



Quality Improvement Work Plan

Fiscal year 2026-2027

Structure & Elements

The purpose of the annual Quality Improvement (QI) Work Plan is to document the monitoring and implementation of efforts to improve behavioral health and substance use services for Riverside County Medi-Cal members. Some initiatives from the previous work plan are being carried forward into the current work plan, however, others are new based on identified areas of enhancement and continued monitoring.

Structure of the Work Plan

Each focus area outlined in the plan below contains the following elements:

- **Goals:** reflective of RUHS-BH's annual goals toward achieving identified milestones
- **Objectives/Tasks:** data driven measures and outcomes to assist in identifying strengths and barriers to establish milestones for assessment and improvement.
- **Responsible Party/Lead:** identified leads or responsible party for each measurable goal

Section 1: Accessibility

Goal 1.1 – Improve “No Wrong Door” across Department.

Objectives	Responsible Party/Lead
a. Improve member accessing services timely.	Deputy Director of Peer Support Services, Quality Improvement
b. Improve Member experience as evidenced by attending follow-up appointments.	
Baseline: Programs are inconsistent with handling initial encounters with members.	

Section 2: Clinical Care & Documentation

Goal 2.1 – Improve sharing of clinical documentation resulting in smoother transitions of care across the Behavioral Health programs.

Objectives	Responsible Party/Lead
a. Implementing the LOCUS tool across the adult programs in the Department	Deputy Director Adult and Mature Adult Programs
b. Utilize new technologies to	

maximize efficiency in documentation.	
Baseline: Transitions for members is inconsistent and subjective across the programs and available tools need to be implemented, and staff do not have access to available tools.	

Section 3: Policies & Procedures

Goal 3.1 – Increase awareness and access to Department Policies and Procedures.

Objectives	Responsible Party/Lead
a. Implement new shared platform: PolicyStat.	Compliance Officer
b. Improve staff access to policy and procedure information.	
Baseline: Current access to policies on the Department home page is not searchable and needs updating.	

Section 4: Cultural & Linguistic Competency

Goal 4.1 – Increase programs cultural and linguistic competency by Identifying and documenting in ELMR member demographics in clinics/regions.

Objectives	Responsible Party/Lead
a. A minimum of 90% of members open in our system will have reliable language, race, ethnicity and gender identity recorded in the EHR.	Administrative Services Manager – Evaluations
b. Improve language accessibility for our members and community stakeholders.	
Baseline: Clinic demographic reports show a low % of demographics information completed on the relevant EHR forms.	

Section 5: Medication Assisted Treatment (MAT)

Goal 5.1 – Increase MAT prescribing rates for Alcohol Use Disorder (AUD) and Opioid Use Disorder (OUD).

Objectives	Responsible Party/Lead
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a. Achieve a measurable increase in appropriate MAT prescribing by psychiatrists and addiction MDs for eligible members, based on DSM-5 criteria and FDA-approved options.	SAPT Behavior Health Administrator
b. Improve Accuracy and Appropriateness of MAT Administration.	
c. Improve member awareness of MAT services available.	
Baseline: There is a current deficit of MAT prescribing practices through the utilization of an expanded network of psychiatrists, addiction specialists, and qualified practitioners in the proportion of eligible members with a documented Opioid Use Disorder (OUD) diagnosis who receive FDA-approved Medication-Assisted Treatment (MAT).	

Section 6: Aftercare

Goal 6.1 – Leverage the addition of the new LINC teams to increase the percentage of individuals discharged from inpatient hospitalization who successfully attend an outpatient behavioral health follow-up appointment within 7 days.

Objectives	Responsible Party/Lead
a. Improve follow-up appointments attended to 65% or greater.	Deputy Director; Forensics/ Public Guardian/Housing, LINC team
Baseline: Fewer than 65% of members discharged from inpatient hospitals successfully attend an outpatient behavioral health appointment within 7 days.	

Section 7: Health Screening

Goal 7.1 – Measure the percentage of adults (18-64 years old) with schizophrenia, schizoaffective disorder or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement period (SDD).

Objectives	Responsible Party/Lead
a. Establish a process to identify members who meet the state defined	Medical Director Outpatient Services

population above, adult 18-64 with schizophrenia, schizoaffective or bipolar disorder who were dispensed an antipsychotic medication.	
b. Establish a method to determine whether or not these identified members have completed diabetes screening during the measurement period, including testing performed within and outside of RUHS.	
c. Establish a method for documenting/uploading completed diabetes screening results into ELMR or dataset sent to the state.	
d. Develop a workflow to assist treating clinics to obtain diabetes screening for those identified members who have not had testing.	
e. Monitor ongoing diabetes screening test during the measurement period (SDD) performance and create interventions to improve any identified deficiencies.	
Baseline: Current performance on SDD measure.	