

**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)  
MENTAL HEALTH PLAN  
QUALITY IMPROVEMENT WORK PLAN  
FY 2020-2021  
(July 1, 2020 – June 30, 2021)**

## **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 of 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.

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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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**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 2020-2021**

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.

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<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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**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.

<b>Objective</b>	<b>Actions</b>	<b>Responsible Staff</b>
1. Behavioral Health Services' mental health 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 mental health service programs. Review geographic location of services and assess appropriateness given client density by June 30, 2021.	Harold Baize
2. Clients will report satisfaction with the convenience and cultural appropriateness of mental health 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.	Harold Baize
	2. Assess client satisfaction results for location and cultural and linguistic competence items.	Harold Baize
3. By June 30, 2021, identify differential access to psychiatry based on age or race.	1. Evaluate Medication Use Improvement Committee's (MUIIC) preliminary analysis of prescribing trends to identify areas of improvement and determine next steps.	Lisa Inman
4. BY June 30, 2021, expand TAY crisis services capacity by providing community-based stabilization services to up to 50 clients.	1. Hire 1 more FTE Clinicians for new TAY Acute Linkage program.	Marlo Simmons
5. By June 30, 2021, expand current early psychosis intervention services to up to 50 youth and young adults at Clinical High Risk for Psychosis (CHR-P).	1. Expand existing contract with Felton Institute's BEAM UP program to include screening, assessment, linkage to care, and evidence-based intervention for CHR-P, which will include Felton hiring 1 FTE Peer Support Specialist.	Marlo Simmons
6. By June 2021, increase the number of mental health residential treatment beds by 20 beds.	1. Using the results of the Bed Optimization Study, request funding for 20 MH residential treatment beds and locate available beds for purchase by June 2021.	Marlo Simmons

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	2. Replicate the Bed Optimization Study using updated bed utilization and wait time data.	Harold Baize, Petra Jerman
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**II. ACCESS TO CARE**

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

- Timeliness of routine mental health 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 mental health appointments.**

Objective	Actions	Responsible Staff
1. At least 90% of individuals requesting mental health 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. Work with the Behavioral Health Access Center (BHAC) to implement a method to capture first offered appointment for individuals entering through BHAC.	Marlo Simmons, Craig Murdock
	3. Review the data and areas for improvement; follow up with programs as needed.	Edwin Batongbacal
2. At least 80% of individuals requesting mental health 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.	Edwin Batongbacal
3. 100% of individuals assessed as having urgent mental health conditions will be served within 48 hours.	1. Monitor the length of time from initial request to service for urgent conditions 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.	Stephanie Felder, Edwin Batongbacal

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4. At least 70% of clients discharged from a psychiatric inpatient facility will receive a service with a prescriber (MD or NP) within 14 days.	1. Monitor the length of time from psychiatric inpatient discharge date to the next service date with a prescriber on a quarterly basis and identify any needed areas for improvement.	Harold Baize
	2. Review the data and areas for improvement; follow up with prescribers and programs as needed.	Lisa Inman
5. Reduce the psychiatric inpatient 30-day recidivism rate to less than the statewide average.	1. Monitor the 30-day inpatient recidivism rates on a quarterly basis and identify any needed areas for improvement.	Harold Baize

**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.**

<b>Objective</b>	<b>Actions</b>	<b>Responsible Staff</b>
1. By June 30, 2021, 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.	Gloria Frederico, Avis Thompson
2. By June 30, 2021, 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.	Gloria Frederico, Avis Thompson
3. By June 30, 2021, regular test call results for both the business and after-hours 24/7 Access Line will have a 100% success rate.	1. Conduct two independent test calls per month, one during business hours and one after hours, including grievance test calls quarterly conducted by Peers, clinical interns, and BHS QM/SOC staff and provide feedback to Access Coordinator.	Liliana De La Rosa
	2. Continue to meet quarterly with Access Coordinator to discuss and document improvements made in response to test call results.	Liliana De La Rosa

