

**City and County of San Francisco  
Department of Public Health**



San Francisco  
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

**SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH  
BEHAVIORAL HEALTH SERVICES (BHS)**

**DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM  
QUALITY IMPROVEMENT WORK PLAN**

**FY 2021-2022**

**(July 1, 2021 – June 30, 2022)**

SAN FRANCISCO BEHAVIORAL HEALTH SERVICES DRUG MEDICAL ORGANIZED DELIVERY SYSTEM  
QUALITY IMPROVEMENT WORK PLAN FY 2021-2022

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## **San Francisco Behavioral Health Services' (BHS) Vision, Mission, Principles, and Goals:**

### **A. BHS Vision**

The vision of San Francisco's Behavioral Health Services is to have a welcoming, culturally and linguistically competent, gender responsive, integrated, comprehensive system of care with timely access to treatment and in which individuals and families with behavioral health issues have medical homes.

### **B. Mission**

The mission of San Francisco's Behavioral Health Services is to maximize clients' wellness and recovery so that they can have healthy and meaningful lives in their communities.

### **C. Principles of Quality Improvement<sup>1</sup>**

BHS is focused on measurement-based quality improvement. The basic premise is that quality healthcare comprises all the processes that occur between a patient and the health care system. Outcomes result not only from specific actions of individual clinicians, but ultimately from the interactions between service providers and the coordination of the service delivery system. Specific principles are delineated as follows:

- Many problems with quality of care result from poorly designed processes rather than individual failures.
- Measuring important healthcare processes and outcomes is vital to understanding and assessing the quality of these processes.
- Statistical analysis of data can reveal suboptimal outcomes, variability in basic processes, and gaps between evidence-based recommendations and observed practices.
- Quality of care can be improved through the diagnosis and intervention of problems affecting quality of care.
- Efforts to improve quality should address processes and outcomes highly important to patients and other key stakeholders. These should be selected with consideration of both potential costs and benefits of improvement efforts.
- Collaboration among all participants in the delivery of care, from clients to administrators is critical to understanding problems underlying clinical processes and creating successful interventions to address them.

### **D. BHS Quality Improvement Goals**

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<sup>1</sup>Adapted from "Improving Mental Healthcare: A guide to Measurement-Based Quality Improvement", Richard C. Hermann, M.D., M.S., American Psychiatric Publishing, Inc, 2005

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The goal of BHS Quality Improvement 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 Quality Improvement effort shall:

- Systematically monitor key factors affecting the safety of consumers, family members, and staff;
- 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 feeding back data in a meaningful way to administrators, managers, care providers, consumers, and other stakeholders so as to effectively inform policy and programmatic changes;
- Make policy recommendations and initiate plans for targeted interventions in response to identified areas for improvement;
- Achieve compliance with all federal, state, and local regulations (and other pertinent contractual requirements) through continuous training, education, oversight, and monitoring.

**Objectives of the BHS Quality Improvement Work Plan for FY 2021-2022**

The overarching guidelines for the BHS Quality Improvement Objectives are organized around the following domains of quality improvement.<sup>2</sup> BHS shall use the following five-point process for each of the objectives described below:

1. Collect and analyze data to measure against the goals that have been identified, or prioritized areas of improvement;
2. Identify opportunities for improvement and decide which opportunities to pursue.
3. Design and implement interventions to improve performance;
4. Measure the effectiveness of the interventions; and
5. Incorporate successful interventions in the overall BHS System of Care (SOC) as appropriate.

**I. SERVICE CAPACITY**

<sup>2</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.

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**GOAL I. Ensure that the number, type, geographic distribution and cultural and linguistic competency of behavioral health services is appropriate for the client population. Based on an analysis of service locations, set goals for the number, type, and geographic distribution of services.**

San Francisco Behavioral Health Services ensures that services are accessible on multiple levels. In addition to ensuring that services are distributed geographically to meet the needs of San Franciscans, we are committed to providing culturally and linguistically competent behavioral health services to a diverse population. Chinese, Russian, Spanish, Tagalog, and Vietnamese constitute our five threshold languages, although services are available in other languages, either by bilingual staff or interpreter services.

