



Behavioral Health Services—Children, Youth, and Families

Performance Objectives FY 2022-2023

OVERVIEW - CHILDREN YOUTH AND FAMILIES PROGRAMS - PERFORMANCE OBJECTIVES FY 22-23

Measuring client improvement and successful completion of target objectives is an important part of SFDPH contracting. The implementation of the Avatar Electronic Health Record in Fiscal Year 2010-2011 increased the ability to collect quality data on a client's presenting issues, demographics, interventions, symptom changes, and discharge status. The Performance Objectives developed for Fiscal Year 2022-23 Health Services (BHS) intends to reduce provider burden in determining objective compliance by using Avatar data to measure objectives - to the extent possible.

The Program Objectives detailed in this document have been carefully defined to measure important behavioral health processes and outcomes. All references to number of days throughout this document mean "Calendar Days" as that is how Avatar is designed to measure days. Not all objectives apply to all programs. Providers should review the "CYF Performance Objectives Master List" to determine which objectives apply to each of their programs. Each program is identified with the corresponding set of objectives required, and both documents are posted at: www.sfdph.org/cdta.

Contractors are responsible for compliance with all items in the Performance Objectives and the Declaration of Compliance.

This document is comprised of the following 6 tabs:

Tab 1: Objectives for *Outpatient Mental Health Services and Intensive Outpatient Services*

Tab 2: Objectives for *Full Service Partnership (FSP) Programs*

Tab 3: Objectives for *Outpatient Substance Abuse Services*

Tab 4: Objectives for *Prevention Services: ECMHCI and Substance Use*

Tab 5: Objectives for *Therapeutic Behavioral Services*

Tab 6: Objectives for *Individualized Program Services*

Tabs 1 through 6 provide additional detail about each performance objective. Next to each indicator are columns that describe the following:

- **Client Inclusion Criteria** - identifies which group of clients / programs are included in the measurement of the objective
- **Data Source / Compliance** - identifies the data source used to measure the objective and/or how compliance with the objective is documented and reported
- **Source of Requirement** - e.g., BHS policy, Affordable Care Act, Department of Healthcare Services, etc.
- **Report Availability for Providers** - We are in the process of updating the Performance Objective Reports in Avatar to match the requirements for FY 19-20. We anticipate that they will be released by December 15th, 2019.

In several cases contractors are instructed to send an Annual Summary Report to the System of Care (SOC) Program Manager and the Business Office Contract Compliance (BOCC) Program Manager. Reports for BOCC should be sent by e-mail to: bocc@sfdph.org If unsure of the SOC Program Manager, contact your CDTA Program Manager for assistance. The BOCC Scoring Guidelines for the Annual Monitoring Report are posted to the CDTA website at <https://www.sfdph.org/dph/comupg/aboutdph/insideDept/CDTA/procedures.asp>

