



San Benito County Behavioral Health

Quality Improvement Work Plan
SMHS and DMC-ODS
SFY 2026/2025

TABLE OF CONTENTS

1. Introduction: Quality Management Program for SMHS & DMC-ODS
2. Annual Work Plan Components: Evaluation and Goal Setting, Cultural and Linguistic Competence, Public Access and Transparency
3. Quality Improvement Goals, Objectives, and Data of Performance Measures, Compliance and Integration
4. Data Collection and Analysis: Data Sources and Reporting and Utilization
5. QI Subcommittees: Compliance & Privacy, Training & Staff Development, Network Adequacy & Timeliness, Performance Improvement, Information Systems, and Beneficiary Satisfaction & Cultural Responsiveness
6. Areas of Focus: Access to Care for SMHS
7. Areas of Focus: Access to Care for DMC-ODS
8. Areas of Focus: Timeliness to Care
9. Areas of Focus: Quality & Outcomes of Care for SMHS
10. Areas of Focus: Quality & Outcomes of Care for DMC-ODS



Quality Management Program for SMHS and DMC-ODS

*The California Code of Regulations, Title 9, Section 1810.440
and Department of Health Care Services mandates*

San Benito County Behavioral Health (SBCBH) is required to establish a Quality Management (QM) Program in accordance with the contract between SBCBH and the Department of Health Care Services (DHCS). SBCBH established and maintained a QM Work Plan, also referred to as a Quality Improvement (QI) Work Plan.

This QI Work Plan encompasses quality improvement and evaluation activities designed to advance access to and delivery of quality specialty mental health and Drug Medi-Cal, Organized Delivery substance use services. The QI Work Plan addresses quality improvement goals and needs as identified as a result of oversight reviews and other efforts to identify compliance issues.

Specifically, SBCBH has established this Integrated Quality Improvement Work Plan to improve the quality and outcomes of care for Specialty Mental Health and Drug Medi-Cal, Organized Delivery members by performing Quality Improvement Activities outlined in this document.

The following Areas of Focus describe the strategies, goals, objectives, interventions, activities and, the data and measures for evaluating the work plan's achievement of the goals and objectives identified herein. The QI Plan references mental health and substance use treatment services as "behavioral health care services."

Annual Work Plan Components

SBCBH QI Work Plan provides the blueprint for the quality management functions designed to improve both client access and quality of care.

Components Include:

The SBCBH Quality Improvement Team facilitates the implementation of the QI Work Plan and the QI activities by:

- Providing an annual evaluation of the overall effectiveness of the QI Program.
- Develop objectives and goals for the coming year.
- Work on previously identified issues, including tracking issues over time.
- Conduct activities for sustaining improvement on identified issues and activities for sustaining improvement and quality of care.

Evaluation of the overall effectiveness of the QI program is accomplished routinely, as well as annually, to demonstrate that:

- QI activities have contributed to improvement in timely access and provision of clinical services.
- QI activities have been completed or are in process.
- QI activities have incorporated relevant cultural competence and linguistic standards to match clients' cultural and linguistic needs with appropriate providers and services.

The QI Work Plan is posted on the SBCBH website and is available upon request. It is provided to the Organization completing the External Quality Review (EQR) during its annual review of the SBCBH BHS.

Quality Improvement Goals, Objectives, & Data

QIC Membership:

SBCBH has established a QIC that includes representation from SBCBH, stakeholders, community partners. The QIC is accountable to the SBCBH Director.

Designated members of the QIC may include but not limited to:

- SBCBH Director
- SBCBH staff and management
- Network providers
- Current and former consumers
- Family members
- Partnering agencies
- Community members.

QIC Meeting:

The SBCBH QIC maintains a standing meeting agenda to ensure that all required QI components are addressed at each QIC meeting.

- The QIC meets every three (3) months
- The QIC provides an agenda and uses a meeting minutes to track areas of review and action items.
- Agenda and minutes are maintained by a designated QI Supervisor, that facilitates the meeting and are available for required annual audits and triennial reviews.