<b>Objective</b>	<b>Actions</b>	<b>Responsible Staff</b>
1. Behavioral Health Services substance use programs will be located primarily in the neighborhoods in which the majority of our clients reside.	1. Describe the number, type, and geographic distribution of county-funded behavioral health service substance use programs. Review geographic location of services and assess appropriateness given client density by June 30, 2022.	Sherry Lam
2. Clients will report satisfaction with the convenience and cultural appropriateness of substance use services programs, as indicated by an average score of 4 or higher on these items in the consumer perception survey.	1. Conduct system-wide consumer perception survey on the schedule determined by DHCS.	Diane Prentiss
3. By June 30, 2022, expand Spanish Language capacity at Residential Treatment Programs.	1. Explore expanding/embedding Spanish interpreters in HR360/Friendship house.	Erik Dubon, David Pating
	2. Explore using Treatment Access Program (TAP) bilingual staff to provide Spanish services for one (or more) residential programs.	Erik Dubon, David Pating
	3. Explore collaborations between Latino Commission (a LatinX serving program) and HR360/Friendship house.	Erik Dubon, David Pating
4. By June 30, 2022, initiate serving clients at the new Drug Sobering (SOMA Rise) Center.	1. Complete site construction.	David Pating
	2. Complete electronic health record (EPIC) build.	David Pating
	3. Review Contract Provider's Protocols, including Overdose Response.	David Pating
5. By June 30, 2022, identify a new location for Substance Use Residential Step-Down treatment.	1. Identify potential sites including site scoping and architectural review.	David Pating

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	2. Match available sites to appropriate usage for purchase recommendation and approval.	David Pating
	3. Issue Request for Proposal (RFQ) for Residential Step-Down programs and operator contract.	David Pating

**II. ACCESS TO CARE**

**DHCS Instruction:** Monitor the accessibility of services, including:

- Timeliness of routine substance use appointments
- Timeliness of services for urgent conditions
- Access to after-hours care; and
- Responsiveness of the 24 hour, toll free telephone number.

**GOAL II.a. Ensure timeliness of routine and urgent substance use appointments.**

<b>Objective</b>	<b>Actions</b>	<b>Responsible Staff</b>
1. At least 90% of individuals requesting substance use outpatient services will be offered an appointment within 10 business days.	1. 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
	2. Review the data and areas for improvement; follow up with programs as needed.	Judy Martin, Erik Dubon
2. At least 90% of individuals requesting substance use outpatient services will receive a service within 10 business days.	1. 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
	2. Review the data and areas for improvement; follow up with programs as needed.	Judy Martin, Erik Dubon
3. At least 90% of individuals needing an urgent appointment will receive a service within 48 hours.	1. 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
	2. Review the data and areas for improvement; follow up with programs as needed.	Judy Martin, Erik Dubon

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<p>4. At least 70% of individuals assessed as needing substance use residential treatment will be admitted within 10 days of the initial request for services.</p>	<p>1. Monitor the length of time from the initial request to level of care (LoC) assessment for substance abuse residential treatment on a quarterly basis and identify any needed areas for improvement.</p>	<p>Sherry Lam</p>
	<p>2. Monitor the length of time from an approved LoC assessment to substance abuse residential treatment on a quarterly basis and identify any needed areas for improvement.</p>	<p>Sherry Lam</p>
	<p>3. Review the data and areas for improvement and follow up with programs as needed.</p>	<p>Judy Martin, Erik Dubon</p>
<p>5. At least 90% of individuals requesting Opioid Treatment program/Narcotic Treatment Program OTP/NTP services will receive a service within 3 business days.</p>	<p>1. 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.</p>	<p>Sherry Lam</p>
	<p>2. Review the data and areas for improvement; follow up with programs as needed.</p>	<p>Judy Martin, Erik Dubon</p>
<p>6. At least 80% of authorization requests for substance use residential treatment will receive a decision, whether approved or denied, within 24 hours.</p>	<p>1. 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.</p>	<p>Sherry Lam</p>
	<p>2. Review the data and areas for improvement; follow up with TAP and programs as needed.</p>	<p>Judy Martin, Erik Dubon</p>
<p>7. By June 30, 2022, revisit increasing access to DMC-ODS after-hours services at HealthRIGHT 360.</p>	<p>1. Work with HealthRIGHT 360 to increase staff, embed intake staff at Level 3 facilities, and increase intake hours of both withdrawal management and residential services.</p>	<p>Erik Dubon</p>
<p>8. By June 30, 2022, continue planning for implementation of SB 159 provisions at CBHS Pharmacy for SUD clients at high risk for HIV/AIDS.</p>	<p>1. Conduct a needs assessment to determine the number of clients we will need to serve.</p>	<p>Michelle Geier</p>
	<p>2. Convene a planning meeting with our partnering stakeholders.</p>	<p>Michelle Geier</p>

