



Edwin M. Lee
Mayor

**City and County of San Francisco
Department of Public Health
San Francisco Health Network
Ambulatory Care Division**

**SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
BEHAVIORAL HEALTH SERVICES (BHS)
QUALITY IMPROVEMENT WORK PLAN
FY 2015-2016
(July 1, 2015 – June 30, 2016)**

SAN FRANCISCO BEHAVIORAL HEALTH SERVICES
QUALITY IMPROVEMENT WORK PLAN FY 2015-2016

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 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.

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 2015-2016

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

DHCS Instruction:

- a. Describe the current number, types, and geographic distribution of behavioral health services within its delivery system;
- b. Set goals for the number, type, and geographic distribution of these services.

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 City and County is dedicated to ensuring 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 dependent on clinicians' linguistic capacity, or through translation services.

Objective	Actions	Responsible Staff
1. Behavioral Health Services 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 programs. Review geographic location of services and assess appropriateness given client density by June 30, 2016.	Harold Baize
2. Clients will report satisfaction with the convenience and cultural appropriateness of behavioral health service programs, as indicated by an average score of 4 or higher on these items in the consumer perception survey, by June 30, 2016.	1. Conduct system wide consumer perception survey on the schedule determined by DHCS.	Stephanie Nguyen
	2. Assess client satisfaction results for location and cultural and linguistic competence items.	Stephanie Nguyen
3. Increase capacity of substance use services by adding 3 Drug Medi-Cal Intensive Outpatient Programs (IOP) by June 30, 2016.	1. Apply to Provider Enrollment Division at DHCS to add IOP as part of program Drug Medi-Cal certification.	Judith Martin
	2. Provide technical assistance to support programs in the implementation of this new service modality.	Judith Martin
4. Increase calls to 24-hour Peer-run Warmline by 5% by June 30, 2016.	1. Provide outreach to under-served client communities (e.g. African American, Latino Spanish-speaking populations, etc.).	Ken Epstein, Alison Lustbader
5. Increase number of clients served by interdisciplinary Mobile Treatment teams from 11 to 27 by June 30, 2015.	1. Increase staffing to full capacity for Edgewood and Family Mosaic Project teams and expand school-based services for Instituto Familiar de la Raza team.	Ken Epstein, Alison Lustbader
6. Create 35 new Full-Service Partnership (FSP) slots for families with children aged birth to 5 years old with high needs.	1. Develop scope of work, contract deliverables, and implementation plan for identified agency providing FSP services for children aged birth to 5 years old.	Ken Epstein, Rhea Bailey

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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. On average, at least 90% of individuals requesting behavioral health outpatient services will be offered an appointment within 10 business days of the request by June 30, 2016.	1. Monitor time from request for services to first offered appointment quarterly using the Timely Access Log in Avatar, and determine areas for improvement.	Monica Rose
	2. Provide programs with a biannual analysis of logged requests relative to number of new episodes per program.	Monica Rose
2. 100% of individuals assessed as having urgent conditions will be served within 24 hours of initial contact.	1. On a quarterly basis, monitor number of individuals entered on outpatient Timely Access Log as needing an "urgent" appointment, and whether their episode of care was opened in an urgent care clinic within 24 hours.	Monica Rose
	1. On a quarterly basis, monitor time from inpatient hospital discharge to next contact with psychiatrist or nurse practitioner.	Harold Baize
3. The number of individuals discharged from inpatient psychiatric services who are seen by a prescriber (MD/NP) within 7 business days will improve by 10% from 2015 levels, by June 30, 2016.	2. BHS to participate in weekly hospital discharge meeting at San Francisco General Hospital.	Edwin Batongbacal
	1. Monitor psychiatric rehospitalization rates on quarterly basis.	Harold Baize
4. Reduce psychiatric hospital 30-day readmissions to below the statewide average of 19% by June 30, 2016.	2. Revise performance objective to "no more than 15% of psychiatric inpatient hospital discharges occurring during FY15-16 will be followed by a readmission within 30 days."	Monica Rose

