

Sacramento County Division of Behavioral Health Services
Substance Use Prevention and Treatment Services
Annual Quality Assurance Performance Improvement (QAPI) Work Plan - Fiscal Year 22/23
(July 1, 2022 to June 30, 2023)

Our Mission

To promote a healthy community free of the harmful consequences associated with problem alcohol and drug use by providing access to a comprehensive continuum of services, while remaining responsive to, and reflective of, the diversity among individuals, families, and communities.

We are further guided by the Mission, Vision, and Values of the Sacramento County Division of Behavioral Health Services (BHS)

BHS Mission: *To provide a culturally competent system of care that promotes holistic recovery, optimum health, and resiliency.*

BHS Vision: *We envision a community where persons from diverse backgrounds across the life continuum have the opportunity to experience optimum wellness.*

BHS Values:

- *Respect, Compassion, Integrity*
- *Client and/or Family Driven*
- *Equal Access for Diverse Populations*
- *Culturally Competent, Adaptive, Responsive & Meaningful*
- *Prevention and Early Intervention*
- *Full Community Integration and Collaboration*
- *Coordinated Near Home and in Natural Settings*
- *Strength-Based Integrated and Evidence-Based Practices*
- *Innovative and Outcome-Driven Practices and Systems*
- *Wellness, Recovery, & Resilience Focus*

Sacramento County Substance Use Prevention and Treatment (SUPT) utilizes an annual Quality Assurance Performance Improvement Work Plan (QAPI Plan) to guide its performance improvement activities. The QAPI Plan describes in detail the SUPT activities for performance indicator development and refinement, ongoing and time-limited performance improvement projects or focused studies and other monitoring to ensure quality care. QAPI Plan activities derive from a number of sources of information about quality of care and service issues. These include State and Federal requirements, Department initiatives, client and family feedback, and community stakeholder input.

Cultural Competence is critical to promoting equity, reducing health disparities and improving access to high-quality substance use disorder treatment services that are respectful of and responsive to the needs of the diverse clients in Sacramento County. SUPT recognizes the importance of developing a QAPI Plan that integrates cultural competence elements throughout the plan to help us

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better understand the needs of groups accessing our SUPT services and to identify where disparities may exist. Specific goals and elements around cultural competence are noted throughout the plan with a “(CC)”.

Structure of the Plan

The QI Plan includes four essential domains: Access, Timeliness, Quality, and Beneficiary Outcomes. The “SCOPE” details the areas that make up each domain. Each SCOPE contains a:

Standard: This is the threshold expectation for Sacramento County’s performance.

Benchmark: A point of reference drawn from Sacramento County’s own experience (historical data) and/or legal and contractual requirements. Benchmarks are used to establish goals for improvement that reflect excellence in care.

Goal: Reflects Sacramento County SUPT annual goals toward reaching the identified Benchmark.

DOMAIN	SCOPE
1. ACCESS	1.1 Availability of Appropriate Services- CC 1.2 Timely Services 1.3 Penetration – CC 1.4 Geographically Diverse 1.5 Multi-Tiered Service Continuum 1.6 24/7 Access Line
2. QUALITY	2.1 Problem Resolution 2.2 Utilization Review and Documentation Standards 2.3 Med Monitoring 2.4 Coordination of care 2.5 Diverse Workforce – CC 2.6 Culturally Competent System of Care – CC 2.7 Training/Education – CC
3. CONSUMER OUTCOMES	3.1 Beneficiary Outcomes

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1.ACCESS			
Ensure readily accessible services to all beneficiaries who meet medical necessity for substance use disorder (SUD) treatment services, including access to culturally relevant services to address the unserved, underserved and inappropriately served communities.			
1.1 Availability of Appropriate Services (CC)			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p>1.1 Standard: SUPT will demonstrate access to appropriate services based on level of need for all beneficiaries in Sacramento County</p> <p>1.1 Benchmark: To meet the timeliness standard of no wait time for Residential Services</p> <p>1.1 Goal: Reduce wait time for Residential Services by 10% annually until benchmark is met.</p>	<ul style="list-style-type: none"> • Monitor wait times for residential services quarterly. • Plan and implement strategies to address any identified barriers in accessing Residential Services. 	SUPT, Research, Evaluation & Performance Outcome (REPO), Cultural Competence/ Ethnic Services (CC/Ethnic Services)	Management Team (MT), Cultural Competence Committee and QIC