**GOAL II.b. 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.**

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<b>Objective</b>	<b>Actions</b>	<b>Responsible Staff</b>
1. By June 30, 2022, 100% of calls will be triaged to staff who speaks the language of the caller. If a caller speaks a language not spoken by staff, the Language Line will be used.	1. Monitor the quality and responsiveness of calls to the BHS 24/7 toll-free access line and provide immediate feedback.	Ron Harris
2. By June 30, 2022, 100% of calls will be screened for crisis situations and will be referred appropriately.	1. Monitor the screening and referral process of crisis calls to the BHS 24/7 toll-free access line.	Ron Harris
3. Continue conducting test calls for SUD conditions to the 24/7 Access Line.	1. Conduct two independent test calls for SUD conditions to the Behavioral Health (BHAC) per quarter, by peers, clinical interns, and BHS QM/SOC staff and provide feedback to BHAC Eligibility Worker.	Liliana De La Rosa
	2. Continue to meet monthly with BHAC and San Francisco Suicide Prevention/Felton to discuss and document improvements made in response to test call results.	Liliana De La Rosa

<b>GOAL II.c. Expand the Sexual Orientation and Gender Identity (SOGI) initiative.</b>		
<b>Objective</b>	<b>Actions</b>	<b>Responsible Staff</b>
1. By June 30, 2022, at least 80% of all BHS clients will have SOGI data entered into AVATAR either at enrollment or at their annual reauthorization date.	1. Continue BHS Communication Plan regarding new DPH SOGI mandates, including but not limited to use of BHS Communication Report format which is disseminated monthly to providers by email and posted on BHS website.	Diane Prentiss
	2. Provide at least 1 Workforce Development training for providers on how/where to enter SOGI data into Avatar.	Diane Prentiss

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<b>III. BENEFICIARY SATISFACTION</b>		
<b>GOAL III.a. Monitor beneficiary/family satisfaction at least annually.</b>		
<b>Objective</b>	<b>Actions</b>	<b>Responsible Staff</b>
1. By June 30, 2022, at least 80% of clients will report being satisfied with their care, as indicated by an average score of 3.5 or higher on both the MH and SUD Consumer Perception Surveys.	1. Collect and analyze consumer satisfaction results from all substance abuse treatment programs to determine areas of improvement.	Diane Prentiss
	2. Provide individualized feedback to programs regarding client satisfaction.	Diane Prentiss
<b>GOAL III.b. Evaluate beneficiary grievances, appeals, and fair hearings at least annually.</b>		
1. Continue to review grievances, appeals, and fair hearings and identify system improvement issues.	1. 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
	2. 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.	Melissa Bloom

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**IV. IDENTIFY AND ADDRESS SERVICE DELIVERY AND CLINICAL ISSUES**

**GOAL IV.a. Ensure staff are engaging in appropriate prescribing practices.**

Objective	Actions	Responsible Staff
1. By June 30, 2022, identify higher risk and unsafe prescribing practices that need improvement.	1. Complete a comprehensive Drug Utilization Evaluation (DUE) to identify areas needing improvement and present findings to relevant quality improvement committees.	Michelle Geier, Reisel Berger
	2. Continue targeted subcommittees to address DUE findings: (a) prescribing by race; (b) deprescribing sedative-hypnotics in older adults; and (c) increasing medication-assisted treatment for substance use disorders.	Medication Use Improvement Committee (MUIIC)
2. By June 20, 2022, expand access to low-threshold buprenorphine at high-risk housing.	1. Develop procedure for providing low threshold buprenorphine services in permanent supportive housing locations.	Christine Soran, Devora Keller, Judith Martin
	2. Continue to provide and monitor tele-buprenorphine for low threshold buprenorphine.	Christine Soran, Michelle Geier, Judith Martin

