



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 2016-2017  
(July 1, 2016 – June 30, 2017)**

SAN FRANCISCO BEHAVIORAL HEALTH SERVICES  
QUALITY IMPROVEMENT WORK PLAN FY 2016-2017

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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 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

SAN FRANCISCO BEHAVIORAL HEALTH SERVICES  
QUALITY IMPROVEMENT WORK PLAN FY 2016-2017

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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 2016-2017**

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.

SAN FRANCISCO BEHAVIORAL HEALTH SERVICES  
**QUALITY IMPROVEMENT WORK PLAN FY 2016-2017**

**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, 2017.                                | 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, 2017. | 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. By June 30, 2017, enhance existing substance use services in compliance with Drug Medi-Cal (DMC) Organized Delivery System (ODS) waiver for all existing and approximately 3,000 new clients.   | 1. Hire DMC-ODS Project Manager to manage waiver.  | Judith Martin                      |
|  | 2. Hire DMC-ODS Quality Management and System of Care positions.   | Judith Martin,<br>Deborah Sherwood |
|  | 3. Implement ASAM-based AVATAR residential authorizations.   | Judith Martin                      |
| 4. Expand enrollment of Full-Service Partnership (FSP) families with children aged birth to 5 years old with high needs from 5 to 22, by June 30, 2017.  | 1. Provide outreach through partnering with local Community Based Organizations, developing a collaboration with in-home day care providers, participating in community events, and going door-to-door to inform eligible families of the new service. | Ken Epstein,<br>Rhea Bailey        |

**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES**  
**QUALITY IMPROVEMENT WORK PLAN FY 2016-2017**

**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 behavioral health outpatient services will be offered an appointment within 10 business days of the request by June 30, 2017. | 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. To monitor compliance with completion of Timely Access Log, 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                        |
| 3. At least 70% of individuals discharged from inpatient psychiatric services will be seen by a prescriber (MD/NP) within 14 business days by June 30, 2017.            | 1. On a quarterly basis, monitor time from inpatient hospital discharge to next contact with psychiatrist or nurse practitioner.  | Harold Baize                       |
|   | 2. BHS to participate in monthly hospital discharge meeting at Zuckerberg San Francisco General (ZSFG) Hospital to improve transitions in care through more timely coordination.  | Edwin Batongbacal                  |
| 4. Reduce psychiatric hospital 30-day readmissions to below the statewide average of 19% by June 30, 2017.  | 1. Monitor psychiatric rehospitalization rates on quarterly basis.  | Harold Baize                       |
|   | 2. Continue to monitor program performance objective requiring "no more than 15% of psychiatric inpatient hospital discharges occurring during FY15-16 will be followed by a readmission within 30 days."                 | Monica Rose                        |
| 5. Decrease number of Crisis Stabilization Unit (CSU) clients referred for psychiatric hospitalization by 5% by June 30, 2017.  | 1. Reinforce and implement a multi-disciplinary team model in making decisions around psychiatric hospitalization of clients referred to the CSU.   | Alison Lustbader,<br>Ritchie Rubio |
|   | 2. Provide optimal training on crisis assessment that leads to decisions around hospitalization especially to new staff.  | Alison Lustbader,<br>Ritchie Rubio |

**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES**  
**QUALITY IMPROVEMENT WORK PLAN FY 2016-2017**

| <b>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> |   |                          |
|--|---|--------------------------|
| <b>Objective</b>   | <b>Actions</b>  | <b>Responsible Staff</b> |
| 1. By June 30, 2017, 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.  | Steve Benoit             |
| 2. By June 30, 2017, 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.  | Steve Benoit             |
| 3. By June 30, 2017, regular test call results for both the business and after-hours 24/7 Access Line will have a 100% success rate.   | 1. Continue four independent test calls per month, two during business hours and two after hours, conducted by consumer volunteers, clinical interns, and BHS QM staff and provided feedback to Access Coordinator. | Michelle Meier           |
|  | 2. Continue to meet monthly with Access Coordinator to discuss and document improvements made in response to test call results.   | 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.**

| <b>Objective</b>   | <b>Actions</b>   | <b>Responsible Staff</b>          |
|--|--|-----------------------------------|
| 1. By June 30, 2017, 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 for improvement. | Stephanie Nguyen,<br>Harold Baize |
|  | 2. Provide individualized feedback to programs regarding client satisfaction.  | Harold Baize                      |
| 2. By June 30, 2017, decrease by 30% the number of mental health providers needing to complete Plan of Action related to client satisfaction survey return                     | 1. Provide Peer Volunteer to clinics to support completion of client satisfaction survey.  | Stephanie Nguyen                  |

