



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

**BEHAVIORAL HEALTH SERVICES**  
**Mental Health Plan**

**Quality Improvement Work Plan (QIWP)**  
**Program Plan**

*July 1, 2025 to June 30, 2026 (FY25-26)*

## BHS Quality Assurance and Performance Improvement Program Overview

The goal of BHS Quality Assurance and Performance Improvement (QAPI) Program is to establish and maintain a planned and systematic process for monitoring key indicators associated with quality consumer care, and to identify and implement quality improvement activities as needed. Quality improvement efforts focus on maximizing benefits from the service delivery system while mitigating risk.

The BHS QAPI efforts shall:

- systematically adopt or establish quantitative measures;
- evaluate the impact and effectiveness of its QAPI Program annually and update the Program as necessary
- monitor client and system outcomes, utilization management, monitoring and resolution of beneficiary grievances, appeals and fair hearings, provider appeals, assessment of beneficiary and provider satisfaction, and clinical records review;
- improve the consistency, reliability and quality of data collected;
- improve mechanisms for synthesizing and sharing data in a meaningful way to administrators, managers, care providers, consumers, and other stakeholders so as to effectively inform policy and programmatic changes; and
- make policy recommendations and initiate plans for targeted interventions in response to identified areas for improvement.

## Objectives of the BHS Quality Assurance and Performance Improvement Program Plan for FY 2025-2026

The overarching guidelines for the BHS Quality Improvement Objectives are organized around the following domains of quality improvement.<sup>1</sup> BHS shall use the following five-point process for each of the objectives described below:

1. assess performance and analyze impact and effectiveness;
2. identify and prioritize area(s) for improvement;
3. identify individuals and resources required for performance improvement;
4. design and implement interventions to improve performance;
5. measure the effectiveness of the interventions; and
6. incorporate successful interventions in the overall BHS System of Care (SOC) as appropriate.

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<sup>1</sup> Adapted from *Selecting Process Measures for Quality Improvement in Mental Healthcare*, Richard C. Hermann, M.D., M.S. H. Stephen Leff, Ph.D., and Greta Lagodmos, B.A. Center for Quality Assessment and Improvement in Mental Health, Harvard Medical School, 2002.

# 1. Service Capacity

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

Objective	Action	Lead Staff
1. Ensure Behavioral Health Services' mental health programs are strategically located in neighborhoods that reflect the geographic distribution of the client population.	a. By June 30, 2026, review geographic location of services and assess appropriateness given client density.	Sherry Lam, Epidemiologist

## 2. Access to Services

### Goal 2: Ensure timeliness of initial and urgent mental health appointments.

Objective	Action	Lead Staff
1. By June 30, 2026, evaluate utilization of BHS services.	a. Monitor the unique number of members who accessed Specialty Mental Health Services (SMHS).	Molly Chao, Principle Administrative Analyst
	b. Monitor the unique number of members who accessed SMHS by age and race/ethnicity.	
2. By June 30, 2026, 80% of individuals new to BHP requesting mental health outpatient services will have been offered an appointment within 10 business days of request for services	a. Monitor the length of time from initial request to first offered appointment on a quarterly basis to identify areas for improvement.	Solongo Sainkhuu, Epidemiologist Radawn Alcorn, Director, AOA SOC Farahnaz Farahmand, Director, CYF SOC Kali Cheung, Director, TAY SOC
	b. Barriers analysis with access pathways for new clients requesting specialty mental health services.	Heather Weisbrod, Director, OCC
	c. Identify problems and countermeasures to offer an appointment within 10 business days.	Heather Weisbrod, Director, OCC
3. By June 30, 2026, 80% of individuals requesting psychiatry services will have been offered an appointment 15 business days of request for services.	a. Monitor the length of time from initial request to first offered appointment on a quarterly basis to identify areas for improvement.	Solongo Sainkhuu, Epidemiologist Ana Gonzalez, Co-Chief Medical Officer Lisa Inman, Co-Chief Medical Officer
4. By June 30, 2026, 80% of individuals assessed as having urgent mental health conditions will be offered an urgent appointment within 48 hours.	a. Monitor the length of time from initial request to first offered appointment on a quarterly basis to identify areas for improvement.	Solongo Sainkhuu, Epidemiologist
		Stephanie Felder, Director, Comprehensive Crisis Services
5. By June 30, 2026, no more than 7% of calls to Behavioral Health Access Line (BHAL) calls would be abandoned.	a. Monitor the rate of calls for services with a scheduled appointment and disaggregate by routine or urgent appointments. Review results and identify areas for improvement.	Ivanna Chavez, Director of Central Access & Eligibility  Kira Inglis, Health Care Analyst