**GOAL IV.b. Increase use of evidence-based practices.**

Objective	Actions	Responsible Staff
1. By June 30, 2022, continue implementation of Motivational Interviewing (MI) across DMC-ODS waived programs.	1. Provide at least one Motivational Interviewing Training.	Michael Barack
2. By June 30, 2022, increase use of Contingency Management intervention according to Methamphetamine Task Force recommendations.	1. Provide training on Contingency Management.	Michael Barack
	2. Enhance current Contingency Management services at SF Aids Foundation Stonewall Project and UCSF Citywide STOP.	Kyle Temple, Valerie Gruber

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<b>V. ASSESS PERFORMANCE AND IDENTIFY AREAS FOR IMPROVEMENT</b>		
<b>GOAL V.a. Use quantitative measures to assess performance and to identify and prioritize area(s) for improvement.</b>		
<b>Objective</b>	<b>Actions</b>	<b>Responsible Staff</b>
1. 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.	1. Monitor CalOMS data quarterly to identify areas for improvement.	Sherry Lam, Judith Martin
2. By June 30, 2022, continue improving referrals process to substance use residential treatment for Zuckerberg San Francisco General Hospital (ZSFG) patients with severe substance use concerns.	1. Continue working with staff from ZSFG Psychiatric Emergency Services (PES) (during business hours) and Houdini Link (during business and weekend hours) to screen patients with a substance use issue on their problem list, for SU residential treatment needs using the brief LOC assessment tool.	Michelle Truong
	2. Monitor the number of brief LOCs completed by ZSFG PES ASWs, ZSFG Psychiatric Inpatient LCSWs, and ACT Patient Navigators.	Michelle Truong
3. By December 31, 2021, increase the percentage of documentation of clients requesting residential treatment on the Timely Access Log for the newest residential programs (Latino Commission – Casa Quetzal and Aviva House, Epiphany, and Friendship House). <ul style="list-style-type: none"> <li>• Latino Commission: increase from 76% to at least 85%.</li> <li>• Epiphany: increase from 32% to at least 50%.</li> <li>• Friendship House: increase from 38.5% to at least 50%.</li> </ul>	1. Conduct a root cause analysis to identify the barriers contributing to not completing the Timely Access Log in order to identify appropriate solutions.	Erik Dubon, Liliana De La Rosa
	2. Monitor the percentage of documentation of clients requesting residential treatment on the Timely Access Log for the newest residential treatment programs on a monthly basis and identify any needed areas for improvement.	Sherry Lam, Erik Dubon, Liliana De La Rosa

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4. At least 90% of ASAM LOC Assessments for non-NTP outpatient providers will be finalized within 3 business days.	1. Monitor the length of time from episode opening to the finalized ASAM LOC Assessment on a quarterly basis and identify any needed areas for improvement.	Sherry Lam, Judith Martin
5. By June 30, 2022, improve timeliness of admissions from Jail Health to Substance Use Residential Treatment.	1. Convene stakeholders for planning meeting.	Michelle Truong
	2. Conduct a barrier analysis.	Michelle Truong
	3. Monitor referrals and admissions from Jail Health to Substance Use Residential Treatment.	Michelle Truong
6. By June 30, 2022, improve timeliness of admissions from the Transitional Age Youth-System of Care (TAY-SOC) to Substance Use Residential Treatment.	1. Convene stakeholders for planning meeting.	Michelle Truong
	2. Conduct a barrier analysis.	Michelle Truong
	3. Monitor referrals and admissions from TAY-SOC to Substance Use Residential Treatment.	Michelle Truong