**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES**  
**QUALITY IMPROVEMENT WORK PLAN FY 2016-2017**

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| rate from 19 to 13 mental health programs.   |  |                                   |
|  | 2. Expand training and technical assistance to individual programs.  | Stephanie Nguyen,<br>Harold Baize |
| <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.                               | Lucy Arellano                     |
|  | 2. The Risk Management Committee will analyze trend reports monthly 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                     |

**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. By June 30, 2017, improve diagnosing and prescribing for adult ADHD clients.                           | 1. Form subcommittee to create workflow process, identify screening tool, and non-pharmacologic tools for adult ADHD diagnosis and treatment. | Hamilton Holt,<br>Victoria Mycue |
|   | 2. Monitor adult ADHD diagnosing and prescribing rates quarterly.   | Tom Bleecker                     |
| 2. By June 30, 2017, reduce the % of clients screening positive for benzodiazepine in methadone programs. | 1. Programs to report baseline positive screen rates and quarterly thereafter.  | Judith Martin                    |

**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. By June 30, 2017, implement two cohorts (~16 clients) of evidence-based Supporting Father Involvement (SFI) program. | 1. Graduate at least 50% of enrolled clients from SFI program. | Stephanie Romney  |

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

| Objective   | Actions  | Responsible Staff |
|---|--|-------------------|
| 1. By June 30, 2017, implement a workforce training | 1. Train a team of at least 2 trainers capable of presenting the training to | Briana Loomis     |

**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES**  
**QUALITY IMPROVEMENT WORK PLAN FY 2016-2017**

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| on the principles of a trauma-informed system.   | remaining staff from both ZSFG and Population Health.  |   |
|  | 2. Develop workforce healing circles in collaboration with the Black and African American Health Initiative.   | Briana Loomis   |
|  | 3. Pilot a Leadership Learning Community with a multi-department, cross discipline cohort.   | Briana Loomis   |
|  | 4. Disseminate a preliminary Trauma Informed Leadership toolkit of resources.  | Briana Loomis   |
| <b>GOAL IV.d. Expand implementation of Wellness and Recovery Practices in behavioral health programs.</b>  |  |   |
| <b>Objective</b>   | <b>Actions</b>   | <b>Responsible Staff</b>                                  |
| 1. By June 30, 2017, BHS will test a new process for transitioning clients from ICM/FSP to Outpatient services ("step down") with at least 10 ICM/FSP clients. | 1. Convene a series of collaborative working meetings with representatives from the ICM/FSP programs and Outpatient clinics, sponsored by BHS and facilitated by a trained consultant. | Edwin Batongbacal,<br>Gloria Frederico,<br>Diane Prentiss |
|  | 2. Identify programmatic and systemic barriers to transitioning clients to OP services, as well as conditions/processes that currently work well.                                      | Edwin Batongbacal,<br>Gloria Frederico,<br>Diane Prentiss |
|  | 3. Decide on a set of recovery criteria or conditions that identify client's readiness for referral to lower intensity services (i.e., graduation or "step down").                     | Edwin Batongbacal,<br>Gloria Frederico,<br>Diane Prentiss |
|  | 4. Solicit solutions or pathways to transitioning clients to OP care (brainstorm).   | Edwin Batongbacal,<br>Gloria Frederico,<br>Diane Prentiss |
|  | 5. Create small tests of change (PDSAs) that explore solutions for transitioning clients and expand testing to multiple sites and implement best learning across BHS.                  | Edwin Batongbacal,<br>Gloria Frederico,<br>Diane Prentiss |
| <b>GOAL IV.e. Improve clinical supervision.</b>  |  |   |
| <b>Objective</b>   | <b>Actions</b>   | <b>Responsible Staff</b>                                  |
| 1. By June 30, 2017, train 60 Clinical Supervisors across CYF and A/OA SOC in the Clinical Supervision Model.  | 1. Finalize Best Practice Recommendation Manual and adoption of standards.   | Jonathan Maddox<br>Farahanaz Farahmand                    |
|  | 2. Develop curriculum and identify trainers.   | Farahanaz Farahmand                                       |
|  | 3. Develop Best Practice Clinical Supervision Toolkit.   | Jonathan Maddox<br>Farahanaz Farahmand                    |
|  | 4. Launch 10-month Clinical Supervision Training Institute, including 101, specialty trainings, and learning communities.  | Jonathan Maddox<br>Farahanaz Farahmand                    |
|  | 5. Complete pre-post test to evaluate program.   |   |

