



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

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

**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 Improvement Work 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' substance use 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, Senior Epidemiologist
2. By June 30, 2026, expand access to youth substance use continuum of care services for FY25-26.	a. Work with CDSS and DHCS to ensure licensure, certification, and ratification of contracts.	Substance Use Services: Children, Youth & Families (CYF) Director of Substance Use Prevention & Treatment Services
	b. Coordinate with programs to establish program design, objectives, infrastructure, creating policies, staffing structure, and workflows.	

# 2. Access to Services

Goal 2a: Ensure timeliness of routine and urgent substance use appointments.

Objective	Action	Lead Staff
1. By June 30, 2026, at least 90% of individuals requesting substance use outpatient services will be offered an appointment within 10 business days.	a. Establish bi-monthly meetings with Outpatient Programs to identify barriers and countermeasures to timely admissions.	Erik Dubon, Project Manager
	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.	Sherry Lam, Senior Epidemiologist
	c. Review the data on a quarterly basis. Identify gaps in access and areas in need of improvement. Identify systems challenges to	Erik Dubon, Project Manager

	meeting access goals and follow up with programs as needed.	
2. By June 30, 2026, at least 90% of individuals requesting substance use outpatient services will receive a service within 10 business days.	a. Monitor the length of time from initial request to first service date on a quarterly basis and identify any needed areas for improvement.	Sherry Lam, Senior Epidemiologist
	b. Review the data on a quarterly basis. Identify gaps in access and areas in need of improvement. Identify systems challenges to meeting access goals and follow up with programs as needed.	Erik Dubon, Project Manager
3. By June 30, 2026, at least 90% of individuals needing an urgent appointment will receive a service within 48 hours.	a. 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.	Sherry Lam, Senior Epidemiologist
	b. Review the data on a quarterly basis. Identify gaps in access and areas in need of improvement. Identify systems challenges to meeting access goals and follow up with programs as needed.	Erik Dubon, Project Manager
4. By June 30, 2026, at least 70% of individuals requesting substance use residential treatment will be admitted within 4 days of the request.	a. Monitor the length of time from the request date to getting substance use residential treatment on a quarterly basis and identify any needed areas for improvement.	Sherry Lam, Senior Epidemiologist
	b. Review the data on a quarterly basis. Identify gaps in access and areas in need of improvement. Identify systems challenges to meeting access goals and follow up with programs as needed.	Erik Dubon, Project Manager
5. By June 30, 2026, at least 90% of individuals requesting Opioid Treatment program/Narcotic Treatment Program OTP/NTP services will receive a service within 3 business days.	a. Monitor the length of time from the initial request to service for OTP/NTP programs on a quarterly basis and identify any needed areas for improvement.	Sherry Lam, Senior Epidemiologist
	b. Review the data on a quarterly basis. Identify gaps in access and areas in need of improvement. Identify systems challenges to	Erik Dubon, Project Manager

	meeting access goals and follow up with programs as needed.	
6. By June 30, 2026, at least 80% of authorization requests for substance use residential treatment will receive a decision, whether approved or denied, within 24 hours.	a. 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.	Sherry Lam, Senior Epidemiologist
	b. Monitor and track the number of denials and the reasons for denial.	Sherry Lam, Senior Epidemiologist
	c. Review the data on a quarterly basis. Identify gaps in access and areas in need of improvement. Identify systems challenges to meeting access goals and follow up with programs as needed.	Erik Dubon, Project Manager

**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.**

<b>Objective</b>	<b>Action</b>	<b>Lead Staff</b>
1. By June 30, 2026, 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.	a. Conduct test calls for behavioral health conditions to the Behavioral Health Access Line (BHAL) per quarter including: two non-English language, two mental health, two grievance/appeals, and two substance use services information requests.	Alecia Martin, Director, Quality Management and Regulatory Affairs  Lenh Tsan, Quality Improvement Coordinator
	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.	

