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: Adult/Older Adult

Agency: Felton Institute

Site Visit Date: June 6, 2024

Program Reviewed: FSA Transitional Age Youth (TAY) Full Service Partnership (FSP)

Report Date:

Program Code(s): 3822T3

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

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

Finalized Date:

CID/MOU#: 9936 **Appendix #:** B-5

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

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 Transitional Age Youth (TAY) Full Service Partnership (FSP)

Findings/Summary:

- The services provided by this program were funded by the Sources listed on page 1.
- The program met 95.6 percent of its contracted performance objectives.
- The program met 100.0 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 Felton Institute's Full Service Partnership for Transitional Age Youth (TAY FSP) program is under Behavioral Health Services (BHS) Mental Health TAY System of Care (SOC).

It assists vulnerable transitional age youth, 16-25, with serious and persistent mental illness, to significantly reduce their dependence on inpatient and emergency services, to stabilize their symptoms, and to become more independent, productive, and satisfied members of their communities.

The program partners with consumers to assist them in meeting their multidimensional life goals, including those concerning education, employment, social skills, relationships, housing, overall functioning, life satisfaction, self-sufficiency and creative pursuits.

The program is proud it was able to support and provide wrap around services for clients who struggled with eating conditions. Staff went to appointments with clients and family to support them with physical and mental health needs.

FY21-22 Plan of Action required? [ ] **Yes** [X] **No**

If "Yes", describe program's implementation.

FY22-23 Plan of Action required? [ ] **Yes** [X] **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)

☐	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.

Signature of Authorized Contract Signatory (Service Provider) Date

Print Name and Title

RESPONSE TO THIS REPORT DUE:	

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:	90/90=100%

1. Program Performance (30 points possible):

Achievement of Performance Objectives (0-30 pts):	30	43 total points out of 45 points (from 9 Objectives) = 96%
Program Performance Points:	30	

Points Given:	30/30	Category Score:	100%	Performance Rating:	Commendable/ Exceeds Standards

Performance Objectives and Findings with Points

TAY.ICM1	Objective: At least 80% of psychiatric inpatient hospital discharges occurring in FY22-23 will not be followed by a readmission within 90 days.	Finding: In FY22-23 there were no clients in 3822T3 who met the denominator for inclusion (at least 5 clients readmitted to psych inpatient within 90 days while remaining in treatment 90 days after initial hospitalization).	Points: 5
TAY.ICM10	Objective: 100% of clients will have an initial Assessment finalized in Avatar within 60 days of episode opening.	Finding: In FY22-23 there were 7 clients registered in 3822T3 since the beginning of the fiscal year. During the review period, 7 clients had an initial assessment finalized as found in AVATAR within 60 days of the episode opening, resulting in 100.00% compliance.	Points: 5
TAY.ICM11	Objective: The program will achieve the required minimum number of new client episode openings for FY22-23, which is equivalent to 20% of caseload.	Finding: In FY22-23 there were 34 active clients in 3822T3. During the review period the program opened 20 new episodes, resulting in 58.82% new episodes of caseload.	Points: 5
TAY.ICM12	Objective: SUSPENDED PER SOC. 100% of clients will have all expected DCR quarterly reports completed.	Finding: SUSPENDED PER SOC.	Points:
TAY.ICM13	Objective: SUSPENDED PER SOC. 100% of clients with an open episode in Avatar will be entered in the DCR within 90 days of the episode opening date	Finding: SUSPENDED PER SOC.	Points:
TAY.ICM2	Objective: At least 80% of psychiatric emergency services (PES) episodes occurring in FY 22-23 will not be followed by a readmission to PES within 30 days.	Finding: In FY22-23 there were 2 clients open in 3822T3 who experienced a PES episode and were open in the program for 90 days post PES discharge. During the review period 0 clients were readmitted to psychiatric hospitalization within 90 days, resulting in 100% compliance.	Points: 5
TAY.ICM3	Objective: Sixty percent (60%) of clients will improve on at least 30% of their actionable items on the ANSA.	Finding: In FY22-23 there were 13 clients in program 3822T3 with actionable items on the ANSA. During the review period 6 clients improved on at least 30% of the items, resulting in 46.2% of clients achieving the ANSA benchmark.	Points: 3
TAY.ICM4	Objective: SUSPENDED PER SOC. 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 required for 22-23, begins 23-24.	Points:
TAY.ICM5	Objective: 100% of new clients referred to a psychiatrist or nurse practitioner must receive a service within 15 business days of the referral date.	Finding: No data received from QM.	Points:
TAY.ICM6	Objective: Programs will enter into the Avatar Vocational/ Meaningful-Activities Enrollment screen a total number of entries equivalent to 40% of the program's unduplicated client count for the fiscal year.	Finding: In FY22-23 there were 20 clients active in 3822T3. During the period there were 15 entries in the Vocational/Meaningful Activities table, resulting in 75.00% compliance.	Points: 5
TAY.ICM7	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 7 clients registered in 3822T3 since the beginning of the fiscal year. During the review period, 7 clients had an initial treatment plan of care or entry in the Problem List as found in AVATAR, resulting in 100.00% compliance.	Points: 5
TAY.ICM8	Objective: On any date 100% of clients will have a current finalized annual Assessment in Avatar.	Finding: In FY22-23 there were 13 clients active in 3822T3. During the review period 13 clients were found to have a finalized annual assessment in Avatar, resulting in 100.00% compliance.	Points: 5
TAY.ICM9	Objective: On any date 100% of clients will have a current finalized Treatment Plan of Care in Avatar.	Finding: In FY2-23 there were 13 clients registered in 3822T3. During the review period, 13 clients had a current finalized Treatment Plan of Care or Care Plan as found in AVATAR, resulting in 100.00% compliance.	Points: 5

Commendations/Comments:

The program met 95.6% of its contracted performance objectives.

Identified Problems, Recommendations and Timelines:

None identified.

2.Program Deliverables (20 points possible):

Units of Service Deliverables (0-20 pts):			20	100% 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	
3822T3	15/ 01 - 09 OP - Case Mgt Brokerage: M41	26,050	26,050
3822T3	15/ 10 - 57, 59 OP - MH Svcs: M41	42,000	42,000
3822T3	15/ 60 - 69 OP - Medication Support: M41	15,800	15,800
3822T3	15/ 70 - 79 OP - Crisis Intervention: M41	180	180
3822T3	45/ 20 - 29 OS-Cmmty Client Svcs: M72	229	229
3822T3	60/ 72 SS-Client Flexible Support Exp: M44	0	0

Unduplicated Clients by Program Code

Program Code	Contracted/Actual	
3822T3	34	20

Commendations/Comments:

The program met 100% of its contracted units of service target according to invoices: #s M41JU23, M44JU23 (No units billed), and M72JU23.

The program utilized 172 units of ADM services, 0.30% of the total.

The program served 20 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):	10	100% items in compliance
D. Chart Documentation Compliance (0-10 pts):	N/A	
E. Plan of Action (if applicable) (5 pts):	5	[X] No FY21-22 POA was required [ ] FY21-22 POA was submitted, accepted and implemented [ ] FY21-22 POA submitted, not fully implemented [ ] FY21-22 POA required, not submitted
Program Compliance Points:	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
	Client Satisfaction Points:	10

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

Commendations/Comments:

The actual results from the FY22-23 Treatment Perception Survey (conducted 5/23) were as follows: Program Code 3822T3 - Return Rate: 87.5%, Overall Satisfaction Rate: 100%.

The program is commended for continuing to improve its survey return rate and its overall satisfaction.

Identified Problems, Recommendations and Timelines:

None identified.