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1.2 Timely Services (CC)			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p>1.2 Standard: SUPT will demonstrate timely access to services based on level of need for all beneficiaries in Sacramento County</p> <p>1.2a Benchmark: 100% of requests for outpatient services will meet the 10 business day standard</p> <p>1.2a Goal: Reduce wait time for services by 5% annually until benchmark is met.</p> <p>1.2b Benchmark: 100% of requests for OTP services will meet the 3 business day standard</p> <p>1.2b Goal: Reduce wait time for services by 5% annually until benchmark is met.</p>	<ul style="list-style-type: none"> • Produce quarterly reports that monitor benchmarks and track timely and appropriate access to SUD treatment services. • Produce annual report that evaluate benchmarks and timely access to SUD treatment services by race, ethnicity, language, sexual orientation and gender identity (CC). • Provide feedback to SUPT providers of quarterly report findings at provider meetings. • Review data measurement and reporting methodologies to ensure accurate timeliness measurement consistent with DHCS requirements. 	<p>SUPT, REPO, QM, CC/Ethnic Services</p>	<p>Management Team (MT), Cultural Competence Committee and QIC</p>
1.3 Penetration (CC)			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p>1.3 Standard: There is equal access to SUD treatment services for all cultures</p> <p>1.3 Benchmark: To obtain an overall penetration rate of 6% Countywide</p> <p>1.3 Goal: To increase penetration 2% in the next fiscal year.</p>	<ul style="list-style-type: none"> • Utilize Drug Medi-Cal eligible data provided annually by the EQRO to track and trend penetration rates by age, gender, race/ethnicity, and language (when data is available) based on approved claims data as well as SUPT service data. • Utilize published prevalence rates and analyze Sacramento County penetration rates in comparison to other Large county and 	<p>SUPT, REPO, CC/Ethnic Services</p>	<p>Management Team (MT), Cultural Competence Committee and QIC</p>

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	Statewide penetration rates to determine possible concerns for equal access for certain cultures.		
1.4 Geographically Diverse Services			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p>1.4b Standard: SUD treatment services are provided in geographically diverse locations that best represent the community needs.</p> <p>1.4b Goal: Maintain service delivery sites across county care system through a variety of contracts with organizational and enrolled network providers.</p>	<ul style="list-style-type: none"> Develop maps to assist in siting new and/or existing service locations. Utilize population indicators such as poverty status, demographics, etc. to determine siting and service needs. (CC) Annual report on changes in numbers of organizational and enrolled network providers from previous year. Utilize the Network Adequacy Certification Tool (NACT) to monitor geographic locations meet time and distance standard. 	REPO, SUPT, Quality Management (QM), CC/Ethnic Services	Review periodically with management team, QIC, CCC
1.5 Multi-Tiered Service Continuum			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p>1.5 Standard: SUPT will have a continuum of SUD treatment services available to residents in Sacramento County.</p> <p>1.5 Goal: Develop a multi-tiered service continuum</p>	<ul style="list-style-type: none"> Monitor enrollment by levels of care utilizing ASAM data Recruit additional providers specific to children and adolescent services 	SUPT, REPO, QM	Review periodically at Management Team, CC, QIC

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1.6 24/7 Access Line with appropriate language access			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p>1.6a Standard: Provide a statewide, toll-free telephone number that can be utilized 24 hours a day, 7 days a week (24/7 line) with language capability in all languages spoken by beneficiaries of the county</p> <p>1.6a Goal: Continue to have a 24/7 line with linguistic capability. (CC)</p>	<ul style="list-style-type: none"> • Ensure all after-hours staff and test callers have been trained. • Conduct year round tests of 24-hour call line and SUPT follow-up system to assess for compliance with statewide standards. • Conduct test calls in all threshold languages. (CC) • Provide periodic training for after-hours staff and test callers. • Provide feedback to supervisors on results of test calls. • Provide quarterly reports showing level of compliance in all standard areas. • Monitor timeliness of obtaining interpreter services. (CC) • Attend trainings provided by DHCS. • Develop Call Log for after-hours staff to use within Avatar 	<p>SUPT, QM, REPO, CC/Ethnic Services</p>	<p>Quarterly to Management Team, QIC and CCC</p>
<p>1.6b Standard: The 24/7 line will provide information to beneficiaries about how to access Drug Medical Organized Delivery System services.</p> <p>1.6b Benchmark: 100% of test calls will be in compliance with the standard.</p> <p>1.6b Goal: Meet the required benchmark.</p>			
<p>1.6c Standard: The 24/7 line will provide information to beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.</p> <p>1.6c Benchmark: 100% of test calls will be in compliance with the standard.</p> <p>1.6c Goal: Meet the required benchmark.</p>			