### 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
1. By December 31, 2025 DMC-ODS Behavioral Health Accountability Sets (BHAS) for measurement year (MY) 2025 will meet/exceed DHCS minimum performance level (MPL) or improve by 5% in comparison to MY 2024 results for: <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 (<i>Initiation</i>) (IET)</li> <li>iii. Initiation and Engagement of Substance Use Disorder Treatment (<i>Engagement</i>) (IET)</li> <li>iv. Use of Pharmacotherapy for Opioid Use Disorder (OUD)</li> <li>v. Pharmacotherapy for Opioid Use Disorder (POD)</li> </ul>	a. By May 31, 2026 report on DMC-ODS BHAS for MY 2025.	Lenh Tsan, Quality Improvement Coordinator
	b. By June 30, 2026, analyze data trends for each BHAS measure and identify problems for each underperforming BHAS/QPM.	Lenh Tsan, Quality Improvement Coordinator
	c. By June 30, 2026, design interventions to address the identified problems for each underperforming BHAS.	Lenh Tsan, Quality Improvement Coordinator
2. By December 2027, through targeted interventions, demonstrate statistically significant increase in the percentage of opioid use disorder (OUD) pharmacotherapy events that lasted at	a. By January 31, 2026, identify the problem/gaps/non-retention on pharmacotherapy for opioid use disorder of 180 days or more.	Lenh Tsan, Quality Improvement Coordinator  Petra Jerman, Research Psychologist

least 180 days among Medi-Cal members 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event.		Jeffrey Hom, Senior Physician Specialist
	b. By March 31, 2026, conduct barriers analysis with direct service providers and members to inform the design of interventions.	
	c. By April 30, 2026, design interventions to address the identified problems to retention on pharmacotherapy for opioid use disorder of 180 days or more.	
	d. By June 30, 2026, pilot interventions to address the identified problems to retention on pharmacotherapy for opioid use disorder of 180 days or more.	
3. By June 30, 2026, 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.	a. Monitor CalOMS data quarterly to identify areas for improvement.	Sherry Lam, Senior Epidemiologist
4. By June 30, 2026, at least 70% of clients transitioning out of a DMC-ODS program will have a positive discharge outcome (completed treatment referred, completed treatment not referred, or left before completion with satisfactory progress).	a. Review CalOMS discharge outcomes data quarterly, by level of care and by program. Identify issues in data reporting and areas in need of improvement.	Sherry Lam, Senior Epidemiologist
	b. Meet with programs as needed to review data and work on areas in need of improvement.	Erik Dubon, Project Manager

## 4. Continuity and Coordination of Care

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

Objective	Action	Lead Staff
1. By December 31, 2025, 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  Alecia Martin, Director, Quality Management and Regulatory Affairs
	b. Update Data Sharing Agreement with Kaiser Permanente to include additional data sharing for care coordination and HEDIS measures.	
	c. Set up data exchange to receive Plan Data Feed from San Francisco Managed Care Plans.	
2. By June 30, 2026, develop and expand access to Contingency Management (CM) for stimulants.	a. Expand number of SUS programs that offer contingency management.	Laurel Snead, Principal Administrative Analyst
	b. Provide support and technical assistance to providers participating in DMC-ODS funded CM Pilot programs.	
	c. Monitor program outcomes and identify areas for improvement.	
3. By June 30, 2026, 95% of Residential Step Down (RSD) clients will be linked to SUD outpatient (OP) treatment within 30 days of entry to RSD, defined as 1 documented outpatient service.	a. Monthly monitoring of RSD linkages to outpatient services.	Nick Hancock, Database and Reporting Manager  Erik Dubon, Project Manager
	b. Meet monthly with RSD and Residential providers to continue to troubleshoot RSD rollout and provide technical assistance.	Erik Dubon, Project Manager

## 5. Safety of Clinical Care

Goal 5: Ensure staff are engaging in appropriate prescribing practices.

Objective	Action	Lead Staff
1. By June 30, 2026, identify higher risk and unsafe prescribing practices that need improvement.	a. Complete a comprehensive Drug Utilization Evaluation (DUE) to identify areas needing improvement and present findings to relevant quality improvement committees.	Medication Use Improvement Committee (MUIC)  Michelle Geier, Psychiatric Clinical Pharmacist
	b. Continue targeted subcommittees to address DUE findings.	

## 6. Member Experience

Goal 6: Monitor client 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 Treatment Perception Survey.	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 100% review of grievances, appeals, and fair hearings and identify system improvement issues as needed.	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.	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.	