An Overview of DPH Program Monitoring and Performance Metrics

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Agenda

I. Overview of Program Monitoring and Business Office of Contract Compliance

II. Examples of How Performance Metrics are Developed and Used
- Behavioral Health Services
- HIV Health Services

Part l: Overview of Program Monitoring and Business Office of Contract Compliance

Two Types of Monitoring by Business Office of Contracts Compliance

	Program Monitoring	**Fiscal Monitoring**
Areas of Focus	Individual Programs	Entire Agency
Goal of Monitoring	Assess an agency's individual program compliance with performance objectives, deliverables, and other requirements on the annual Program Declaration of Compliance	Assess the agency's financial stability, proper invoicing to the City and compliance with tax filings
Monitoring Process	DPH's Business Office of Contracts Compliance (BOCC)	Agencies with contracts with multiple city departments, monitoring is coordinated with Citywide Fiscal and Compliance Non-profit Monitoring and Capacity Building program

- BOCC is not the only area conducting performance and/or compliance monitoring.
- This presentation will focus on the data and metrics used in <u>Program Monitoring</u>

About Annual Program Monitoring

- Timelines vary by Division/Section

- Monitoring takes place for the prior completed year

- Monitoring reports are submitted to regulatory entities as required - (DHCS, Ryan White)

- Moving forward, the Commission will receive the most recently completed report, as available

- Instances where there may not be a monitoring report – new programs, non direct services contracts and grant funded programs with additional requirements

MONITORING TIMELINES

Funding Period: Jul 1 – Jun 30 (City FY)
Monitoring Timeline: Sep 15 – Nov 30

- ‣ HIV Health Services - General Fund
- ‣ Community Health Equity and Promotion - HIV Prevention Services and Wellness Programs

Funding Period: Jul 1 – Jun 30 (State FY)
Monitoring Timeline: Sep 15 – Mar 31

- ‣ Behavioral Health Services for Adults, Children, Transitional Aged Youth, and Mental Health Services Act
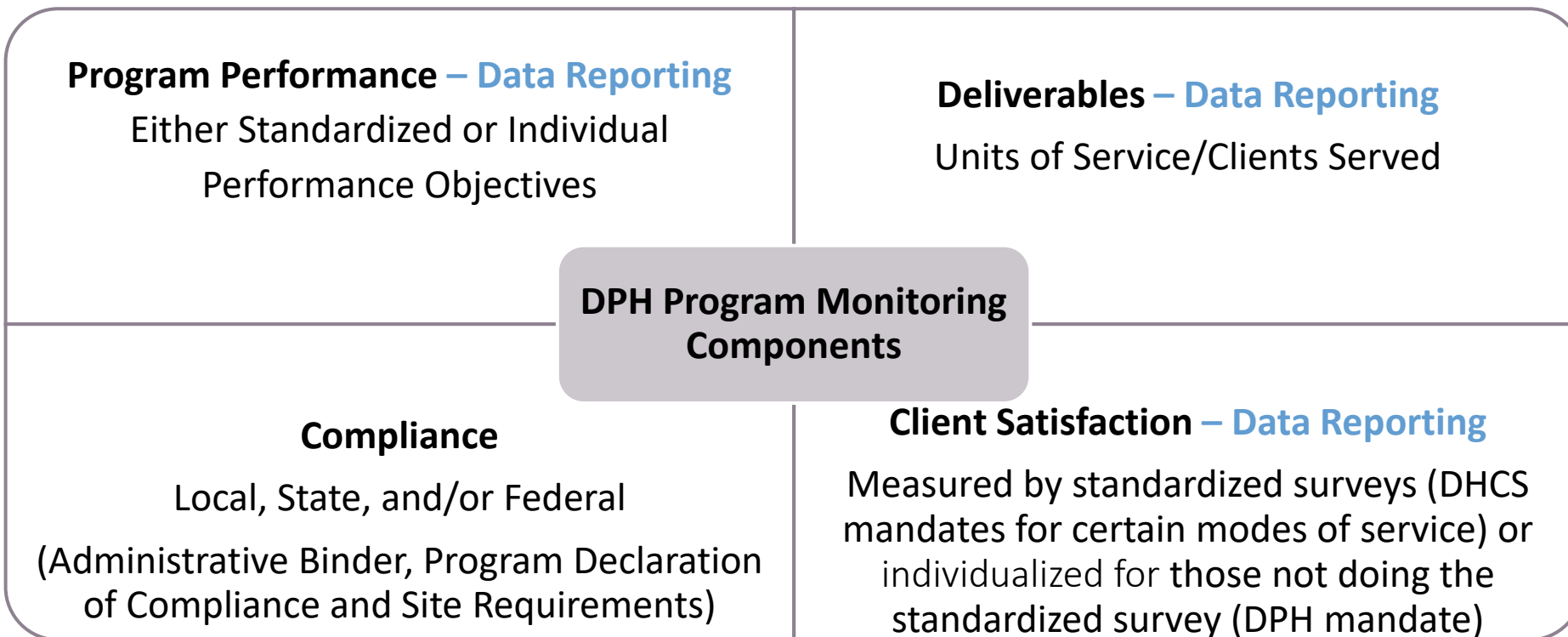- ‣ Substance Use Disorder Services / Block Grants

