

**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)
QUALITY IMPROVEMENT WORK PLAN
FY 2017-2018
(July 1, 2017 – June 30, 2018)**

SAN FRANCISCO BEHAVIORAL HEALTH SERVICES
QUALITY IMPROVEMENT WORK PLAN FY 2017-2018

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

SAN FRANCISCO BEHAVIORAL HEALTH SERVICES
QUALITY IMPROVEMENT WORK PLAN FY 2017-2018

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 2017-2018

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.

SAN FRANCISCO BEHAVIORAL HEALTH SERVICES
QUALITY IMPROVEMENT WORK PLAN FY 2017-2018

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 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 bi-lingual staff or interpreter services.

Objective	Actions	Responsible Staff
1. Behavioral Health Services (MH and SUD) 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 (MH and SUD) programs. Review geographic location of services and assess appropriateness given client density by June 30, 2018.	Harold Baize, Exec Team
2. Clients will report satisfaction with the convenience and cultural appropriateness of behavioral health service (MH and SUD) 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, 2018, begin Drug Medi-Cal (DMC) Organized Delivery System (ODS) implementation of services in at least 11 programs.	1. Select programs to begin DMC-ODS implementation.	Judith Martin
	2. By January 30, 2018, bill DMC-ODS services in selected outpatient, methadone, and residential programs.	Judith Martin
	3. By January 30, 2018, certify three additional programs to provide DMC-ODS services.	Judith Martin
4. By June 30, 2018, provide mobile video interpretation services in at least 5 civil service mental health programs.	1. Collaborate with ZSFG's Video Interpreter Services to conduct a pilot of video interpretation at two BHS sites.	Kavoos Ghane Bassiri, Michael Rojas
	2. Train staff on use of video interpretation and begin use in clinics that have internet access.	Michael Rojas
5. Implement a Behavioral Health focused bilingual competency test for new staff seeking bilingual pay	1. Develop Behavioral Health focused bilingual skills test, and integrate it into the Human Resources testing battery	Kavoos Ghane Bassiri

SAN FRANCISCO BEHAVIORAL HEALTH SERVICES
QUALITY IMPROVEMENT WORK PLAN FY 2017-2018

	2. Explore the possibility of having all bilingual staff take the behavioral health focused bilingual test to identify staff who may need additional linguistic training.	Kavoos Ghane Bassiri
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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 mental health and 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 mental health and substance use 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, 2018.	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. Share Timely Access Log Tableau dashboard showing number of log entries and number of new episodes with BHS Exec and providers, and monitor appropriate use of Timely Access Log quarterly in Timely Access Review Meetings.	Tom Bleecker, 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, 2018.	1. On a quarterly basis, monitor time from inpatient hospital discharge to next contact with psychiatrist or nurse practitioner.	Harold Baize
4. Reduce psychiatric hospital 30-day readmissions to below the statewide average of 17% by June 30, 2018.	1. Monitor psychiatric rehospitalization rates on quarterly basis.	Harold Baize
	2. Continue to monitor program performance objective requiring no more than 20% of psychiatric inpatient hospital discharges occurring during FY17-18 will be followed by a readmission within 30 days.	Monica Rose
5. By June 30, 2018, 75% of individuals requesting residential SUD services will be authorized or denied within 24 hours	1. Streamline assessments and referrals to residential treatment through the implementation of ASAM tools.	Judith Martin
	2. Monitor time from request for residential services to authorization decision	Sherry Lam

SAN FRANCISCO BEHAVIORAL HEALTH SERVICES
QUALITY IMPROVEMENT WORK PLAN FY 2017-2018

	quarterly using Avatar reports, and determine areas for improvement.	
6. By June 30, 2018, 70% of individuals requesting residential SUD services will be admitted within 15 days.	1. Streamline assessments and referrals to residential treatment through the implementation of ASAM tools.	Judith Martin
	2. Monitor time from request for residential services to admission using quarterly Avatar reports, and identify areas for improvement.	Sherry Lam
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, 2018, 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, 2018, 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, 2018, 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, including grievance test calls conducted by Peers, clinical interns, and BHS QM staff and provide 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
GOAL II.c. Implement the culturally-sensitive collection of demographic information related to Sexual Orientation and Gender Identity (SOGI), which will allow staff to identify and address disparities in access and outcomes if they exist.		
Objective	Actions	Responsible Staff
1. By June 30, 2018, all clinical staff will be trained to ask SOGI questions of all clients in a culturally appropriate manner.	1. Pilot SOGI data collection in two BHS clinics, and use the pilot results to inform the content of the SOGI training.	Seth Pardo, Shamsi Soltani
	2. Modify the Transgender 101 Training to incorporate SOGI data collection processes, and make training available through the DPH Training Website	Seth Pardo
	3. Conduct a "Train-the-Trainer" training for at least one staff member per	Seth Pardo

