



**City and County of San Francisco**  
**London N. Breed, Mayor**  
**Department of Public Health**

**Business Office Contract Compliance**  
 1380 Howard Street  
 San Francisco, CA 94103

**Monitoring Report Fiscal Year 22-23**  
**Behavioral Health Services**

**Section: TAY**

**Target Population:**

**Agency:** Felton Institute

**Site Visit Date:** June 6, 2024

**Program Reviewed:** FSA TAY Acute Linkage

**Report Date:** July 1, 2024

**Program Code(s):** 3822TL

**Review Period:** July 1, 2022-  
June 30, 2023

**Site Address:** 1500 Franklin Street, San Francisco, CA 94109

**Finalized Date:**

**CID/MOU#:** 13360 **Appendix #:** A-1, A-1a, A-1b

**Funding Source(s):** General Fund, Grant and Medi-Cal

**On-Site Monitoring Team Member(s):** Michelle O'Neal

**Program/Contractor Representatives:** Madeleine Mazzola, Jordan Pont, Adrienne Abad Santos, and Monique Hamilton

**Overall Program Rating:** 4 - Commendable/Exceeds Standards

**Category Ratings:**

4 = Commendable/Exceeds Standards		3 = Acceptable/Meets Standards					
2 = Improvement Needed/Below Standards		1 = Unacceptable					
4	Program Performance	4	Program Deliverables	4	Program Compliance	4	Client Satisfaction

**Sub-Categories Reviewed:**

Program Performance	Program Deliverables	Program Compliance	Client Satisfaction
Achievement of Performance Objectives	Units of Service Delivered Unduplicated Clients (Unscored)	Declaration of Compliance Administrative Binder Site/Premise Compliance Chart Documentation Plan of Action (if applicable)	Satisfaction Survey Completed and Analyzed

## **MONITORING REPORT SUMMARY**

**Agency/Program:** Felton Institute/FSA TAY Acute Linkage

- Findings/Summary:**
- The services provided by this program were funded by the Sources listed on page 1.
  - The program met 100.0 percent of its contracted performance objectives.
  - The program met 101.2 percent of its contracted units of service target.
  - A review of the administrative binder evidenced 100.0 percent of required compliance items.
  - A review of site premise evidenced 100.0 percent of required items.
  - The program was exempt of Chart Documentation compliance.
  - The program submitted its client satisfaction results in a timely fashion.
  - The program's client satisfaction return rate was more than 50%.
  - The percentage of clients indicating satisfaction with the program's services was 90-100%.

The TAY Acute Linkage program is under Behavioral Health Services (BHS) Mental Health Transitional Age Youth (TAY) System of Care (SOC).

The primary goal of the program is to improve the long-term health, well-being, and safety of transitional age youth through developmentally-responsive mental health linkage and support services to them and their family following a mental health crisis.

The program serves youth between the ages of 16 and 25 who are being discharged from crisis services and then are not able to follow through with discharge plans, lack the support to do so, or are not being served at a high enough level of care, leading to repeat crises.

The program is proud that it provides services to ensure that its vulnerable homeless clients do not slip through the cracks, and that they are linked to benefits and shelter.

**FY21-22 Plan of Action required?**     **Yes**     **No**

**If "Yes", describe program's implementation.**

**FY22-23 Plan of Action required?**     **Yes**     **No**

Signature of Author of This Report

DocuSigned by:

*Michelle O'Neal*

Name and Title: Michelle O'Neal, Business Office Contract Compliance Manager

Signature of Authorizing Departmental Reviewer

DocuSigned by:

*Jerna Reyes*

Name and Title: Jerna Reyes, BOCC Director

Signature of Authorizing System of Care Reviewer

DocuSigned by:

*Kali Cheung*

Name and Title: SOC Director

PROVIDER RESPONSE: (please check one and sign below)

- I have reviewed the Monitoring Report, acknowledge findings, no further action is necessary at this time.
- I have reviewed the Monitoring Report, acknowledge findings, and attached a Plan of Action in response to deficiencies and recommendations with issues addresses and timelines for correction stated.
- I have reviewed the Monitoring Report, disagree with findings, response to recommendations attached.

DocuSigned by:

*Madeleine Mazzola*

7/10/2024

Signature of Authorized Contract Signatory (Service Provider)

Date

Madeleine Mazzola, Program Director of TAY Acute Linkage and TAY FSP

Print Name and Title

<b>RESPONSE TO THIS REPORT DUE:</b>	<b>July 15, 2024</b>
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If applicable, please submit any supplemental materials by clicking on the attachment icon below.

