

**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 2022-2023

(July 1, 2022 – June 30, 2023)

**SAN FRANCISCO BEHAVIORAL HEALTH SERVICES MENTAL HEALTH PLAN**  
**QUALITY IMPROVEMENT WORK PLAN FY 2022-2023**

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## **San Francisco Behavioral Health Services' (BHS) Vision, Mission, Principles, and Goals:**

### **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.

### **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.

### **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:

1. Many problems with quality of care result from poorly designed processes rather than individual failures.
2. Measuring important healthcare processes and outcomes is vital to understanding and assessing the quality of these processes.
3. Statistical analysis of data can reveal suboptimal outcomes, variability in basic processes, and gaps between evidence-based recommendations and observed practices.
4. Quality of care can be improved through the diagnosis and intervention of problems affecting quality of care.
5. 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.
6. 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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#### **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 2022-2023**

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. ACCESS TO CARE**

DHCS Contract Requirement: Describe mechanisms to assess the accessibility of services, including:

1. Timeliness for scheduling routine mental health appointments
2. Timeliness of services for urgent conditions
3. Access to after-hours care; and
4. Responsiveness of the 24 hour, toll free telephone number.

**GOAL I.a. Ensure timeliness of routine and urgent mental health appointments.**

Objective	Actions	Responsible Staff
1. By June 30, 2023, create an effective data collection system to consistently and accurately capture the time from request for service at BHAC/BHAL to the first offered appointment.	1. Following integration of BHAC/BHAL into the Office of Coordinated Care, incorporate BHAC/BHAL into the Epic Compass Rose build, which will enable the documentation of request for service in Epic. (Go live date: November 2022)	Heather Weisbrod, Director, Office of Coordinated Care (OCC) Craig Murdock, Director, Behavioral Health Access Center (BHAC)
	2. Develop IT and programmatic workflows to link request for service in Epic to first offered appointment and first service in Avatar.	Heather Weisbrod, OCC Director Craig Murdock, BHAC Director Kellee Hom, Informatics
2. By June 30, 2023, 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, identify areas for improvement, and develop action plans.	Allan Flores, Epidemiologist Angelica Almeida, Director, AOA SOC Farahnaz Farahmand, Director, CYF SOC, Kali Cheung, Director, TAY SOC

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	<p>2. As part of the MHP’s race equity efforts, review quarterly data that highlight outcomes for Black, Indigenous, and People of Color (BIPOC) clients.</p>	<p>Angelica Almeida, Director, AOA SOC Farahnaz Farahmand, Director, CYF SOC Kali Cheung, Director, TAY SOC</p>
	<p>3. Relaunch Timely Access Policy and Time to Psychiatry Policy regarding use and enforcement of the Timely Access Log, CSI Assessment, and Psychiatric Referral Form. The relaunch will include an Avatar Bulletin to all staff, a memo from the SOC Director, presentations at outpatient provider meetings, and ongoing mentoring and training.</p>	<p>Max Rocha, SOC Director Lisa Inman, BHS Co-CMO</p>
<p>3. By June 30, 2023, increase the percentage of new episodes of care that have a complete CSI assessment entered in Avatar from 66% to 80%.</p>	<p>1. Monitor the number of new episodes of care that have a completed CSI Assessment (date of request for service and date of first offered appointment).</p>	<p>Diane Prentiss, Data Steward Allan Flores, Epidemiologist</p>
	<p>2. Simplify CSI assessment form in Avatar.</p>	<p>Kimberly Voelker, Ambulatory Care Applications Manager</p>
	<p>3. Distribute Avatar Bulletin to providers about changes to the CSI Assessment form.</p>	<p>Kellee Hom, IS Program Manager/Informaticist</p>
<p>4. By June 30, 2023, at least 80% of individuals requesting mental health outpatient services will receive a service within 10 business days.</p>	<p>1. Monitor the length of time from initial request to first service date on a quarterly basis, identify areas for improvement, and follow up with programs as needed.</p>	<p>Allan Flores, Epidemiologist Angelica Almeida, Director, AOA SOC  Farahnaz Farahmand, Director, CYF SOC  Kali Cheung, Director, TAY SOC</p>

