



**San Francisco**  
**Department of Public Health**

**BEHAVIORAL HEALTH SERVICES**  
**Drug Medi-Cal Organized Delivery System (DMC-ODS)**

**Quality Improvement Work Plan (QIWP)**  
**Evaluation Report**

*July 1, 2024 to June 30, 2025 (FY24-25)*

**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES DRUG MEDICAL ORGANIZED DELIVERY SYSTEM  
QUALITY IMPROVEMENT WORK PLAN EVALUATION REPORT FY 2024-2025**

**Table of Contents**

**City and County of San Francisco..... 1**

**INTRODUCTION..... 3**

**I. SERVICE CAPACITY..... 4**

**II. ACCESS TO SERVICES..... 7**

**III. QUALITY OF CLINICAL CARE..... 13**

**IV. CONTINUITY AND COORDINATION OF CARE..... 16**

**V. SAFETY OF CLINICAL CARE..... 19**

**VI. MEMBER EXPERIENCE..... 20**

**VII. APPENDICES..... 22**

**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES DRUG MEDICAL ORGANIZED DELIVERY SYSTEM  
QUALITY IMPROVEMENT WORK PLAN EVALUATION REPORT FY 2024-2025**

## **INTRODUCTION**

This report describes the results of the San Francisco County Behavioral Health Services (BHS) Quality Improvement Work Plan for Fiscal Year 2024-2025. Each section provides the objectives, activities, data sources and results for our endeavors in each of the main content areas.

This report is divided into the following content areas:

- I. [Service Capacity](#)
- II. [Access to Services](#)
- III. [Quality of Clinical Care](#)
- IV. [Continuity and Coordination of Care](#)
- V. [Safety of Clinical Care](#)
- VI. [Member Experience](#)

In each Objective and Action, there is a note indicating whether the item will continue as a quality improvement effort the following year. This refers to whether the Objective or Action will be carried forward to the following year's Quality Improvement Workplan. An item may not be carried forward to the following year's QI Workplan if it has become standard work and is no longer the focus of improvement efforts, or if it was a one-time activity that was completed.

**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM  
QUALITY IMPROVEMENT WORK PLAN EVALUATION REPORT FY 2024-2025**

**I. SERVICE CAPACITY**

**GOAL 1.** Ensure service type and location are geographically and appropriately distributed as appropriate to client needs and density.

<p><b>OBJECTIVE 1</b> Ensure Behavioral Health Services’ substance use programs are strategically located in neighborhoods that reflect the geographic distribution of the client population.</p> <p><b>SCORE:</b>  <input checked="" type="checkbox"/> Met  <input type="checkbox"/> Partially met  <input type="checkbox"/> Not met</p> <p><i>Continue next year?</i> <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>	<p><b>ACTION 1</b> By June 30, 2025, review the geographic location of services and assess appropriateness given client density.</p> <p><b>STATUS</b>  <input checked="" type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p><i>Continue next year?</i> <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>						
<p><b>PERFORMANCE DATA/OUTCOMES</b></p> <p>See Appendices A-B for detailed geographic map and table depicting both client density and program modalities:</p> <table border="1" data-bbox="111 740 957 886"> <thead> <tr> <th>APPENDIX</th> <th>TITLE</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Substance Use Client Density and Program Location CY2024</td> </tr> <tr> <td>B</td> <td>Substance Use Program Modality by Neighborhood</td> </tr> </tbody> </table>	APPENDIX	TITLE	A	Substance Use Client Density and Program Location CY2024	B	Substance Use Program Modality by Neighborhood	<p><b>PAST YEAR’S PROGRESS</b></p> <p>Density maps for clients served during CY 2024 were produced and reviewed for substance use program. The map illustrates the geographic distribution of clients served and treatment programs. The black buildings represent the programs and the colors in the legend correspond to the number of clients per square mile. Overall, the locations of clinics are well positioned in the areas of the city where our clients live, and the distance to programs is very short, typically within one mile. In addition to the maps, a table was produced with the count of programs by the modality of service within each neighborhood. Compared to CY 2023, there was an increase in the number of clients served. The total number of substance use programs increased from 52 to 56 programs. There were increases in the number of outpatient (14 to 17) programs and withdrawal management (2 to 3) programs.</p>
APPENDIX	TITLE						
A	Substance Use Client Density and Program Location CY2024						
B	Substance Use Program Modality by Neighborhood						

**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM  
QUALITY IMPROVEMENT WORK PLAN EVALUATION REPORT FY 2024-2025**

**I. SERVICE CAPACITY**

**GOAL 1.** Ensure service type and location are geographically and appropriately distributed as appropriate to client needs and density.

<p><b>OBJECTIVE 2</b> By June 30, 2025, expand access to youth substance use continuum of care services for FY25-26.</p> <p><b>SCORE:</b>  <input type="checkbox"/> Met  <input checked="" type="checkbox"/> Partially met  <input type="checkbox"/> Not met</p> <p><i>Continue next year?</i> <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>	<p><b>ACTION 1</b> Work with DHCS to ensure licensure, certification, and ratification of contracts.</p> <p><b>STATUS</b>  <input type="checkbox"/> Completed  <input checked="" type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p><i>Continue next year?</i> <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>	<p><b>ACTION 2</b> Coordinate with programs to establish program design, objectives, infrastructure, creating policies, staffing structure, and workflows.</p> <p><b>STATUS</b>  <input type="checkbox"/> Completed  <input checked="" type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p><i>Continue next year?</i> <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>
---	---	---

<p><b>PERFORMANCE DATA/OUTCOMES</b></p>	<p><b>PAST YEAR'S PROGRESS</b></p> <p><b>ACTION 1:</b> Updates to the Master Provider File have been submitted to DHCS for both Homeless Children's Network and Latino Commission. The facilities have completed DHCS and CDSS applications, and scheduled fire clearance. Staff are in process of completing required training. For outpatient: we worked with DHCS for AOD certification, LOC certification, and Medi-Cal enrollment through PAVE. For residential: 1) we worked with DHCS to get licensed and Medi-Cal enrollment through PAVE, and 2) we worked with CDSS to get licensed as a group home for minors.</p> <p><b>ACTION 2:</b> SFDPH worked with programs to review program design, provided input in policy, staffing patterns, budget, and workflows. We will continue to support the program through the license and certification process</p>
---	--

**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM  
QUALITY IMPROVEMENT WORK PLAN EVALUATION REPORT FY 2024-2025**

**I. SERVICE CAPACITY**

**GOAL 1.** Ensure service type and location are geographically and appropriately distributed as appropriate to client needs and density.

<p><b>OBJECTIVE 3</b> By June 30, 2025, expand capacity for Substance Use Services Residential Dual Diagnosis Treatment program.</p> <p><b>SCORE:</b>  <input type="checkbox"/> Met  <input checked="" type="checkbox"/> Partially met  <input type="checkbox"/> Not met</p> <p><i>Continue next year?</i> <input type="checkbox"/>Y <input checked="" type="checkbox"/>N</p>	<p><b>ACTION 1</b> Issue Request for Proposal (RFP) for SUD Residential Dual Diagnosis program.</p> <p><b>STATUS</b>  <input type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input checked="" type="checkbox"/> Changed/delayed</p> <p><i>Continue next year?</i> <input type="checkbox"/>Y <input checked="" type="checkbox"/>N</p>	<p><b>ACTION 2</b> Monitor construction and procurement for expansion of dual diagnosis treatment beds.</p> <p><b>STATUS</b>  <input type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input checked="" type="checkbox"/> Changed/delayed</p> <p><i>Continue next year?</i> <input type="checkbox"/>Y <input checked="" type="checkbox"/>N</p>
<p><b>PERFORMANCE DATA/OUTCOMES</b></p>	<p><b>PAST YEAR'S PROGRESS</b></p> <p><b>ACTION 1:</b> During the discovery process of this project, it was determined that this program would be a better fit under Mental Health Residential System of Care. The project shifted away from DMC ODS and instead is focused on Mental Health service in a manner that is co-occurring capable. As such, this objective will not continue for FY 25-26.</p> <p><b>ACTION 2:</b> During the discovery process of this project, it was determined that this program would be a better fit under Mental Health Residential System of Care. The project shifted away from DMC ODS and instead is focused on Mental Health service in a manner that is co-occurring capable. As such, this objective will not continue for FY 25-26.</p>	

**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES DRUG MEDICAL ORGANIZED DELIVERY SYSTEM  
QUALITY IMPROVEMENT WORK PLAN EVALUATION REPORT FY 2024-2025**

**II. ACCESS TO SERVICES**

**GOAL 2a.** Ensure timeliness of routine and urgent substance use services appointments.

<p><b>OBJECTIVE 1</b> By June 30, 2025, at least 90% of individuals requesting substance use outpatient services will be offered an appointment within 10 business days.</p> <p><b>SCORE:</b> <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially met <input type="checkbox"/> Not met</p> <p><i>Continue next year?</i> <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>	<p><b>ACTION 1</b> Establish bi-monthly meetings with Outpatient Programs to identify barriers and countermeasures to timely admissions.</p> <p><b>STATUS</b> <input checked="" type="checkbox"/> Completed <input type="checkbox"/> In progress <input type="checkbox"/> Changed/delayed</p> <p><i>Continue next year?</i> <input type="checkbox"/>Y <input checked="" type="checkbox"/>N</p>	<p><b>ACTION 2</b> Monitor the length of time from initial request for services to the first offered appointment date on a quarterly basis and identify any needed areas for improvement.</p> <p><b>STATUS</b> <input checked="" type="checkbox"/> Completed <input type="checkbox"/> In progress <input type="checkbox"/> Changed/delayed</p> <p><i>Continue next year?</i> <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>	<p><b>ACTION 3</b> Review the data and areas for improvement; follow up with programs as needed.</p> <p><b>STATUS</b> <input type="checkbox"/> Completed <input checked="" type="checkbox"/> In progress <input type="checkbox"/> Changed/delayed</p> <p><i>Continue next year?</i> <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>
--	--	---	--

**PERFORMANCE DATA/OUTCOMES**

	FY 17-18	FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23	FY 23-24	FY 24-25
<b>Median</b>	1	0	3	2	0	0	0	1
<b>Percent</b>	99%	100%	100%	99%	96%	100%	99%	98%

**PAST YEAR'S PROGRESS**

**ACTION 1:** SFDPH established monthly meetings with all Outpatient providers and separate monthly meetings with individual Outpatient provider agencies. These meetings provided individual and collective space to raise concerns and problem solve. Individual program meetings also created opportunities to review deliverables.

**ACTION 2:** BHS Quality Management extracted data from the Timely Access Log in Avatar to report on the timeliness of routine substance use outpatient appointments offered during FY24-25. Cases where a client had an open outpatient episode at the time of the service request were excluded. The 10-business day standard was met 98% of the time. The median number of business days to the first offered appointment was one (1) business day. The data includes all initial requests for services, even those with an attestation that states that the client can wait longer than 10 business days.

**ACTION 3:** SFDPH reviewed individualized program reports to review units of service with providers. During this process, we came to learn that some reports the providers were relying on had errors in calculation. We are working with IT and Billing to create more accurate and reliable reports.

