



San Joaquin County Behavioral Health Services

Quality Improvement Work Plan - Substance Use Disorder Services

July 1, 2022 – June 30, 2023

Initiative 1: Improve Timely Access to SUD Services								
#	Target	FY 20/21	21/22	FY 22/23	Data Source	FY22/23 Action Plan	Evaluation	Person Responsible
1.a	By 6/30/2023 100% of beneficiaries will be offered an assessment appointment within 10 days of request for service.	99.65%	75%		Timeliness Application	<ol style="list-style-type: none"> 1. DMC Plan will establish a Call Management System that will track calls into the Access Program. 2. All calls requesting substance use treatment will be screened for SUD services. 3. Callers meeting the criteria for SUD services (OTP, IOT, and Residential) will be offered a "same day" assessment. 4. If the callers prefer a scheduled assessment, the caller will receive an assessment appointment within 10 days of request. 5. The DMC plan will develop an Assessment Center that will be staffed by Substance Abuse Counselors who will complete assessments into SUD treatment. 6. The Assessment Center will enable beneficiaries seeking services who walk-in the center without a scheduled appointment, to receive a same day assessment. 7. Continue provision of walk-in assessment services for urgent conditions until assessment center is operational 		SAS Coordinator

1.b	By 6/30/2023 100% of beneficiaries will receive first NTP dose within 3 days of request for service.	N/A	92%		NTP self-report until access to Timeliness Application	<ol style="list-style-type: none"> 1. The Plan will ensure the Timeliness Application captures data related to first dosage from the NTP. 2. The Plan will ensure the Timeliness Application can create accurate reports that show when the first dose was provided to the beneficiary. 3. The DMC contract and program staff will provide oversight of the NTPs to ensure timeliness to first dose is being performed. 4. Timeliness data to first dose will be reviewed and shared with the NTP subcontractor on a quarterly basis or sooner. 5. Any deficiencies related to timeliness of first dose will be address through a corrective action plan completed by the subcontractor. 	SAS Coordinator QAPI
1.c	By 6/30/2023 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)	81.54%	85%		Timeliness Application	<ol style="list-style-type: none"> 1. The Plan will create shared scheduling between County-operated programs to schedule assessment appointments. 2. Continue provision of 24/7 walk-in assessments for urgent conditions until assessment center is operational. 3. Provide additional staff training regarding urgent condition requirements. 	SAS Coordinator QAPI
1.d	By 6/30/2023 40% of beneficiaries will begin outpatient services within seven days of residential discharge.	31.90%	15%		CalOMS	<ol style="list-style-type: none"> 1. The Plan will ensure a warm in-person handoff by the beneficiary's primary residential counselor to their primary outpatient counselor takes place up to two weeks prior to discharge. 2. The residential counselor will participate in Case Consultation at least one time per week with a LPHA where they will consult on cases to gain strategies on empowering the beneficiary to transition successfully into outpatient services and the community. 	SAS Coordinator

Initiative 2: Ensure Access to Care									
#	Target	FY 20/21	FY 21/22	FY 22/23	Data Source	FY22/23 Action Plan	Evaluation	Person Responsible	
	By 6/30/2023 100% of test calls to SUD points of entry during business hours will receive timely and accurate information regarding services	84.21%	100.00%		QAPI test call log	1. The Plan will conduct 6 test calls per month to County-operated SUD programs and Access Program during and after business hours in English and Spanish. 2. The status of the calls and the outcome of the calls will be reported during QAPI Council meetings. 3. Areas for improvement along with strategies implemented to create change will be documented. 4. The Call Management System will be created to track call data for the Access calls.		QAPI	
	By 6/30/2023 100% of test calls to SUD points of entry after hours will receive timely and accurate information regarding services.	91.67%	87.50%						QAPI
	By 6/30/2023 100% of relevant test calls to SUD points of entry during business hours will document use of interpreter or language line services	100%	100.00%						QAPI
	By 6/30/2023 100% of relevant test calls to SUD points of entry after hours will document use of interpreter or language line services	100%	100.00%						QAPI
2c	By 6/30/2023 100% of the consumers who meet the level of care requirement for residential treatment will be offered an intake appointment within 10 days of request.	98.6%	N/A		CalOMS	1. The Plan will develop a mechanism to track time to first offered appointments. 2. The Plan will review first offered data on a monthly basis. 3. The Plan will continue to provide services to the consumers between screening and intake appointments. 4. The Plan will maintain a daily census of bed openings within the SUD system of care. 5. The Plan will maintain a list of residential programs located outside the county's network.	Yuanjie's measures.	SAS Managers	