Funding Period: Mar 1 – Feb 28 (Federal FY)
Monitoring Timeline: Apr 1 – Jun 30

- ‣ HIV Health Services - Ryan White

Four Components of Annual Program Monitoring

- These categories are monitored for each unique stand-alone program in a DPH contract or applicable civil service unit

- Three components - performance, deliverables and client satisfaction involve data reporting

Program Performance – Data Reporting

Either Standardized or Individual
Performance Objectives

Deliverables – Data Reporting

Units of Service/Clients Served

DPH Program Monitoring Components

Compliance

Local, State, and/or Federal

(Administrative Binder, Program Declaration of Compliance and Site Requirements)

Client Satisfaction – Data Reporting

Measured by standardized surveys (DHCS mandates for certain modes of service) or individualized for those not doing the standardized survey (DPH mandate)

Sample Process for Developing Metrics in Monitoring Reports and Key Stakeholders

	Timeline	Owner	Action
Metric Development By May		**DPH Program Managers**	• Develops appropriate performance objectives for the upcoming monitoring period that align with and support the system's goals • Submits to BOCC for review
Reviews Approves May/June		**Business Office of Contracts Compliance (BOCC)**	• Ensures objectives submitted by Program Managers are appropriate and measurable • Shares objectives with CBOs and posts on web site
Performs Services and Submit Data July - June		**CBO Providers**	• Performs services • Submits data • Must complete data submission for prior year by September
Collects, Analyzes and Reports October - February		**Business Office of Contracts Compliance (BOCC)**	• Conducts Monitoring Visits • Collects, compiles performance data to determine compliance with objectives • Distributes report to stakeholders

DPH Program Areas/Units/Branches Monitored through
Annual Program Monitoring via BOCC

Currently Monitored

Contracted Programs

Ambulatory Care
- HIV Health Services - Ryan White
- HIV Health Services - General Fund

Population Health Division
- Community Health Equity and Promotion - HIV Prevention Services
- Community Health Equity and Promotion - Wellness Programs

Behavioral Health Services
- Mental Health
- Substance Use Disorder / Substance Abuse Block Grant
- Mental Health Services Act
- Transitional Aged Youth
- Forensic & Justice-Involved BHS

Civil Service Programs

Population Health Division
- Community Health Equity and Promotion
- HIV Prevention Services
- STD Prevention and Control

SF Health Network
- Jail Health Services
- Maria X Urgent Care

Behavioral Health Services
- Civil Service Clinic Programs

About the Metrics in Monitoring Reports

- Performance Metrics are developed for each type of service and posted on the DPH website

  https://www.sf.gov/information/performance-objectives-cdta

- For BHS programs they are required to have standard set of metrics

- In addition, individual metrics for programs also developed at discretion of Program Managers