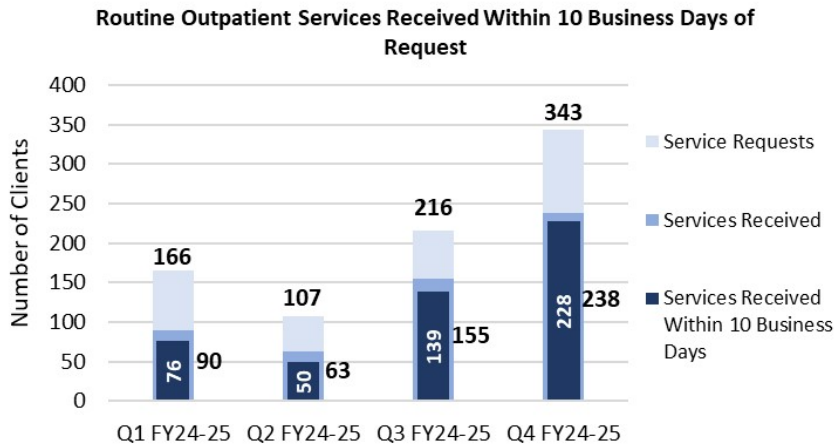
**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES DRUG MEDICAL ORGANIZED DELIVERY SYSTEM  
QUALITY IMPROVEMENT WORK PLAN EVALUATION REPORT FY 2024-2025**

**II. ACCESS TO SERVICES**

**GOAL 2a.** Ensure timeliness of routine and urgent substance use services appointments.

<p><b>OBJECTIVE 2</b> By June 30, 2025, at least 90% of individuals requesting substance use outpatient services will receive a service within 10 business days.</p> <p><b>SCORE:</b>  <input checked="" type="checkbox"/> Met  <input type="checkbox"/> Partially met  <input type="checkbox"/> Not met</p> <p>Continue next year? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><b>ACTION 1</b> Monitor the length of time from initial request to first service date on a quarterly basis and identify any needed areas for improvement.</p> <p><b>STATUS</b>  <input checked="" type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p>Continue next year? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><b>ACTION 2</b> Review the data and areas for improvement; follow up with programs as needed.</p> <p><b>STATUS</b>  <input checked="" type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p>Continue next year? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</p>
--	--	--

**PERFORMANCE DATA/OUTCOMES**



	Q1 FY24-25	Q2 FY24-25	Q3 FY24-25	Q4 FY24-25
Median # of Business Days to Outpatient Services	4	2	0	0

**PAST YEAR'S PROGRESS**

**ACTION 1:**  
BHS Quality Management extracted data from the Timely Access Log and Billing Table in Avatar to report on the timeliness of routine substance use outpatient services received during FY24-25. All call/walk-in requests are linked to the Billing table for the first service date following appointment offered date matching with program in which appointment was offered to program in which service was billed. Cases where a client had an open outpatient episode at the time of the service request were excluded. In the graph, each entire bar represents the number of routine outpatient service requests within that quarter, the second layer represents the number of requests that were connected to services, and the third layer (darkest color) represents the number of services that were received within 10 business days of request. The median number of business days to the first received service was zero (0) business days. Overall, 59% of clients who requested outpatient services were connected to services. Furthermore, 90% of clients who were connected to services received outpatient services and entered those services within 10 business days.

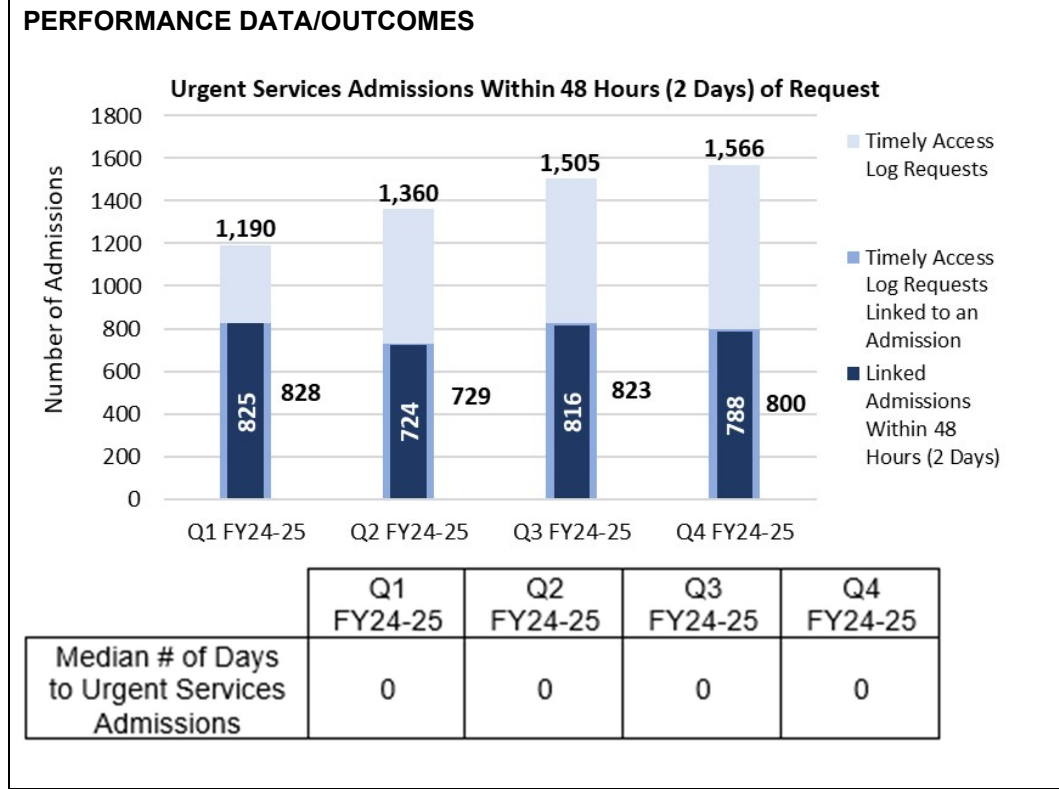
**ACTION 2:**  
SFDPH conducted a review of programs' timely access methodology, workflow and data. While we found that most clients seeking outpatient services were seen within 10 business days, we found variability in which programs were recording timely access and when. For example, some clinics with a drop in model only recorded timely access once the client consented to treatment. SFDPH plans to re-issue clarifying guidance and training in FY 25-26.

**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES DRUG MEDICAL ORGANIZED DELIVERY SYSTEM  
QUALITY IMPROVEMENT WORK PLAN EVALUATION REPORT FY 2024-2025**

**II. ACCESS TO SERVICES**

**GOAL 2a.** Ensure timeliness of routine and urgent substance use services appointments.

<p><b>OBJECTIVE 3</b> At least 90% of individuals needing an urgent appointment will receive a service within 48 hours.</p> <p><b>SCORE:</b>  <input checked="" type="checkbox"/> Met  <input type="checkbox"/> Partially met  <input type="checkbox"/> Not met</p> <p>Continue next year? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><b>ACTION 1</b> Monitor the length of time from the initial request for an urgent appointment to service on a quarterly basis and identify any needed areas for improvement.</p> <p><b>STATUS</b>  <input checked="" type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p>Continue next year? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><b>ACTION 2</b> Review the data and areas for improvement; follow up with programs as needed.</p> <p><b>STATUS</b>  <input checked="" type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p>Continue next year? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</p>
---	---	--



**PAST YEAR'S PROGRESS**

**ACTION 1:**  
BHS Quality Management extracted data from the Timely Access Log and Episode History table in Avatar to report on the timeliness of urgent services admissions in FY24-25 (defined as withdrawal management and OTP). In FY24-25, this metric has been revised to measure from the Timely Access Log request as the starting point and linked to an admission (episode opening). In the graph, each entire bar represents the number of urgent service requests within that quarter, the second layer represents the number of requests that were connected to an admission, and the third layer (darkest color) represents the number of admissions within 48 hours (2 days) of request. The median number of business days to admission was zero (0) days. Overall, 56% of clients who requested urgent services were admitted. Furthermore, 99% of clients who were admitted did so within 48 hours (2 days).

**ACTION 2:**  
SFDPH conducted a review of programs' timely access methodology, workflow and data. While we found that most clients seeking an urgent service were seen within 48 hours, we found variability in which programs were recording timely access and when. For example, some clinics with a drop in model only recorded timely access once the client consented to treatment. SFDPH plans to re-issue clarifying guidance and training in FY 25-26.

**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES DRUG MEDICAL ORGANIZED DELIVERY SYSTEM  
QUALITY IMPROVEMENT WORK PLAN EVALUATION REPORT FY 2024-2025**

**II. ACCESS TO SERVICES**

**GOAL 2a.** Ensure timeliness of routine and urgent substance use services appointments.

<p><b>OBJECTIVE 4</b> At least 90% of individuals requesting Opioid Treatment program OTP services will receive a service within 3 business days.</p> <p><b>SCORE:</b>  <input checked="" type="checkbox"/> Met  <input type="checkbox"/> Partially met  <input type="checkbox"/> Not met</p> <p>Continue next year? <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>	<p><b>ACTION 1</b> Monitor the length of time from the initial request to service for OTP programs on a quarterly basis and identify any needed areas for improvement.</p> <p><b>STATUS</b>  <input checked="" type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p>Continue next year? <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>	<p><b>ACTION 2</b> Review the data and areas for improvement; follow up with programs as needed.</p> <p><b>STATUS</b>  <input checked="" type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input checked="" type="checkbox"/> Changed/delayed</p> <p>Continue next year? <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>
---	--	---

**PERFORMANCE DATA/OUTCOMES**

	Q1 FY24-25	Q2 FY24-25	Q3 FY24-25	Q4 FY24-25
Service Requests	825	549	682	661
Services Received	493	338	407	387
Services Received Within 3 Business Days	507	344	422	394

	Q1 FY24-25	Q2 FY24-25	Q3 FY24-25	Q4 FY24-25
Median # of Business Days to OTP Services	0	0	0	0

**PAST YEAR'S PROGRESS**

**ACTION 1:**  
BHS Quality Management extracted data from the Timely Access Log and Billing Table in Avatar to report on the timeliness of substance use OTP services received during FY24-25. All call/walk-in requests are linked to the Billing table for the first service received following appointment offered date matching on program in which appointment was offered to program in which service was billed. Outliers greater than 30 days have been excluded from the dataset. In the graph, each entire bar represents the number of OTP service requests within that quarter, the second layer represents the number of requests that were connected to services, and the third layer (darkest color) represents the number of services that were received within 3 business days of request. The median number of business days to the first received service was zero (0) business days. Overall, 60% of clients who requested OTP services received OTP services. Furthermore, 97% of clients who received OTP services entered services within 3 business days.

**ACTION 2:**  
SFDPH conducted a review of programs' timely access methodology, workflow and data. While we found that most clients seeking OTP services were seen within 3 business days, we found variability in which programs were recording timely access and when. For example, some clinics with a drop in model only recorded timely access once the client consented to treatment. SFDPH plans to re-issue clarifying guidance and training in FY 25-26.

**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES DRUG MEDICAL ORGANIZED DELIVERY SYSTEM  
QUALITY IMPROVEMENT WORK PLAN EVALUATION REPORT FY 2024-2025**

**II. ACCESS TO SERVICES**

**GOAL 2a.** Ensure timeliness of routine and urgent substance use services appointments.

<p><b>OBJECTIVE 5</b> At least 80% of authorization requests for substance use residential treatment will receive a decision, whether approved or denied, within 24 hours.</p> <p><b>SCORE:</b>  <input checked="" type="checkbox"/> Met  <input type="checkbox"/> Partially met  <input type="checkbox"/> Not met</p> <p><i>Continue next year?</i> <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>	<p><b>ACTION 1</b> Monitor the length of time from the authorization request for substance use residential treatment to authorization decision on a quarterly basis and identify any needed areas for improvement.</p> <p><b>STATUS</b>  <input checked="" type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p><i>Continue next year?</i> <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>	<p><b>ACTION 2</b> Review the data and areas for improvement; follow up with programs as needed.</p> <p><b>STATUS</b>  <input checked="" type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p><i>Continue next year?</i> <input type="checkbox"/>Y <input type="checkbox"/>N</p>
---	---	--