Tab 1-Output MH & Intensiv Output

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
CYF-MH-OP-1: 80% of clients will improve on at least 50% of their actionable items on the CANS.	Outcome	Clients' episodes with at last 2 CANS assessments that are a minimum of 8 months apart, and the most recent assessment occurring in FY 22-23. NOTE: Actionable items are those rated as a 2 or 3 on the Behavioral/Emotional Needs, Traumatic Stress Symptoms, Impact on Functioning, and Risk Behaviors domains. Improvement is a decrease of 1 point or more. A minimum of 40% of clients' episodes must achieve the objective in order for a program to receive 1 or more points.	Avatar Quality Management (QM) calculates	BHS Policy Dept of Health Care Services (DHCS)	QM Quarterly Report
CYF-MH-OP-2: 100% of clients will either maintain or develop at least 2 useful or centerpiece Strengths.	Outcome	Clients' episodes with at last 2 CANS assessments that are a minimum of 8 months apart, and the most recent assessment occurring in FY 22-23. NOTE: Items used are those of the Strengths domain. A centerpiece Strength is a Strength rated as a 0, and a useful Strength is a Strength rated as a 1. A minimum of 50% of clients' episodes must achieve the objective in order for a program to receive 1 or more points.	Items on the Strengths Domain of the CANS. Avatar. QM calculates	BHS	QM Quarterly Report
CYF-MH-OP-3: 90% 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.	Process	All clients entering treatment during the fiscal year who have an episode lasting longer than 60 days due for an initial CANS Assessment in FY 22-23.	Avatar. QM calculates	BHS Policy DHCS	CANS CYF Initial Assessment Status Report
CYF-MH-OP-4: 90% of clients with an open episode will have the initial Treatment Plan of Care or Problem List finalized in Avatar within 60 days of episode opening.	Process	All clients entering treatment during the fiscal year who receive planned services and/or have an episode lasting longer than 60 days. All clients due for an initial Tx Plan of Care in FY 22-23.	Avatar. BOCC calculates	BHS Policy DHCS	CYF Initial TPOC Status Report
CYF-MH-OP-5: 90% of clients will have CANS rating and Assessment Updates completed and updated CANS assessment in Avatar annually.	Process	All clients due for a CANS assessment in FY 22-23.	Avatar. BOCC calculates	BHS Policy DHCS	CYF CANS Annual Assessment Status Report
CYF-MH-OP-6: 100% of clients will have an updated and completed Treatment Plan of Care in Avatar annually.	Process	All clients due for an updated Tx Plan of Care in FY 22-23.	Avatar. BOCC calculates	BHS Policy DHCS	CYF TPOC Due by Program Staff Report
CYF MH OP 6: 90% of clients, open at least 18 months or more, will have Mid-Year CANS ratings and Assessment Updates completed in Avatar	Process	All clients due for a Mid-Year CANS Assessment starting at 18 months in FY22-23			
CYF-MH-OP-7: 100% of clients in treatment will have a Closing Summary and Discharge CANS completed no later than 30 days after episode closing.	Process	All clients whose case has been opened for more than 30 days after completion of the assessment (initial or annual).	Avatar. BOCC calculates	BHS Policy Dept of Health Care Services (DHCS)	CANS CYF Closing Summary Status
CYF-MH-OP-8: 100% of clients with new episodes will have a completed CSI Assessment for that episode	Process	All clients opened in new episodes in Outpatient programs during the FY Excludes: ICM/WRAP, FMP, Crisis Stabilization (Edgewood CSU, Hospital Diversion, Seneca MRT, Compass), Seneca DBT, PAS, and SMHS services provided in residential Tx settings. Intake and Referral Programs (Foster Care CANS Screenings, AIIM Higher)	Avatar - BOCC calculates	BHS Policy CA Dept of Managed Health Care (DMHC)	Timely Access Report (Program) Avatar Report

Tab 2-Full Srvc Partnerships

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
CYF-FSP-1: 80% of clients will improve on at least 50% of their actionable items on the CANS.	Outcome	Clients with ≥ 2 CANS assessments, most recent occurring in FY 22-23. NOTE: Actionable items are those rated 2 or 3. A minimum of 40% of clients must achieve the objective in order to receive points	Avatar. QM calculates	BHS Policy Dept of Health Care Services (DHCS)	QM Quarterly Report
CYF-FSP-2: 100% of clients will either maintain or develop at least 2 useful or centerpiece Strengths.	Outcome	Clients with at least 2 CANS, and at least 8 months between CANS. A centerpiece Strength is a Strength rated as a 0. A useful Strength is a Strength that is rated as a 1.	Avatar. QM calculates	BHS	QM Quarterly Report
CYF-FSP-3: 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.	Compliance	All clients entering treatment during the fiscal year who have an episode lasting longer than 60 days due for an initial CANS Assessment in FY 22-23.	Avatar. BOCC calculates	BHS Policy DHCS	CANS CYF Initial Assessment Status Report
CYF-FSP-4: 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 1st planned service.	Compliance	All clients entering treatment during the fiscal year who receive planned services and/or have an episode lasting longer than 60 days. All clients due for an initial Tx Plan of Care in FY 22-23.	Avatar. BOCC calculates	BHS Policy DHCS	CYF Initial TPOC Status Report
CYF-FSP-5: 100% of clients will have a completed and updated CANS assessment in Avatar annually.	Compliance	All clients due for a CANS assessment in FY 22-23.	Avatar. BOCC calculates	BHS Policy DHCS	CYF CANS Annual Assessment Status Report
CYF-FSP-6: 100% of clients will have an updated and completed Treatment Plan of Care in Avatar annually	Compliance	All clients due for an updated Tx Plan of Care in FY 22-23.	Avatar. BOCC calculates	BHS Policy DHCS	CYF TPOC Due by Program Staff Report
CYF-FSP-7: 100% of clients in treatment will have a Closing Summary and Discharge CANS completed no later than 30 days after episode closing.	Compliance	All clients whose case has been opened for more than 30 days after completion of the assessment (initial or annual).	Avatar. BOCC calculates	BHS Policy Dept of Health Care Services (DHCS)	CANS CYF Closing Summary Status