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1.6 24/7 Access Line with appropriate language access Con't			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p>1.6d Standard: The 24/7 line will provide information to beneficiaries about services needed to address a beneficiary's crisis.</p> <p>1.6d Benchmark: 100% of test calls will be in compliance with the standard.</p> <p>1.6d Goal: Meet the required benchmark.</p>	<ul style="list-style-type: none"> • Same as above 	SUPT, QM, REPO, CC/Ethnic Services	Quarterly to Management Team, QIC and CCC
<p>1.6e Standard: All calls coming in to the 24/7 line will be logged with the beneficiary name, date of the request and initial disposition of the request.</p> <p>1.6e Benchmark: 100% of test calls will be in compliance with the standard.</p> <p>1.6e Goal: Meet the required benchmark.</p>			

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2. QUALITY			
Analyzing and supporting continual improvement of SUPT clinical and administrative processes in order to achieve the highest standard of care, with care processes that are recovery oriented, evidence-based and culturally sensitive			
2.1 Problem Resolution			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p>2.1 Standard: SUPT will have a Problem Resolution process that provides tracking of all grievances and appeals and ensures that all grievances and appeals are logged and resolved in a timely manner.</p> <p>2.1 Benchmark: Grievances and appeals logged within 1 business day 100% of all grievances will be resolved within 90 days 100% of all appeals will be completed within 30 days 100% of all expedited appeals will be resolved in 72 hours</p> <p>2.1 Goal: Meet the required benchmark</p>	<ul style="list-style-type: none"> • Monitor the problem resolution process tracking and reporting system. Make adjustments as needed to ensure integrity of data. • Track, trend and analyze beneficiary grievance, appeal and State Fair Hearing actions. Include type, ethnicity, race, and language as part of this tracking. (CC) • Track the timeliness of grievance, appeals and expedited appeal resolution for non-compliance tracking. • Track and analyze provider level complaint, grievance process with concomitant corrective plans. 	QM	Quarterly at QIC, CCC

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2.2 Utilization Review and Documentation Standards			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p>2.2a Standard: SUPT will have a rigorous utilization review process to ensure that all documentation standards are met.</p> <p>2.2a Goal: Monthly adult and child clinical chart reviews. 5% of open episodes will be reviewed for each provider/program.</p>	<ul style="list-style-type: none"> • Conduct monthly utilization review utilizing electronic health record for providers using Avatar (go to provider site for providers not using Avatar quarterly). • Information obtained through monthly reviews will be evaluated and issues will be reviewed at UR Committee. • All agencies will complete a monthly internal chart review for 5% of open episodes, which may include focused review of progress notes; assessments and client plans. • Targeted chart review at provider sites when significant non-compliance issues are discovered. • QM staff will conduct documentation training to SUPT providers at least quarterly. • Provide targeted documentation training and technical assistance to providers that have identified compliance issues. • Documentation guidelines and training will be updated to conform with CalAIM standards. 	QM	Quarterly at QIC
<p>2.2b Standard: All client problem lists and/or care plans must be completed and updated as clinically necessary</p> <p>2.2b Benchmark: 100% of problem lists and/or care plans from UR chart review will be complete.</p> <p>2.2b Goal: Increase in percent annually until benchmark is met.</p>			

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<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	
<p>2.3 Standard: Providers practice in accordance with community standards for medication/pharmacology</p> <p>2.3 Benchmark: Review medication/pharmacology in 5% of open episodes for each NTP provider/program.</p> <p>2.3 Goal: Continue to monitor and meet benchmark.</p>	<ul style="list-style-type: none"> • Will determine practice guidelines related to medication services provided by ODS-Waiver providers through review of standards of practice and consensus from P&T committee members. • Will develop criteria for medication monitoring of medication-assisted treatment based on best practices. • Study, analyze and continuously improve the medication monitoring and medication assisted treatment practices in the SUPT system. 	<p>MHTC, QM, SUPT</p>	<p>Annual and Periodic Report at QIC, CCC</p>
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	
<p>2.4a Standard: SUPT will collaborate with other government agencies/stakeholders to facilitate coordination and collaboration to maximize continuity of services for clients with SUD treatment needs.</p> <p>2.4a Goal: Continue to work with our partners to provide coordination and collaboration.</p>	<ul style="list-style-type: none"> • Monitor beneficiaries referred to the Mental Health Plan (MHP) from SUPT and to SUPT from the MHP. • Update Avatar to track referrals coming in from and going out to GMCs. • Explore methods of tracking care coordination between GMC, PCP and SUPT. Develop and implement a bi-lateral screening and referral tool. • Explore data sharing across public agencies. 	<p>REPO, SUPT, Program, QM, Avatar, CC/Ethnic Services</p>	<p>Quarterly at QIC, CCC</p>