<p><b>PERFORMANCE DATA/OUTCOMES</b></p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p><b>92.2%</b> of residential authorization decisions were made within 24 hours of request.</p> <p>Days to Authorization Decision</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Mean</td> <td>0.5 days</td> </tr> <tr> <td>Median</td> <td>0 day</td> </tr> <tr> <td>Standard Deviation</td> <td>1.3 days</td> </tr> </table> </div> <table border="1" style="width: 100%; margin-top: 10px;"> <caption>Time from Residential SUD Services Request to Auth Decision</caption> <thead> <tr> <th>Quarter</th> <th>% of Requests Auth within 24 hrs (Median)</th> <th>Count (N)</th> </tr> </thead> <tbody> <tr> <td>Q1 FY24-25</td> <td>87%</td> <td>461</td> </tr> <tr> <td>Q2 FY24-25</td> <td>92%</td> <td>379</td> </tr> <tr> <td>Q3 FY24-25</td> <td>94%</td> <td>362</td> </tr> <tr> <td>Q4 FY24-25</td> <td>96%</td> <td>418</td> </tr> </tbody> </table>	Mean	0.5 days	Median	0 day	Standard Deviation	1.3 days	Quarter	% of Requests Auth within 24 hrs (Median)	Count (N)	Q1 FY24-25	87%	461	Q2 FY24-25	92%	379	Q3 FY24-25	94%	362	Q4 FY24-25	96%	418	<p><b>PAST YEAR'S PROGRESS</b></p> <p><b>ACTION 1:</b> BHS Quality Management extracted data from Avatar to report on the timeliness of substance use residential treatment authorization decisions. The median number of days to an authorization decision was zero (0) days. Overall, 92% of residential treatment authorization decisions were made within 24 hours of request.</p> <p><b>ACTION 2:</b> SFDPH completed review of timeliness of residential authorization and in 92% of the cases, authorization decisions were made within 24 hours of request and that there were no identifiable areas for improvement in this workflow. Instead, we discovered that delays in residential admission were related to having to complete an entire assessment prior to request for authorization. In FY 25-26, we hope to streamline this process.</p>
Mean	0.5 days																					
Median	0 day																					
Standard Deviation	1.3 days																					
Quarter	% of Requests Auth within 24 hrs (Median)	Count (N)																				
Q1 FY24-25	87%	461																				
Q2 FY24-25	92%	379																				
Q3 FY24-25	94%	362																				
Q4 FY24-25	96%	418																				

**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM  
QUALITY IMPROVEMENT WORK PLAN EVALUATION REPORT FY 2024-2025**

**II. ACCESS TO SERVICES**

**GOAL 2b.** All calls to the BHS 24/7 toll-free access line will be answered by live service providers in the language of the caller and will gather all required information to ensure the caller receives the appropriate information or referral needed.

<p><b>OBJECTIVE 5</b> By June 30, 2025, conduct at least 8 independent test calls per quarter to the 24/7 Behavioral Health Access Line (BHAL) and monitor the results of the test calls.</p> <p><b>SCORE:</b>  <input checked="" type="checkbox"/> Met  <input type="checkbox"/> Partially met  <input type="checkbox"/> Not met</p> <p><i>Continue next year?</i> <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>	<p><b>ACTION 1</b> Conduct test calls for behavioral health conditions including at least two non-English test calls and two calls requesting substance use services information to the Behavioral Health Access Line (BHAL) per quarter.</p> <p><b>STATUS</b>  <input checked="" type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p><i>Continue next year?</i> <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>	<p><b>ACTION 2</b> Monitor test calls for quality assurance and meet monthly with BHAL and after-hours contracted vendor San Francisco Suicide Prevention (SFSP), to discuss and document improvements made in response to test call results.</p> <p><b>STATUS</b>  <input checked="" type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p><i>Continue next year?</i> <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>
--	--	--

<p><b>PERFORMANCE DATA/OUTCOMES</b></p> <table border="1" style="width: 100%;"> <tr> <th colspan="2" style="background-color: #cccccc;">BHS 24/7 Test Call Program FY24-25</th> </tr> <tr> <td style="width: 30%;">Active Test Callers</td> <td>10</td> </tr> <tr> <td>Test Caller Language Capacity</td> <td>Cantonese, English, Mandarin, Spanish, Tagalog, Vietnamese</td> </tr> <tr> <td>Test Call Types by Quarter <i>(Required)</i></td> <td> <ul style="list-style-type: none"> <li>2 Mental Health Conditions – Business Hours</li> <li>2 Mental Health Conditions – After Hours</li> <li>1 Substance Use – Business Hours</li> <li>1 Substance Use – After Hours</li> <li>1 Grievance &amp; Appeals – Business Hours</li> <li>1 Grievance &amp; Appeals – After Hours</li> </ul> <p>Non-English test calls:</p> <ul style="list-style-type: none"> <li>1 Mental Health Conditions</li> <li>1 Grievance &amp; Appeals</li> <li>Minimum 1 Business Hours and 1 After Hours per quarter</li> <li>If available, 1 Substance Use, Business or After Hours</li> </ul> </td> </tr> </table>	BHS 24/7 Test Call Program FY24-25		Active Test Callers	10	Test Caller Language Capacity	Cantonese, English, Mandarin, Spanish, Tagalog, Vietnamese	Test Call Types by Quarter <i>(Required)</i>	<ul style="list-style-type: none"> <li>2 Mental Health Conditions – Business Hours</li> <li>2 Mental Health Conditions – After Hours</li> <li>1 Substance Use – Business Hours</li> <li>1 Substance Use – After Hours</li> <li>1 Grievance &amp; Appeals – Business Hours</li> <li>1 Grievance &amp; Appeals – After Hours</li> </ul> <p>Non-English test calls:</p> <ul style="list-style-type: none"> <li>1 Mental Health Conditions</li> <li>1 Grievance &amp; Appeals</li> <li>Minimum 1 Business Hours and 1 After Hours per quarter</li> <li>If available, 1 Substance Use, Business or After Hours</li> </ul>	<p><b>PAST YEAR'S PROGRESS</b></p> <p><b>ACTION 1:</b> During FY2024-25, the BHS 24/7 Access Line Test Call Program conducted test calls for Mental Health Conditions, Substance Use, and Grievance &amp; Appeals information. In each quarter, a minimum of 8 test calls was completed and evaluated. Please see <i>BHS 24/7 Test Call Program</i> table for a breakdown of the required test call types.</p> <p><b>ACTION 2:</b> BHS Quality Management (QM), Behavioral Health Access Center (BHAC), Behavioral Health Access Line (BHAL), and San Francisco Suicide Prevention (SFSP) met on a monthly basis to review test call summaries and outcomes to provide feedback for quality assurance, quality improvement, and ongoing trainings for staff and vendor call operators. Some improvements include refined sample scripts to be timely with current events and/or any changes to workflow and services offerings.</p>
BHS 24/7 Test Call Program FY24-25									
Active Test Callers	10								
Test Caller Language Capacity	Cantonese, English, Mandarin, Spanish, Tagalog, Vietnamese								
Test Call Types by Quarter <i>(Required)</i>	<ul style="list-style-type: none"> <li>2 Mental Health Conditions – Business Hours</li> <li>2 Mental Health Conditions – After Hours</li> <li>1 Substance Use – Business Hours</li> <li>1 Substance Use – After Hours</li> <li>1 Grievance &amp; Appeals – Business Hours</li> <li>1 Grievance &amp; Appeals – After Hours</li> </ul> <p>Non-English test calls:</p> <ul style="list-style-type: none"> <li>1 Mental Health Conditions</li> <li>1 Grievance &amp; Appeals</li> <li>Minimum 1 Business Hours and 1 After Hours per quarter</li> <li>If available, 1 Substance Use, Business or After Hours</li> </ul>								

**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES DRUG MEDICAL ORGANIZED DELIVERY SYSTEM  
QUALITY IMPROVEMENT WORK PLAN EVALUATION REPORT FY 2024-2025**

**III. QUALITY OF CLINICAL CARE**

**GOAL 3.** Use quantitative measures to assess performance and to identify and prioritize area(s) for improvement.

<p><b>OBJECTIVE 1</b> By June 30, 2025 develop baseline data to the DMC-ODS <a href="#">Behavioral Health Accountability Sets</a> (BHAS) including:</p> <ul style="list-style-type: none"> <li>i. Follow-Up After Emergency Department Visit for Substance Use (follow-up within 30 days) (FUA)</li> <li>ii. Initiation and Engagement of Substance Use Disorder Treatment (Initiation) (IET)</li> <li>iii. Initiation and Engagement of Substance Use Disorder Treatment (Engagement) (IET)</li> <li>iv. Use of Pharmacotherapy for Opioid Use Disorder (OUD)</li> <li>v. Pharmacotherapy for Opioid Use Disorder (POD)</li> </ul> <p><b>SCORE:</b>  <input checked="" type="checkbox"/> Met  <input type="checkbox"/> Partially met  <input type="checkbox"/> Not met</p> <p><i>Continue next year?</i> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><b>ACTION 1</b> By June 13, 2025, complete the source code using HEDIS technical specifications to calculate the rates to each of the BHAS for measurement years 2023 and 2024.</p> <p><b>STATUS</b>  <input checked="" type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p><i>Continue next year?</i> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</p>	<p><b>ACTION 2</b> By June 30, 2025, review BHAS rates with BHS leaders and identify areas for improvement.</p> <p><b>STATUS</b>  <input checked="" type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p><i>Continue next year?</i> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</p>																																																	
<p><b>PERFORMANCE DATA/OUTCOMES</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #333; color: white;"> <th>Measure</th> <th>Year</th> <th>NUM</th> <th>DEN</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td rowspan="2"><b>FUA</b></td> <td>2023</td> <td>225</td> <td>573</td> <td>39.27%</td> </tr> <tr> <td>2024</td> <td>252</td> <td>627</td> <td>40.19%</td> </tr> <tr> <td rowspan="2"><b>IET-Init</b></td> <td>2023</td> <td>573</td> <td>4410</td> <td>12.99%</td> </tr> <tr> <td>2024</td> <td>678</td> <td>4343</td> <td>15.61%</td> </tr> <tr> <td rowspan="2"><b>IET-Eng</b></td> <td>2023</td> <td>392</td> <td>4410</td> <td>8.89%</td> </tr> <tr> <td>2024</td> <td>435</td> <td>4343</td> <td>10.02%</td> </tr> <tr> <td rowspan="2"><b>OUD</b></td> <td>2023</td> <td>2182</td> <td>3301</td> <td>66.10%</td> </tr> <tr> <td>2024</td> <td>2497</td> <td>3455</td> <td>72.27%</td> </tr> <tr> <td rowspan="2"><b>POD</b></td> <td>2023</td> <td>206</td> <td>1271</td> <td>16.21%</td> </tr> <tr> <td>2024</td> <td>210</td> <td>1424</td> <td>14.75%</td> </tr> </tbody> </table>	Measure	Year	NUM	DEN	Rate	<b>FUA</b>	2023	225	573	39.27%	2024	252	627	40.19%	<b>IET-Init</b>	2023	573	4410	12.99%	2024	678	4343	15.61%	<b>IET-Eng</b>	2023	392	4410	8.89%	2024	435	4343	10.02%	<b>OUD</b>	2023	2182	3301	66.10%	2024	2497	3455	72.27%	<b>POD</b>	2023	206	1271	16.21%	2024	210	1424	14.75%	<p><b>PAST YEAR'S PROGRESS</b></p> <p><b>ACTION 1:</b> In collaboration with DPH IT, BHS completed source codes to calculate BHAS for measurement years 2023 and 2024. <i>See Performance/Data Outcomes table.</i> Next year, BHS will contract with an NCQA certified vendor to calculate BHAS.</p> <p><b>ACTION 2:</b> BHAS rates were shared with BHS executive leadership at the May 2025 System of Care and Quality Improvement Committee meeting. The Substance Use Services (SUS) System of Care is actively working to identify strategic partnerships across the DPH system to engage in better tracking, monitoring, communications, and sharing of information and resources relating to substance use measures.</p>
Measure	Year	NUM	DEN	Rate																																															
<b>FUA</b>	2023	225	573	39.27%																																															
	2024	252	627	40.19%																																															
<b>IET-Init</b>	2023	573	4410	12.99%																																															
	2024	678	4343	15.61%																																															
<b>IET-Eng</b>	2023	392	4410	8.89%																																															
	2024	435	4343	10.02%																																															
<b>OUD</b>	2023	2182	3301	66.10%																																															
	2024	2497	3455	72.27%																																															
<b>POD</b>	2023	206	1271	16.21%																																															
	2024	210	1424	14.75%																																															