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<p>5. By June 30, 2023, 100% of individuals assessed as having urgent mental health conditions will be served within 48 hours.</p>	<p>1. Monitor the length of time from initial request to time of service for urgent conditions on a quarterly basis, identify areas for improvement, and follow up with Comprehensive Crisis Services as needed.</p>	<p>Stephanie Felder, Director, Crisis SOC</p>
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**GOAL I.b. All calls to the Behavioral Health Access Line (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
<p>1. By June 30, 2023, 100% of calls to the Behavioral Health Access Line will be triaged to staff who speak the language of the caller. If a caller speaks a language not spoken by staff, the Language Line will be used.</p>	<p>1. Monitor the number and percentage of calls to the Behavioral Health Access Line that are linked to a staff member or Language Line interpreter who speaks the language of the client.</p>	<p>Ron Harris, Behavioral Health Access Line (BHAL) Coordinator  Rebecca King, SF Suicide Prevention (SFSP) After Hours Access Line</p>
<p>2. By June 30, 2023, 100% of calls to the Behavioral Health Access Line will be assessed for crisis.</p>	<p>1. Update BHAL and SFSP/Felton workflows to incorporate accessing for crisis for all calls regarding specialty mental health.</p>	<p>Ron Harris, BHAL Rebecca King, SFSP</p>
	<p>2. Train BHAL and SFSP/Felton staff on new workflow.</p>	<p>Ron Harris, BHAL Rebecca King, SFSP</p>
	<p>3. On a quarterly basis, monitor the percentage of test calls assessed for crisis, and review the data and areas for improvement.</p>	<p>Liliana De La Rosa, QI Coordinator William Gramlich, Risk Coordinator</p>
<p>3. By June 30, 2023, 100% of calls to the Behavioral Health Access Line regarding mental health conditions will be provided a referral/resource.</p>	<p>1. Update BHAL and SFSP/Felton workflows to incorporate providing a referral for all calls regarding mental health.</p>	<p>Ron Harris, BHAL Rebecca King, SFSP</p>
	<p>2. Train BHAL and SFSP/Felton staff on new workflows.</p>	<p>Ron Harris, BHAL Rebecca King, SFSP</p>

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	<p>3. On a quarterly basis, monitor the percentage of test calls provided a referral/resource for mental health conditions, and review the data and areas for improvement.</p>	<p>Liliana De La Rosa, QI Coordinator, William Gramlich, Risk Coordinator</p>
<p>4. Conduct quality test calls for both the business hours (BHAL) and after-hours (SF Suicide Prevention) 24/7 Toll-Free Access Line.</p>	<p>1. Conduct six independent test calls per quarter (three during business hours and three after hours). Test calls will be conducted by Peers, clinical interns, and BHS QM/SOC staff, and feedback will be provided to the Behavioral Health Access Line Coordinator.</p>	<p>Liliana De La Rosa, QI Coordinator, William Gramlich, Risk Coordinator</p>
	<p>2. Continue to meet quarterly with Behavioral Health Access Line Coordinator to discuss and document improvements made in response to test call results.</p>	<p>Liliana De La Rosa, QI Coordinator  William Gramlich, Risk Coordinator</p>

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**II. SERVICE DELIVERY AND CLINICAL ISSUES**

**GOAL II.a. Monitor the safety and effectiveness of medication practices**

Objective	Actions	Responsible Staff
1. By June 30, 2023, identify higher risk 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, Psychiatric Clinical Pharmacist Supervisor
	2. Continue targeted subcommittees to address DUE findings: <ul style="list-style-type: none"> <li>• prescribing by race</li> <li>• deprescribing anticholinergics in older adults</li> <li>• increasing medication-assisted treatment for substance use disorders.</li> </ul>	Michelle Geier, Psychiatric Clinical Pharmacist Supervisor
2. By June 30, 2023, identify high risk practices that need improvement for youth in foster care.	1. Complete a Drug Utilization Evaluation of prescribing with youth in foster care to identify areas needing improvement.	Reisel Berger, Psychiatric Clinical Pharmacist

