



San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Forensic and Justice-Involved Behavioral Health Services

Performance Objectives FY 2022-2023

Measuring client improvement and successful completion of target objectives is an important part of SFDPH contracting. The implementation of the Avatar Electronic Health Record 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 2022-2023 are designed to maximize the use of Avatar data entered by providers for client admission, assessment, treatment planning, services provided, updates and discharge information. BHS intends to reduce provider burden in determining objective compliance by using Avatar data to measure objectives - to the extent possible.

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

This document is comprised of the following tab(s):

Tab 1: Objectives for Forensic Justice BHS programs

Tab 1 contains the following fields to describe the objective:

- **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, Dept of Healthcare Services (DHCS), California Dept of Managed Health Care (DMHC), SAMHSA, etc.
- **Report Availability for Providers** - Indicates whether a report is available in Avatar to track performance on a given objective.

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: nick.hancock@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- Forensic_Justice BHS

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Civil Service - Assisted Outpatient Treatment (Chris Wright- Program Manager)					
1. 60% of clients that meet AOT criteria and that the AOT Care Team has contact with will engage in voluntary services.	Outcome	Individuals referred in FY 22-23	AOT Database	AOT Procedures	N/A-AOT will track and report to BOCC in September
2. In an effort to inform the community regarding AOT, the program will conduct a minimum of 10 presentations a year.	Process	Presentations in FY 22-23	AOT Data	AOT Procedures	N/A- AOT will track and report to BOCC in September
3. AOT will submit an annual report to the State Department of Mental Health in compliance with WIC 5348(d), which will be posted on the AOT website.	Process	Annual Report	AOT Website	AOT Procedures	N/A-AOT will track and report to BOCC in September
Civil Service- Behavioral Health Homelessness Team(Allison Horky- Program Manager)					
1. BHHT Program Manager will conduct a weekly case conference to coordinate care of an average of 10 high needs clients experiencing homelessness per week.	Process	Meetings that occur with partners	HSOC	HSOC	N/A- HSOC will track and report to BOCC in September
2. 90% of individuals that staff engage with on outreach will be referred to at least one DPH resource.	Outcome	All clients with an episode opened in FY 22-23	HSOC Tracking	HSOC	N/A- HSOC will track and report to BOCC in September
Civil Service - Drug Court Treatment Center (Leon Hopkins- Program Manager)					
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	All clients discharged in FY 22-23	CalOMS Discharge Status Field	ACA	CalOMS Discharge Status Report Avatar Report
2. 100% of open clients will have a signed consent and authorization forms.	Compliance	All clients with an episode opened in FY 22-23	Drug Court Database	BHS Policy	Drug Court Database Report
3. 60% of open clients will have a level of care assessment completed no later than 30 days after admission.	Compliance	All clients with an episode opened in FY 22-23	SUD -LOC	Drug Court Procedures	Drug Court Database Report
Civil Service - Community Justice Center (Erick Reijerse- Program Manager)					
1. At least 60% of clients will have successfully completed the program or will have left before completion with satisfactory progress as measured by discharge codes.	Outcome	All clients discharged in FY 22-23	CJC Court Database	CJC Procedures	CJC Database Report
2. 100% of open clients will have a signed consent and authorization forms.	Compliance	All clients with an episode opened in FY 22-23	CJC Court Database	BHS Policy	CJC Database Report
3. 60% of open clients will have an ANSA completed no later than 30 days after admission to the court.	Compliance	All clients with an episode opened in FY 22-23	CJC Court Database	CJC Procedures	CJC Database Report
4. 80% percent of clients discharged during FY 20-21 will have their file closed within 30 days.	Compliance	Clients discharged during FY 22-23	CJC Court Database	CJC Procedures	CJC Database Report
Civil Service - Congregate/SIP Behavioral Health Team (June Dziedic- Program Manager)					
1. Staff will outreach/attempt to outreach or ensure another team outreaches 100% of people referred to them by on site staff or shelter health.	Process	All clients referred during FY 22-23	Database	BH Team	N/A
2. At least 60% of people that staff assess in the hotels, shelters, or safe sleep sites will be referred to the DPH system of care.	Outcome	All clients seen during FY 22-23	Database	BH Team	N/A
Civil Service - SCRT Office of Coordinated Care (Melisa Cerda- Program Manager)					
1. At least 60% of individuals seen by SCRT will have an outreach/attempt to outreach to provide follow up care.	Process	All clients seen by SCRT during FY 22-23	Avatar	SCRT Procedures	N/A
2. At least 50% of clients seen by SCRT OCC Team will be referred to/connected to services	Outcomes	All clients seen during FY 22-23	Avatar	SCRT Procedures	SCRT Follow Up - Avatar
Civil Service- Tenderloin Outreach (Program Manager Wanetta Davis and Chris Carlos Wallace)					
1. Staff will provide DPH support at 100% of the Joint Field Operations.	Process	All joint field operations	TL Outreach Tracking	TL Outreach	N/A- TL will track and report to BOCC in September