QIC reviews some of the following:

- Performance Outcome Measures
- Network adequacy and timeliness
- Access to the behavioral health plan (SMHS & DMC-ODS)
- Beneficiary satisfaction, cultural responsiveness, and quality of care
- Utilization management and review of SMHS & DMC-ODS
- Compliance and privacy issues
- Physical and behavioral health care integration
- Notice of Actions and State Fair Hearings,
- Audit reviews from state and external sources
- Training and staff development

Data Collection

SBCBH QI Work Plan provides information on their data collection sources and analysis of this information

Sources & Analysis:

QI Work Plan data sources include, but are not limited to, the following (as available)::

- Client and service utilization data by
 - Type of service
 - Demographics
 - Race/Ethnicity
 - Specialized population (i.e., veterans, LGBTQ+, etc.)
- SmartCare/Electronic Health Record (EHR) Reports
 - TADT
 - Other Reports (i.e., ECHO, CANs, CALOMS)
- Access Line Review
 - Inquiries and Dispositions
 - Test Call Logs
- Beneficiary Satisfaction
 - Surveys
 - Change of Provider requests
 - Client Grievance/Appeal and State Fair Hearings
- QI Chart Review Checklists and any corrective action plans (CAPs)
- Network Adequacy Certification Tool (NACT) and 274

QI staff perform preliminary analysis of data and report to the SBCBH Director or Designee(s) and QIC. From this data analysis there may be proposed changes to the system, policies, or programs.

QI Subcommittees

This is a comprehensive approach that will create multiple subcommittees that will collaborate and ensure high quality and the most cost-effective level of care for our beneficiaries.

<p>Compliance & Privacy Committee</p>	<p>Address and develop a compliance/privacy program that will inform the department of the direction to take to further support compliance and privacy of the beneficiaries we serve.</p>
<p>Training & Staff Development Committee</p>	<p>This committee works with the department to develop a robust training system that will meet the needs of the department and the mandates of the state.</p>
<p>Network Adequacy & Timeliness Committee</p>	<p>This committee is responsible for ensuring that the system is adequate to meet our mandates from DHCS and identify ways to grow the BH network or work with available resources to meet department needs. This committee is also responsible for monitoring timeliness to services for the BH network and identifying ways to help us meet timeliness standards.</p>
<p>Performance Improvement Measurement Committee</p>	<p>This committee will oversee the mandated performance measures by reviewing and submitting data, utilization reporting, and assessing quality of care provided through PIPs. This committee will also engage in external quality reviews to ensure that the department is addressing the areas mandated by the state. support the department in reviewing the efficiency and appropriateness of treatment and services provided to beneficiaries. They will work on addressing quality of care, high-cost services, and access to the right level of care and in the right system of care (SMHS or N-SMHS).</p>
<p>Information Systems Committee</p>	<p>This committee will support our current electronic health record and any other information system needed to support clients and staff in their care and the department to meet the mandates of their state contracts.</p>
<p>Beneficiary Satisfaction & Cultural Responsiveness Committee</p>	<p>This committee oversees client satisfaction with services and support offered by BH and through exploring data and input from the community and explores how to be culturally responsive to the needs of the community being served.</p>

Area of Focus: Access to Care

Goal: Reduce wait times for initial appointments and change clinical services wait time from 14 to 7 days, and psychiatric services wait time from 60 to 15 days, and documentation is completed timely.