**GOAL II.b. Ensure timeliness of follow-up services after hospital psychiatric inpatient and emergency room discharge.**

1. By June 30, 2023, at least 70% of discharges from a psychiatric inpatient facility will receive a service with a prescriber (MD, NP, or PharmD) 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, identify areas for improvement, and develop action plans.	Allan Flores, Epidemiologist Lisa Inman, Co-Chief Medical Officer
	2. Begin using Mobile Outreach Teams to assist clients in keeping their follow up appointment with prescribers.	Lisa Inman, Co-Chief Medical Officer
	3. Provide ZSFG Inpatient staff with a map of behavioral health outpatient clinics to help clients select a clinic for follow up services.	Lisa Inman, Co-Chief Medical Officer



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	4. Inform prescribers of CalAIM documentation changes that no longer require a Treatment Plan of Care, and allow for prescribers to provide a "brief urgent meds" service before having an episode opened.	Lisa Inman, Co-Chief Medical Officer
2. By June 30, 2023, at least 90% of clients discharged from a psychiatric inpatient facility will receive a follow up service within 7 days.	1. Monitor the length of time from psychiatric inpatient discharge date to the next service date with a provider on a quarterly basis and identify any areas for improvement.	Allan Flores, Epidemiologist Kitty Ha, QI Coordinator
	2. Formalize and distribute a memo regarding the ZSFG Gold Card access policy and protocols for patients discharging from inpatient hospitalization, and present at provider meetings.	Angelica Almeida, Director, AOA SOC
	3. Provide ZSFG Inpatient staff with updated clinic contact list for these referrals to facilitate successful linkage.	Angelica Almeida, Director, AOA SOC
	4. Provide case management support to CYF clients as they discharge from inpatient psychiatric.	Stephanie Felder, Director, Crisis SOC Farahnaz Farahmand, Director, CYF SOC
3. By June 30, 2023, improve process for referring 5150s from ZSFGH Psychiatric Emergency Services (PES) to the Office of Care Coordination (OCC) for follow-up services	1. Establish formal referral processes for 5150s from ZSFGH to OCC.	Heather Weisbrod, OCC Director
	2. Build out Epic for Office of Care Coordination to receive electronic referrals	Kimberly Voelker, Ambulatory Care Applications Manager
	3. Development of a new Epic report of recent 5150s that will be accessible by OCC to monitor and direct follow up care.	Kimberly Voelker, Ambulatory Care Applications Manager

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<b>GOAL II.c. Reduce recidivism to psychiatric inpatient hospital and Psychiatric Emergency Services (PES)</b>		
<p>1. By December 30, 2022, PES 30-day readmission rates for patients with schizoaffective or schizophrenia disorders will be reduced from 43% to 38% through prescribing discharge medication and linkage to outpatient services</p>	<p>1. Develop process to ensure that Silver Card referrals from PES are prioritized for service at outpatient clinics in a timely manner.</p>	<p>Angelica Almeida, Director of AOA SOC Tommy Williams, Practice Improvement Coordinator, AOA-SOC</p>
	<p>2. Develop a more systematic disposition workflow for each discharge at PES, including discharging patients with medications in hand rather than with just a prescription.</p>	<p>Jessica Ross, ZSFG Chief Medical Informatics Officer</p>
<p>2. By June 30, 2023, reduce the psychiatric inpatient 30-day readmission rate to less than the statewide average.</p>	<p>1. Monitor the 30-day inpatient recidivism rates on a quarterly basis and identify any areas for improvement.</p>	<p>Allan Flores, Epidemiologist</p>

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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, 2023, 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 for improvement.	Chris Toomey, Epidemiologist
	2. Provide individualized feedback to programs regarding client satisfaction and post to public website.	Chris Toomey, Epidemiologist