Tab 2-Full Srvc Partnerships

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<p>CYF-FSP-8: 100% of clients will have all expected DCR quarterly reports completed.</p>	<p>Compliance</p>	<p>All clients enrolled in an FSP program.</p>	<p>DCR database shows evidence of completion by 3M "date collected"</p>	<p>MHSA</p>	<p>DCR 3M Field Level QA Report, client detail version. Report available at FSP DCR monthly Mtg, or upon request of DCR Workgroup (not available in Avatar)</p>
<p>CYF-FSP-9: 100% of clients with an open episode in Avatar will be entered in the DCR within 90 days of the episode opening date</p>	<p>Compliance</p>	<p>Clients enrolled \geq 90 days in an FSP program.</p>	<p>Avatar episode data and a completed Partnership Assessment Form (PAF) in the DCR database</p>	<p>Department of Health Care Services</p>	<p>Avatar DCR Enrollment Report available at the monthly FSP-DCR mtg, or upon request of DCR Workgroup</p>

Tab 3-Output Substance Abuse

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
CYF-SA-OP-1: At least 60% of clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by discharge codes.	Outcome	Clients discharged in FY 22-23 Excludes: <i>Methadone programs.</i>	CalOMS Discharge Status Field	Affordable Care Act (ACA)	CalOMS Discharge Status Report
CYF-SA-OP-2: 100% of initial requests for services (phone and walk-ins) will be recorded in the Avatar Timely Access Log.	Compliance	All initial requests for services, from new (non-registered) clients, or clients registered in Avatar w/o an open episode in program Excludes: <i>ICM, WRAP, TBS.</i>	Avatar No. of entries recorded in Timely Access Log should be > No. of new episodes opened in FY 22-23	BHS Policy CA Dept of Managed Health Care (DMHC)	Pending
CYF-SA-OP-3: 100% of clients must be offered an appointment within 10 business days of the initial request for services.	Process	All clients with non-urgent needs beginning Tx with a new provider; extended wait times for app't. only approved & accepted if deemed clinically appropriate by qualified Behavioral Health practitioner & documented via attestation in Avatar Timely Access Log Excludes: <i>ICM, FSP, supportive housing programs, RAMS Wellness Centers/Programs & Outpatient services provided in residential Tx settings.</i>	Avatar - Dates of requests for services and offered appointment dates recorded in the Timely Access Log.	BHS Policy CA Dept of Managed Health Care (DMHC)	Timely Access Report (Program) Avatar Report
CYF-SA-OP-4: 100% of open clients will have zero errors on their CalOMS Admission Form.	Compliance	All clients of CalOMS programs with an open episode in FY 22-23	CalOMS Admission Error Report	BHS Policy DHCS	CalOMS Admission Errors by Program Report Avatar Report
CYF-SA-OP-5: 100% of clients discharged during FY 22-23 will have the CalOMS Discharge Status field completed no later than 30 days after episode closing is entered into Avatar.	Compliance	Clients discharged during FY 22-23.	CalOMS Discharge Status Field	BHS Policy DHCS	CalOMS Discharge Timely Status Avatar Report
CYF-SA-OP-6: No more than 40% of clients will be coded as CalOMS Administrative Discharge during FY 22-23. NOTE: Administrative discharge codes "4" and "6" only used when client interview not possible and full set of CalOMS items cannot be completed	Compliance	Applicable to all CalOMS programs with clients discharged in FY 22-23 Excludes: <i>Methadone Programs.</i>	CalOMS Discharge Status Field	BHS Policy DHCS	CalOMS Administrative Discharge Status Report Avatar Report

