

## County of San Luis Obispo County Behavioral Health Department Quality Improvement Work Plan, Fiscal Year 2025-2026

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### **Drug Medi-Cal Organized Delivery System (DMC-ODS) and Mental Health Plan (MHP) Quality Improvement Work Plan:**

The County of San Luis Obispo's Behavioral Health Department (SLOBHD) annual DMC-ODS & MHP Quality Improvement (QI) Work Plan identifies key areas of focus of the quality improvement efforts for the year. The Quality Support Services Division monitors the SLOBHD delivery system with the aim of improving processes and outcomes to meet the needs of our members. QI is a central tenet of operation for SLOBHD which drives our work and informs all policy development. The SLOBHD QI Work Plan is guided by Information Notices published by the California Department of Health Care Services (DHCS), the Code of Federal Regulations Title 42, Title 9, the Intergovernmental Agreement with DHCS and SLOBHD integrated Behavioral Health Plan (BHP) contract with DHCS.

SLOBHD QI Work Plan includes:

- Monitoring of access to services as required by SLOBHD contract with DHCS, Exhibit A, Attachment 8
- Ensuring network adequacy as required by current BHIN and SLOBHD contract with DHCS, Exhibit A, Attachment 8
- Timely access to services as required by current BHIN
- Compliance with cultural competence trainings as required by SLOBHD contract with DHCS, Exhibit A, Attachment 11
- Monitoring of member grievances, appeals, expedited appeals, state hearings, expedited state hearings, provider appeals and clinical records review as required by 9 C.C.R. §1810.440(a)(5) and 42 C.F.R § 438.416(a) and SLOBHD contract with DHCS, Exhibit A, Attachment 5.
- Assessment of members' experiences
- Coordination of member healthcare services at the provider level
- Ongoing performance improvement projects aimed to improve clinical care and member services

SLOBHD Work Plan is posted on our County website:

[Quality Support Team](#)

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| <b>Category: Access to Care</b>  |   |
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| <b>Goal</b>  | <b>Objective/Planned Activities</b>   |
| SLOBHD will maintain a responsive toll free 24/7 Central Access Line   | <ol style="list-style-type: none"> <li>1. SLOBHD will conduct at least six test calls to evaluate the responsiveness of the Central Access Line each quarter; 100% of these test calls will be in compliance with logging and beneficiary informing requirements.</li> <li>2. SLOBHD will conduct at least one monthly after hour test calls in Spanish; 100% of these calls will demonstrate language capacity.</li> <li>3. SLOBHD will work closely with our Central Access Line contracted after hours provider to ensure 100% of clients requesting SUD services after hours will be connected to screening appointments.</li> <li>4. SLOBHD will implement standardized screening tools to be used in Central Access in response to requests for mental health services. Training will be provided to staff to ensure these screenings are conducted in accordance with state requirements.</li> </ol> |
| <b>Category: Network Adequacy</b>  |   |
| <b>Goal</b>  | <b>Objective/Planned Activities</b>   |
| SLOBHD will maintain and monitor a network of providers that is sufficient to provide adequate access to Specialty Mental Health Services (SMHS) and DMC-ODS services. | <ol style="list-style-type: none"> <li>1. SLOBHD will measure service delivery regionally to inform staffing assignments.</li> <li>2. SLOBHD will monitor provider-to-client ratios to facilitate evaluation of caseload capacity and network adequacy.</li> </ol>  |

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|   | <ol style="list-style-type: none"> <li>3. SLOBHD will contract with out-of-network providers to ensure beneficiaries have access to providers with specialties and levels of care not available within our network.</li> <li>4. SLOBHD will track American Society of Addiction Medicine (ASAM) level of care (LOC) concordance rates to ensure LOC is not limited due to network capacity.</li> </ol>  |
| <b>Category: Timeliness</b>   |   |
| <b>Goal</b>   | <b>Objective/Planned Activities</b>   |
| SLOBHD will monitor timely access standards quarterly and address any timely access standards that do not meet the standards. | <ol style="list-style-type: none"> <li>1. MHP will monitor wait times for adults and youth to address any compliance issues with these standards:               <ol style="list-style-type: none"> <li>a. Initial request to first offered appointment – 10 business days/14 calendar days</li> <li>b. Initial request to psychiatric assessment – 15 business days/21 calendar days</li> <li>c. Urgent request to initial service when no preauthorization is required – 48 hours</li> <li>d. Follow-up services – 10 business days/14 calendar days</li> </ol> </li> <li>2. DMC-ODS will monitor wait times for adults and youth to address any compliance issues with these standards:               <ol style="list-style-type: none"> <li>a. Initial Outpatient/Intensive Outpatient (IOT) request to first offered DMC-ODS service – 10 business days</li> <li>b. Initial Opioid Treatment Program (OTP) request to screening/assessment – 3 business days</li> <li>c. Residential discharge to outpatient treatment service – 7 calendar days</li> </ol> </li> </ol> |