PLAN	DESCRIPTION OF WHAT IS NEEDED	ACTION STEPS	MEASUREMENT
SMHS	<ul style="list-style-type: none"> Assess current capacity and demand and optimize scheduling process, intake completion, and monitor continuously <ul style="list-style-type: none"> Analyze appointment data: Identify peak demand times, no-show rates, and clinician/counselor availability Map current workflows: Understand intake process for both clinical and psychiatric services Segment clients: Prioritize based on acuity to ensure urgent cases are seen faster and documentation completed timely Implement centralized scheduling: Use EHR to manage all appointments Standardize intake process and offer flexible hours: Reserve specific daily/weekly slots for new or urgent clients and increase access by having earlier or later appointments available Track key performance indicators (KPIs), gather client feedback, and adjust based on data: Use the EHR to monitor wait times, no-show rates, appointment utilization, and documentation time, and reallocate resources where needed Enhance communication and coordination: Educate staff and improve the referral process by streamlining process and ensuring all understand the scheduling protocols and documentation standards 	<p>County BHP Subcommittee will work on the following timeline;</p> <ul style="list-style-type: none"> By Month 3: Create a scheduling and documentation protocol by understanding current state of the BHP and determine what is needed to build a more efficient scheduling system and documentation turnaround. By Month 5: Clinician and other staff are trained to the new scheduling and documentation protocols, and schedule adjustment begin for staff By Month 6: New scheduling and documentation standards system goes live By Month 7: Intake expansion is fully implemented By Month 10-12: Evaluation and sustainability planning is done. 	<ul style="list-style-type: none"> Quarterly analyze the timeline for implementation or creation of new scheduling protocol by reviewing data from the EHR or Relias systems Quarterly analyze data provided from the EHR and percentage of referrals where the beneficiary was linked to treatment within the set timelines. Quarterly analyze data provided from the EHR on documentation completion within set timelines

Area of Focus: Access to Care

Goal: Ensure timely, equitable access to the full continuum of DMC-ODS services across all eligible Medi-Cal beneficiaries within the county.

PLAN	DESCRIPTION OF WHAT IS NEEDED	ACTION STEPS	MEASUREMENT
DMC-ODS	<ul style="list-style-type: none"> Expand access to evidence-based SUD treatment, modeled after ASAM criteria, to improve recovery outcomes and care coordination Provide a knowledgeable Access Line for beneficiaries seeking DMC-ODS services within the county and increase treatment access by 5% and increase client satisfaction by 5%. Reduce county-level gaps which include provider network limitations, underutilization of 24/7 access lines, uneven geographical distribution of services, that may create delays in assessment and placement decisions 	<p>County BHP Subcommittee will work on the following timeline;</p> <ul style="list-style-type: none"> By Month 3: Map current provider locations against Medi-Cal demand and ensure geographically balanced coverage within the county. In addition, generate standardized protocol for triaging the Access line and adopt a formalized utilization review process that will allow timely service authorization and appropriate level of care. By Month 5: Clinician and other staff are trained on any new protocols which may include scheduling and ASAM screening By Month 6: Identify additional DMC-ODS certified providers by reviewing the underserved areas and additional levels of care needed. Generate a routine to monitor network adequacy based off provider availability and appointment wait times. By Month 10-12: Evaluation and sustainability planning is done. 	<ul style="list-style-type: none"> Quarterly analyze data provided from the EHR and percentage of referrals where the beneficiary was linked to treatment within the set timelines. Quarterly analyze data provided from the EHR on documentation completion within set timelines

Area of Focus: Timeliness to Care

Goal: Expand access points for faster entry into care and streamline scheduling process across the system.

PLAN	DESCRIPTION OF WHAT IS NEEDED	ACTION STEPS	MEASUREMENT
<p>SMHS & DMC-ODS</p>	<ul style="list-style-type: none"> Assess current entry channels into care and leverage other resources to meet timeliness standards <ul style="list-style-type: none"> Implement multiple entry channels: Allow clients to initiate care through various entry points that may include online self-referral, centralized line, or embed access points with community partners Leverage other forms of services: Reduce barriers to care by offering virtual platforms services, deploy mobile outreach teams or utilization of technology at community locations (use of kiosks) Enhance digital access: Ensure clients can complete necessary forms via mobile friendly devices and offer multilingual support for non-English speakers 	<p>County BHP Subcommittee will work on the following timeline;</p> <ul style="list-style-type: none"> By Month 3: Map out current access points and utilize scheduling workflows to help identify gaps or bottlenecks to engage clients in services timely and define success metrics to reach timeliness standards By Month 5: Develop infrastructure and tools to support in intake and referral protocols for new access points and identify telehealth/mobile service expansion opportunities By Month 6: Implement workflow redesign and provide staff training on new protocols by monitoring data and using client feedback By Month 7: Expand centralized scheduling system and begin community-based access points By Month 10-12: Evaluation and sustainability planning is done. 	<ul style="list-style-type: none"> Quarterly analyze the timeline for implementation or creation of access and scheduling protocols by reviewing data from the EHR or Relias systems Quarterly analyze data provided from the EHR and percentage of referrals where the beneficiary was linked to treatment within the set timelines. Quarterly analyze data provided from the EHR on documentation completion within set timelines