**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES DRUG MEDICAL ORGANIZED DELIVERY SYSTEM  
QUALITY IMPROVEMENT WORK PLAN EVALUATION REPORT FY 2024-2025**

**III. QUALITY OF CLINICAL CARE**

**GOAL 3.** Use quantitative measures to assess performance and to identify and prioritize area(s) for improvement.

<p><b>OBJECTIVE 2</b> By February 28, 2025 obtain approval from HSAG on a clinical Performance Improvement Project (PIP).</p> <p><b>SCORE:</b>  <input checked="" type="checkbox"/> Met  <input type="checkbox"/> Partially met  <input type="checkbox"/> Not met</p> <p><i>Continue next year?</i> <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>	<p><b>ACTION 1</b> By January 15, 2025, review preliminary BHAS data to identify measures with areas for improvement.</p> <p><b>STATUS</b>  <input checked="" type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p><i>Continue next year?</i> <input type="checkbox"/>Y <input checked="" type="checkbox"/>N</p>	<p><b>ACTION 2</b> By January 15, 2025, submit PIP Topic Selection Form to HSAG for approval of PIP topics.</p> <p><b>STATUS</b>  <input checked="" type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p><i>Continue next year?</i> <input type="checkbox"/>Y <input checked="" type="checkbox"/>N</p>
<p><b>PERFORMANCE DATA/OUTCOMES</b></p> <p>On February 12, 2025, HSAG approved BHS' clinical PIP topic to improve the rate of retention of treatment for individuals receiving medications for opioid use disorder through the Pharmacotherapy for Opioid Use Disorder (POD) HEDIS measure.</p>	<p><b>PAST YEAR'S PROGRESS</b></p> <p><b>ACTION 1:</b> In early January 2025, BHS reviewed BHAS preliminary rates to identify measures with opportunities for improvement. The preliminary rates showed a large gap in retention rate for individuals receiving medications for opioid use disorder in San Francisco, as compared to the national median. Thus, BHS selected this topic as the clinical PIP.</p> <p><b>ACTION 2:</b> On January 13, 2025, BHS submitted the PIP Topic Selection form to HSAG for approval of the clinical PIP topic to improve the retention rate for individuals receiving medications for opioid use disorder. On February 12, 2025, HSAG approved BHS' clinical PIP topic selection.</p>	

**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM  
QUALITY IMPROVEMENT WORK PLAN EVALUATION REPORT FY 2024-2025**

**III. QUALITY OF CLINICAL CARE**

**GOAL 3.** Use quantitative measures to assess performance and to identify and prioritize area(s) for improvement.

<p><b>OBJECTIVE 3</b> By June 30, 2025, at least 70% of clients in outpatient services with greater than 60 days of treatment will maintain abstinence or show a reduction of alcohol and other drug use.</p> <p><b>SCORE:</b>  <input checked="" type="checkbox"/> Met  <input type="checkbox"/> Partially met  <input type="checkbox"/> Not met</p> <p><i>Continue next year?</i> <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>	<p><b>ACTION 1</b> Monitor CalOMS data quarterly to identify areas for improvement.</p> <p><b>STATUS</b>  <input checked="" type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p><i>Continue next year?</i> <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>
<p><b>PERFORMANCE DATA/OUTCOMES</b></p> <p>As of June 30, 2025, 85% of clients in outpatient services maintained abstinence or showed a reduction of alcohol and other drug use, meeting our goal.</p> <p>5 programs out of the 12 programs (42%) met the benchmark of having at least 70% of their clients reduce their drug use or remain abstinent.</p>	<p><b>PAST YEAR'S PROGRESS</b></p> <p>BHS Quality Management extracted data from the Avatar Data Warehouse CalOMS table to track reduction of alcohol or other drug use. Performance outcomes are reported in the appropriate column.</p>

**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES DRUG MEDICAL ORGANIZED DELIVERY SYSTEM  
QUALITY IMPROVEMENT WORK PLAN EVALUATION REPORT FY 2024-2025**

**IV. CONTINUITY AND COORDINATION OF CARE**

**GOAL 4.** Ensure data sharing to support care coordination between transitions in care, including medical and behavioral health services.

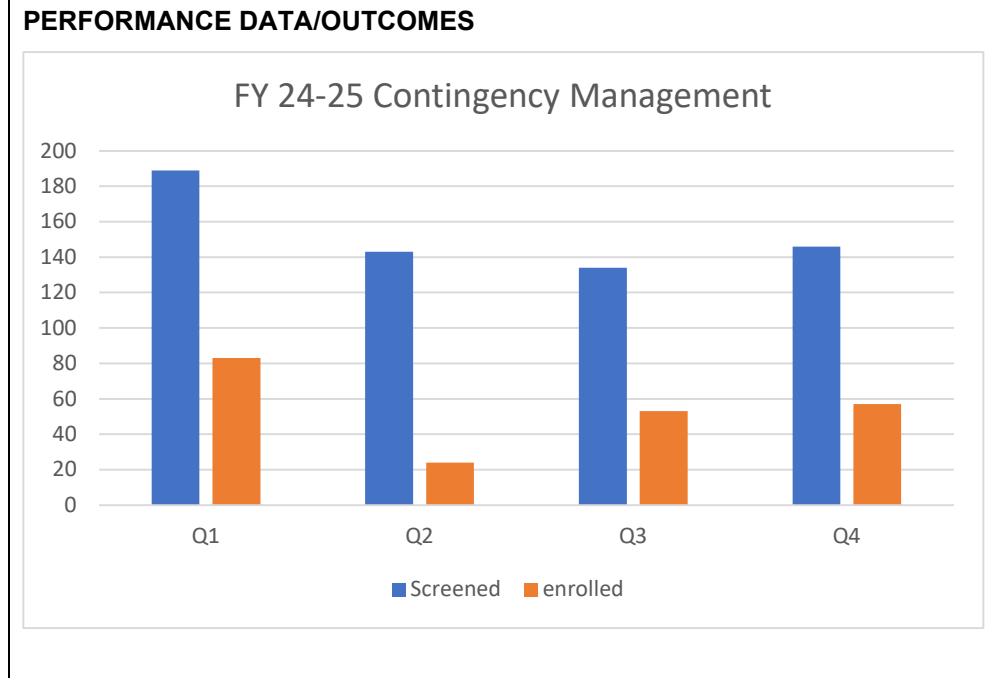
<p><b>OBJECTIVE 1</b> By June 30, 2025, have fully executed MOUs and data sharing agreements with SF Managed Care Plans to support care coordination and quality performance measure reporting.</p> <p><b>SCORE:</b>  <input type="checkbox"/> Met  <input checked="" type="checkbox"/> Partially met  <input type="checkbox"/> Not met</p> <p><i>Continue next year?</i> <input type="checkbox"/>Y <input checked="" type="checkbox"/>N</p>	<p><b>ACTION 1</b> Fully execute MOUs and data sharing agreements with San Francisco Health Plan.</p> <p><b>STATUS</b>  <input checked="" type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p><i>Continue next year?</i> <input type="checkbox"/>Y <input checked="" type="checkbox"/>N</p>	<p><b>ACTION 2</b> Fully execute MOUs and data sharing agreements with Anthem Blue Cross.</p> <p><b>STATUS</b>  <input type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input checked="" type="checkbox"/> Changed/delayed</p> <p><i>Continue next year?</i> <input type="checkbox"/>Y <input checked="" type="checkbox"/>N</p>	<p><b>ACTION 3</b> Fully execute MOUs and data sharing agreements with Kaiser Permanente.</p> <p><b>STATUS</b>  <input type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input checked="" type="checkbox"/> Changed/delayed</p> <p><i>Continue next year?</i> <input type="checkbox"/>Y <input checked="" type="checkbox"/>N</p>												
<p><b>PERFORMANCE DATA/OUTCOMES</b></p> <table border="1"> <thead> <tr> <th>Action #</th> <th>Health Plan Name</th> <th>MOU executed date</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>San Francisco Health Plan</td> <td>2/2/2023</td> </tr> <tr> <td>2</td> <td>Anthem Blue Cross</td> <td>10/21/2025</td> </tr> <tr> <td>3</td> <td>Kaiser Permanente</td> <td>11/24/2025</td> </tr> </tbody> </table>		Action #	Health Plan Name	MOU executed date	1	San Francisco Health Plan	2/2/2023	2	Anthem Blue Cross	10/21/2025	3	Kaiser Permanente	11/24/2025	<p><b>PAST YEAR'S PROGRESS</b></p> <p>All MOUs and data sharing agreements with MCPs will have been fully executed by the end of November 2025. There were delays in completing data sharing agreements with Anthem Blue Cross and Kaiser Permanente due to careful considerations in handling ongoing care coordination and exchange of sensitive patient information.</p> <p>BHS Quality Management is continuing coordination with each health plan on data sharing strategies to support care coordination, data, and quality improvement.</p>	
Action #	Health Plan Name	MOU executed date													
1	San Francisco Health Plan	2/2/2023													
2	Anthem Blue Cross	10/21/2025													
3	Kaiser Permanente	11/24/2025													

**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM  
QUALITY IMPROVEMENT WORK PLAN EVALUATION REPORT FY 2024-2025**

**IV. CONTINUITY AND COORDINATION OF CARE**

**GOAL 4.** Ensure data sharing to support care coordination between transitions in care, including medical and behavioral health services.

<p><b>OBJECTIVE 2</b> By June 30, 2025, develop and expand access to Contingency Management (CM) for stimulants.</p> <p><b>SCORE:</b>  <input checked="" type="checkbox"/> Met  <input type="checkbox"/> Partially met  <input type="checkbox"/> Not met</p> <p>Continue next year? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</p>	<p><b>ACTION 1</b> Provide support and technical assistance to providers participating in DMC-ODS funded CM Pilot programs.</p> <p><b>STATUS</b>  <input checked="" type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p>Continue next year? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</p>	<p><b>ACTION 2</b> Monitor program outcomes and identify areas for improvement</p> <p><b>STATUS</b>  <input checked="" type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p>Continue next year? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</p>
--	---	--



**PAST YEAR'S PROGRESS**

**ACTION 1:** SFDPH hosts monthly meetings in which Contingency Management providers are able to raise concerns, share experiences and solve problems. We advocated and requested technical assistance on behalf of providers from Recovery Incentives with DHCS and UCLA. Several outreaches for technical assistance were centered around the Recovery Incentives Portal.

**ACTION 2:** SFDPH hosts monthly meetings in which Contingency Management providers are able to raise concerns, share experiences and solve problems. These gatherings also provide an opportunity to review outcomes and challenges. SFDPH conducted audits of our 4 contingency management programs and found 0 errors/disallowances.

**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM  
QUALITY IMPROVEMENT WORK PLAN EVALUATION REPORT FY 2024-2025**

**IV. CONTINUITY AND COORDINATION OF CARE**

**GOAL 4.** Ensure data sharing to support care coordination between transitions in care, including medical and behavioral health services.