Tab 4-Prevention ECMHCI&SubsUse

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Section E: Early Childhood Mental Health Consultation Initiative (ECMHCI)					
CYF-ECMHCI-1: For Onsite Level I and Onsite Level II sites, the following percentage ranges for fulfillment of the assigned hours and its corresponding scores are: 85%+ - 5, 75% to 85% - 4, 65% to 75% - 3, and less than 65% - 0	Compliance	Staff/Care Providers served by ECMHCI	Invoices submitted by providers with hours served in each site	SF Citywide Joint Funders	SOC memo to ECMHCI providers
CYF -ECMHCI-2: For sites where in-person services are allowed and in collaborative spirit, detailed description of such in-person services should be documented in the corresponding site agreements and the mechanism for tracking the hours of such in-person services will be established	Process	Staff/Care Providers served by ECMHCI	Service agreements established by providers with each childcare agency assigned	SF Citywide Joint Funders	SOC memo to ECMHCI providers
CYF-ECMHCI-3: By 10/15/2023, a comprehensive report for the on-going evaluation effort will be submitted to BOCC of DPH	Outcome	Staff/Care Providers served by ECMHCI	Evaluation report submitted by evaluation team	SF Citywide Joint Funders	SOC memo to ECMHCI providers
Section F: Substance Use Prevention Services					
CYF-SAPP-1: Strengthening Families Program (SFP) parent/caregiver and child/youth graduates will show an improvement of 80% of the applicable SFP Parent/Caregiver, Child and Family Change Objectives from enrollment to graduation	Outcome	Elementary and Middle school aged youth and their parents/caregivers who graduate from SFP	Program Sign-in sheets; Valid SFP Pre-test & Retro Pre/Post-test administered at enrollment & graduation; analysis documenting achievement for CYF Program Manger & BOCC by 9/1/2023	SAPT	SFP Annual Eval Report on FY 22-23 data; SFHN-BH Subs Use Prevention Coordinator reviews
CYF-SAPP-2: SFP will graduate 24 unduplicated children/youth (12 Grade 5 children and 12 Grades 6-8 youth)/24 unduplicated parents/caregivers	Compliance	Elementary and Middle school aged youth and their parents/caregivers who graduate from SFP *only applies to Jamestown, YMCA Urban Services & YLI	Program Sign-in sheets; Valid SFP Pre-test & Retro Pre/Post-test administered at enrollment & graduation; analysis documenting achievement for CYF Program Manger & BOCC by 9/1/2023	SAPT	SFP Annual Eval Report on FY 22-23 data; SFHN-BH Subs Use Prevention Coordinator reviews

Tab 5 - Therap Bhvrl Svcs

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<p>CYF-TBS-1: At least 60% of Therapeutic Behavioral Services (TBS) clients will have either met their TBS treatment goals or partially met their TBS treatment goals as measured by discharge codes.</p>	<p>Outcome</p>	<p>TBS clients discharged 7/01/22- 6/30/23 Note: This applies only to Seneca TBS, Edgewood TBS, and Catholic Charities CYO - St. Vincent School for Boys TBS Programs.</p>	<p>Avatar Discharge Codes</p>	<p>BHS Policy Affordable Care Act</p>	<p>Avatar TBS Report</p>

