



San Francisco Health Network
Behavioral Health Services

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Mental Health Plan

Quality Assessment Practice Improvement

Program Plan

July 1, 2023 to June 30, 2024

BHS Quality Assessment and Performance Improvement Program Overview

The goal of BHS Quality Assessment and Performance Improvement (QAPI) Program 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 QAPI efforts shall:

- systematically adopts or establishes quantitative measures;
- evaluate the impact and effectiveness of its QAPI Program annually and update the Program as necessary
- 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 sharing data in a meaningful way to administrators, managers, care providers, consumers, and other stakeholders so as to effectively inform policy and programmatic changes; and
- make policy recommendations and initiate plans for targeted interventions in response to identified areas for improvement.

Objectives of the BHS Quality Improvement Work Plan for FY 2023-2024

The overarching guidelines for the BHS Quality Improvement Objectives are organized around the following domains of quality improvement.¹ BHS shall use the following five-point process for each of the objectives described below:

1. assess performance and analyze impact and effectiveness;
2. identify and prioritize area(s) for improvement;
3. identify individuals and resources required for performance improvement;
4. design and implement interventions to improve performance;
5. measure the effectiveness of the interventions; and
6. incorporate successful interventions in the overall BHS System of Care (SOC) as appropriate.

¹ 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.

1. Timely Access to Services

Goal 1A: Ensure timeliness of routine and urgent mental health appointments.

Objective	Action	Lead Staff
1. 80% of individuals requesting mental health outpatient services will receive a first delivered service within 10 business days	a. Monitor the length of time from initial request to first service date on a quarterly basis.	Solongo Sainkhuu, Epidemiologist
	b. Conduct case review for incidences where service took longer than 10 business days from request to identify areas for improvement, and follow up with programs as needed	Angelica Almeida, Director, AOA SOC Farahnaz Farahmand, Director, CYF SOC Kali Cheung, Director, TAY SOC
2. 90% of individuals assess as having urgent mental health conditions will be offered an urgent appointment within 48 hours.	a. Monitor the length of time from initial request to time of service for urgent conditions on a quarterly basis.	Solongo Sainkhuu, Epidemiologist
	b. Conduct case review for incidences where urgent service took longer than 48 hours to identify areas for improvement and follow up with Comprehensive Crisis Services as needed.	Stephanie Felder, Director, Crisis SOC Angelica Almeida, Director, AOA SOC Farahnaz Farahmand, Director, CYF SOC Kali Cheung, Director, TAY SOC
3. Improve access to services by scheduling an appointment for appropriate request for service calls	a. Study the effects on time to service before and after the capability to directly schedule appointments during a call to BHAL for a request for service.	Adela Morales, Program Coordinator, BH Access Line
	c. Study the effects on the impacts to reduce no shows before and after the capability to directly schedule appointments during a call to BHAL for a request for service.	Adela Morales, Program Coordinator, BH Access Line

Goal 1B: Ensure all call to the Behavioral Health Access Line (BHAL) receives appropriate information, referral needed, or scheduled appointment.

Objective	Action	Lead Staff
1. 100% of call to BHAL regarding mental health conditions will be provided appropriate information or a referral.	b. Monitor the number and percentage of calls regarding mental health conditions with a documented disposition of providing information or a referral.	Adela Morales, Program Coordinator, BH Access Line
	c. 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.	Lenh Tsan, QI Coordinator

2. Coordinate a Clinical Continuum of Care

Goal 2A: Ensure care coordination between transitions in care.

Objective	Action	Lead Staff
1. By June 30, 2024 increase capacity to provide systematic care coordination for people discharging from inpatient or PES after an involuntary hold (5150).	a. Centralize coordination of care and connection to outpatient behavioral health services through OCC for people discharging from the hospital	Heather Weisbrod, Director, Office of Coordinated Care
	b. Utilize the newly created ZSFG Involuntary Holds report to ensure systematic follow-up for individuals after involuntary hold	Heather Weisbrod, Director, Office of Coordinated Care
	c. Develop standardized case conferencing to coordinate care for individuals with complex needs or high utilization of emergency services	Heather Weisbrod, Director, Office of Coordinated Care

Goal 2B: Uses level of care (LOC) tools to measure, monitor, and guide clinical treatment for adult clients.