**GOAL V.b. Improve Clinical Documentation**

<b>Objective</b>	<b>Actions</b>	<b>Responsible Staff</b>
1. By June 30, 2022, ensure SUD programs are compliant with the DHCS-DPH Intergovernmental Agreement and other applicable regulations and requirements.	1. Perform claim audits of DMC-ODS programs.	Andre Pelote, Joseph Gorndt
	2. Conduct corrective action reviews, as needed.	Andre Pelote, Joseph Gorndt

**VI. CONTINUITY AND COORDINATION OF CARE**

**GOAL VI.a. Ensure that beneficiaries have continuity of care coordination between different levels of care, including physical health and behavioral health.**

<b>Objective</b>	<b>Actions</b>	<b>Responsible Staff</b>
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<p>1. By June 30, 2022, improve client care coordination prioritizing individuals who are experiencing homelessness.</p>	<p>1. Hold regular meetings with Homelessness and Supportive Housing (HSH), DPH BHS, DPH Street Medicine, and EMS 6 to coordinate engagement and support for individuals experiencing homelessness with behavioral needs and vulnerable to COVID-19.</p>	<p>Angelica Almeida</p>
	<p>2. Hold monthly case conferences with local SF law enforcement.</p>	<p>Angelica Almeida</p>
<p>2. By June 30, 2022, 95% of Residential Step Down (RSD) clients will be linked to SUD outpatient (OP) treatment defined as 1 documented recovery service.</p>	<p>1. Monthly monitoring of RSD linkages to outpatient services.</p>	<p>Erik Dubon, Nick Hancock</p>
	<p>2. Meet monthly with RSD and Residential providers to continue to troubleshoot RSD rollout and provide technical assistance.</p>	<p>Erik Dubon</p>
<p>3. By June 30, 2022, improve client care coordination of physical and behavioral health between the co-located Office Based Induction Clinic (OBIC) and permanent supportive housing clients</p>	<p>1. Provide consultation and tele-prescribing for residents of permanent supportive housing, in collaboration with supportive housing nurses</p>	<p>Judith Martin, Christine Soran, Jamie Moore, Devora Keller</p>
	<p>2. Develop appropriate protocols for low threshold buprenorphin access at PSH locations with nursing director, Jamie Moore.</p>	<p>Judith Martin, Christine Soran, Jamie Moore, Devora Keller</p>
<p>4. By June 30, 2022, the Street Overdose Response Team (SORT) will track people who survived a non-fatal overdose.</p>	<p>1. OBIC Develop protocols for outreach and follow up after initial immediate response for SORT client who are sheltered on living in high risk housing.</p>	<p>Christine Soran, Judith Martin</p>
	<p>2. Monitor the number of people who survived a non-fatal overdose.</p>	<p>Christine Soran, Judith Martin, Barry Zevin</p>

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<b>APPROVAL OF BHS 2021-2022 DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM QUALITY IMPROVEMENT WORK PLAN</b>	
The attached San Francisco Behavioral Health Services 2021-2022 Drug Medi-Cal Organized Delivery System Quality Improvement Plan has been reviewed and approved by the following undersigned, including the governing body responsible for the operations of San Francisco Behavioral Health Services.	
<input type="checkbox"/> Plan submitted to California Department of Health Care Services, Cassandra Queen, DHCS Liaison	Date
<input type="checkbox"/> Hillary Kunins, MD, MPH Director of Behavioral Health Services and Mental Health SF	Sig. _____  Date
<input type="checkbox"/> Judith Martin, MD Alcohol and Drug Administrator, Substance Use Medical Director	Sig. _____  Date
<input type="checkbox"/> Farahnaz Farahmand, Ph.D. Director of BHS Child, Youth and Family System of Care	Sig. _____  Date
<input type="checkbox"/> Alexander Jackson, LCSW Acting Director of BHS Adult and Older-Adult System of Care	Sig. _____  Date
<input type="checkbox"/> Diane Prentiss, MA, MPH Acting Director of BHS Quality Management	Sig. _____  Date