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<b>GOAL II.c. Implement telehealth/telephone services for mental health treatment services</b>		
<b>Objective</b>	<b>Actions</b>	<b>Responsible Staff</b>
1. By June 30, 2021, telehealth or telephone will be available and utilized by all outpatient mental health treatment programs.	1. Implement and update procedures for delivering services via telehealth and telephone, including the provision of telehealth training.	Hamilton Holt, Ritchie Rubio
	2. Create a dashboard to monitor the use of telehealth, and analyze usage by race, gender, age, and homeless status.	Tom Bleecker
	3. Evaluate satisfaction with and effectiveness of telehealth/telephone as a means of delivering outpatient mental health services and identify areas for improvement.	Tom Bleecker

<b>GOAL II.d. Expand the Sexual Orientation and Gender Identity (SOGI) initiative.</b>		
<b>Objective</b>	<b>Actions</b>	<b>Responsible Staff</b>
1. By June 30, 2021, at least 60% 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.	Seth Pardo
	2. Provide at least 1 Workforce Development training for providers on how/where to enter SOGI data into Avatar.	Seth Pardo

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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, 2021, at least 80% of clients will report being satisfied with their care, as indicated by an average score of 3.5 or higher on MH Consumer Perception Surveys.	1. Collect and analyze consumer satisfaction results from all mental health treatment programs to determine areas of improvement.	Harold Baize
	2. Provide individualized feedback to programs regarding client satisfaction.	Harold Baize

**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, 2021, 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.	MUIC
	3. Monitor prescribing rates quarterly for these targeted areas.	Tom Bleecker
2. By June 30, 2021, maintain antipsychotic prescribing rate for children at 0% for 0-5, 0.4% for 6-12, and 2% for 13-17 year olds.	1. Complete a Drug Utilization Evaluation of antipsychotic prescribing in children with a subgroup of foster care youth to identify areas needing improvement.	Michelle Geier, Reisel Berger
3. By December 2021, reduce PES 30-day recidivism rates for patients with schizoaffective or schizophrenia disorders from 43% to 38%.	1. Identify barriers in providing discharge medications at PES and prioritize needed areas for improvement.	Michelle Geier, Yuna Song
	2. Monitor the rate of provision of discharge medication at PES on a quarterly basis.	Michelle Geier, Yuna Song

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<b>GOAL IV.b. Increase successful transitions between Intensive Case Management and Outpatient levels of care</b>		
<b>Objective</b>	<b>Actions</b>	<b>Responsible Staff</b>
1. By September 30, 2021, increase new referrals from ICM to Outpatient by 50% (60 to 90 clients).	1. Use Utilization Management criteria tool to identify current ICM clients who seem appropriate for discharge to lower levels of care.	Edwin Batongbacal, Paul Lam, Transitions Director, QM Data lead
	2. Hold case-conference team meetings to review all clients who meet UM criteria for discharge.	Edwin Batongbacal, Paul Lam, Susan Esposito, Transitions Director
	3. Continue to monitor referrals utilizing the Monthly ICM-Outpatient Referral reports with all clients deemed appropriate for the ICM level of care that contains referral dates and other data appropriate for tracking progress of referrals.	Edwin Batongbacal, Transitions Director, QM data lead
	4. Partner with RAMS to obtain data on referrals to the Peer Transition Team (PTT) and ongoing program improvements that support client transitions to Outpatient	Edwin Batongbacal, Transitions Director, QM data lead, RAMS PTT Clinical Coordinator
	5. Track referrals in Avatar and measure successful linkages; seek additional information from SOC program managers and ICM and Outpatient providers	Edwin Batongbacal, Transitions Director, QM data lead