SAN FRANCISCO BEHAVIORAL HEALTH SERVICES
QUALITY IMPROVEMENT WORK PLAN FY 2017-2018

	clinic, who will serve as the on-site SOGI trainer for new staff.	
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III. BENEFICIARY SATISFACTION

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

- a. Surveying beneficiary/family satisfaction with BHS'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, 2018, at least 80% of clients will report being satisfied with their care, as indicated by an average score of 4.0 or higher on both the MH and SUD Consumer Perception Surveys.	1. Collect and analyze consumer satisfaction results from all mental health and substance abuse treatment programs to determine areas of improvement.	Harold Baize
	2. Provide individualized feedback to programs regarding client satisfaction.	Harold Baize
2. By June 30, 2018, increase by 10% the percentage of clients and family members who report they are satisfied with access and engagement items on both the MH and SUD Consumer Perception Surveys.	1. Identify targeted access and engagement items and establish baseline.	Harold Baize
	2. Work with programs to develop quality improvement activities that address access and engagement.	Edwin Batongbacal, Ken Epstein

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
	2. Implement a quality assurance process for grievance, appeals, and fair hearing notifications and disposition timelines.	Lucy Arellano, Melissa Bloom, Deborah Sherwood
	3. 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

SAN FRANCISCO BEHAVIORAL HEALTH SERVICES
QUALITY IMPROVEMENT WORK PLAN FY 2017-2018

IV. IDENTIFY AND ADDRESS SERVICE DELIVERY AND CLINICAL ISSUES

DHCS Instruction: Monitor BHS'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 BHS.

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

Objective	Actions	Responsible Staff
1. By June 30, 2018, 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.	Gloria Wilder Michelle Geier Reisel Berger
	2. Form targeted subcommittee(s) to address DUE findings.	MUIC
	3. Monitor prescribing rates quarterly for these targeted areas.	Tom Bleecker
2. By June 30, 2018, increase number of methadone programs offering buprenorphine from 0 to 4.	1. Assess current methadone programs to determine readiness.	Judith Martin
	2. Provide training and technical assistance, as needed, to selected methadone programs on buprenorphine requirements.	Judith Martin
3. By June 30, 2018, 10% of Black/African American men enrolled in mental health treatment, and having Alcohol Use Disorder (AUD) diagnosis, will have an active prescription for AUD treatment medication.	1. Form subcommittee to review data and identify areas of improvement.	Judith Martin
	2. Monitor prescribing of AUD treatment medication for all Black/African American men diagnosed with AUD.	Tom Bleecker

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

Objective	Actions	Responsible Staff
1. By June 30, 2018, expand implementation of a workforce training on the principles of a trauma-informed system.	1. Train one ZSFGH internal staff member and identify one TIS ZSFGH coordinator- similar to TIS Laguna Honda Model.	Lisa Reyes
	2. Thirty DPH staff will attend a Mindfulness training. Two TIS trainers will attend Mindfulness Teacher Training, with the goal of offering Mindfulness training to DPH staff.	Lisa Reyes
	3. Implement Champions program within BHS Children Youth and Family programs.	Lisa Reyes
	4. Create a sustainable infrastructure for TIS Leadership and Champions components.	Lisa Reyes
	5. Disseminate preliminary TIS Workgroup Toolkit.	Lisa Reyes

SAN FRANCISCO BEHAVIORAL HEALTH SERVICES
QUALITY IMPROVEMENT WORK PLAN FY 2017-2018

	6. Pilot TIS dissemination model with cohort of contracted community based organizations, including substance use providers.	Lisa Reyes
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GOAL IV.c. Expand implementation of Wellness and Recovery Practices in behavioral health programs.