<p><b>OBJECTIVE 3</b> By June 30, 2025, 95% of Residential Step Down (RSD) clients will be linked to SUD outpatient (OP) treatment, defined as 1 documented recovery service.</p> <p><b>SCORE:</b>  <input checked="" type="checkbox"/> Met  <input type="checkbox"/> Partially met  <input type="checkbox"/> Not met</p> <p><i>Continue next year?</i> <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>	<p><b>ACTION 1</b> Monthly monitoring of RSD linkages to outpatient services.</p> <p><b>STATUS</b>  <input checked="" type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p><i>Continue next year?</i> <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>	<p><b>ACTION 2</b> Meet monthly with RSD and Residential providers to continue to troubleshoot RSD rollout and provide technical assistance.</p> <p><b>STATUS</b>  <input checked="" type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p><i>Continue next year?</i> <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>
--	--	---

<p><b>PERFORMANCE DATA/OUTCOMES</b></p> <p>See Appendix C for RSD 24-25 monthly monitoring report:</p> <table border="1" style="width: 100%;"> <thead> <tr style="background-color: #e6f2ff;"> <th>APPENDIX</th> <th>TITLE</th> </tr> </thead> <tbody> <tr> <td>C</td> <td>FY24-25 Residential Step Down (RSD) linkage to SU Outpatient treatment</td> </tr> </tbody> </table>	APPENDIX	TITLE	C	FY24-25 Residential Step Down (RSD) linkage to SU Outpatient treatment	<p><b>PAST YEAR'S PROGRESS</b></p> <p><b>ACTION 1:</b> The RSD programs submitted their monthly reports in a timely manner and documented connection of clients to outpatient services. For details on data outcomes, see attached spreadsheet, <i>Appendix C</i>.</p> <p><b>ACTION 2:</b> Since the development of RSD guidelines and implementation of recovery services, BHS Substance Use Services System of Care continues monthly meetings with three HealthRIGHT360 residential facilities and one outpatient/intensive outpatient program. Outcomes from the implementation meetings include initial and re-authorization forms, monitoring reports, Avatar functionalities, and authorization standards. The Monthly Provider Meetings also served as a platform for troubleshooting the RSD rollout and for providing technical assistance.</p>
APPENDIX	TITLE				
C	FY24-25 Residential Step Down (RSD) linkage to SU Outpatient treatment				

**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES DRUG MEDICAL ORGANIZED DELIVERY SYSTEM  
QUALITY IMPROVEMENT WORK PLAN EVALUATION REPORT FY 2024-2025**

**V. SAFETY OF CLINICAL CARE**

**GOAL 5.** Ensure staff are engaging in appropriate prescribing practices.

<p><b>OBJECTIVE 1</b> By June 30, 2025, identify higher risk and unsafe prescribing practices that need improvement.</p> <p><b>SCORE:</b>  <input checked="" type="checkbox"/> Met  <input type="checkbox"/> Partially met  <input type="checkbox"/> Not met</p> <p><i>Continue next year?</i> <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>	<p><b>ACTION 1</b> Complete a comprehensive Drug Utilization Evaluation (DUE) to identify areas needing improvement and present findings to relevant quality improvement committees.</p> <p><b>STATUS</b>  <input checked="" type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p><i>Continue next year?</i> <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>	<p><b>ACTION 2</b> Continue targeted subcommittees to address DUE findings.</p> <p><b>STATUS</b>  <input type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input checked="" type="checkbox"/> Changed/delayed</p> <p><i>Continue next year?</i> <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>
<p><b>PERFORMANCE DATA/OUTCOMES</b></p>	<p><b>PAST YEAR'S PROGRESS</b></p> <p><b>ACTION 1:</b> The Drug Use Evaluation (DUE) is completed in November 2025. 3 identified areas needing improvement include 1) Prescribing trends by race, 2) under prescribing of medications for the treatment of substance use disorders, 3) deprescribing of benzodiazepines in older adults</p> <p><b>ACTION 2:</b> The targeted subcommittees did not meet in 2025 due to not having data support needed. Discussed with leadership team and plan to prioritize subcommittees in 2026 based on availability for data support and highest need populations.</p>	

**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES DRUG MEDICAL ORGANIZED DELIVERY SYSTEM  
QUALITY IMPROVEMENT WORK PLAN EVALUATION REPORT FY 2024-2025**

**VI. MEMBER EXPERIENCE**

**GOAL 6.** Monitor client satisfaction, grievance, and appeals.

<p><b>OBJECTIVE 1</b> By June 30, 2025, at least 80% of clients will report being satisfied with their care, as indicated by an average score of 3.5 or higher on the Substance Use Treatment Perception Survey.</p> <p><b>SCORE:</b>  <input checked="" type="checkbox"/> Met  <input type="checkbox"/> Partially met  <input type="checkbox"/> Not met</p> <p><i>Continue next year?</i> <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>	<p><b>ACTION 1</b> Collect and analyze consumer satisfaction results from all substance abuse treatment programs to determine areas of improvement.</p> <p><b>STATUS</b>  <input checked="" type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p><i>Continue next year?</i> <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>	<p><b>ACTION 2</b> Provide individualized feedback to programs regarding client satisfaction.</p> <p><b>STATUS</b>  <input type="checkbox"/> Completed  <input checked="" type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p><i>Continue next year?</i> <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>																
<p><b>PERFORMANCE DATA/OUTCOMES</b></p> <p><b>BHS Results from Fall 2024 Substance Use Treatment Perception Survey (TPS)</b></p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th>Overall</th> <th>Adult Survey</th> <th>Youth Survey</th> </tr> </thead> <tbody> <tr> <td>Number of completed surveys</td> <td>1093</td> <td>1089</td> <td>4</td> </tr> <tr> <td>Percentage satisfied</td> <td>93%</td> <td>93%</td> <td>100%</td> </tr> <tr> <td>Percentage of surveys returned</td> <td>74%</td> <td>74%</td> <td>83%</td> </tr> </tbody> </table>			Overall	Adult Survey	Youth Survey	Number of completed surveys	1093	1089	4	Percentage satisfied	93%	93%	100%	Percentage of surveys returned	74%	74%	83%	<p><b>PAST YEAR'S PROGRESS</b></p> <p>The Treatment Perception Survey (TPS), which is the client satisfaction survey completed by substance use treatment clients was conducted in the Fall of 2024. The survey was distributed to substance use treatment clients who received face-to-face services during October 21-25, 2024. The raw data became available for analysis in March 2025.</p> <p>Results showed that 93% of substance use treatment clients were satisfied with their care, defined as a mean overall score of 3.5 or higher. The return rate was 74%.</p> <p>A Power BI dashboard showing the BHS system-wide and program-level CPS results is under development and will be distributed by the end of December 2025 to BHS substance use treatment programs through Quality Management's internal SharePoint site; it will be shared with a Program's director or other designated person.</p> <p>In addition, a public dashboard, that suppresses small numbers to protect client privacy, will be posted on the public SFDPH website: <a href="#">Client satisfaction reports for Behavioral Health Services (BHS)   SF.gov</a></p> <p>Open-ended comments were transcribed, and translation was obtained for non-English comments. The comments were shared with the System of Care manager.</p>
	Overall	Adult Survey	Youth Survey															
Number of completed surveys	1093	1089	4															
Percentage satisfied	93%	93%	100%															
Percentage of surveys returned	74%	74%	83%															

**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES DRUG MEDICAL ORGANIZED DELIVERY SYSTEM  
QUALITY IMPROVEMENT WORK PLAN EVALUATION REPORT FY 2024-2025**

**VI. MEMBER EXPERIENCE**

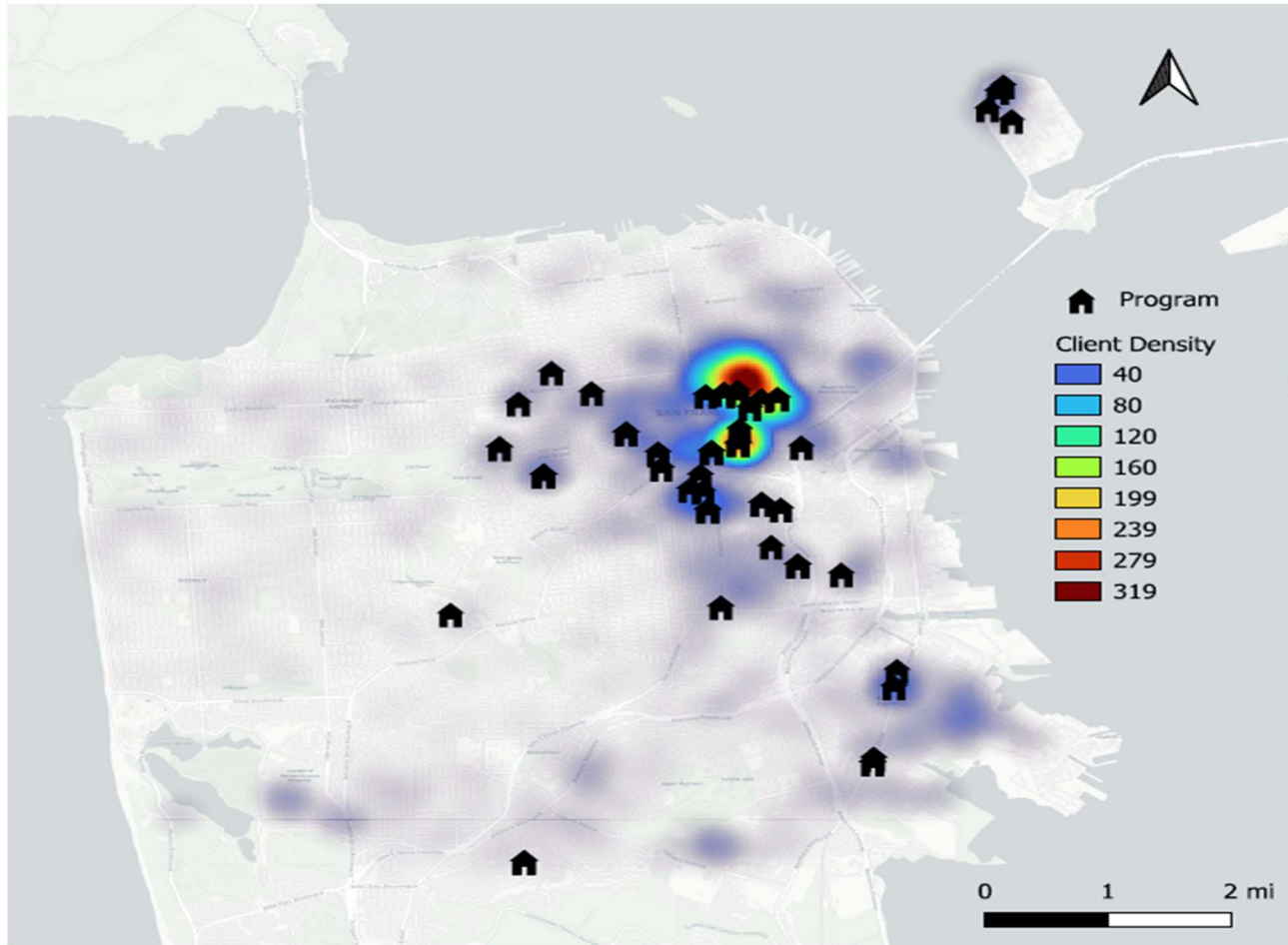
**GOAL 6.** Monitor client satisfaction, grievance, and appeals.