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, 2016, improve average wait time to language line from 5 minutes to 1 minute.	1. Monitor quality and responsiveness of calls to the BHS 24/7 toll-free access line and provide immediate feedback.	Steve Benoit

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2. By June 30, 2016, all callers 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 and provide immediate feedback.	Steve Benoit
3. By June 30, 2015, all calls will have an appropriate logged disposition.	1. IT will add disposition box and drop-down menu to business hours Timely Access Log and staff will be trained.	Steve Benoit
4. By June 30, 2016, improve regular test call results for both the daytime and after-hours 24/7 access line, measured by success rate from 40% to 90%.	1. Increase independent test calls to four per month, two during business hours and two after hours, conducted by consumer volunteers, clinical interns, and BHS QM staff and provide feedback to Access staff.	Michelle Meier
	2. Identify volunteers to conduct test calls and create a schedule for the calls.	Michelle Meier

III. BENEFICIARY SATISFACTION

DHCS Instruction: The MHP shall monitor beneficiary satisfaction and inform providers of the results of beneficiary/family satisfaction activities. The MHP shall implement mechanisms to ensure beneficiary or family satisfaction. The MHP shall assess beneficiary or family satisfaction by:

- a. Surveying beneficiary/family satisfaction with the MHP's services at least annually.
- b. Evaluating beneficiary grievances, appeals and fair hearings at least annually.

GOAL III.a. Monitor beneficiary/family satisfaction at least annually.

Objective	Actions	Responsible Staff
1. By June 30, 2016, at least 80% of clients will report being satisfied with their care, as indicated by an average score of 4.0 or higher on the Client Satisfaction Survey.	1. Collect and analyze consumer satisfaction results from all mental health and substance abuse treatment programs to determine areas of improvement.	Stephanie Nguyen
	2. Provide individualized feedback to programs regarding client satisfaction.	Stephanie Nguyen
2. By June 30, 2016, decrease by 20% the number of providers needing to complete Plan of Action related to client satisfaction survey return rate from 12 to 10 mental health programs and 11 to 9 substance abuse programs.	1. Provide training and technical assistance about survey collection methods.	Harold Baize
	2. Provide client fact sheet for both A/OA and CYF.	Stephanie Nguyen
	3. Provide staff fact sheet for both A/OA and CYF.	Stephanie Nguyen

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.	Lucy Arellano
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	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

DHCS Instruction: Monitor the MHP's service delivery system and meaningful clinical issues affecting beneficiaries, including the safety and effectiveness of medication practices. Other clinical issues shall be identified by the MHP.

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

Objective	Actions	Responsible Staff
1. Decrease use of sedative-hypnotics in older adult patients from 15% to 12% by June 30, 2016.	1. Continue monitoring sedative hypnotics prescribing rates quarterly.	Tom Bleecker
	2. Provide education to patients, including signage in behavioral health clinics around the risks of sedative hypnotics by January 2016.	Michelle Geier, Judy Martin
	3. Develop and disseminate Promising Practices Toolkit of Sedative-Hypnotic guidelines implementation.	Michelle Geier, Steven Wozniak
	4. Form subcommittee to create non-pharmacologic toolkit for anxiety.	Michelle Geier, Steven Wozniak

GOAL IV.b. Increase the use of Group Therapy as a modality of care for mental health treatment

There is an effort to expand the use of groups throughout the BHS outpatient system of care because:

- An increased demand for behavioral health services combined with budget considerations demands efficient ways to practice
- Groups are proven effective for certain clients and issues
- Groups promote community and supportive relationships among clients.

Objective	Actions	Responsible Staff
1. Increase the number of existing programs with high fidelity to the Illness, Management, and Recovery (IMR) group therapy evidence-based practice model from 44% (4 programs) to 75% (7 programs) out of 9 programs by June 30, 2016.	1. Form workgroup to review the evaluation findings to determine recommendations for future implementation.	Edwin Batongbacal, Diane Prentiss
	2. Provide advanced training for current providers.	Edwin Batongbacal

GOAL IV.c. Expand the Trauma-Informed Services (TIS) initiative.