- Data submission, happens through out the year, particularly in the cases of output metrics which are usually based on billing/claiming

- During the pandemic – data was collected, but some programs did not receive a score for FY 20-21, FY 21-22 and FY 22-23

Performance Objectives (CDTA)

FY 23-24:

Behavioral Health Services - Adult Older Adult Performance Objectives - FY 23-24 (PDF)

Behavioral Health Services - Children, Youth, and Families Performance Objectives - FY 23-24 (PDF)

Behavioral Health Services - MHSA Performance Objectives - FY 23-24 (PDF)

Behavioral Health Services - Residential and Supportive Outpatient Performance Objectives - FY 23-24 (PDF)

Behavioral Health Services - Transitional Aged Youth - Performance Objectives - FY 23-24 (PDF)

Community, Health, Equity & Promotions (CHEP) - Performance Objectives FY 23-24

HIV Services Performance Objectives - FY 23-24

Example of Standard Metrics for Monitoring Reports

FY23-24 BHS AOA MH Outpatient Objectives

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
AOA-MH-OP-1: 80% of psychiatric inpatient hospital discharges occurring in FY23-24 will not be followed by a readmission within 90 days.	Outcome	Clients enrolled prior to the hospital admission date and remaining in services during the 90 days post hospital discharge. Excludes: Mobile Crisis, Progress Dore Urgent Care, any Ambulatory Outpatient RU connected to Residential Tx. programs, UC Citywide Linkage program code (89114MH), or any program with fewer than 5 clients with psychiatric inpatient hospitalizations during FY23-24	Avatar - BOCC calculates	DHCS/ACA	QM Quarterly Report on SFDPH website, BHS/QM section
AOA-MH-OP-2: 100% of new referrals to a prescriber who aren't currently linked to psychiatric medication services must have the referral date and first offered appointment recorded in Avatar via the Time to Outpatient Psychiatry form.	Outcome	All clients with new episodes opened in FY23-24 and who received a service with a prescriber. This includes any service delivered by a prescriber, not just medication services. (Excludes Citywide Case Management-NOVA 8911NO)	Time to Outpatient Psychiatry Form	DHCS	NA
AOA-MH-OP-3: 100% of new clients referred to a prescriber must receive a medication support service within 15 business days of the referral date.	Process	All clients with new episodes opened in FY23-24 and who received a service with a prescriber. This includes any service delivered by a prescriber, not just medication services. (Excludes Citywide Case Management-NOVA 8911NO)	Time to Psychiatry form	DHCS	NA
AOA-MH-OP-4: 90% of clients with an open episode will have the Problem List finalized in Avatar within 60 days of episode opening.	Outcome	All clients with an initial Tx Plan of Care due during FY23-24 Excludes: Outpatient services provided within residential Tx settings	Avatar - BOCC calculates	BHS Policy/DHCS	AOA Initial TPOC Status Report Avatar Report
AOA-MH-OP-5: On any date 90% of clients will have an initial finalized Assessment in Avatar within 60 days of episode opening.	Process	All clients with annual Assessment due in FY23-24 Excludes: Outpatient services provided in residential Tx settings & first 60 days for new	Avatar - BOCC calculates	BHS Policy/DHCS	AOA Annual Assessment Status Avatar Report

BOCC Program Monitoring Report: Overall Program Rating

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

4 = Commendable/Exceeds Standards	3 = Acceptable/Meets Standards
2 = Improvement Needed/Below Standards	1 = Unacceptable

The **Overall Program Rating** is assigned based on a weighted average of the four Categories.