<p><b>OBJECTIVE 2</b> By June 30, 2025, continue to ensure 100% review of grievances, appeals, and fair hearings and identify system improvement issues as needed.</p> <p><b>SCORE:</b>  <input checked="" type="checkbox"/> Met  <input type="checkbox"/> Partially met  <input type="checkbox"/> Not met</p> <p><i>Continue next year?</i> <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>	<p><b>ACTION 1</b> Collect and analyze grievances, appeals, fair hearings, and requests to change persons providing services in order to examine patterns that may inform the need for changes in policy or programming.</p> <p><b>STATUS</b>  <input checked="" type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p><i>Continue next year?</i> <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>	<p><b>ACTION 2</b> The Risk Management Committee will analyze trend reports in order to identify any areas needing improvement. Areas for improvement will be presented to the SOC-QIC and/or other management, provider, and consumer forums.</p> <p><b>STATUS</b>  <input checked="" type="checkbox"/> Completed  <input type="checkbox"/> In progress  <input type="checkbox"/> Changed/delayed</p> <p><i>Continue next year?</i> <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>
<p><b>PERFORMANCE DATA/OUTCOMES</b></p> <p>During FY 24-25, there were a total 68 grievances, 7 appeals, and 1 fair hearing across Behavioral Health Services. Specific to DMC-ODS, there were 9 grievances, 3 appeals, and no fair hearings. See <i>Appendix D</i> for Annual Grievance and Appeal Report for FY 24-25.</p>	<p><b>PAST YEAR'S PROGRESS</b></p> <p><b>ACTION 1:</b> Information about grievances and appeals are entered into a Risk Management database and then sorted and reviewed for possible patterns that may inform the need for changes in policy or programming. These trend reports are routinely analyzed at the monthly Risk Management Committee.</p> <p><b>ACTION 2:</b> Based upon trend reports, subsequent recommendations for quality improvement activities are made in various forums such as the Medication Use and Improvement Committee, the Adult/Older Adult QIC, the Children, Youth &amp; Family QIC, the Substance Use Disorder QIC, and the System of Care QIC. Recommendations for system improvements are provided in <i>Appendix E</i>.</p>	

SAN FRANCISCO BEHAVIORAL HEALTH SERVICES DRUG MEDICAL ORGANIZED DELIVERY SYSTEM  
QUALITY IMPROVEMENT WORK PLAN EVALUATION REPORT FY 2024-2025

**Appendix A:**

Substance Use Client Density and Program Location CY2024



Number served: 5,412

Geocoded: 3,146

Outside of San Francisco: 480

No address: 1,786

**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES DRUG MEDICAL ORGANIZED DELIVERY SYSTEM  
QUALITY IMPROVEMENT WORK PLAN EVALUATION REPORT FY 2024-2025**

**Appendix B:**

Number of Substance Use Treatment Programs by Neighborhood

Neighborhood	Intensive Case Management	Opioid Treatment	Outpatient Treatment	Recovery Services	Rep Paye	Residential Step Down	Residential Treatment	Withdrawal Management	Total
Bayview Hunters Point	0	2	2	1	0	1	0	0	6
Excelsior	0	0	0	0	0	1	1	0	2
Haight Ashbury	0	0	0	0	0	1	1	2	4
Hayes Valley	0	0	1	0	0	1	2	1	5
Inner Sunset	0	0	0	0	0	0	0	0	0
Lone Mountain/USF	0	0	1	1	0	0	1	0	3
Mission	0	4	6	1	1	0	3	0	15
Pacific Heights	0	0	0	0	0	1	0	0	1
Potrero Hill	0	1	0	0	0	0	0	0	1
South of Market	1	3	4	0	0	0	0	0	8
Tenderloin	0	3	2	0	0	0	0	0	5
Treasure Island	0	0	0	0	0	4	0	0	4
Twin Peaks	0	0	1	0	0	0	0	0	1
Western Addition	0	1	0	0	0	0	0	0	1
CY2023	1	14	14	3	1	9	8	2	52
CY2024	1	14	17	3	1	9	8	3	56

**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES DRUG MEDICAL ORGANIZED DELIVERY SYSTEM  
QUALITY IMPROVEMENT WORK PLAN EVALUATION REPORT FY 2024-2025**

**Appendix C:**

FY24-25 Residential Step Down (RSD) linkage to SU Outpatient treatment

24-25 RSD Programs	July 2024	August 2024	September 2024	October 2024	November 2024	December 2024	January 2025	February 2025	March 2025	April 2025	May 2025	June 2025
BV Jelani Residential Step Down (3816SD)	8/8	8/8	8/8	7/7	7/7	7/7	4/4	4/4	7/7	7/7	9/9	8/8
HR360 Gateview RSD	49/55	51/57	52/54	58/59	51/52	57/57	53/53	50/50	48/48	50/51	47/47	44/44
HR360 Mariner RSD	7/8	39/40	43/43	37/37	39/41	47/47	38/40	42/42	40/40	46/46	41/41	39/40
HR360 Chinook RSD	17/17	16/16	20/20	41/41	20/20	33/33	34/34	34/34	34/34	31/31	33/33	34/34
HR360 Northpoint RSD	13/13	10/10	13/13	28/28	23/27	28/28	35/36	32/32	29/29	29/31	30/31	27/28
HR360 Men's Satellite Program (88077) Haight	62/70	62/69	64/69	65/65	65/70	63/66	63/66	66/67	70/70	67/69	66/66	67/67
HR360 Women's Satellite Program (87067) Hayes	21/22	20/20	18/18	merged with Chinook	merged with Chinook	merged with Chinook	merged with Chinook	merged with Chinook	merged with Chinook	merged with Chinook	merged with Chinook	merged with Chinook
LC Casa Ollin Adult Male Residential	8/8	10/10	10/10	10/10	11/11	12/12	12/12	12/12	12/12	12/12	13/13	12/12
MSJ Epiphany Residential Step-Down	11/11	10/10	11/11	9/9	8/8	7/7	8/8	7/7	9/9	13/13	12/12	12/12

**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES DRUG MEDICAL ORGANIZED DELIVERY SYSTEM  
QUALITY IMPROVEMENT WORK PLAN EVALUATION REPORT FY 2024-2025**

**Appendix D:**

Annual Grievance and Appeal Report for FY24-25

**Annual Grievance & Appeal Report  
FY 24-25**

**Overall View**

Number and Breakdown of Total Complaints:

- A total of 74 complaints were filed across Behavioral Health Services during FY 24-25, a decrease of 13% from the overall count in FY 23-24. Of these were:
  - 67 grievances and 7 appeals.
  - No expedited grievances or expedited appeals.
- **Fair Hearings:** One fair hearing was conducted in FY 24-25 and dismissed after the claimant withdrew his case.
- **Specific to system of care:**
  - 67 grievances and 5 appeals were filed within the *Adult/Older Adult* system of care .
  - 2 appeals were filed within the *Children, Youth & Families* system of care.
  - No grievances or appeals were filed in the *Private Provider Network*.
- No system issues were identified during the grievance/appeal review processes.

Figure 1: Total Number of Complaints Over Time

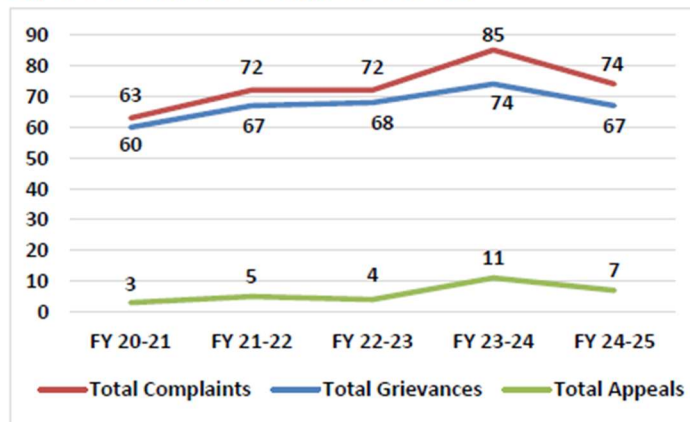
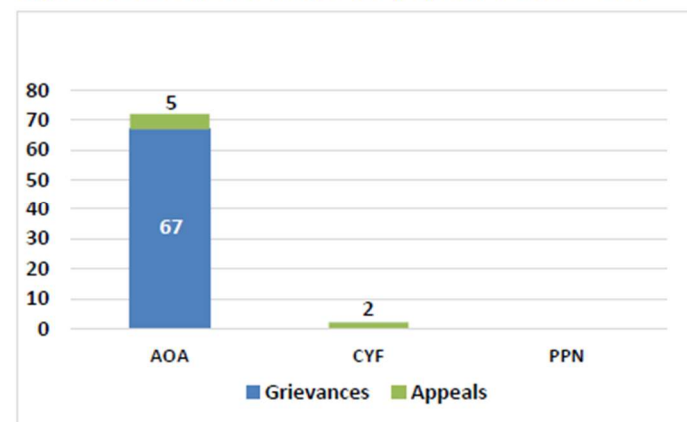


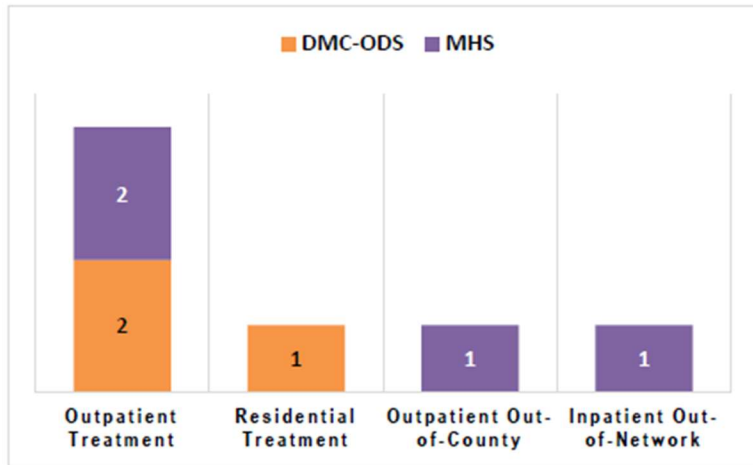
Figure 2: Total Number of Complaints by System of Care FY 24-25



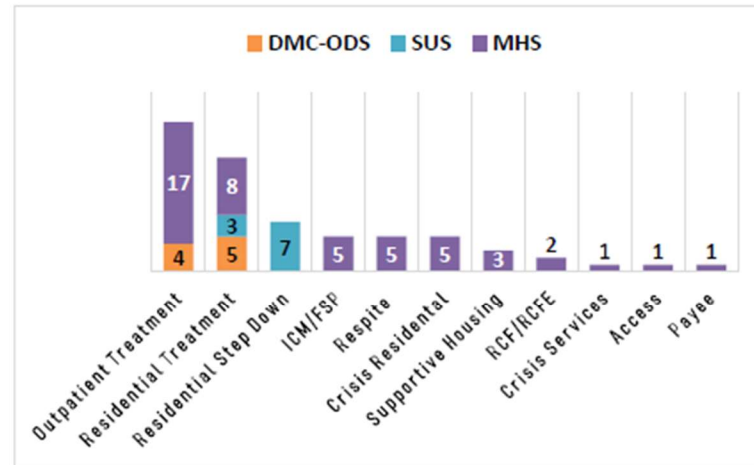
**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES DRUG MEDICAL ORGANIZED DELIVERY SYSTEM  
QUALITY IMPROVEMENT WORK PLAN EVALUATION REPORT FY 2024-2025**

**Annual Grievance & Appeal Report  
FY 24-25**

**Figure 3: Total Number of Appeals by Level of Care FY 24-25**

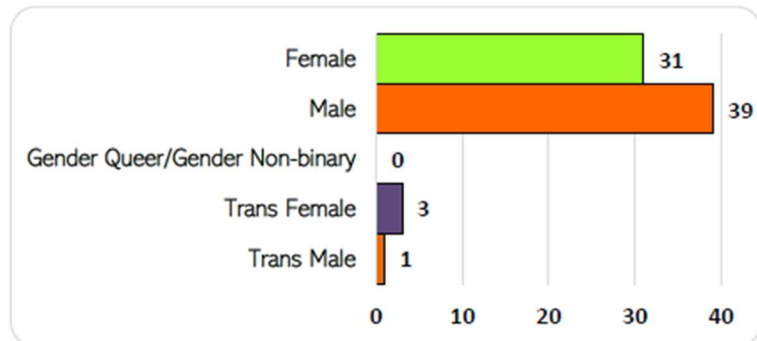


**Figure 4: Total Number of Grievances by Level of Care FY 24-25**

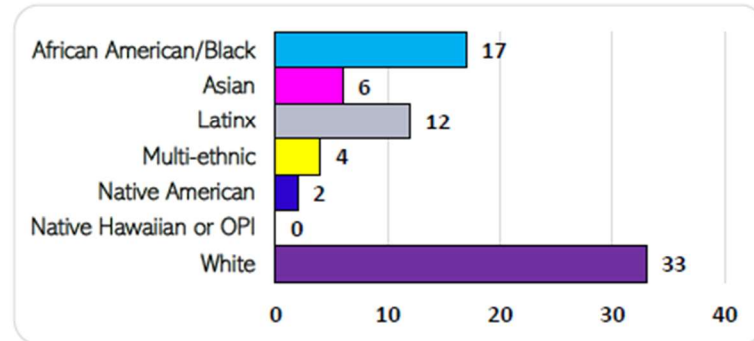


See **Figures 5 and 6** below for overall gender and ethnicity breakdown.