**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES**  
**QUALITY IMPROVEMENT WORK PLAN FY 2016-2017**

| <b>GOAL IV.f. Increase evidence-based practices.</b>   |  |                          |
|--|--|--------------------------|
| <b>Objective</b>   | <b>Actions</b>   | <b>Responsible Staff</b> |
| 1. By June 30, 2017, provide Dialectical Behavioral Treatment (DBT) program to 25 clients in 2 CYF behavioral health programs. | 1. Provide on-going training and clinical consultation to identified clinics.  | Farahanaz Farahmand      |
|  | 2. Monitor use of hospital and crisis utilization of CYF clients, as well as client suicide risk and DBT providers' burnout. | 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.**

| <b>Objective</b>  | <b>Actions</b>  | <b>Responsible Staff</b> |
|---|---|--------------------------|
| 1. By June 30, 2017, 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. Facilitate "data reflection" meetings with clinics to explore the meaning of ANSA results relative to clinical practice, and identify areas for improvement. |                          |
| 2. By June 30, 2017, 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             |
|   | 2. Facilitate "data reflection" meetings with clinics to explore the meaning of CANS results relative to clinical practice, and identify areas for improvement. |                          |

**GOAL V.b. Implement Quality Improvement Training Academy.**

| <b>Objective</b>   | <b>Actions</b>  | <b>Responsible Staff</b>         |
|--|---|----------------------------------|
| 1. By December 31 2016, 6 BHS clinics and the Executive Team will complete a year-long Quality Improvement Training Academy. | 1. Six clinic teams and the BHS Exec Team will participate in the year-long QI Training Academy (including monthly trainings and twice monthly team meetings) and receive individualized coaching on QI implementation. | Michelle Meier, Deborah Sherwood |

**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES**  
**QUALITY IMPROVEMENT WORK PLAN FY 2016-2017**

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|  | 2. Teams will apply QI tools to address system priorities.   |                                  |
|  | 3. Teams will use data to monitor progress on their QI projects.   |                                  |
| 2. By June 30, 2017, three new BHS teams will participate in the 2017 Quality Improvement Training Academy.  | 1. Beginning in January 2017, 3 new teams will participate in monthly trainings and twice-monthly team meetings to apply QI tools to solve priority clinic or system problems. Each team will be provided a coach and data support person. | Michelle Meier, Deborah Sherwood |
| <b>GOAL V.c. Improve Clinical Documentation</b>  |  |                                  |
| 1. By June 30, 2017, all mental health clinical staff will have participated in an in-depth clinical documentation training.                         | 1. BHS Clinical Documentation Specialist will organize large system-wide documentation trainings in Fall 2016.   | Joe Turner                       |
|  | 2. Brown-bag "drop-in" documentation clinics will be provided for each level of care on a monthly basis.   | Joe Turner                       |
|  | 3. Clinic-level consultation and coaching will be provided to improve clinic specific documentation challenges.  | Joe Turner                       |
|  | 4. Documentation "Super Heroes" will be identified in each clinic, and will have responsibility for being the on-site contact person for documentation resources and questions.  | Joe Turner                       |
| 2. By June 30, 2017, develop a clinic-level structured quality assurance process to proactively identify documentation problems.                     | 1. Train clinics on an internal chart review tool; implement a new clinical documentation manual and a "desk reference" tool.  | Joe Turner, Chona Peralta        |
|  | 2. Work with Compliance to develop analytic reports to identify clinics with specific documentation problems.  | Joe Turner                       |
|  | 3. Sample a percentage of charts, selected based on analytic reports, and conduct external clinical documentation improvement review. Provide feedback and coaching to clinics based on results.   | Joe Turner                       |
| 3. By June 30, 2017, ensure that Drug Medi-Cal programs have the appropriate documentation training and are prepared to begin billing Drug-Medi-Cal. | 1. Compliance Team will conduct at least 7 pre-billing readiness reviews.  | Andre Pelote                     |