Objective	Actions	Responsible Staff
1. By June 30, 2018, increase by 10% the number of Intensive Case Management (ICM) clients who engage (receive at least 8 services) in Outpatient care within 90 days of ICM discharge.	1. Convene a series of working meetings of stakeholders to address the solutions identified for improving linkages of ICM clients transitioning to outpatient care.	Jennie Hua, Edwin Batongbacal, Diane Prentiss
	2. Test improvements to policies, documentation and workflow practices that support client transitions from ICM to outpatient care to identify best practices.	Jennie Hua, Edwin Batongbacal, Diane Prentiss
	3. Adopt, communicate and implement agreed-upon best practices for all adult ICM and outpatient programs	Jennie Hua, Edwin Batongbacal
	4. Write and submit a proposal to the Mental Health Services Oversight and Accountability Commission (MHSOAC) for Innovations project funds to improve client transitions to and engagement in outpatient settings.	Imo Momoh

GOAL IV.d. Improve clinical supervision.

Objective	Actions	Responsible Staff
1. By June 30, 2018, train 60 Clinical Supervisors across CYF and A/OA SOC in the Clinical Supervision Model	1. Launch initial 10 month training academy on Sept 18, 2017.	Jonathan Maddox Farahnaz Farahmand
	2. Complete pre/mid evaluation surveys with participants and share results with the BHS Executive team.	Farahnaz Farahmand
2. By June 30, 2018, expand training to an additional 60 Clinical Supervisors across Civil Service and contracted community based organizations (CBOs) for FY 18-19 cohort.	1. Begin messaging, CBO recruitment, and registration for the FY 18-19 cohort.	Jonathan Maddox Farahnaz Farahmand

SAN FRANCISCO BEHAVIORAL HEALTH SERVICES
QUALITY IMPROVEMENT WORK PLAN FY 2017-2018

GOAL IV.e. Increase use of evidence-based practices.		
Objective	Actions	Responsible Staff
1. By June 30, 2018, expand Dialectical Behavioral Treatment (DBT) program to serve an additional 15 clients.	1. Provide on-going training and clinical consultation to identified clinics.	Farahnaz Farahmand
	2. Analyze DBT client level data, service provider data, and system level data to examine impact and effectiveness of DBT program.	Farahnaz Farahmand
2. By June 30, 2018, implement ASAM in at least 9 DMC-ODS waived programs.	1. Provide online ASAM training.	Judith Martin
	2. Monitor implementation of ASAM assessment.	Chona Peralta Andre Pelote Elissa Velez
3. By June 30, 2018, implement Motivational Interviewing (MI) across DMC-ODS waived programs.	1. Hire SUD Training Officer to create training plan to meet DMC-ODS requirements.	Judith Martin

V. ASSESS PERFORMANCE AND IDENTIFY AREAS FOR IMPROVEMENT
DHCS instruction: BHS 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, 2018, 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, Shamsi Soltani
	2. Elicit feedback from BHS Exec, providers, and clients regarding adding additional strengths items back into the ANSA.	Shamsi Soltani Tom Bleecker
	3. 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.	Shamsi Soltani Tom Bleecker
2. By June 30, 2018, clients will improve on at least 50% of their actionable items on the Child and	1. Develop and disseminate quarterly reports tracking program and client-level outcomes.	Harold Baize

SAN FRANCISCO BEHAVIORAL HEALTH SERVICES
QUALITY IMPROVEMENT WORK PLAN FY 2017-2018

Adolescent Needs and Strengths Assessment (CANS).		
	2. Work with Children, Youth, and Family System of Care and IT to implement the full version of CANS before July 1, 2018.	Ritchie Rubio Farah Farahmand
3. By June 30, 2018, At least 60% of clients will maintain abstinence or show a reduction of Alcohol and Other Drug use.	1. Monitor CalOMS data quarterly to identify areas for improvement.	Judith Martin Sherry Lam
4. By June 30, 2018, improve ITWS reporting workflow.	1. BHS IT to develop infrastructure to comply with ITWS reporting requirements.	Pablo Munoz Jenya Kaufman Kellee Hom

GOAL V.b. Implement Quality Improvement Training.