### 3. Quality of Clinical Care

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

Objective	Action	Lead Staff
<p>1. By December 31, 2025, MHP <a href="#">Behavioral Health Accountability Set</a> (BHAS) for measurement year (MY) 2025 will meet/exceed DHCS minimum performance level or improve by 5% in comparison to 2024 results for:</p> <ul style="list-style-type: none"> <li>i. Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)</li> <li>ii. Follow-Up After Emergency Department Visit for Mental Illness - 30 days (FUM - 30 Days)</li> <li>iii. Follow-Up After Hospitalization for Mental Illness - 30 Days (FUH - 30 Days)</li> <li>iv. Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)</li> </ul>	<ul style="list-style-type: none"> <li>a. By March 31, 2026, review MY 2024 data to identify problems for each underperforming BHAS.</li> <li>b. By June 30, 2026, analyze data trends for each BHAS measure for underperformance across MYs 2023 through 2025.</li> <li>c. By June 30, 2026 report on MHP BHAS for measurement year (MY) 2025.</li> </ul>	<p>Kitty Ha, Quality Improvement Coordinator</p>
<p>2. By December 31, 2027, show statistically significant improvement to the percentage of Medi-Cal members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.</p>	<ul style="list-style-type: none"> <li>a. By January 31, 2026 identify the problem to adherence to antipsychotic medications for individuals with schizophrenia</li> <li>b. By March 31, 2026, conduct barriers analysis with direct service providers and members to inform the design of interventions.</li> <li>c. By April 30, 2026, design interventions to address the identified problems to adherence to antipsychotic medications for individuals with schizophrenia</li> <li>d. By June 30, 2026, pilot interventions to address the identified problems to adherence to antipsychotic medications for individuals with schizophrenia</li> </ul>	<p>Kitty Ha, Quality Improvement Coordinator</p> <p>Petra Jerman, Research Psychologist</p> <p>Pilar Abascal, Medical Director, Mission Mental Health Clinic</p>

## 4. Continuity and Coordination of Care

Goal 4: Ensure data sharing to support care coordination between transitions in care, including medical and mental health services.

Objective	Action	Lead Staff
1. By June 30, 2026, set up data exchange to receive Plan Data Feed to support care coordination and quality performance measure reporting with all three San Francisco Managed Care Plans – San Francisco Health Plan, Anthem Blue Cross, and Kaiser Permanente.	a. Update Data Sharing Agreement with Anthem Blue Cross to include additional data sharing for care coordination and HEDIS measures.	Imo Momoh, Director of Managed Care
	b. Update Data Sharing Agreement with Kaiser Permanente to include additional data sharing for care coordination and HEDIS measures.	Karmen Louie, Analytics Project Manager
	c. Ensure the set-up of data exchange to Plan Data Feeds from SF Managed Care Plans to <a href="#">California Mental Health Services Authority (CalMHSA)</a> and/or SF Behavioral Health Plan.	

## 5. Safety of Clinical Care

### Goal 5: Monitor provider reported issues.

<b>Objective</b>	<b>Action</b>	<b>Lead Staff</b>
1. By June 30, 2026, publish the Quality of Care Report for FY 2024-2025	a. Review quality of care reports at monthly Risk Management meetings and identify areas for improvement.	Melissa Bloom, Risk Manager
2. By June 30, 2026, identify trends in Private Provider Network (PPN) provider appeals to inform system improvements.	a. Gather all appeals from PPN clinicians and create trend report, sorted by provider and reason for appeal. Present results to SOC-QIC for action if necessary.	Thomas Williams, Director to the Private Provider Network

## 6. Members' Experience

### Goal 6: Monitor member's satisfaction, grievance, and appeals.

Objective	Actions	Responsible Staff
1. By June 30, 2026, 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 Consumer Perception Survey (CPS) from Spring 2025.	a. Collect and analyze consumer satisfaction results from all substance abuse treatment programs to determine areas of improvement.	Petra Jerman, Research Psychologist
	b. Provide individualized feedback to programs regarding client satisfaction.	
2. By June 30, 2026, continue to ensure that 100% review of grievances, appeals, and fair hearings and identify system improvement issues as needed for FY 2024-2025.	a. 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.	Cynthia Chinn, Grievance and Appeal Officer  Melissa Bloom, Risk Manager
	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.	