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| <b>Category: Cultural Competence</b>   |  |
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| <b>Goal</b>  | <b>Objective/Planned Activities</b>  |
| SLOBHD will support and promote provider cultural responsiveness by ensuring all staff complete at least two hours of diversity, equity and inclusion training annually. | <ol style="list-style-type: none"> <li>1. SLOBHD treatment providers will complete annual cultural competency trainings, and the impact of these trainings will be measured through the use of pre and post tests.</li> <li>2. SLOBHD will collect and analyze responses to the department's annual Inclusion and Belonging Workforce Survey to identify training needs and feedback from staff.</li> </ol>  |
| <b>Category: Monitoring Grievances and Appeals</b>   |  |
| <b>Goal</b>  | <b>Objective/Planned Activities</b>  |
| SLOBHD will ensure all grievances and appeals are addressed within timeline requirements.  | <ol style="list-style-type: none"> <li>1. SLOBHD will track all received grievances and appeals to ensure timely resolutions and client notifications.</li> <li>2. MHP and DMC MCPAR reporting will be completed and submitted to DHCS annually on or before the reporting deadline.</li> <li>3. SLOBHD will track received grievances and appeals to identify trends and report any quality of care issues at a monthly Quality Improvement Committee.</li> </ol> |
| <b>Category: Beneficiary Satisfaction</b>  |  |
| <b>Goal</b>  | <b>Objective/Planned Activities</b>  |
| SLOBHD will utilize Treatment Perception Survey (TPS) and Consumer Perception Survey (CPS) responses to inform quality   | <ol style="list-style-type: none"> <li>1. SLOBHD will implement at least one new strategies to increase the number of responses received during survey period.</li> </ol>  |

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| improvement projects and treatment providers.  | <ol style="list-style-type: none"> <li>2. TPS and CPS data will be presented at the BH Program Supervisor's Committee meeting to inform the group of program strengths and areas of needed improvement.</li> <li>3. TPS survey responses to the "Care Coordination" domain will be analyzed to ensure they are in alignment with statewide averages and reflect overall member satisfaction with SLOBHD coordination with other treatment providers.</li> </ol>   |
| <b>Category: Utilization Review</b>  |   |
| <b>Goal</b>  | <b>Objective/Planned Activities</b>   |
| SLOBHD will improve the quality of clinical documentation as evidenced by staff's completion of documentation trainings and adherence to these guidelines. | <ol style="list-style-type: none"> <li>1. 90% of DMC-ODS progress notes reviewed will be completed within 3-business days for routine services or within 24-hours for crisis services.</li> <li>2. 100% of DMC-ODS clinical records will contain a Problem List that lists problems identified by the treating service provider (within respective scope of practice) and the client.</li> <li>3. 90% of SMHS progress notes reviewed will be completed within 3-business days for routine services or within 24-hours for crisis services.</li> <li>4. 100% of SMHS clinical records will contain a Problem List that lists problems identified by the treating service provider (within respective scope of practice) and the client.</li> <li>5. A treatment plan will be present in the clinical record for all SMHS that require a treatment plan (ICC, IHBS, TBS, TFC, STRTP).</li> </ol> |

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| <b>Category: Utilization Management</b>   |   |
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| <b>Goal</b>   | <b>Objective/Planned Activities</b>   |
| SLOBHD will monitor all Transition of Care Tools and procedures to ensure appropriateness of care and utilization of effective care coordination practices. | <ol style="list-style-type: none"> <li>1. SLOBHD will ensure SLOBHD providers utilize the Transition of Care Tool document in the electronic health record according to SLOBHD policy.</li> <li>2. SLOBHD will coordinate with CenCal to ensure each member transfer between levels of care is tracked and ensured timely access and provided ongoing services until they have successfully connected with new providers in the appropriate level of care.</li> <li>3. SLOBHD leadership will participate in monthly quality improvement monitoring meetings with CenCal to monitor referrals and care transitions between agencies and to identify opportunities for improvement.</li> </ol> |
| <b>Category: Performance Improvement</b>  |   |
| <b>Goal</b>   | <b>Objective/Planned Activities</b>   |
| SLOBHD will maintain two performance improvement projects (PIP), one clinical and one nonclinical, at all times.  | <ol style="list-style-type: none"> <li>1. Nonclinical PIP aims to increase the percentage of members who receive at least one peer support service.</li> <li>2. Clinical PIP aims to improve SLOBHD healthcare effectiveness data information set pharmacotherapy for opioid use disorder performance measure rate.</li> </ol>  |