**Program Performance & Compliance Findings**

**Rating Criteria:**

<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Over 90% = Commendable/ Exceeds Standards</b>	<b>71% - 90% = Acceptable/Meets Standards</b>	<b>51% - 70% = Improvement Needed/ Below Standards</b>	<b>Below 51% = Unacceptable</b>

**Overall Score:**

<b>Total Points Given:</b> 90/90=100%
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**1. Program Performance (30 points possible):**

<b>Achievement of Performance Objectives (0-30 pts):</b>	30	15 total points out of 15 points (from 3 Objectives) = 100%			
<b>Program Performance Points:</b>	30				
Points Given:	30/30	Category Score:	100%	Performance Rating:	Commendable/ Exceeds Standards

**Performance Objectives and Findings with Points**

TAY.MHOP 1	Objective: 60% of clients will improve on at least 30% of their actionable items on the ANSA.	Finding: Not applicable.	Points:
TAY.MHOP 2	Objective: 100% of new referrals to a psychiatrist or nurse practitioner must have the referral date recorded in Avatar via the Psychiatric Referral Date form.	Finding: Not applicable.	Points:
TAY.MHOP 3	Objective: 100% of new clients referred to a psychiatrist or nurse practitioner must receive a medication support service within 15 business days of the referral date.	Finding: Not applicable.	Points:
TAY.MHOP 4	Objective: 100% of clients with an open episode will have the initial Treatment Plan of Care finalized in Avatar within 60 days of episode opening but no later than the first planned service.	Finding: In FY22-23 there were 35 clients registered in 3822TL since the beginning of the fiscal year. During the review period, 34 clients had an initial Treatment Plan of Care or entry in the Problem List as found in AVATAR, resulting in 97.14% compliance.	Points: 5
TAY.MHOP 5	Objective: On any date 100% of clients will have a current finalized annual Assessment in Avatar.	Finding: Not applicable.	Points:
TAY.MHOP 6	Objective: On any date 100% of clients will have a current finalized Treatment Plan of Care in Avatar.	Finding: Not applicable. Per Felton, TAY Acute Linkage only sees clients for up to 6 months therefore there are no annual POC updates.	Points:
TAY.MHOP 7	Objective: 100% of clients will have an initial Assessment finalized in Avatar within 60 days of episode opening.	Finding: Not applicable.	Points:
TAY.MHOP 8	Objective: 100% of clients with new episodes will have the referral date and first offered appointment date recorded in Avatar via the CSI Assessment for that episode	Finding: Not applicable.	Points:
Ind.1	80% of clients open in the program will be referred to ongoing outpatient behavioral health services. Inclusion Criteria: Clients who were open in the program for at least 45 days.	According to the program data, there were 69 clients open in 3822TL. Of those, 67 were referred to ongoing outpatient services, resulting in 97.10% achievement.	Points: 5
Ind.2	40% of clients will demonstrate reduction in the use of emergency and acute services after completing the program, as measured by reduction in the number of psychiatric inpatient episodes in the 6 months following program discharge compared to the 6 months prior to program admission. Inclusion Criteria: Clients who were open in the program for at least 45 days and had at least 1 psychiatric hospitalization in the 6 months prior to program admission.	According to the program data, there were 25 clients (11 were from PES) discharged from 3822TL who were open in the program for at least 45 days and had a psychiatric inpatient episode within 6 months prior to opening in 3822TL. Of those, 22 clients experienced a reduction of psychiatric inpatient episodes post discharge, resulting in 88.00% achievement.	Points: 5

**Commendations/Comments:**

Many of the annual Standardized Performance Objectives are not required because this is a six-month program. The program is commended for meeting all the applicable Performance Objectives during this monitoring period.

**Identified Problems, Recommendations and Timelines:**

None indicated.

