



Gavin Newsom
Mayor

City of San Francisco

Department of Public Health

Community Behavioral Health Services

MEMORANDUM

TO: CBHS PROVIDERS

FROM: Bill McConnell, Director, Quality Management

DATE: February 1, 2006

RE: Action Plans - Quality Improvement Project

Attached please find a sample form that can be used to formulate your Agency Action Plan. The important piece is to capture and include the elements listed: the action item, a measurable indicator (proof it's working - or not), the name of the person(s) who is responsible for the item listed, and the date it is to be completed by. You may choose to use this form, or your own format, as long as you include this information.

Thank you for your commitment and participation in the Integration Implementation Quality Improvement Project. Please submit your action plan directly to your Program Manager.

Community Behavioral Health Services

• Community Mental Health Services • Community Substance Abuse Services •
email: lucy.arellano@sfdph.org

1380 Howard St., 2nd Floor, San Francisco, CA 94103 Phone: (415) 255-3687 Fax: (415) 503-4706