Area of Focus: Quality & Outcomes to Care

Goal: Enhance client satisfaction by strengthening Evidence Based Practices (EBPs), reduce inpatient hospitalization, and recidivism rates across the system

PLAN	DESCRIPTION OF WHAT IS NEEDED	ACTION STEPS	MEASUREMENT
SMHS	<ul style="list-style-type: none"> Assess current infrastructure and services and develop a feedback loop to improve outcome and care <ul style="list-style-type: none"> Survey current infrastructure: Allow clients to initiate care through various entry points that may include online self-referral, centralized line, or embed access points with community partners Leverage other forms of services: Reduce barriers to care by offering virtual platforms services, deploy mobile outreach teams or utilization of technology at community locations (use of kiosks) Enhance digital access: Ensure clients can complete necessary forms via mobile friendly devices and offer multilingual support for non-English speakers 	<p>County BHP Subcommittee will work on the following timeline;</p> <ul style="list-style-type: none"> By Month 3: Map out current access points and utilize scheduling workflows to help identify gaps or bottlenecks to engage clients in services timely and define success metrics to reach timeliness standards By Month 5: Develop infrastructure and tools to support in intake and referral protocols for new access points and identify telehealth/mobile service expansion opportunities By Month 6: Implement workflow redesign and provide staff training on new protocols by monitoring data and using client feedback By Month 7: Expand centralized scheduling system and begin community-based access points By Month 10-12: Evaluation and sustainability planning is done. 	<ul style="list-style-type: none"> Quarterly analyze the timeline for implementation or creation of access and scheduling protocols by reviewing data from the EHR or Relias systems Quarterly analyze data provided from the EHR and percentage of referrals where the beneficiary was linked to treatment within the set timelines. Quarterly analyze data provided from the EHR on documentation completion within set timelines

Area of Focus: Quality & Outcomes to Care

Goal: Enhance quality and measurable outcomes across the DMC-ODS continuum to improve client health, safety, treatment effectiveness, and integration with broader health systems.

PLAN	DESCRIPTION OF WHAT IS NEEDED	ACTION STEPS	MEASUREMENT
DMC-ODS	<ul style="list-style-type: none"> Assess current infrastructure and services and develop a feedback loop to improve outcome and care <ul style="list-style-type: none"> Survey current infrastructure: Allow clients to initiate care through various entry points that may include online self-referral, centralized line, or embed access points with community partners Leverage other forms of services: Reduce barriers to care by offering virtual platforms services, deploy mobile outreach teams or utilization of technology at community locations (use of kiosks) Enhance digital access: Ensure clients can complete necessary forms via mobile friendly devices and offer multilingual support for non-English speakers Provide a structured Quality Assurance and Performance Improvement (QAPI) framework to oversee client safety, utilization review/management, provider compliance, and continuous quality monitoring of client satisfaction 	<p>County BHP Subcommittee will work on the following timeline;</p> <ul style="list-style-type: none"> By Month 3: Create a structured QAPI that monitors key areas such as clinical outcomes, grievances, utilization, and provider compliance and develop a subcommittee to support in this structured development. By Month 6: Through the subcommittee, develop targeted Performance Improvement Plans orientated based off data findings and suggestions of EQRO along with integrating other data elements such as CalOMS that will help to showcase outcomes. By Month 10-12: Evaluation and sustainability planning is done. 	<ul style="list-style-type: none"> Quarterly analyze data provided from the EHR and percentage of referrals where the beneficiary was linked to treatment within the set timelines. Quarterly analyze data provided from the EHR on documentation completion within set timelines



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