Category Ratings:

4	Program Performance	4	Program Deliverables	4	Program Compliance	4	Client Satisfaction
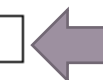
The **Category Ratings** section provides the score for each of the four monitored categories. (

Sub-Categories Reviewed:

Program Performance	Program Deliverables/Fiscal	Program Compliance	Client Satisfaction
Achievement of Performance Objectives	Units of Service Delivered Unduplicated Client Count Delivered	Declaration of Compliance Invoice vs. ARIES Analysis Administrative Binder Site/Premise Compliance Plan of Action (if applicable)	Satisfaction Survey Completed and Analyzed

The **Sub-Categories section** provides detail on items assessed for each Category. These items may differ by DPH Program.

BOCC Program Monitoring Report: Performance Objective Scoring

A program's Performance Objectives are determined by the DPH Business Owners/System of Care area

Performance Objectives and Findings with Points

	Objective	Finding	Points
CYF.MHO P1	Objective: 80% of clients will improve on at least 50% of their actionable items on the CANS.	Finding: In FY21-22 there were 42 client(s) in program 38CY3 with actionable items on the CANS. During the review period 30 client(s) improved on at least 50% of the items, resulting in 71.42% of clients achieving the CANS benchmark.	Points: 4
CYF.MHO P2	Objective: 100% of clients will either maintain or develop at least 2 useful or centerpiece Strengths.	Finding: In FY21-22 there were 46 client(s) in program 38CY3 with at least 2 CANS and at least 8 months between CANS. During the review period 43 clients maintained or developed at least 2 useful or centerpiece strengths, resulting in 93.50% of clients achieving the benchmark.	Points: 5
CYF.MHO P3	Objective: 100% of new clients with an open episode will have the initial CANS assessment completed in the online Avatar record within 60 days of episode opening.	Finding: In FY21-22 there were 54 new clients opened in 38CY3. During the review period, 42 clients had an initial CANS assessment finalized in AVATAR within 60 days of episode opening, resulting in 77.78% compliance.	Points: 3

Commendations/Comments:

In aggregate, the rate of achievement for contracted program objectives was **65%**. The program met an acceptable level (3 or more) of achievement on 6 of 8 performance objectives.

The program data supports positive client outcomes showing that 93.50% of clients developed at least 2 useful or centerpiece strengths.

Quality findings show that 94.44% of clients had a completed and updated CANS assessment in Avatar annually. The program is commended for prompt documentation of the CANS assessment.

Identified Problems, Recommendations and Timelines:

Two (2) performance objectives received scores of 2 or less. Performance objective CYF.MHOP8 is related to federal, state, and locally required timely access standards. The data for this finding demonstrates that the program was not inputting necessary data to track the referral date and first offered appointment date for outpatient mental health in the Timely Access Log (TAL) in Avatar during FY21-22. The program reported inputting data into the CSI Form.

System of Care advised that programs must complete both the Avatar CSI and TAL forms. BOCC recommended that the program work with CYF-SOC to receive technical assistance to bring the program into alignment with Timely Access standards

BOCC Program Monitoring Report: Program Deliverables

The Program Deliverables section shows the program's contracted units of service (UoS) and client counts (UDC) compared to the totals as found on the final invoice for the period.

2.Program Deliverables (20 points possible):

Units of Service Deliverables (0-20 pts):			20	102% 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	
38CY3	15/ 01 - 09 OP - Case Mgt Brokerage	20,107	2,470
38CY3	15/ 10 - 57, 59 OP - MH Svcs	149,469	170,928
38CY3	45/ 10-19 OS-MH Promotion	1,805	1,921

Unduplicated Clients by Program Code

Program Code	Contracted/Actual	
38CY3	210	109

Commendations/Comments:

Based on the final invoices (#'s M03JU22, M05JU22) for the 7/1/21-6/30/22 contract term, the program met 102.3% of its contracted units of service.

Based on Avatar data, the program utilized 24 units of non-billable ADM services, resulting in 0.01% of the total. Avatar also shows that 109 of 210 clients were served, resulting in 51% of the contract mandate for Unduplicated Client Count (UDC).