**2.Program Deliverables (20 points possible):**

<b>Units of Service Deliverables (0-20 pts):</b>		20	101% of Contracted Units of Service	
<b>Program Deliverables Points:</b>			20	
Points Given:	20/20	Category Score:	100%	Performance Rating: Commendable/ Exceeds Standards

**Units of Service Delivered**

Program Code	Service Description	Contracted/Actual	
3822T3L	15/70-79 OP-Crisis Intervention: M56	360	316
3822TL	15/01 - 09 OP-Case Mgt Brokerage: M63	5,431	15,977
3822TL	15/01-09 OP-Case Mgt Brokerage: M56	23,265	20,400
3822TL	15/10 - 57, 59 OP-MH Svcs: M63	9,380	4,609
3822TL	15/10-57,59 OP-MH Svcs: M56	15,666	13,737
3822TL	15/60 - 69 OP-Medication Support: M63	560	227
3822TL	15/60-69 OP-Medication Support: M56	1,120	982
3822TL	15/70 - 79 OP-Crisis Intervention: M63	240	707
3822TL	45/10-19 OP-MH Promotion: M56	97	85
3822TL	45/10-19 OP-MH Promotion: M63	48	0
3822TL	45/10-19 OS-MH Promotion: M54	282	253
3822TL	45/20-29 OS Commtty Client Svcs: M56	397	348
3822TL	45/20-29 OS Commtty Client Svcs: M63	216	219
3822TL	45/20-29 OS-Commtty Client Svcs: M54	890	801
3822TL	60/72 SS-Client Flexible Support Exp: M54	0	0
3822TL	60/72 SS-Client Flexible Support Exp: M56	0	0

**Unduplicated Clients by Program Code**

Program Code	Contracted/Actual	
3822TL	60	98

**Commendations/Comments:**

The program met 101.2% of its contracted units of service target according to Invoices: # M54JU23, M56JU23, and M63NO22SUP.

The program utilized 376 units of ADM services, 0.67% of total.

The program served 98 unduplicated clients (UDC). The actual UDC is from program data. The program does not use Avatar data because DPH has agreed that all referrals go towards the UDC (not just open clients). Avatar only captures clients with opened episodes. The program indicated that it also has "pre-admit" clients that it never opens in Avatar.

**Identified Problems, Recommendations and Timelines:**

None indicated.

**3. Program Compliance (40 points possible):**

<b>A. Declaration of Compliance Score (5 pts):</b>		5	Submitted Declaration		
<b>B. Administrative Binder Complete (0-10 pts):</b>		10	100% of items in compliance		
<b>C. Site/Premises Compliance (0-10 pts):</b>		10	100% items in compliance		
<b>D. Chart Documentation Compliance (0-10 pts):</b>		N/A			
<b>E. Plan of Action (if applicable) (5 pts):</b>		5	<input checked="" type="checkbox"/> No FY21-22 POA was required <input type="checkbox"/> FY21-22 POA was submitted, accepted and implemented <input type="checkbox"/> FY21-22 POA submitted, not fully implemented <input type="checkbox"/> FY21-22 POA required, not submitted		
<b>Program Compliance Points:</b>		30			
Points Given:	30/30	Category Score:	100%	Compliance Rating:	Commendable/ Exceeds Standards

**Commendations/Comments:**

The agency is commended for transferring its Administrative Binder to a shared folder and meeting all compliance requirements.

**Identified Problems, Recommendations and Timelines:**

None identified.

**4. Client Satisfaction (10 points possible): CBHS Standardized Client Satisfaction Survey (Results were compiled and reported by Office of Quality Management)**

Scoring Category	Scoring Criteria	Points
Submission	On Time = 2/Not On Time = 0	2
Return Ratio: Survey Forms Received per Clients with Face-to-Face Service in Survey Period	>50% = 3 / <50% = 0	3
Program Performance as Rated by Clients	50-59% of clients satisfied = 1 60-69% of clients satisfied = 2 70-79% of clients satisfied = 3 80-89% of clients satisfied = 4 90-100% of clients satisfied = 5	5
<b>Client Satisfaction Points:</b>		10

Points Given:	10/10	Category Score:	100%	Client Satisfaction Rating:	Commendable/ Exceeds Standards
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**Commendations/Comments:**

The actual results from the FY22-23 Treatment Perception Survey (conducted 5/23) were as follows: Program Code 3822TL - Return Rate: 71.4%, Overall Satisfaction Rate: 100%.

The program also completed an MHSA Survey Monkey. It received 18 completed surveys. Some quotes from the respondents include:

“Our program should be longer than 6 months.”

“The program was extremely helpful.”

“I like that is was personal.”

Survey results were reviewed with staff and ways to improve programming were. It also brainstormed ways to improve survey administration/accessibility. Some challenges with survey administration include many clients who were unable to complete the online administered survey due to clients not having access to phone/computers, and staff were not able to offer surveys to clients who were lost to follow up.

**Identified Problems, Recommendations and Timelines:**

None identified.