**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES**  
**QUALITY IMPROVEMENT WORK PLAN FY 2016-2017**

**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. By June 30, 2017, process and outcome data dashboards will be developed for the remaining Behavioral Health Homes (Sunset Mental Health, Mission Mental Health, and Chinatown North Beach Mental Health) to monitor access to and outcomes for Health Home clients. | 1. Hire a QI analyst who will engage in a collaborative process with Health Home staff to build the process and outcome dashboards, and participate in monthly dashboard review meetings.         | Jorge Solis, Tom Bleecker |
|  | 2. All four Behavioral Health Homes will identify at least one quality improvement goal and engage in a PDSA cycle to improve a clinic process or patient health outcome by the end of June 2017. | Aimee Crisostomo          |

**GOAL VI.b. Improve adequacy and effectiveness of services to youth in Foster Care.**

|   |  |  |
|---|--|--|
| 1. By June 30, 2017, 75% of foster care clients will complete three visits with provider organization within 45 calendar days of referral for Specialty Mental Health Services. | 1. Monitor percentage of foster care clients referred to Specialty Mental Health provider meeting engagement criteria. | Ken Epstein, Lynn Dolce, Ritchie Rubio |
|---|--|--|

**GOAL VI.c. Utilize multi-system data to ensure coordination and continuity of care for high risk youth in Mental Health, Juvenile Probation, and Child Welfare systems.**

| Objective  | Actions  | Responsible Staff                     |
|--|--|---------------------------------------|
| 1. By June 30, 2017, develop web-based data system that issues alerts and provider contact information when children and youth in BHS services have a contact with Juvenile Probation or Child Welfare, or have an adverse school event (e.g., suspension, truancy). | 1. Finalize contract with data base firm to develop the integrated data system between BHS, Juvenile Probation, Child Welfare, and the San Francisco Unified School District.  | Deborah Sherwood, Ken Epstein         |
|  | 2. Form and facilitate a Shared Youth Database Leadership Committee including the heads of the four partner Departments to make decisions about the use of the Alert database. | Contractor, Ken Epstein, Tom Bleecker |
|  | 3. Develop the Alert system and implement its use in each Department.  | Contractor, Ken, Tom                  |

SAN FRANCISCO BEHAVIORAL HEALTH SERVICES  
**QUALITY IMPROVEMENT WORK PLAN FY 2016-2017**

**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 2017, 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. | Christine Davenport |

**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES**  
**QUALITY IMPROVEMENT WORK PLAN FY 2016-2017**

| <b>APPROVAL OF BHS 2016-2017 QUALITY IMPROVEMENT WORK PLAN</b>  |                                    |
|---|------------------------------------|
| <p>The attached San Francisco Behavioral Health Services 2016-2017 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,<br>Willie Deon, DHCS Liaison   | Date ___/___/___                   |
| <input type="checkbox"/> Irene Sung, MD<br>Acting Director of Behavioral Health Services  | Sig. _____<br><br>Date ___/___/___ |
| <input type="checkbox"/> Kenneth Epstein, Ph.D., LCSW<br>Director of BHS Child, Youth and Family System of Care   |                                    |
| <input type="checkbox"/> Edwin Batongbacal, LCSW<br>Director of BHS Adult/Older Adult System of Care  | Sig. _____<br><br>Date ___/___/___ |
| <input type="checkbox"/> Deborah Sherwood, Ph.D.<br>Director of BHS Quality Management  | Sig. _____<br><br>Date ___/___/___ |