Tab 6 Individualized Prog Obj

Indicator	Type of Objective	Client Inclusion Criteria and/or Inclusion Period	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Anxiety Training and Consult (with Christine Frazita)					
1. Provide training and ongoing consultations with SFDPH CYF clinicians in understanding, developing and practicing evidence based CBT with the children, youth, and families they serve who present primarily with anxiety. The program will complete at least 90% of planned trainings and ongoing consultation group with a small group of clinicians through duration of contract.	Compliance	N/A	Written summaries of each training session, accompanied by training materials, such as video, articles, and worksheets will be compiled and provided to clinicians and the CYF Program Manager. Trainer will also track attendance of participants and submit all attendance information to the CYF Program Manager by 9/01/2023.	CYF	N/A
2. Of the CYF clinicians who attend trainings and consultations, at least 75% will report that the training and consultation was helpful for them to work with clients who present with anxiety.	Outcomes	N/A	This will be monitored by post-training and post-consultation surveys. A brief report on the aggregated results from the surveys will be submitted to the CYF Program Manager and/or BOCC by 9/01/23.	CYF	N/A
Edgewood - William Cottage (Crisis Stabilization Unit)					
1. At least 75% of clients served will be diverted from in-patient hospitalization.	Outcomes	All program clients	Discharge log; contractor prepares semi-annual report documenting achievement for CYF Program Manager; prepares Annual Summary Report of achievement for BOCC by 9/15/23.	CYF	N/A
Edgewood - Hospital Diversion					
1. 100% of Edgewood's Hospital Diversion referrals will be recorded in a log.	Compliance	All clients referred to Edgewood's Hospital Diversion Program by SF Behavioral Health and SF Human Service Agency.	Edgewood's Hospital Diversion Program HD log.	SOC	N/A See Log
FCMH / CBOs CANS Screens					
100% of new clients with an open episode will have a CANS Screen completed in the online Avatar record within 30 days of opening episode.	Process	All clients referred for mental health screening from Human Services Agency or Juvenile Probation Department during the fiscal year who have an episode lasting fewer than 60 days. Programs include only those designated within A Better Way, Alternative Family Services, Seneca AIIIM Higher. For FCMH, given they have a Screen RU/dedicated code, the 60 day rule doesn't apply.	Avatar. BOCC calculates	CYF	To be developed
Golden Bear and Associates					
1. Informs each SUD Prevention Program of edits or corrections discovered in their PPSDS data entries by the 14th day of each month	Compliance	N/A	State Primary Prevention SUD Data System (PPSDS); Quarterly Reports submitted to CYF SOC; Summarized in Year-End report submitted to BOCC by 11/1/23.	DHCS	Quarterly Report Template; Year-End Summary Report Template
2. Provides Year-End summary of all SUD Prevention Programs' PPSDS data entry accuracy and timeliness measures	Process	N/A	Quarterly PPSDS reviews; Year-End Summary Report of SUD Prevention Programs' achievements submitted to CYF SOC Manager and BOCC by 11/1/23.	CYF SOC	Year-End Summary Report of SUD Prevention Programs' achievements Template
3. Submits Mid-Year Report and a Year-End Report documenting annual deliverables/UOS	Compliance	N/A	Submitted Mid-Year Report (Due to CYF Asst Director or designee by Jan 31) Year-End Report submitted to BOCC by 11/1/23.	DHCS	Year-End Summary Report Template
4. Provides monthly trainings on the State Primary Prevention SUD Data System (PPSDS) as needed, with attendance & sign-in sheets submitted within 5 business days of the training	Compliance	N/A	Training attendance & sign-in sheets submitted to CYF SOC Manager	CYF SOC	Quarterly Report Template; Year-End Summary Report Template