Objective	Actions	Responsible Staff
1. By November 30, 2017, one BHS clinic team will complete a year-long Quality Improvement Training Academy.	1. Selected clinic team will participate in monthly QI trainings and twice monthly team meetings, and receive individualized coaching on QI implementation.	Michelle Meier
2. By June 30, 2018, 80% of BHS Executive Team will complete A3 Problem Solving training.	1. Selected BHS Executive staff will participate in 2-day abridged LEAN training, focusing on A3 Problem Solving, and optional half day A3 Learning Lab.	Deborah Sherwood

GOAL V.c. Improve Clinical Documentation

Objective	Actions	Responsible Staff
1. By June 30, 2018, implement a clinic-level structured quality assurance process to proactively identify documentation problems.	1. Implement enhancements to the Avatar electronic health record to prevent and monitor documentation errors.	Pablo Munoz
	2. Implement three-tiered structured chart review for Civil Service clinics.	Edwin Batongbacal, Ken Epstein
	3. Provide training, technical assistance, and coaching to clinics.	Joe Turner, Susan Esposito, Joe Lai
2. By June 30, 2018, ensure Drug Medi-Cal programs have the appropriate documentation training and are appropriately billing Drug-Medi-Cal.	1. Create and disseminate a Scope of Practice documentation desk reference for substance use programs.	Chona Peralta, Andre Pelote

SAN FRANCISCO BEHAVIORAL HEALTH SERVICES
QUALITY IMPROVEMENT WORK PLAN FY 2017-2018

VI. CONTINUITY AND COORDINATION OF CARE

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

- a. When appropriate, BHS shall exchange information in an effective and timely manner with other agencies used by its beneficiaries.
- b. BHS 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, 2018, improve client care coordination and clinic leadership communication across all Behavioral Health Homes.	1. Evaluate South of Market Mental Health Services' Primary Care Behavioral Health implementation to inform policy and practice at the three other Behavioral Health Home clinics.	Aimee Crisostomo
	2. Facilitate joint meeting with all Behavioral Health Home clinic leadership to share lessons learned and troubleshoot common challenges.	Jorge Solis, Aimee Crisostomo
2. By June 30, 2018, improve client linkage from Sobering Center to Primary Care Medical Home for top 10% of High Utilizers Across Multiple Systems (HUMS).	1. Hire a Nurse Practitioner who will provide integrated physical health and behavioral health assessments with goal to link client to Primary Care Medical Home and provide treatment as needed until linkage is complete.	Judith Martin

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

1. By June 30, 2018, FCMH staff members will make follow-up calls for at least 50% of all outpatient service referrals to CYF-SOC clinics.	1. Make follow-up calls 30-45 days after the referral date, to check on the status of the referral. If clients have not had a first appointment or there are barriers to engagement, the person making the call will notify the lead clinician of the FCMH pod that client/family is assigned to, and the pod will determine what kind of follow-up is needed.	Ken Epstein, Chris Lovoy, Ritchie Rubio
	2. Monitor percentage of foster care clients referred to Specialty Mental Health provider meeting engagement criteria.	Ritchie Rubio

**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES
QUALITY IMPROVEMENT WORK PLAN FY 2017-2018**

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.		
1. By June 30, 2018, the web-based Shared Youth Database will issue alerts for children and youth in BHS services who have a contact with Juvenile Probation, Child Welfare, or have an adverse school event (e.g., suspension, truancy).	1. Design and pilot an alert process with pre-specified cohorts of youth.	Contractor, System Partners, Ken Epstein
	2. Develop a coordination of care practice guideline for youth who have alerts issued.	Contractor, System Partners, Ken Epstein
	3. Develop research questions and conduct analyses to better understand how to prevent youth from crossing over multiple systems and/or how to best coordinate care and design alerts.	Contractor, System Partners, Ken Epstein

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 2018, 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

**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES
QUALITY IMPROVEMENT WORK PLAN FY 2017-2018**

APPROVAL OF BHS 2017-2018 QUALITY IMPROVEMENT WORK PLAN	
The attached San Francisco Behavioral Health Services 2017-2018 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, Molly Yang, DHCS Liaison	Date 10/27/2017
<input type="checkbox"/> Kavos Ghane Bassiri, LMFT, LPCC, CGP Director of Behavioral Health Services	Sig. _____ Date 10/27/2017
<input type="checkbox"/> Kenneth Epstein, Ph.D., LCSW Director of BHS Child, Youth and Family System of Care	Sig. _____ Date 10/27/2017
<input type="checkbox"/> Edwin Batongbacal, LCSW Director of BHS Adult/Older Adult System of Care	Sig. _____ Date 10/27/2017
<input type="checkbox"/> Deborah Sherwood, Ph.D. Director of BHS Quality Management	Sig. _____ Date 10/27/2017