

**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 2023-2024

(July 1, 2023 – June 30, 2024)

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 Improvement¹

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.

¹Adapted 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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D. BHS Quality Improvement Goals

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 2023-2024

The overarching guidelines for the BHS Quality Improvement Objectives are organized around the following domains of quality improvement.² 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.

² 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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I. SERVICE CAPACITY

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.

Objective	Actions	Responsible Staff
1. Behavioral Health Services substance use programs will be located primarily in the neighborhoods in which the majority of our clients reside.	1. By June 30, 2024, review the geographic location of services and assess appropriateness given client density.	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.	Chris Toomey
3. By June 30, 2024, expand access to youth SUD continuum of care of services for FY24-25.	1. Release a new solicitation to expand youth SUD outpatient services.	Farahnaz Farahmand
	2. Release a new solicitation for a youth SUD residential service provider	Farahnaz Farahmand
4. By June 30, 2024, expand capacity for SUD Residential Dual Dx treatment program.	1. Procure potential site for purchase recommendation and approval.	David Pating
	2. Issue Request for Proposal (RFP) for SUD Residential Dual Diagnosis program.	David Pating

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II. ACCESS TO CARE		
<p>DHCS Instruction: Monitor the accessibility of services, including:</p> <ul style="list-style-type: none"> • 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.		
Objective	Actions	Responsible Staff
1. At least 90% of individuals requesting substance use outpatient services will be offered an appointment within 10 business days.	1. Establish bi-monthly meetings with Outpatient Programs to identify barriers and countermeasures to timely admissions.	Erik Dubon
	2. 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
	3. Review the data and areas for improvement; follow up with programs as needed.	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.	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.	Erik Dubon
4. At least 70% of individuals assessed as needing substance use residential treatment will be admitted within 4 days of the level of care (LoC) assessment.	1. Monitor the length of time from the LoC assessment date to substance abuse residential treatment on a quarterly basis and identify any needed areas for improvement.	Sherry Lam
	2. Review the data and areas for improvement and follow up with programs as needed.	Erik Dubon

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5. At least 90% of individuals requesting Opioid Treatment program/Narcotic Treatment Program OTP/NTP services will receive a service within 3 business days.	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.	Sherry Lam
	2. Review the data and areas for improvement; follow up with programs as needed.	Erik Dubon
6. At least 80% of authorization requests for substance use residential treatment will receive a decision, whether approved or denied, within 24 hours.	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.	Sherry Lam
	2. Review the data and areas for improvement; follow up with programs as needed.	Erik Dubon
7. June 30, 2024, increase access to DMC-ODS after-hours services for opioid treatment.	1. Expand access to opioid treatment programs to include weekend intake services.	David Pating

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.		
Objective	Actions	Responsible Staff
1. By June 30, 2024, 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.	Craig Murdock
2. By June 30, 2024, 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.	Craig Murdock
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 month, by peers, clinical interns, and BHS QM/SOC staff and provide feedback to BHAC Eligibility Worker.	Alecia Martin
	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.	Alecia Martin

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III. BENEFICIARY SATISFACTION		
GOAL III.a. Monitor beneficiary/family satisfaction at least annually.		
Objective	Actions	Responsible Staff
1. By June 30, 2024, 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 SUD Treatment Perception Survey.	1. Collect and analyze consumer satisfaction results from all substance abuse treatment programs to determine areas of improvement.	Chris Toomey
	2. Provide individualized feedback to programs regarding client satisfaction.	Chris Toomey
GOAL III.b. Evaluate beneficiary grievances, appeals, and fair hearings at least annually.		
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, 2024, 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.	Medication Use Improvement Committee (MUIC)

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

Objective	Actions	Responsible Staff
1. By June 30, 2024, increase use of Contingency Management intervention according to Methamphetamine Task Force recommendations.	1. UCSF Citywide STOP will implement the DHCS Recovery Incentives pilot action steps as determined by DHCS and UCLA.	Valerie Gruber
2. By June 30, 2024, expand access to Contingency Management (CM) for stimulants.	1. Provide support and technical assistance to providers participating in DMC-ODS funded CM Pilot programs.	Laurel Snead
	2. Monitor program outcomes and identify areas for improvement.	Laurel Snead