Tab 6 Individualized Prog Obj

5. Shall provide the Business Office of Contract Compliance (BOCC) with summary information of SUD Prevention Programs in regards to agencies meeting the 80% improvement outcomes in the Strengthening Families Program and Botvin Life Skills Training.	Process	All program clients	Evaluation of FY 22-23 client pre- and post-test data; Year-End Summary Report of SUD Prevention Programs' achievements for CYF SOC Manager & BOCC by 11/1/23.	CYF SOC	Year-End Summary Report of SUD Prevention Programs' achievements Template
6. During the last quarter of the fiscal year, will survey each of the SUD Prevention Programs by asking 2 or 3 questions regarding satisfaction with the requirement that a surveys be returned by 100% of the SUD Prevention Providers/Agencies.	Process	N/A	Survey Questions are self-generated and related to scope of work; results of the survey will be included in the Year-End Summary Report due to BOCC on 11/1/23.	BOCC	Year-End Summary Report Template
Horizons Unlimited - Outpatient Pre-Enrollment Program (Secondary Prevention)					
1. During FY 2022-2023, 25 youth will participate in Late Night programming.	Compliance	Clients attending late night program services	Client Sign-In Sheets, agency prepares semi- annual reports to track accomplishment, and prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/15/23	CYF	N/A
2. During FY 2022-2023, 13 Late Night youth will attend at least 5 sessions per annum.	Compliance	Clients attending health & psycho-education groups & who also participate in late night program services	Client Sign-In Sheets, agency prepares semi- annual reports to track accomplishment, and prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/15/23	CYF	N/A
3. During FY 2022-2023, 8 Late Night youth will participate in at least 3 educational forums, i.e. legal, writing, community issues and concerns, etc.	Compliance	Clients attending late night program services	Client Sign-In Sheets, agency prepares semi- annual reports to track accomplishment, and prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/15/23	CYF	N/A
4. During FY 2022-2023, 30 Juvenile Justice Center housed youth will participate in 3 educational forums.	Compliance	Clients attending late night program services	Client Sign-In Sheets, agency prepares semi- annual reports to track accomplishment, and prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/15/23	CYF	N/A
5. During FY 2022-2023, Horizons will provide referrals, and subject referrals will be recorded in the Treatment Pre-enrollment Form, i.e. employment, housing, legal, education, primary care, residential treatment, etc.	Compliance	Clients attending late night program services	Client Sign-In Sheets, agency prepares semi- annual reports to track accomplishment, and prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/15/23	CYF	N/A
Horizons Unlimited - Log Cabin Ranch					
At least 60% of clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by discharge codes/reasons.	Outcome	Clients discharged in FY21-22	Internal Reports	SOC	N/A
Homeless Children's Network Ma'at Program					
The Ma'at Program must achieve the CYF Intensive Services Objectives listed in this document on Tab 1, specifically: Objectives CYF-MH-OP-2, 3 and 4 for Medi-Cal clients	Outcome/Compliance	N/A	Same as CYF SOC Intensive Services Objectives listed on Tab 1 of this document	See Tab 1	See Tab 1
By June 30th, 2023, Ma'at Program staff will provide non-EPSTD services, including mental health services, group support, healing circles and/or case management services to 40 clients, Black/African-American families referred under Ma'at.	Process	N/A	This outcome will be tracked with the "Ma'at non-EPSTD Client Service Form" and reported through year-end evaluation report to be submitted to CYF Manager by 9/15/23.	CYF	N/A
By June 30th, 2023, Rafiki staff will provide eight "Love Pop-Ups" and other community outreach activities to address community trauma by activating healing and resilience in a culturally-responsive way for Black/African American community members across San Francisco.	Process	N/A	Documentation and number of attendees for these events will be tracked in the Ma'at Program binder and summarized in Ma'at year-end evaluation report to be submitted to CYF Manager by 9/15/23.	CYF	N/A
Multi-Agency Resource to Coordinate Help (MARCH; formerly Shared Youth Database) with Andrew J. Wong, Inc. (AJWI)					
1. In terms of the re-configuration of the MARCH data management system, AJWI will edit system security and privacy protocols to match MOU and Data Use Agreement (DUA) protocols as demonstrated by completion of the update list provided by AJWI based on the MOU/DUA and acceptance by DPH project management by March 30 2023.	Compliance	N/A	AJWI's Year End Report due September 1, 2023. The Year End Report will include a customer satisfaction survey as filled out by members of the MARCH Leadership Committee.	CYF	N/A
2. Relevant to Project Management, AJWI will provide ongoing support of the MARCH Leadership and Working committees as demonstrated by email history. Monthly or quarterly meetings will be facilitated by AJWI staff as demonstrated by published agendas and meeting minutes. Respond to requests for data and progress reports on an every other month basis.	Process	N/A	AJWI's Year End Report due September 1, 2023. Data and Progress reports distributed to MARCH Leadership and Working Committees every other month. Published agendas, meeting minutes, and email history.	CYF	N/A