Initiative 2: Ensure Access to Care

#	Target	FY 20/21	FY 21/22	FY 22/23	Data Source	FY22/23 Action Plan	Evaluation	Person Responsible
2.d	By 6/30/2023 increase penetration rates of Hispanic beneficiaries to 0.82%	0.50%	93.00%		Penetration data	<ol style="list-style-type: none"> 1. The Plan will continue implement recruitment strategies to increase the number of Spanish-speaking staff to improve access for monolingual Spanish-speaking clients. 2. The Plan will provide staff training on use of Language Line - including additional training on using Language Line for telephone contacts. 3. The Plan will provide advertising and resources in Spanish for distribution in prominent areas. 4. The Plan will monitor the penetration rate on a bi- monthly basis 5. The Plan will monitor the strategies through the Timeliness App and assess referral source. 		Cultural Competence Committee/Eric
2.d	By 6/30/23, develop strategies to reduce avoidable hospitalizations	N/A	N/A			<ol style="list-style-type: none"> 1. The Plan will develop a tracking mechanism used to identify hospitalizations that take place before SUD treatment. 2. Once the data is reviewed, the Plan will identify strategies to reduce hospitalizations. 3. Use the FUA PIP to identify beneficiaries who were seen in the emergency department for an SUD diagnosis. 4. The Plan will identify representatives from the emergency departments to develop strategies to identifying beneficiaries 		

Initiative 3: Improve quality of service delivery and beneficiary satisfaction								
#	Target	F 20/21	FY 21/22	FY 22/23	Data Source	FY22/23 Action Plan	Evaluation	Person Responsible
	By 6/30/2023 increase consumer/family/advocate member participation in Cultural Competency Committee, Consumer Advisory Council, and QAPI Council by at least two members each.	CCC - 1 QIC - 1 CAC - 1	CCC - 2 QAPI - 1 CAC - 0		Meeting minutes and sign in sheets	1. The Plan will meet with the Consumer Advisory Committee and develop a strategies to increase participation in the Cultural Compliance Committee and Quality Assessment and Improvement Council. 2. Recruitment strategies for family members who attend conferences. CAC flyers.		SAS Coordinator Cultural Competency Committee
3a	By 6/30/2023 at least 50% of "open/served" BHS SUD clients receiving treatment will be assessed on their experience by using UCLA's Treatment Perception Survey.	N/A	NTP-4.7 % CDCC-32.8% FT & RH - 65.3%		UCLA Survey Results	1. The Plan will ensure the survey information is accessible to consumers in multiple formats. 2. The Plan will ensure all county and contracted providers receive the survey information. 3. The Plan will send reminder emails to the county and contracted programs during the survey week. 4. The Plan will examine the participation results of the survey and develop strategies for improvement where it is needed.		QAPI
3b	By 6/30/2023 at least 85% of beneficiaries surveyed will report staff will work with my mental health provider to support my wellness.		78%		UCLA Survey Results	1. The Plan will conduct Treatment Perception Surveys at least annually. Residential clients will be surveyed quarterly 2. The Plan will examine the results of the survey question related to beneficiaries feeling connected to medical or mental health services while receiving SUD treatment. 3. The Plan will determine if the results of the survey identifies a performance improvement project for the Plan to address.		QAPI

Initiative 3: Improve quality of service delivery and beneficiary satisfaction								
#	Target	F 20/21	FY 21/22	FY 22/23	Data Source	FY22/23 Action Plan	Evaluation	Person Responsible
3b	By 6/30/2023 at least 85% of beneficiaries surveyed will report staff work with my physical health care provider to support my wellness.	N/A	78%		UCLA Survey Results	1. The Plan will conduct Treatment Perception Surveys at least annually. 2. Residential clients will be surveyed quarterly 3. The Plan will examine the results of the survey question related to beneficiaries feeling connected to medical or mental health services while receiving SUD treatment. 4. The Plan will determine if the results of the survey identifies a performance improvement project for the Plan to address.		QAPI
3c	By 6/30/2023 develop automated report to evaluate average number of service hours per client per week across each outpatient level of care.				QAPI Subcommittee Reviews	1. The Plan will create utilization report with IS to assist with valid evaluation of service provision. 2. The Plan's managers will assess frequency of services and provide staff/program training as appropriate. 3. The Plan will examine whether clients are getting the appropriate number of treatment hours.		SAS Coordinator
3d	By 6/30/2023 76% of residential clients will remain in treatment for at least 7 days.	75.93%	84.80%		CalOMS	Provide additional staff training to improve engagement of new clients in residential treatment.		SAS Residential Managers