Objective	Actions	Responsible Staff
1. By June 30, 2016, implement a workforce training on the principles of a trauma-informed system.	1. Train 100% of Laguna Honda, Behavioral Health, and Maternal Child Health staff by 6/30/16.	Ken Epstein, Kaytie Speziale

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	2. Prepare and pilot the dissemination model of Trauma Informed Systems by 6/30/16.	Ken Epstein, Kaytie Speziale
	3. Pilot a Champions Learning Community with a multi-department, cross discipline team of staff by 12/1/15.	Ken Epstein, Kaytie Speziale
	4. Develop a preliminary Trauma Informed Leadership toolkit of resources by 12/1/15.	Ken Epstein, Kaytie Speziale

GOAL IV.d. Expand implementation of Wellness and Recovery Practices in behavioral health programs.

Objective	Actions	Responsible Staff
1. By June 30, 2016, expand implementation of recovery oriented tools (Strengths Assessment, Group Supervision, and other recovery oriented strategies) from 5 to 13 behavioral health clinics.	1. Provide Strengths Assessment training by Rick Goscha by August 2015.	Gloria Frederico
	2. All FSP/ICM programs and the five civil service clinics participating in Wellness and Recovery Learning Collaborative will increase use of recovery oriented tools.	Gloria Frederico Diane Prentiss
	3. Develop systematic measurement of using strength-based tools.	Diane Prentiss

GOAL IV.e. Improve clinical supervision.

Objective	Actions	Responsible Staff
1. By June 30, 2016, implement a system-wide clinical supervision model.	1. Form clinical workgroup to assess existing clinical supervision needs, infrastructure, and develop model.	Jonathan Maddox Farahanaz Farahmand
	2. Research existing clinical supervision models.	Farahanaz Farahmand
	3. Develop content areas (e.g., standards, competencies, needed supports, theory of learning, training experiences) for model.	Jonathan Maddox Farahanaz Farahmand
	4. Provide system-wide "Supervision 101" training and subsequent coaching.	Jonathan Maddox Farahanaz Farahmand

GOAL IV.f. Increase evidence-based practices.

Objective	Actions	Responsible Staff
1. By June 30, 2016, pilot a Dialectical Behavioral Treatment (DBT) program in 2 CYF behavioral health programs.	1. Provide DBT 101 training to CYF providers.	Farahanaz Farahmand

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	2. Provide more advanced DBT training and clinical consultation to selected implementation clinics.	Farahanaz Farahmand
	3. Monitor use of hospital and crisis utilization of CYF clients, as well as client suicide risk and staff burnout of DBT providers.	Farahanaz Farahmand

V. ASSESS PERFORMANCE AND IDENTIFY AREAS FOR IMPROVEMENT

DHCS instruction: The MHP shall adopt or establish quantitative measures to assess performance and to identify and prioritize area(s) for improvement. Providers, consumers, and family members shall evaluate the analyzed data to identify barriers to improvement that are related to clinical practice and/or administrative aspects of the delivery system.

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, 2016, clients will improve on at least 30% of their actionable items on the Adults Needs and Strengths Assessment (ANSA).	1. Develop and disseminate quarterly reports tracking program and client-level outcomes.	Tom Bleecker
2. By June 30, 2016, clients will improve on at least 50% of their actionable items on the Children and Adolescent Needs and Strengths Assessment (CANS).	1. Develop and disseminate quarterly reports tracking program and client-level outcomes.	Harold Baize
3. By June 30, 2016, increase the perceived utility of Milestones of Recovery Scale (MORS) report by clinical staff.	1. IT to redesign and install 2 MORS reports in AVATAR to facilitate easier access to providers.	Diane Prentiss
	2. Form MORS Review workgroup.	Diane Prentiss
4. By June 30, 2016, transitional age youth (TAY), Adult and Older Adult Full Service Partnership (FSP) programs will demonstrate that at least 85% of clients' days in the first year of FSP will be in stable settings, according to DCR reports.	1. Produce DCR Residential Follow Up report quarterly to track improvements in client residential status and review with FSP programs in the regular DCR meetings.	Diane Prentiss
5. By June 30, 2016, Children, Youth, and Family FSP programs will demonstrate that at least 95% of clients' days in the first year of FSP will be in stable settings, according to the DCR reports.	1. Produce DCR Residential Follow Up report quarterly to track improvements in client residential status and review with FSP programs in the regular DCR meetings.	Diane Prentiss
5. By June 30, 2016, improve error rate of CalOMS from 7% to 5% for Adult and Older Adult and Children, Youth, and Family Substance Use services.	1. Add related contract performance objective and review CalOMS timeliness requirement with providers.	Judith Martin Elissa Velez
6. By June 30, 2016, improve monthly submission rate of DATAR reports by providers.	1. Update DATAR provider files, removing closed programs and increase monitoring of monthly DATAR submissions.	Judith Martin Elissa Velez