**Figure 5: Total Number of Complaints (DMC, SUS & MHS) by Gender**



**Figure 6: Total Number of Complaints (DMC, SUS & MHS) by Ethnicity**



**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM  
QUALITY IMPROVEMENT WORK PLAN EVALUATION REPORT FY 2024-2025**

**Annual Grievance & Appeal Report  
FY 24-25**

**A. Drug Medi-Cal (DMC-ODS)**

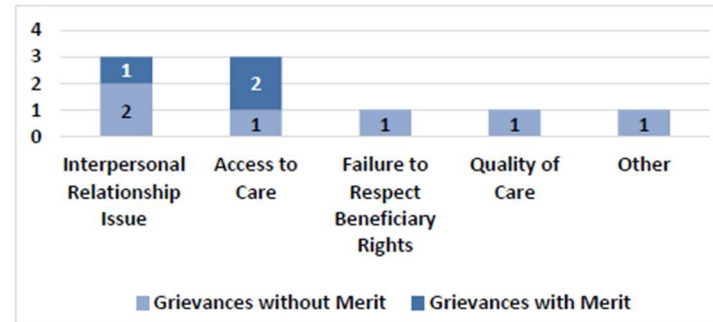
Total Number and Breakdown of DMC Complaints:

- 12 DMC complaints were filed across Behavioral Health Services during FY 24-25: 9 grievances, 3 appeals, and no fair hearings (Figure 7).
  - DMC complaints made up 16% of total complaints received during FY 24-25, a decrease of 6% compared to FY 23-24.
  - All DMC complaints pertained to the *Adult/Older Adult* system of care.
- **By category:** The greatest number of grievances were *Interpersonal Relationship Issue* (3) and *Access to Care* (3), followed by *Failure to Respect Beneficiary Rights* (1), *Quality of Care* (1), and *Other Grievance* (1).
- **By program type or level of care:** 5 grievances pertained to Residential Treatment and 4 to Outpatient Treatment.
- **Of the 9 grievances filed:** 3 were found to have merit with 1 pertaining to *Interpersonal Relationship Issue* and 2 pertaining to *Access to Care*.
- **Of the 3 appeals filed:** 2 pertained to *Termination* from Outpatient Treatment and 1 pertained to *Termination* from Residential Treatment. All 3 appeals were upheld (i.e., no merit).

**Figure 7: DMC Grievance/Appeal Summary FY 24-25**

Category	Number	Percent	Merit
Interpersonal Relationship Issue	3	25%	1
Access to Care	3	25%	2
Failure to Respect Beneficiary Rights	1	8.3%	
Quality of Care	1	8.3%	
Other	1	8.3%	
Termination	3	25%	
Grand Total	12	100%	3
Grievances =	9		
Appeals =	3		
Merit =	3		

**Figure 8: DMC Grievances Merit FY 24-25**

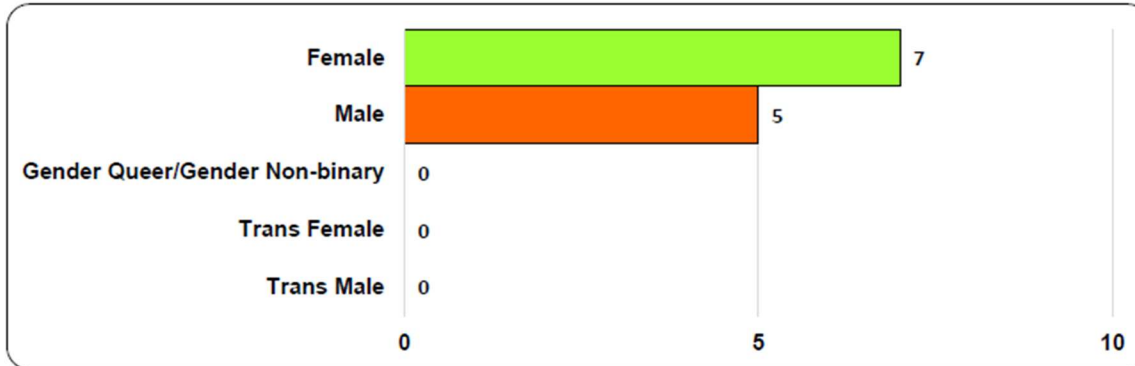


**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES DRUG MEDICAL ORGANIZED DELIVERY SYSTEM  
QUALITY IMPROVEMENT WORK PLAN EVALUATION REPORT FY 2024-2025**

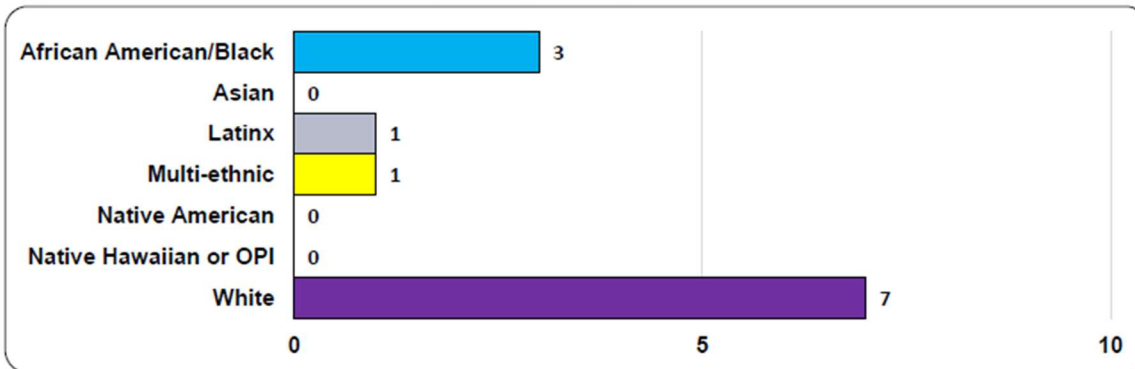
**Annual Grievance & Appeal Report  
FY 24-25**

See **Figures 9 and 10** below for DMC gender and ethnic breakdown.

**Figure 9: Total Number of DMC Complaints by Gender**



**Figure 10: Total Number of DMC Complaints by Ethnicity**



**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES DRUG MEDICAL ORGANIZED DELIVERY SYSTEM  
QUALITY IMPROVEMENT WORK PLAN EVALUATION REPORT FY 2024-2025**

**Annual Grievance & Appeal Report  
FY 24-25**

**B. Substance Use Services (SUS/non-DMC)**

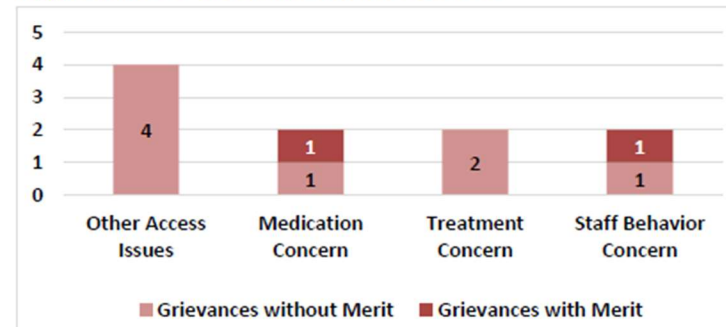
Total Number and Breakdown of SUS Grievances:

- 10 SUS grievances were filed across Behavioral Health Services during FY 24-25 (Figure 11):
  - SUS grievances made up 14% of total complaints received during FY 24-25, an increase of 3% compared to FY 23-24.
  - All SUS grievances pertained to the *Adult/Older Adult* system of care.
- **By category:** The greatest number of grievances were *Other Access Issues* (4), followed by *Medication Concern* (2), *Treatment Concern* (2), and *Staff Behavior Concern* (2).
- **By program type or level of care:** 7 grievances pertained to Residential Step Down and 3 grievances to Residential Treatment.
- **Of the 10 grievances filed:** 2 were found to have merit with 1 pertaining to *Medication Concern* and 1 pertaining to *Staff Behavior Concern*, both occurring at the Residential Step-Down level of care.

Figure 11: SUS Grievance Summary FY 24-25

Category	Number	Percent	Merit
Other Access Issues	4	40%	
Medication Concern	2	20%	1
Treatment Concern	2	20%	
Staff Behavior Concern	2	20%	1
Grand Total	10	100%	2
Grievances =	10		
Merit =	2		

Figure 12: SUS Grievances Merit FY 24-25



SAN FRANCISCO BEHAVIORAL HEALTH SERVICES DRUG MEDICAL ORGANIZED DELIVERY SYSTEM  
QUALITY IMPROVEMENT WORK PLAN EVALUATION REPORT FY 2024-2025

Annual Grievance & Appeal Report  
FY 24-25

See **Figures 13 and 14** below for SUS gender and ethnic breakdown.

Figure 13: Total Number of SUS Grievances by Gender

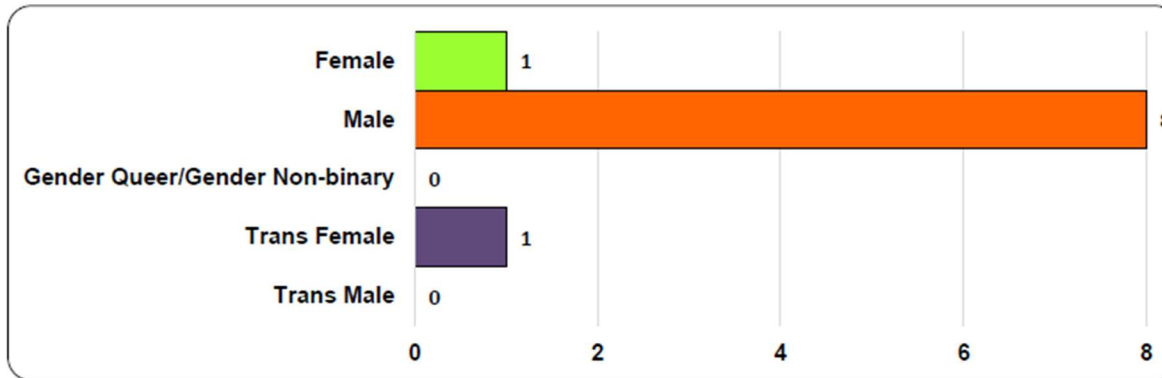
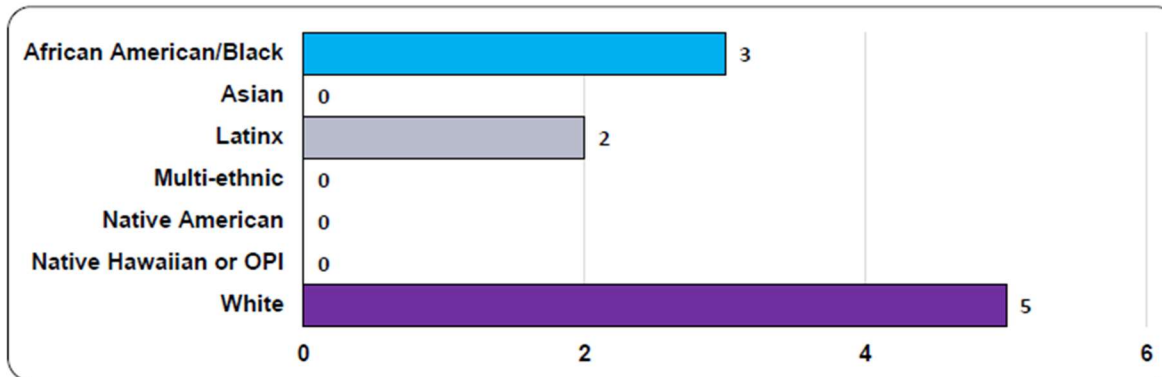


Figure 14: Total Number of SUS Grievances by Ethnicity



**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES DRUG MEDICAL ORGANIZED DELIVERY SYSTEM  
QUALITY IMPROVEMENT WORK PLAN EVALUATION REPORT FY 2024-2025  
Annual Grievance & Appeal Report  
FY 24-25**

**C. Mental Health Services (MHS)**

Total Number and Breakdown of MHS Complaints:

- **52 MHS complaints** were filed across Behavioral Health Services during FY 24-25: 48 grievances (4 less than last year or a **decrease of 8%**), 4 appeals (1 less than the previous year), and 1 fair hearing which was dismissed because the claimant withdrew his case (**Figure 15**).
  - MHS complaints made up **70%** of total complaints received in FY 24-25, a **decrease of 9%** compared to FY 23-24.
  - All 48 grievances and 2 of the appeals pertained to the *Adult/Older Adult* system of care; the remaining 2 appeals pertained to the *Children, Youth & Families* system.
- **By category:**
  - The greatest number of grievances were *Staff Behavior Concern* (11), followed by *Treatment Concern* (6), *Medication Concern* (4), *Other Access Issues* (3), *Change of Provider* (3), *Operational* (3), *Peer Behavior* (3), *Physical Environment* (3), *Confidentiality Concern* (2), *Financial* (2), *Lost Property* (2), *Other Quality of Care Issues* (2), *Service Not Accessible* (1), *Timeliness of Services* (1), *Patient's Rights* (1), and *Cultural Appropriateness* (1).
  - All 3 requests for *Change of Provider* were granted; however, none of the 3 requests were found to have merit.
- **By program type or level of care:** 17 grievances pertained to Outpatient Services, 8 grievances pertained to Residential Treatment, 5 grievances pertained to each of ICM/FSP, Respite and Crisis Residential, 3 grievances pertained to Supportive Housing, 2 grievances pertained to RCF/RCFE, and 1 grievance pertained to each of Crisis Services, Access, and Payee.
- **Of the 48 grievances filed:** 15 grievances were found to have merit categorized as 8 *Staff Behavior Concern* (3 pertaining to Outpatient Services, 3 to Residential Treatment, and 2 to Respite), 2 *Other Quality of Care Issues* (1 pertaining to RCF/RCFE, and 1 to Crisis Residential), and 1 each to *Other Access Issues* (Access), *Timeliness of Services* (Outpatient Services), *Operational* (Crisis Residential), *Physical Environment* (Respite), and *Medication Concern* (Respite).
- **Of the 4 appeals filed:** all appeals were upheld (i.e., no merit), with 1 pertaining to *Financial Liability* (Outpatient, Out-of-County), 1 pertaining to *Payment Denial* (Inpatient, Out-of-Network), and 2 pertaining to *Termination* (both CYF Outpatient Services).

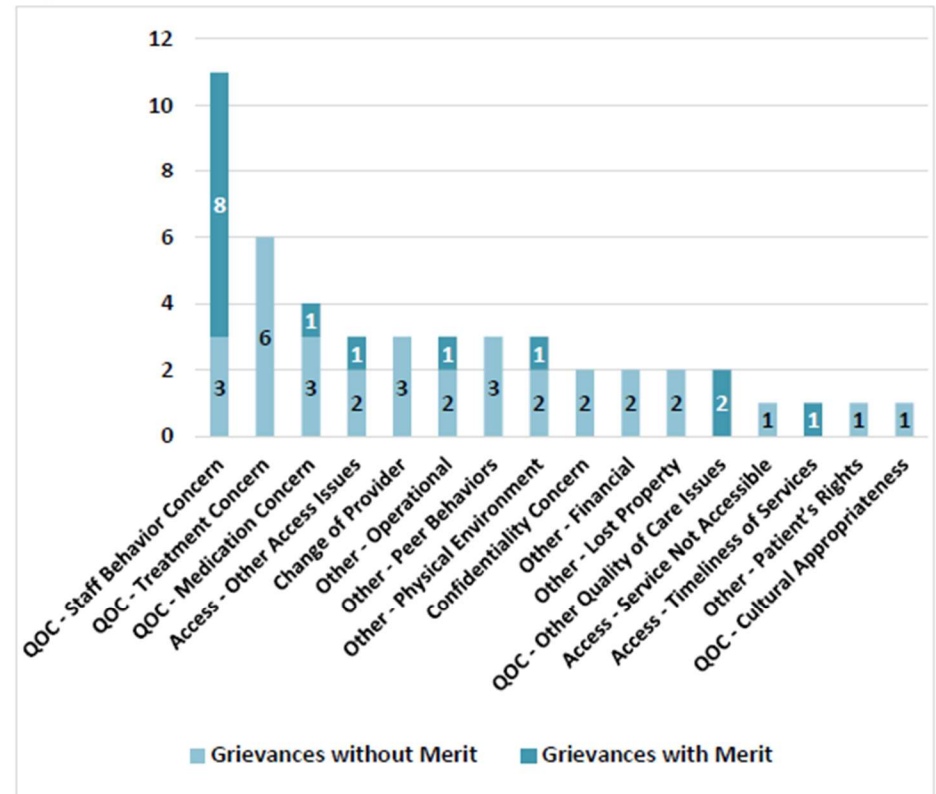
**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES DRUG MEDICAL ORGANIZED DELIVERY SYSTEM  
QUALITY IMPROVEMENT WORK PLAN EVALUATION REPORT FY 2024-2025**

**Annual Grievance & Appeal Report  
FY 24-25**

**Figure 15: MHS Grievance/Appeal Summary FY 24-25**

Category	Number	Percent	Merit
Access - Other Access Issues	3	5.8%	1
Access - Service Not Accessible	1	1.9%	
Access - Timeliness of Services	1	1.9%	1
Change of Provider	3	5.8%	
Confidentiality Concern	2	3.8%	
Other - Financial	2	3.8%	
Other - Lost Property	2	3.8%	
Other - Operational	3	5.8%	1
Other - Patient's Rights	1	1.9%	
Other - Peer Behaviors	3	5.8%	
Other - Physical Environment	3	5.8%	1
QOC - Cultural Appropriateness	1	1.9%	
QOC - Medication Concern	4	7.7%	1
QOC - Other Quality of Care Issues	2	3.8%	2
QOC - Staff Behavior Concern	11	21.2%	8
QOC - Treatment Concern	6	11.5%	
Financial Liability	1	1.9%	
Payment Denial	1	1.9%	
Termination	2	3.8%	
Grand Total	52	100%	15
Grievances =	48		
Appeals =	4		
Merit =	15		

**Figure 16: MHS Grievances Merit FY 24-25**



SAN FRANCISCO BEHAVIORAL HEALTH SERVICES DRUG MEDICAL ORGANIZED DELIVERY SYSTEM  
QUALITY IMPROVEMENT WORK PLAN EVALUATION REPORT FY 2024-2025

Annual Grievance & Appeal Report  
FY 24-25

See **Figures 17 and 18** below for MHS gender and ethnic breakdown.

Figure 17: Total Number of Mental Health Complaints by Gender

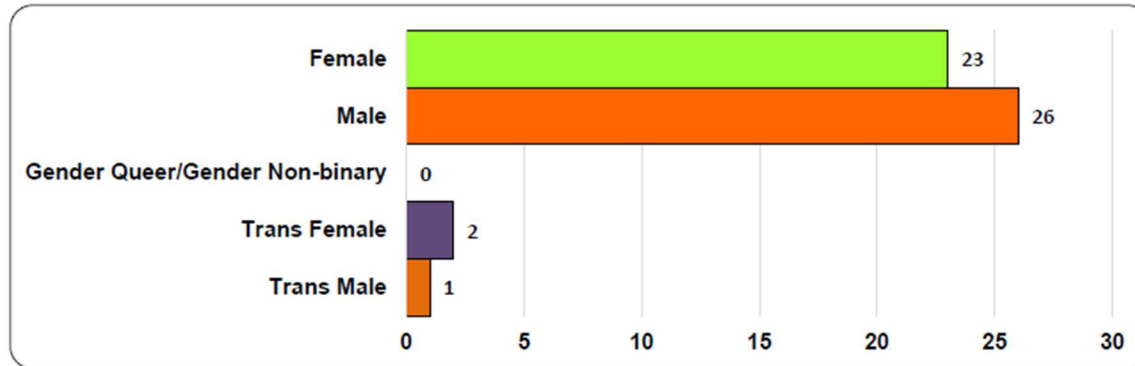
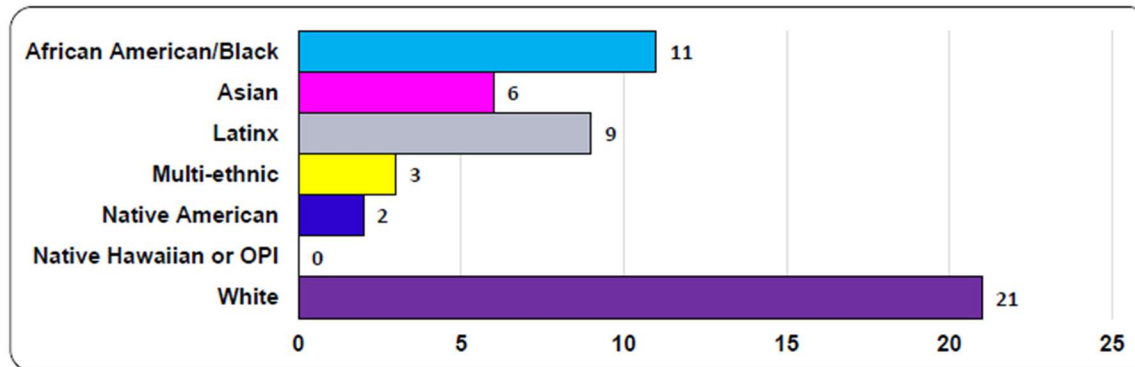


Figure 18: Total Number of Mental Health Complaints by Ethnicity



**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES DRUG MEDICAL ORGANIZED DELIVERY SYSTEM  
QUALITY IMPROVEMENT WORK PLAN EVALUATION REPORT FY 2024-2025**

**Appendix E:**

Recommendations for System Improvements (*provided for Appendix A*)

The Risk Management Committee identified the following system issues/recommendations during FY 24-25 through its various review processes and member complaint investigations:

**Electronic Health Record**

- To continue enhancements to Epic in order to better meet the needs of providers of Behavioral Health Services.
- Not all BHS providers have access to Epic and most BHS providers have lost access to Avatar records, which together creates blind spots in our understanding of our members being served and disruptions to essential continuity of care.
- Medication errors are not updated in the outside MAR after changes in the EHR.

**Service Delivery/Accessibility**

- Consider housing BHS payee services within SUD/MH programs to maximize treatment outcomes and appropriate collaboration among providers.
- Expand low barrier access to housing, in-home supports, and targeted case management.
- Providing permanent supportive housing in environments where members can thrive.

**Coordinated Care**

- The need for guidelines to help determine when members are appropriate for BHS payee-only services and how to best manage those members receiving payee services who refuse needed behavioral health services.
- To enhance the effectiveness of BHS payee services by including the unique role of payees as part of a member's treatment team with plans for money management that are clinically driven and developed in close collaboration with other providers of a member's treatment team.
- Ensuring that Emergency Departments appropriately triage and initiate prompt linkage for patients following a non-fatal overdose.
- Assist BHS programs in both enhancing collaboration with existing peer support programs and in developing on-site peer support/navigation resources to help address acute case management needs.

**Staff/Training Needs**

- Minimize evictions through training staff, including housing case managers, on eviction prevention, protecting housing while members seek residential treatment, creating a more flexible process of transferring across permanent supportive housing sites, and providing permanent supportive housing in environments where members can thrive
- Further training of BHS staff about how to navigate the Epic EHR including its capacity for supporting provider-to-provider communications and the signaling of acute and sub-acute episode openings in real time.
- To provide more system education about contingency management and other evidence-based treatments for methamphetamine abuse.

**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES DRUG MEDICAL ORGANIZED DELIVERY SYSTEM  
QUALITY IMPROVEMENT WORK PLAN EVALUATION REPORT FY 2024-2025**

**Medication**

- To discuss with MUIC the appropriateness of instituting BHS guidelines and/or policy addressing the inherent problems of split-psychiatry services.
- To evaluate opportunities for low barrier access to anti-psychotics to facilitate members' ability to self-manage stimulant-induced psychoses and agitation by providing small supplies of PRN olanzapine.
- To discuss with MUIC the revision of residential policy to address high risk medications in order to mitigate pattern of medication errors in methadone dosing in a variety of residential settings.