Objective	Action	Lead Staff
1. By December 31, 2024, of individuals who are open for more than 365 days, increase the percentage of outpatient adult clients with an LOC reassessment within 30 days of their LOC assessment anniversary from 59% to 75%.	a. Track and monitor the percentage of reassessments completed within 30 days of the client's annual LOC assessment anniversary.	Molly Chao, Principal Administrative Analyst
2. By June 30, 2024, design a LOC tool as a decision-making tool that matches the levels of care recommendation to the LOC the client is placed.	a. Track and monitor the percentage of clients who are placed in the LOC that the tool recommended.	Molly Chao, Principal Administrative Analyst

3. Improvement in Clinical Care and Beneficiary Services

Goal 3A: Monitor the safety and effectiveness of medication practices.

Objective	Actions	Responsible Staff
1. By June 30, 2024, identify higher risk prescribing practices that need improvement.	a. 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
	b. Continue or adapt targeted subcommittees to address DUE findings.	Michelle Geier, Psychiatric Clinical Pharmacist Supervisor

4. Client Satisfaction

Goal 4A: Monitor client satisfaction, grievance, and appeals.

Objective	Actions	Responsible Staff
1. By June 30, 2024, identify the lowest ranking areas of satisfaction in the CPS across FY's 20-21 and 21-22.	a. Analyze trends of data for CPS across FY's 20-21 and 21-22.	Chris Toomey, Epidemiologist
	b. Identify QI projects to address CPS report findings.	Angelica Almeida, Director, AOA SOC Farahnaz Farahmand, Director, CYF SOC Kali Cheung, Director, TAY SOC
2. Review grievances, appeals, and fair hearings and identify system improvement issues.	a. 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
	b. 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

5. Provider Appeals

Goal 5A: Monitor provider appeals.

Objective	Actions	Responsible Staff
1. By June 30, 2023, a report of the number and type of Private Provider Network provider appeals will be evaluated for trends.	a. 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

6. Integrity of Data Quality

Goal 6A: Ensure accuracy, completeness, and consistency of data collection.

Objective	Actions	Responsible Staff
1. By May 31, 2024, design and build EPIC templates to improve reliability, internal consistency, and completeness of data.	a. Employ data governance across the system to: <ul style="list-style-type: none"> • standardize definitions used in queries • classify services consistently 	Kellee Hom, Clinical Informaticist Diane Prentiss, Data Steward
	b. Design data fields to maximize the use of structured data and auto-capture.	Kellee Hom, Clinical Informaticist Diane Prentiss, Data Steward
	c. Program best practice advisories to alert providers to complete and document services (eg. labs, care plans)	Kellee Hom, Clinical Informaticist Diane Prentiss, Data Steward

7. Communication Across All Levels of Systems of Care

Goal 7A: Ensure a process where stakeholders provide input into system planning and delivery of service.

Objective	Action	Lead Staff
1. Develop a structure for civil service BHS staff to provide feedback to BHS administrators.	a. Establish a regular cadence of BHS All Staff Town Hall.	Ashley Vaughn, Communications Specialist Valerie Kirby, Senior Health Program Planner
	b. MHP Administration will present at the BHS All Staff Town Hall regarding anti-racism leadership competencies and invite staff to provide feedback through Q&A.	Jessica Brown, Director, Office of Justice, Equity, Diversity, & Inclusion Alicia St. Andrews, Program Coordinator, Office of Justice, Equity, Diversity, & Inclusion
	c. Conduct an anti-racism 360-degree leadership review of cabinet and executive team members by their direct reports and peers.	Jessica Brown, Director, Office of Justice, Equity, Diversity, & Inclusion Alicia St. Andrews, Program Coordinator, Office of Justice, Equity, Diversity, & Inclusion
2. By June 30, 2024, incorporate provider's feedback to update practice guidelines.	a. Form workgroup to include provider representatives across the BHS SOC and clinical leadership to inform practice guidelines.	Nyanda Sam-King, QA Lead
	b. Update practice guidelines to reflect prescribing practices and therapy models that reflect current practices across BHS programs.	Nyanda Sam-King, QA Lead
3. Develop a structure to incorporate consumers and families in data reflections and practice improvement activities	a. Research best practices in incorporating consumers and families in data reflections and practice improvement activities.	Kitty Ha, QI Coordinator
	b. Create a work plan to incorporate consumers and families in data reflections and practice improvement activities.	Kitty Ha, QI Coordinator