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V. ASSESS PERFORMANCE AND IDENTIFY AREAS FOR IMPROVEMENT

GOAL V.a. Use quantitative measures to assess performance and to identify and prioritize area(s) for improvement.		
Objective	Actions	Responsible Staff
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
2. By June 30, 2024, increase the percentage of documentation of clients requesting residential treatment on the Timely Access Log for the newest residential programs (Epiphany, and Friendship House). <ul style="list-style-type: none"> • Epiphany: increase from 64% to at least 70%. • Friendship House: increase from 49% to at least 50%. 	1. Monitor the percentage of documentation of clients requesting residential treatment on the Timely Access Log for the newest residential treatment programs on a quarterly basis and identify any needed areas for improvement.	Sherry Lam, Erik Dubon
	2. Review quarterly report with each program and identify any needed areas for improvement.	Erik Dubon
3. By June 30, 2024, increase follow-up from ZSFG ED visits for patients with an AOD diagnosis to any AOD service, at 7 and 30 days.	1. Convene stakeholder group and establish regular meetings.	Alecia Martin, Diane Prentiss
	2. Monitor and increase the use of e-consults for referrals for follow-up.	Alecia Martin, Diane Prentiss
	3. Monitor interventions designed to improve rates of follow-up.	Alecia Martin, Diane Prentiss
4. By June 30, 2024, 20% of new starts on medication treatment for Opioid Use Disorder (OUD), within the San Francisco Health Plan, will result in treatment for 180 days or more.	1. Monitor and measure outcomes of HOUDINI Link 2.0 program for retention and engagement for at least 180 days.	Alecia Martin, Diane Prentiss
	2. Monitor and measure outcomes of Project JUNO for San Francisco residents who initiate Medication Assisted Treatment (MAT) while in jail and stay engaged for at least 180 days.	Alecia Martin, Diane Prentiss

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GOAL V.b. Improve Clinical Documentation		
Objective	Actions	Responsible Staff
1. By June 30, 2024, 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
	2. Conduct corrective action reviews, as needed.	Andre Pelote
2. By June 30, 2024, implement documentation reform based on CalAIM initiative standards.	1. Establish a new Quality Assurance (QA) team including a QA Training Officer and QA Clinical Lead to provide training and technical assistance to providers.	Alecia Martin, Maximilian Rocha
	2. Provide ongoing training and technical support to SUD providers.	Alecia Martin, Maximilian Rocha
3. By June 30, 2024, implement the EPIC electronic health record (EHR) across the BHS system of care.	1. Identify SUD subject matter experts (SME) to contribute to the EPIC build.	Maximilian Rocha
	2. SUD SME meet with DPH EPIC IT team to ensure that SUD workflows are captured in EPIC, including testing and validation.	Maximilian Rocha
	3. Provide ongoing training and technical support to SUD providers and programs.	Maximilian Rocha
	4. Monitor adherence to CalAIM documentation standards.	Alecia Martin, Maximilian Rocha

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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.		
Objective	Actions	Responsible Staff
1. By June 30, 2024, improve client care coordination prioritizing individuals who are experiencing homelessness.	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.	Joan Cairns, Kathleen John-Silk
	2. Hold monthly case conferences with local SF law enforcement.	Joan Cairns, Kathleen John-Silk
2. By June 30, 2024, 95% of Residential Step Down (RSD) clients will be linked to SUD outpatient (OP) treatment defined as 1 documented recovery service.	1. Monthly monitoring of RSD linkages to outpatient services.	Erik Dubon, Nick Hancock
	2. Meet monthly with RSD and Residential providers to continue to troubleshoot RSD rollout and provide technical assistance.	Erik Dubon
3. By June 30, 2024, identify and engage people who survived a non-fatal overdose and provide rapid linkage to treatment.	1. The Street Overdose Response Team (SORT) and Post Overdose Engagement Team (POET) will identify people who are un-housed, sheltered, or living in other high-risk housing and experienced a non-fatal overdose and engage them in follow-up care.	Christine Soran, Barry Zevin
	2. OBIC Hope will provide outreach, engagement, and rapid linkage to treatment to housed individuals who experienced a non-fatal overdose.	Christine Soran, Barry Zevin