**GOAL III.b. Evaluate beneficiary grievances, appeals, and fair hearings at least annually.**

1. 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, Risk Manager William Gramlich, Risk Coordinator
	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, Risk Manager William Gramlich, Risk Coordinator

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<b>IV. CULTURAL AND LINGUISTIC COMPETENCY</b>		
<b>GOAL IV.a. Ensure clients understand their mental health symptoms in their preferred language.</b>		
<b>Objective</b>	<b>Actions</b>	<b>Responsible Staff</b>
1. By June 30, 2023, psychoeducation materials and resources will be developed and/or organized for children, youth, and family clients to better understand their mental health symptoms in their preferred language.	1. Collaborate with at least 3 CYF SOC programs to develop and organize mental health psychoeducation materials in at least 2 client preferred languages (e.g., Spanish, Chinese). Upload these resources to the CYF Tools to Improve Practice (TIPs) website, and have providers disseminate to their clients.	Ritchie Rubio, CYF Director of Practice Improvement and Analytics
<b>GOAL IV.b. Expand the Sexual Orientation and Gender Identity (SOGI) initiative.</b>		
<b>Objective</b>	<b>Actions</b>	<b>Responsible Staff</b>
1. By June 30, 2023, at least 60% of all BHS clients ages 18 and over 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 the BHS website.	Jessica Brown, Director of JEDI
	2. Provide at least one Workforce Development training for providers on how/where to enter SOGI data into Avatar.	Michelle Meier, JEDI Training Director
<b>GOAL IV.c. Ensure web-based provider directory is accurate and up-to-date.</b>		
<b>Objective</b>	<b>Actions</b>	<b>Responsible Staff</b>
1. By June 30, 2023, improve the accuracy and timeliness of updates to the MHP Provider Directory	1. Explore the feasibility of using the 274 Production File, which includes hierarchically-structured provider data that is updated monthly, as the MHP Provider Directory.	Elissa Velez, Regulatory Affairs Manager
	2. Develop and test a process to gather annual provider data updates.	Elissa Velez

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<b>V. ASSESS PERFORMANCE AND IDENTIFY AREAS FOR IMPROVEMENT</b>		
<b>GOAL V.a. Track and analyze system-wide client-level outcomes</b>		
<b>Objective</b>	<b>Actions</b>	<b>Responsible Staff</b>
1. By June 30, 2023, 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.	Petra Jerman, QM Director of Analytics
	2. Improve ANSA data completion by pre-populating ANSAs from prior assessment, and consider removing items infrequently rated.	Kellee Hom, IS Program Manager Angelica Almeida, Director AOA-SOC Petra Jerman, QM Director of Analytics
2. By June 30, 2023, 80% of clients will improve on at least 50% of their actionable Needs 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, CYF Director of Practice Improvement and Analytics Petra Jerman, QM Director of Analytics
	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, CYF Director of Practice Improvement and Analytics Petra Jerman, QM Director of Analytics
3. By June 30, 2023, 100% of clients will either maintain or develop at least two useful or centerpiece Strengths on the Child and Adolescent Needs and Strengths Assessment (CANS).	1. Produce 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, CYF Director of Practice Improvement and Analytics Petra Jerman, QM Director of Analytics
	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, CYF Director of Practice Improvement and Analytics Petra Jerman, QM Director of Analytics
4. By June 30, 2023, determine whether and to what degree systemwide improvements on actionable Needs items on the Child and Adolescent Needs and Strengths Assessment	1. Add priorities for treatment data to the FY21-22 CANS dataset and calculate the percentage of systemwide improvement on actionable Needs items when priorities for treatment are taken into account.	Petra Jerman, QM Director of Analytics

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(CANS) are impacted by Priorities for Treatment.		
	2. Compare the revised percentage of improvement (with priorities for treatment included) to the original percentage of improvement on the actionable Needs items.	Petra Jerman, QM Director of Analytics
	3. Facilitate at least 2 CYF-QI and/or CYF Provider meetings to review findings and discuss benefits and drawbacks of including Priorities for Treatment in examining improvements on CANS Needs items. These meetings will help inform decision-making on mandating the completion of the CANS Priorities for Treatment section of the Assessment (currently optional for providers to complete).	Ritchie Rubio, CYF Director of Practice Improvement and Analytics