Tab 6 Individualized Prog Obj

3. AJWI provides hosting and security for the MARCH data management system in a HIPAA compliant network environment and includes: a. 12 months of ongoing support as demonstrated by an aggregate report on monthly usage. b. All breaches will be reported to project management as per HIPAA compliance as demonstrated by submissions or a lack of submissions. c. 24/7 access and 99.9% up time for application users as demonstrated by the year end log of any down time.	Process	N/A	AJWI's Year End Report due September 1, 2023; which will include monthly usage and year end logs of any down time.	CYF	N/A
4. As associated with DPH data analysis services on MARCH data: a. Weekly case alerts as demonstrated by weekly system alerts to service staff. b. Quarterly deidentified aggregate data reports. c. Responsive to all data requests from management team for the term of this contract as demonstrated by a history of emails and submission of aggregate reports.	Compliance	N/A	AJWI's Year End Report due September 1, 2023. Quarterly deidentified aggregate data reports distributed to MARCH Leadership and Management. Email history.	CYF	N/A
Psychological Assessment Services (PAS) Program (@ Mission MH)					
1. Implement a satisfaction survey for a sample of clients.	Compliance	Exclude Court Involved Clients	Documentation maintained by program staff; program prepares year-end report with results by 9/15/23.	CYF	N/A
2. Psychological assessment referrals assigned to full-time PAS civil service staff will be completed within an average of 90 days, as evidenced by data tracked and provided in the year-end report.	Compliance	Excluding referrals that were rescinded and closed or rescinded and reassigned.	Spreadsheet maintained by PAS staff; program prepares year-end report by 9/15/2023.	CYF	N/A
3. PPAS civil service staff will review psychological assessment reports referred through the juvenile justice and child welfare systems for quality assurance purposes, as evidenced by data tracked and provided in the year-end report.	Compliance	Excluding referrals to outside experts who are not contracted or paneled with CYF.	Spreadsheet maintained by PAS staff; program prepares year-end report by 9/15/2023.	CYF	N/A
RAMS - Children's Wellness Center					
1. Goal Attainment Scale: RAMS will continue to implement Goal Attainment Scale(GAS) to collect clients' progress towards treatment. Cases opened for ≥ 6 sessions will be reviewed.100% of cases will be reviewed every 6 sessions	Compliance	Clients who have received ≥ 6 sessions of services	Contractor prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/15/23	BHS - CYF SFUSD	N/A
2. RAMS will continue utilizing its tracking system for data collection of the annual GAS service plans & improvements in client symptoms.	Compliance	Clients who have received ≥ 6 sessions of services	Contractor will provide a mid-year update to CYF program manager by 01/15/2022. Contractor prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/15/23	BHS - CYF SFUSD	N/A
3. Family Engagement: 100% cases with minor consent will be reviewed every 6 sessions to determine whether involving caregivers in treatment is appropriate.	Compliance	Clients who have received ≥ 6 sessions of services	Contractor prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/15/23	BHS - CYF SFUSD	N/A
4. Maintain strong Trauma-Informed program by scheduling at least one training to staff on best trauma practices.	Compliance	Clients who have received ≥ 6 sessions of services	Contractor prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/15/23	BHS - CYF SFUSD	N/A
RAMS - Children's Wellness Center - TRACK Program (formerly known as SF ACT)					
1. The RAMS SF TRACK Program must achieve the CYF Intensive Services Objectives listed in this document on Tab 1, specifically: Objectives A.2.a, D.1, D.2, D.3, D.4, D.5, and D.10	Outcomes/Compliance	N/A	Same as CYF SOC Intensive Services Objectives listed on Tab 1 of this document	See Tab 1	See Tab 1
2. RAMS SF TRACK will pilot behavioral health consultation by providing this service to at least one school site administrator of a SF TRACK client.	Compliance	N/A	Contractor prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/15/23	CYF - SOC	N/A
3. RAMS SF TRACK will pilot behavioral health consultation by providing this service to at least one teacher of a SF TRACK client.	Compliance	N/A	Contractor prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/15/23	CYF - SOC	N/A
Seneca Center - Short Term Connections Services					
1. For at least 90% of the cases referred from Child Crisis and/or the Family Mosaic Project, the provider will have staff available to meet clients' needs.	Compliance	All Referred Clients	ISS Referral forms compiled every 6 mos.by Child Crisis Director; program prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/1/23	BHS Policy ACA	N/A
Seneca Center - Youth Transitional Services					
1. 75% of clients will not reoffend	Compliance	All clients	Info gathered from probation officers	CYF - SOC	Annual report from program
UCSF Child Trauma Research Program					
1. The program will provide Child-Parent Psychotherapy (CPP) training to CYF agencies and/or providers/clinicians during the contract year	Compliance	N/A	This will be monitored by log of training schedule and sign-in sheets submitted to the CYF Program Manager by 9/01/23.	CYF	N/A