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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. By June 30, 2021, clients will improve on at least 30% of their actionable items on the Adult Needs and Strengths Assessment (ANSA).	1. Develop and disseminate quarterly reports tracking program and client-level outcomes.	Tom Bleecker
	2. Continue to work with Adult and Older Adult System of Care leadership and IT to amend the formatting of the ANSA to re-embed it with the Assessment and include Targeted Item fields.	Tom Bleecker
2. By June 30, 2021, clients will improve on at least 50% of their actionable items on the Child and Adolescent Needs and Strengths Assessment (CANS).	1. Develop and disseminate quarterly reports tracking program and client-level outcomes. Conduct data reflection activities on these reports to help inform practice improvement efforts.	Ritchie Rubio, Petra Jerman
	2. As part of the MHP's race equity efforts, develop and disseminate CANS reports that highlight outcomes for Black, Indigenous, and People of Color (BIPOC) clients.	Ritchie Rubio, Petra Jerman

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

Objective	Actions	Responsible Staff
1. By June 30, 2021, maintain a clinic-level structured quality assurance process to proactively identify documentation problems.	1. Continue to conduct external chart reviews on a random sample of charts for every CYF civil service provider and contractor and provide feedback for improvement.	Heather Clenendin LeMoine, Joe Lai
	2. Develop Quality Assurance team for the A/OA System of Care to conduct chart reviews and provide feedback to for improvement. Submit requests for new QA staff to HR.	Edwin Batongbacal, Marlo Simmons

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<b>VI. CONTINUITY AND COORDINATION OF CARE</b>		
<b>GOAL VI. Ensure that beneficiaries have continuity of care coordination between different levels of care, including physical health and behavioral health.</b>		
<b>Objective</b>	<b>Actions</b>	<b>Responsible Staff</b>
1. By June 30, 2021, 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.	Angelica Almeida
	2. Hold monthly case conferences with local SF law enforcement.	
2. By June 2021, develop an Office of Care Coordination	1. Develop an inventory of available space in all mental health treatment beds	Edwin Batongbacal/Lauren Brunner
	2. Pilot co-locating the Coordinated Entry System in the Behavioral Health Access Center to assess for housing needs and facilitate placements.	Craig Murdock
	3. Create Jail and PES linkage teams to coordinate the care of patients who are exiting the County Jail system or ZSFG's Psychiatric Emergency Services.	Marlo Simmons/Edwin Batongbacal
3. By June 2021, fully implement four Street Crisis Response Teams as a non-law enforcement response to behavioral health emergencies and divert individuals in crisis away from emergency rooms and criminal justice settings and into behavioral health treatment facilities.	1. By December 2020, launch first team composed of a paramedic from the Fire Department, a behavioral health clinician and a behavioral health peer from the Department of Public Health.	Angelica Almeida
	2. By March 31, 2021, launch 3 additional teams throughout the city.	Angelica Almeida

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**VII. MONITOR PROVIDER APPEALS**

**DHCS Instruction:** Monitor provider appeals.

**GOAL VII. Appeals from Private Provider Network clinicians will be tracked and evaluated at least annually.**

<b>Objective</b>	<b>Actions</b>	<b>Responsible Staff</b>
1. By June 2021, a report of the number and type of Private Provider Network provider appeals will be evaluated for trends.	1. Gather all appeals from PPN clinicians and create trend report, sorted by provider and reason for appeal. Present results to SOC-QIC for action if necessary.	Gloria Frederico

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<b>APPROVAL OF BHS' MHP 2020-2021 QUALITY IMPROVEMENT WORK PLAN</b>	
The attached San Francisco Behavioral Health Services' Mental Health Plan 2020-2021 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, Natalia Krasnodemsky, DHCS County Liaison	Date
<input type="checkbox"/> Marlo Simmons Acting Director of Behavioral Health Services	Sig. _____  Date
<input type="checkbox"/> Farahnaz Farahmand, Ph.D. Acting Director of BHS Child, Youth and Family System of Care	Sig. _____  Date
<input type="checkbox"/> Edwin Batongbacal, LCSW Director of BHS Adult and Older-Adult System of Care	Sig. _____  Date
<input type="checkbox"/> Deborah Sherwood, Ph.D. Director of BHS Quality Management	Sig. _____  Date