Initiative 3: Improve quality of service delivery and beneficiary satisfaction								
#	Target	F 20/21	FY 21/22	FY 22/23	Data Source	FY22/23 Action Plan	Evaluation	Person Responsible
3e	By 6/30/2023, 70% of clients in treatment will receive a comprehensive mental health screening.					<ol style="list-style-type: none"> 1. The Plan's County operated programs developed a referral to the clinician to track request of service and clinical meeting. 2. Clinical consultation meetings will be implemented two times a week to review cases and assess for need of clinical services and assessment. 3. Three Clinicians will be imbedded within the three programs and available to facilitate a comprehensive assessment as needed. 		
3f	By 6/30/2023, 90% of consumers will receive treatment at the level of care consistent with the outcome of their ASAM assessment.	64.20%	83.00%			<ol style="list-style-type: none"> 1.. The Plan will develop a network of providers that will assist with capacity issues to ensure the intake process is more efficient. 		SAS Residential Managers
	By 6/30/2023 100% of all grievanecs, appeals, expedited appeals, fair hearings, expedited fair hearing and provider appeals, will be addressed in a timely manner.		88.00%			<ol style="list-style-type: none"> 1. The Plan will develop a tracking mechanism to log dates grievances and appeals are received and resolved within 30 days of receipt. 2. The Plan will report grievances and appeals received bi-weekly during Huddle, during monthly QAPI Council Meetings, and quarterly Grievance Committee Meeting. 		QAPI

Initiative 4: Improve Clinical Outcomes								
#	Target	FY 20/21	FY 21/22	FY 22/23	Data Source	FY22/23 Action Plan	Evaluation	Person Responsible
4a	By 6/30/2023 no more than 5.0% residential clients who successfully complete residential treatment will readmit to residential treatment within 30 days of discharge.	10.58%	26.00%		CalOMS	<ol style="list-style-type: none"> The Plan will increase access to outpatient services. The Plan will assess if the service codes added last year are being used appropriately. The Plan will evaluate the usage of Case Management and Recovery Services. The Plan will provide a warm-hand off from residential to outpatient within 1-2 weeks prior to discharge from residential 		SAS Residential Managers
4b	By 6/30/2023 at least 40% of outpatient clients will demonstrate a satisfactory progress in substance use treatment as evidenced by intake and discharge from level of care in CalOMS data.	40.48%	47.00%		CalOMS	Review CALOMS data to assess the decrease from intake to discharge.		SAS Coordinator SAS Manager
4c	By 6/30/2023 at least 58% of Recovery House episodes will be identified as successful completions (closing reasons 1-4).	59.35%	63.11%		CalOMS	<ol style="list-style-type: none"> The Plan will review CalOMS discharge data at QAPI Council to assess rate of successful treatment episodes and document recommendations for improvement. The Plan will conduct a discharge interview with the consumers upon completion. The Plan will separate the data by each program. 		SAS Coordinator SAS Manager
	By 6/30/2023 at least 60% of Family Ties episodes will be identified as successful completions (closing reasons 1-4).	56.70%	56.10%					SAS Coordinator SAS Manager
	By 6/30/2023 at least 58% of CDCC episodes will be identified as successful completions (closing reasons 1-4).	56.96%	65.45%					SAS Coordinator SAS Manager

Initiative 5: Staff Development and Cultural Competence								
#	Target	FY 20/21	FY 21/22	FY 22/23	Data Source	FY22/23 Action Plan	Evaluation	Person Responsible
5a	By 6/30/2023 increase number of Spanish-speaking direct-service staff from one FTE to three FTEs.	3	5		NACT	1. The Plan will review findings in QAPI Council and Cultural Competency Committee to establish recruitment objectives for fiscal year.		Ethnic Services Manager
5b	By 6/30/2023 100% of staff will be trained in Cultural Competency and new staff will complete it within 12 months of hire.	100%	80%		TPS	1. The Plan's SUD managers and supervisors will track required staff trainings - including Cultural Competence - and document staff completion. 2. The Plan will monitor the contractors on a monthly basis to ensure trainings are completed.		SAS Coordinator SAS Managers
5c	By 6/30/2023 Cultural Competency Committee will add four new members.		1		Cultural Competence Committee meeting minutes and sign in sheets	1. The Plan will actively promote Cultural Competence Committee, providing increased opportunity for staff participation, and posting information in public areas soliciting consumer/family member participation.		Ethnic Services Manager
5d	By 6/30/2023 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%	100%		The Change Companies	1. The Plan's SUD managers and supervisors to track required staff trainings - including ASAM criteria - and document staff completion. 2. The Plan will ensure all direct services contractors receive and complete ASAM trainings.		SAS Coordinator SAS Managers QAPI