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GOAL V.b. Implement Quality Improvement Training Academy.		
Objective	Actions	Responsible Staff
1. By June 30, 2016, staff participating in the QI Training Academy will report greater appreciation for and understanding of QI, as demonstrated by increasing from a score of 5 to a score of 7 or higher out of 12 on the Ambulatory Care Performance Improvement Survey.	1. Five clinic teams and the Executive team will participate in the year-long QI Training Academy and receive individualized coaching on QI implementation.	Michelle Meier
	2. Teams will apply QI tools to address system priorities.	
	3. Teams will use data to monitor progress on their QI projects.	

VI. CONTINUITY AND COORDINATION OF CARE

DHCS Instruction: Monitor continuity and coordination of care with physical health care providers and other human services agencies. The MHP shall work to ensure that services are coordinated with physical health care and other agencies used by its beneficiaries.

- a. When appropriate, the MHP shall exchange information in an effective and timely manner with other agencies used by its beneficiaries.
- b. The MHP shall monitor the effectiveness of its MOU with Physical Health Care Plans.

GOAL VI.a. Ensure that beneficiaries have access to integrated primary and behavioral health care.		
Objective	Actions	Responsible Staff
1. Improve access and efficacy of the integrated primary care clinics by expanding the implementation of a quality improvement process and collecting baseline metrics for 3 additional behavioral health homes by June 30, 2016.	1. Hire a Health Program Coordinator to implement a data-driven quality improvement process for Mission Mental Health, Chinatown North Beach Mental Health, and Sunset Mental Health.	Jorge Solis

GOAL VI.b. Improve adequacy and effectiveness of services to youth in Foster Care.		
1. By June 30, 2016, 70% of foster care clients will have a CANS screening within 5 days of referral.	1. Monitor timeliness of CANS screening by Foster Care Mental Health staff.	Ken Epstein, Lynn Dolce, Ritchie Rubio
1. By June 30, 2016, 98% of foster care clients will complete three visits with provider organization within 45 calendar days of referral for Specialty Mental Health Services.	2. Monitor percentage of foster care clients referred to Specialty Mental Health provider meeting engagement criteria.	Ken Epstein, Lynn Dolce, Ritchie Rubio

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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.

Objective	Actions	Responsible Staff
1. By June 2016, 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.	Lorraine Killpack

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APPROVAL OF BHS 2015-2016 QUALITY IMPROVEMENT WORK PLAN	
<p>The attached San Francisco Behavioral Health Services 2015-2016 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.</p>	
<input type="checkbox"/> Plan submitted to State Department of Health Care Services, Willie Deon, DHCS Liaison	Date ___/___/___
<input type="checkbox"/> Jo Robinson, MFT Director of Behavioral Health Services	Sig. _____ Date ___/___/___
<input type="checkbox"/> Kenneth Epstein, Ph.D., LCSW Director of BHS Child, Youth and Family System of Care	
<input type="checkbox"/> Edwin Batongbacal, LCSW Director of BHS Adult/Older Adult System of Care	Sig. _____ Date ___/___/___
<input type="checkbox"/> Deborah Sherwood, Ph.D. Director of BHS Quality Management	Sig. _____ Date ___/___/___