



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

Section: BHS-MH

Target Population: Adult/Older Adult

Agency: Felton Institute

Site Visit Date: June 20, 2024

Program Reviewed: FSA (re)MIND (formerly PREP-Prevention and Recovery in Early Psychosis)

Report Date:

Program Code(s): 8990EP

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

Site Address: 6221 Geary Blvd, San Francisco, CA 94121

Finalized Date:

CID/MOU#: 9936 **Appendix #:** B-6, B-6a

Funding Source(s) General Fund, Medi-Cal and MHSA

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

Program/Contractor Representatives: Bruce Adams, Patrick Fitzgerald, Cottrell Armistad, 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 (re)MIND (formerly PREP-Prevention and Recovery in Early Psychosis)

Findings/Summary:

- The services provided by this program were funded by the Sources listed on page 1.
- The program met 95.0 percent of its contracted performance objectives.
- The program met 95.7 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 88.9 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%.

(re)MIND is administered under Behavioral Health Services (BHS) Transitional Age Youth (TAY) System of Care (SOC).

The program serves individuals and families experiencing early signs and symptoms of schizophrenia and other psychotic disorders. It supports symptom remission, active recovery, and full engagement in their

community and with co-workers, peers, and family members. The program's outreach component is designed to reduce the stigma of schizophrenia and psychotic disorders, promote awareness that psychosis is treatable, and obtain referrals.

It targets ages 14-35 who have had their first psychotic episode within the previous two years. Within this group, the early psychosis program will focus on transitional age youth (ages 16-24), Outreach is directed to increase services to low-income youth and families. The program provides services on-site or at offsite locations (e.g. client's home, school, etc.) throughout the city, meeting clients where they are.

The program is proud that services are now available until 6 pm. It mentioned that a lot of youth were struggling to stay in high school during this monitoring period; however, its team approach and support allowed students to stay in school and many have graduated and/or gone on to college.

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

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

Signature of Authorizing Departmental Reviewer

Name and Title: Jerna Reyes, BOCC Director

Signature of Authorizing System of Care Reviewer

Name and Title: SOC Director

PROVIDER RESPONSE: (please check one and sign below)

- | | |
|--------------------------|---|
| <input type="checkbox"/> | I have reviewed the Monitoring Report, acknowledge findings, no further action is necessary at this time. |
| <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | I have reviewed the Monitoring Report, disagree with findings, response to recommendations attached. |

Signature of Authorized Contract Signatory (Service Provider)

Date

Print Name and Title

RESPONSE TO THIS REPORT DUE:	
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Program Performance & Compliance Findings

Rating Criteria:

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

Overall Score:

Total Points Given: 89/90=99%

1. Program Performance (30 points possible):

Achievement of Performance Objectives (0-30 pts):	30	19 total points out of 20 points (from 4 Objectives) = 95%			
Program Performance Points:	30				
Points Given:	30/30	Category Score:	100%	Performance Rating:	Commendable/ Exceeds Standards

Performance Objectives and Findings with Points

TAY.MHO P1	Objective: 60% of clients will improve on at least 30% of their actionable items on the ANSA.	Finding: In FY22-23 there were 22 clients in program 8990EP with actionable items on the ANSA. During the review period 19 clients improved on at least 30% of the items, resulting in 86.36% of clients achieving the ANSA benchmark.	Points: 5
TAY.MHO P2	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: 8990EP exempt.	Points:
TAY.MHO P3	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: 8990EP exempt.	Points:
TAY.MHO P4	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 40 clients registered in 8990EP since the beginning of the fiscal year. During the review period, 37 clients had an initial treatment plan of care or entry in the Problem List as found in AVATAR, resulting in 92.50% compliance.	Points: 5
TAY.MHO P5	Objective: On any date 100% of clients will have a current finalized annual Assessment in Avatar.	Finding: Denominator not met. No clients due for annual update per Felton.	Points:
TAY.MHO P6	Objective: On any date 100% of clients will have a current finalized Treatment Plan of Care in Avatar.	Finding: In FY2-23 there were 15 clients registered in 8990EP. During the review period 15 clients had a current finalized Treatment Plan of Care or entry in the Problem List as found in AVATAR, resulting in 100.00% compliance.	Points: 5
TAY.MHO P7	Objective: 100% of clients will have an initial Assessment finalized in Avatar within 60 days of episode opening.	Finding: In FY22-23 there were 15 clients registered in 8990EP since the beginning of the fiscal year. During the review period, 13 clients had an initial assessment finalized as found in AVATAR within 60 days of the episode opening, resulting in 86.67% compliance.	Points: 4
TAY.MHO P8	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: Exempt per SOC.	Points:

Commendations/Comments:

The program met **76.0** percent of its contracted performance objectives. **8/3: Sent another email to Kali**

Identified Problems, Recommendations and Timelines:

7/8: sent email to confirm whether TAY-MH-OP8 objective is exempt for FY 22-23.

2. Program Deliverables (20 points possible):

Units of Service Deliverables (0-20 pts):		20	96% of Contracted Units of Service		
Program Deliverables Points:			20		
Points Given:	20/20	Category Score:	100%	Performance Rating:	Commendable/ Exceeds Standards

Units of Service Delivered

Program Code	Service Description	Contracted/Actual	
8990EP	15/ 01 - 09 OP - Case Mgt Brokerage: M42	2,800	2,800
8990EP	15/ 10 - 57, 59 OP - MH Svcs: M42	39,738	39,738
8990EP	15/ 60 - 69 OP - Medication Supp: M42	4,800	4,800
8990EP	15/ 70 - 79 OP - Crisis Intervention: M42	191	191
8990EP	60/ 78 SS-Other Non-MediCal Client Support Exp: M13	16,864	16,864
8990EP	60/ 78 SS-Other Non-MediCal Client Support Exp: M28	330,014	319,336
8990EP	60/ 78 SS-Other Non-Medical Client Support Exp: M32	487,869	461,001

Unduplicated Clients by Program Code

Program Code	Contracted/Actual	
8990EP	40	45

Commendations/Comments:

The program met 95.7% of its contracted units of service target according to the final June invoices (M13JU23, M32JU23, M28JU23, and M42JU23).

The program utilized 312 units of ADM services, 0.58% of the total.

The program served 45 unduplicated clients according to Avatar.

Identified Problems, Recommendations and Timelines:

None identified.

3. Program Compliance (40 points possible):

A. Declaration of Compliance Score (5 pts):	5	Submitted Declaration			
B. Administrative Binder Complete (0-10 pts):	10	100% of items in compliance			
C. Site/Premises Compliance (0-10 pts):	9	89% items in compliance			
D. Chart Documentation Compliance (0-10 pts):	N/A				
E. Plan of Action (if applicable) (5 pts):	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			
Program Compliance Points:		29			
Points Given:	29/30	Category Score:	97%	Compliance Rating:	Commendable/ Exceeds Standards

Commendations/Comments:

The program is commended for meeting all its site/premises and administrative binder requirements. The program met 95% of its training requirements.

Identified Problems, Recommendations and Timelines:

The program is reminded that completing Fire Drills are important; however, the Declaration of Compliance indicates that staff will be trained on the Emergency Response Plan.

The following required Site Premises item(s) were not in evidence at the program:

- Monitoring and Invoice Backup Documentation

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
Client Satisfaction Points:		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 8990EP

- ADULT-Return Rate: 114.3%, Overall Satisfaction Rate: 100%.
- CYF-Return Rate: 50%, Overall Satisfaction Rate: 100%.

When return rates are over 100%, it could mean that a number of individual clients returned more than one survey.

The program is commended for receiving excellent satisfaction ratings.

Identified Problems, Recommendations and Timelines:

None identified.

