriate services, policies, and practices for beneficiaries, with limited English proficiency and diverse cultural and ethnic backgrounds and disabilities.	SJCBHS's Cultural Competency Committee (CCC) recruits staff and stakeholders for diverse representation in planning.	By 6/30/2020 Cultural Competence Committee will add four new members.	n/a	Cultural Competence Committee meeting minutes and sign in sheets	Deputy Director of SUD and Ethnic Services Manager	Cultural Competence Committee	Quarterly	BHS will actively promote Cultural Competence Committee, providing increased opportunity for staff participation, and posting information in public areas soliciting consumer/family member participation.
6d	American Society of Addiction Medicine (ASAM) training	All SUD staff complete 2-day in-person ASAM training. Two forensics mental health clinicians and three mental health adult outpatient clinicians receive ASAM training as well, to support integration of services and ensure that mental health services support clients with co-occurring disorders.	By 6/30/2020 100% of direct service staff will complete both available online ASAM criteria trainings and new staff will complete both trainings within 30 days of employment.	100%	The Change Companies	Deputy Director of SUD	SUD Leadership	Monthly	SUD managers and supervisors to track required staff trainings - including ASAM criteria - and document staff completion.