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	<ul style="list-style-type: none"> Evaluate data by age, ethnicity, race, language, and gender to look for disparities. (CC) 		
<p>2.4b Standard: High cost/high utilizer beneficiaries will be monitored to ensure appropriate level of care.</p> <p>2.4b Benchmark: Reduce the number of high utilizer beneficiaries.</p> <p>2.4b Goal Reduce the number of and the cost associated with high utilizer beneficiaries year over year.</p>	<ul style="list-style-type: none"> Analyze service utilization data on a quarterly basis to identify high utilizers and inform SUPT program staff. SUPT staff will provide case conferencing with providers to explore more appropriate treatment options that foster engagement and recovery of high utilizer beneficiaries. 	REPO, SUPT	Annual and Periodic Report at QIC, CCC
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	
<p>2.5 Standard: SUPT will have a diverse workforce that is representative of the clients and community they serve.</p> <p>2.5 Benchmark: The make-up of direct services staff is proportionate to the racial, cultural and linguistic make-up of Drug Medi-Cal beneficiaries plus 200% of poverty population.</p> <p>2.5 Goal: Increase the diversity of direct service staff by 5% each year until benchmark is met.</p>	<ul style="list-style-type: none"> Complete the annual Human Resources Survey and analyze findings Share results with service providers. Collaborate with service providers to recruit culturally diverse staff. Recruitment and training of workforce will align with the Behavioral Health Racial Equity Collaborative Charter. 	REPO, CC/Ethnic Services, REPO	Annual and Periodic Report at QIC, CCC

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<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	
<p>2.6 Standard: SUPT will have a culturally competent system of care.</p> <p>2.6 Goal: SUPT will complete a biennial system-wide Agency Self-Assessment of Cultural Competence.</p>	<ul style="list-style-type: none"> • Biennially complete and analyze a system-wide Agency Self-Assessment of Cultural Competence. • Results will be shared with providers and training and other resources will be offered to enhance culturally competent care. • Ensure all direct service staff complete required Cultural Competence training(s). 	CC/Ethnic Services, REPO	Annual and Periodic Report at QIC, CCC

2.7 Training -Education			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p>2.7 Standard: The County will provide and/or offer on-going training opportunities to the SUPT workforce.</p> <p>2.7a Goal: SUPT will have a well-trained, culturally and linguistically competent workforce that is adequately trained to provide effective services and administer programs based on wellness and recovery. (CC)</p> <p>2.7b Goal: By the end of FY 22/23, 25% of all SUPT direct service staff and supervisors will have completed cultural competence training consistent with CLAS standards(CC)</p>	<ul style="list-style-type: none"> • Develop a Training Plan based on Agency Self-Assessment of Cultural Competence results, the Behavioral Health Racial Equity Collaborative Charter, and SUPT prioritization. • Administer cultural competence training consistent with CLAS standards to service delivery and supervisory staff. (CC) • Provide Interpreter training for interpreter staff and providers who use interpreters. (CC) • Develop and implement curriculum for integrating cultural competency and wellness, recover and resiliency principles for different levels and types of providers and stakeholders. • Refine system wide implementation of trauma informed and trauma specific trainings to 	SUPT, CC/Ethnic Services, QM	Annual and Periodic Report to QIC, CCC

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<p>2.7c Goal: 98% of staff identified as interpreters complete the approved behavioral health interpreter training and receive certification. (CC)</p>	<p>address all ages and cultural groups served by SUPT.</p> <ul style="list-style-type: none"> • Utilize training/educational opportunities to include methods to enhance the array of culturally competent skill sets and community interfaces for SUD providers and partner agencies. (CC) • Conduct at least one workshop on consumer culture with trainers to include consumer/youth/parent/caregiver/family perspective on alcohol and/or drug use. • Conduct at least annual in-house training/consultation to SUPT's mandated key points of contact to ensure competence in meeting the access needs of diverse communities. (CC) 		
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<p>3. BENEFICARY OUTCOMES Ensure the accountability, quality and impact of the services provided to clients in the Sacramento County SUPT system through research, evaluation and performance outcomes.</p>			
<p>3.1 Beneficiary Satisfaction</p>			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p>3.1 Standard All beneficiaries served during the Treatment Perception Survey (TPS) collection period will be given the opportunity to provide feedback on the</p>	<ul style="list-style-type: none"> • Provide mandatory training to SUPT providers on survey distribution and collection prior to TPS distribution periods. 	<p>REPO, SUPT</p>	<p>Review semi-annually with management team, QIC, CCC</p>

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<p>services they receive through the SUPT provider network.</p> <p>3.1 Benchmark SUPT will obtain a 75% response rate during each TPS collection period</p> <p>3.1 Goal: Increase the response rate each year until Benchmark is met.</p>	<ul style="list-style-type: none">• Administer State required TPS in all threshold languages. (CC).• Produce reports after each TPS period and share with providers.• Monitor response rate and establish protocols for both the system and those providers that fall below the benchmark.• Analyze results of TPS and provide written report on analysis of data.• Analysis to include examination of disparities by race, ethnicity and language. (CC)		
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