Identified Problems, Recommendations and Timelines:

Program reported being unaware of the contract mandate for unduplicated client count. Year-over-year evaluation shows UDC dropped from 151 in FY20-21. BOCC recommends focusing on increasing the number of clients served or work with SOC to adjust the contracted UDC.

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BOCC Program Monitoring Report: Client Satisfaction

- DPH expects every program to measure client satisfaction.

- This can be done either by the State-mandated Treatment Perception Survey (BHS only) or a program-specific survey of the program's own design (MCAH, CHEP, HHS, and BHS providers not covered by the Treatment Perception Survey).

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	>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:

DPH-BHS Quality Management provided analyzed data for the FY21-22 Standardized Client Satisfaction Survey. CYC EPSDT Outpatient (Program Code 38CY3) had a return rate of 90.3% and an overall satisfaction rate of 100%. The program is commended for high consumer satisfaction scores on the Treatment Perception Survey.

Identified Problems, Recommendations and Timelines:
None noted.

Part II: Understanding How Metrics are Selected and Developed

Spotlight on:

- Behavioral Health Services
- HIV Health Services

Monitoring Metrics: Behavioral Health Services

Drivers of Metric Selection / Development

- Vast Majority are Regulatory: Medi-Cal (CA State Dept of Health Care Services), MHSA, health plans, and local contracts compliance expectations
- Continuous Quality Improvements (QI): e.g. DHCS reporting and auditing requirements (annual QI work plan)
- Specific to programming – Individualized Performance Objectives

Types of Metrics Used

- <u>Process and Documentation</u> - timely completion of referral logs, and assessment
- <u>Compliance with regulatory requirements</u> - timeliness of referrals, completion of consent forms
- <u>Outcome Objectives</u> - reduction in re-hospitalization, reduction in symptoms (CANS)
- Process And Compliance are critical for data and outcome integrity!

What's Ahead: Epic Data!

- Focus is still on stabilizing post go-live – more to come!

Focus on :
Child and Adolescent Needs and Strengths (CANS)

- A clinical assessment tool required by DHCS that is used to facilitate the assessment process and the design of individualized service plans

- Process metrics
  - 90% of new clients with an open episode will have the initial CANS assessment completed in Avatar within 60 days of episode opening

- Outcome metrics result in meaningful system change
  - 80% of clients will improve on at least 50% of their actionable items on the CANS

- Adult Needs and Strengths and Assessment (ANSA) is a similar tool for for adults

Metrics Used by HIV Health Services (HHS)

Drivers of Metric Selection / Development

- HHS uses over 180 standardized contract deliverables for 18 service categories which are federally determined and customized locally
- HHS metrics are primarily based on federal HRSA-HAB requirement and recommendations
- Joint DPH HHS and community processes result in service category standards of care (SOC), used to develop both process and outcome objectives

Types of metrics used

- Outcome standard objectives drive both directly and/or indirectly towards the HIV Care Cascade
  - Direct: Identifying HIV+ clients as early as possible, linking them to HIV medical and other care, retaining them in care. Getting them on HIV treatment, driving down viral load to "undetectable"
  - Indirect: addressing basic life needs (housing, nutrition, legal support, etc.) and supporting clients being maintained in care

Metrics By HIV Health Services (HHS)

Examples of Metrics Used:

- HIV viral suppression levels are updated yearly to reflect new higher goals or in the case of new contracts with high acuity clients to establish benchmark thresholds and then to increase annually
- 80% of HIV+ clients will have had two or more medical visits during the year
- 90% of clients with HIV who received primary care services will have had at least one viral load test.
- 80% of clients will have a viral load < 200 copies/ml which will indicate viral suppression and treatment adherence

What's Ahead:

- With the advent of Long Acting Injectables (LAI) for HIV Antiretroviral Treatment (ART) additional and refined metrics are anticipated in the next couple of years.
- With majority of HHS HIV Population expected be over 60 in the next five years, additional and refined metrics anticipated about service delivery and Disability and Aging Services (DAS)

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Questions?

Thank You