Tab 6 Individualized Prog Obj

2. The program will provide ongoing CPP consultation to Human Services Agency (HSA) providers during the contract year. Of the providers who attend consultation, at least 75% will report that the consultation was helpful for them to work with children and their caregivers/parents; and the consultant was knowledgeable and responsive.	Compliance	N/A	This will be monitored by a survey conducted. A brief report on the aggregated results from the survey will be submitted to the CYF Program Manager and/or BOCC by 9/01/23.	CYF	N/A
3. The program will provide Supervisor support/process/consultation groups to CYF Civil Service Clinic Supervisors during the contract year. Of the supervisors who attend the group, at least 75% will report that the forum was helpful for them.	Compliance	N/A	This will be monitored by a survey conducted. A brief report on the aggregated results from the survey will be submitted to the CYF Program Manager and/or BOCC by 9/01/23.	CYF	N/A
UCSF Child and Adolescent Community Psychiatry Training Program (CMS 6901)					
1. The Program Director shall meet with the clinic supervisors at least twice per year, as evidenced by meeting dates provided in the end-of-year report.	Compliance	N/A	Program Director/Clinic Supervisor agendas & or meeting notes/logs; program prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/15/23	CYF	N/A
2. The program shall provide for funding for at least five residents/fellows per year, as evidenced by the resident/fellow roster provided in the end-of-year report.	Compliance	N/A	Resident/Fellow roster; program prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/15/23	CYF	N/A
3. The program shall compile the results from all residents/fellows for each fiscal year within 45 days of the close of the fiscal year. The program shall provide the Business Office of Contract Compliance (BOCC) with a summary report of the resident/fellow's evaluation results.	Compliance	N/A	Resident Fellow Evaluations; program prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/15/23	CYF	N/A
4. The program shall compile the results of the supervisor's completed milestone achievements for each resident/fellow for each fiscal year within 45 days of the close of the fiscal year.	Compliance	N/A	Supervisors' Milestone achievement summaries for Residents/Fellows; program prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/15/23	CYF	N/A
UCSF DBT Consultation					
1. Of the Seneca DBT clinicians who attend consultation, at least 75% will report that the consultation was helpful for them to implement DBT-A.	Outcomes	N/A	This will be monitored by a survey conducted every 6 months. A brief report on the aggregated results from the survey will be submitted to the CYF Program Manager and/or BOCC by 9/01/23.	CYF	N/A
2. Of the TAY clinicians who attend consultation, at least 75% will report that the consultation was helpful for them to implement DBT-A.	Outcomes	N/A	This will be monitored by a survey conducted every 6 months. A brief report on the aggregated results from the survey will be submitted to the CYF Program Manager and/or BOCC by 9/01/23.	CYF	N/A
3. Of the CYF clinicians who attend the DBT-informed training and/or consultations, at least 75% will rate the training as "very good."	Outcomes	N/A	This will be monitored through a post-training and post-consultation surveys. Aggregated results from the survey will be submitted to the CYF Program Manager and/or BOCC by 9/01/23.	CYF	N/A
Urban YMCA Peer Specialists Program for Hope SF Wellness Center					
1. Do 1 weekly event at each Hope SF site	Process	All Hope SF sites	Indicated by sign in sheet and monthly calendar	CYF/AOA	N/A
2. Monthly outreach and distribution of Narcan in the community	Process	All Hope SF sites	Indicated by Narcan count and tracking log of contacts	CYF/AOA	N/A
3. Will make 2 referrals a month to Nursing and or Behavioral Health	Process	All Hope SF sites	Indicted by referral log	CYF/AOA	N/A