**GOAL V.b. Use client outcomes to improve care.**

1. By June 2023, finalize a decision-support model utilizing CANS data to inform the most appropriate Level of Care (LoC) recommendation for CYF SOC clients.	1. Conduct focus groups, interviews, and/or feedback sessions with clinical administrators and/or staff about a draft of a graphical representation of the decision-support model. Conduct qualitative analyses of the staff feedback and further revise the model as needed.	Ritchie Rubio, CYF Director of Practice Improvement and Analytics  Petra Jerman, QM Director of Analytics
	2. Using 3 years of CANS data (Oct 2019 to Sept 2022), test and validate the performance of the revised model. Seek feedback and consultation from the Praed Foundation on the model and the analyses and make revisions to the final model as needed.	Ritchie Rubio, CYF Director of Practice Improvement and Analytics  Petra Jerman, QM Director of Analytics
	3. Once the CANS Level of Care (LoC) Decision Support Tool has been finalized, develop a plan for implementation to the CYF SOC. This will involve creating a worksheet that will aggregate specific CANS scores and generate a recommendation for Level of Care (LoC) for clients.	Ritchie Rubio, CYF Director of Practice Improvement and Analytics

**GOAL V.c. Improve Clinical Documentation**

<b>Objective</b>	<b>Actions</b>	<b>Responsible Staff</b>
1. By June 30, 2023, develop and maintain a clinic-level structured quality assurance process to proactively identify documentation problems.	1. Develop a Quality Assurance team within Quality Management to support System of Care to conduct chart reviews and provide feedback for clinical documentation improvement.	Alecia Martin, Quality Management Director

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**VI. CONTINUITY AND COORDINATION OF CARE**

**GOAL VI.a. Ensure that beneficiaries have continuity of care coordination between different levels of care, including physical health and behavioral health.**

<b>Objective</b>	<b>Actions</b>	<b>Responsible Staff</b>
1. By June 30, 2023, develop an Office of Coordinated Care (OCC)	1. Complete hiring of OCC staff	Heather Weisbrod, OCC Director
	2. Transition OCC programs from Avatar to Epic (go-live November 2022) to improve care coordination and transitions in care.	Heather Weisbrod, OCC Director  Craig Murdock, BHAC Director
	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.	Heather Weisbrod, OCC Director
2. By June 30, 2023, fully implement four Street Crisis Response Teams (SCRT) 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. Establish a SCRT Office of Coordinated Care (OCC) team of behavioral health clinicians and health workers who provide follow up services to all SCRT clients. This team will be dedicated to working only with SCRT clients, and will provide in-person help to connect to current providers and help with linkage.	Kathleen Johnson-Silk, Director, Street Based and Justice Involved System of Care

<b>Objective</b>	<b>Actions</b>	<b>Responsible Staff</b>
<b>GOAL VI.b. Provide seamless transitions of care between Specialty and Non-Specialty Mental Health</b>		
1. By June 30, 2023, Civil Service clinics will implement a streamlined process to step down clients who are able to be treated by Beacon for mild mental health disorders.	1. Between August and December 2022, pilot streamlined step down process at Sunset Mental Health, a comprehensive adult and child clinic.	Gloria Frederico, Director of Private Provider Network
	2. Between January and June 2023, expand step down process to all Civil Service clinics.	Gloria Frederico, Director of Private Provider Network

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2. By June 30,2023, establish structured process for stepping clients up from Beacon (Mild mental health disorders) to Specialty Mental Health (Severe/Moderate mental health disorders)	1. Draft and test workflows from Beacon to the Behavioral Health Access Center.	Gloria Frederico, Director of Private Provider Network
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**VII. 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 30, 2023, 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, Director of Private Provider Network