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2. 90% of individuals that staff engage with on outreach will be referred to at least one DPH resource.	Outcome	All clients seen during FY 22-23	TL Outreach Tracking	TL Outreach	N/A- TL will track and report to BOCC in September
Salvation Army - STARR (Until 2/15/23)					
1. By the end of the fiscal year, Salvation Army will have achieved at least a 90% occupancy rate in their detox program, as measured by program enrollment data documented by joint data collection efforts between DPH, HTA and Salvation Army and stored in Avatar.	Process	All clients with an episode opened in FY 22-23	Avatar Episode	STARR Grant	Batch File Episode Report
2. By the end of the fiscal year, 50% of participants enrolled in social detox will successfully complete their treatment by meeting their individualized treatment goals, as measured by joint data collection efforts between DPH, HTA, and Salvation Army.	Process	All clients with an episode opened in FY 22-23	Salvation Army and HTA Data Collection	STARR Grant	N/A
3. Starting 8/16/21, By the end of the fiscal year, Salvation Army will have enrolled at least 64 individuals in residential treatment, as measured by program enrollment data documented by joint data collection efforts between DPH, HTA and Salvation Army and stored in Avatar.	Process	All clients with an episode opened in FY 22-23	Avatar Episode	STARR Grant	Batch File Episode Report
4. Starting 8/16/21 By the end of the fiscal year, Salvation Army will have achieved at least a 90% occupancy rate in their residential program (starting in Year 3), as measured by program enrollment data documented by joint data collection efforts between DPH, HTA and Salvation Army and stored in Avatar.	Process	All clients with an episode opened in FY 22-23	Avatar Episode	STARR Grant	Batch File Episode Report
Felton Institute - STARR (until 2/15/23)					
1. At least 60% of individuals connected to grant-funded outpatient case management services will engage with a case manager at least one time.	Outcome	All clients with an episode opened in FY 22-23	Felton Institute will be responsible for tracking enrollment in outpatient case management services and reporting data to HTA within two weeks of the end of each quarter.	STARR Grant	HTA to provide to BOCC in September
100% of participants who engage with a grant-funded case manager will receive an Individualized Intervention Plan (IIP).	Outcome	All clients with an episode opened in FY 22-23	Felton Institute will be responsible for tracking IIP completion and reporting data to HTA within two weeks of the end of each quarter.	STARR Grant	HTA to provide to BOCC in September
UCSF Citywide- Assisted Outpatient Treatment					
1. Participants enrolled in the Assisted Outpatient Treatment Program will have an overall 10% reduction in psychiatric crisis contacts compared to the previous fiscal year, as measured by Psychiatric Emergency Services (PES) contacts.	Outcome	All clients with an episode opened in FY 22-23	Avatar	AOT Procedures	N/A
2. Participants enrolled in the Assisted Outpatient Treatment Program will have a 10% reduction in a) total number of incarcerations and b) total number of days incarcerated compared to the previous fiscal year, as measured by number of jail contacts with the San Francisco County Jail.	Outcome	All clients with an episode opened in FY 22-23	EPIC as well as a joint data collection effort between UCSF and DPH's AOT Care Team.	AOT Procedures	N/A

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Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
3. Participants enrolled in the Assisted Outpatient Treatment Program will have an overall 5% reduction in a) total number of admissions and b) total number of days on an inpatient psychiatric unit compared to the previous fiscal year, as measured by number of number of readmissions.	Outcome	All clients with an episode opened in FY 22-23	Avatar	AOT Procedures	N/A
4. 50% of participants discharged from the Assisted Outpatient Treatment Program will be connected to another Behavioral Health provider within the System of Care.	Process	All clients with closing in FY 22-23	Avatar	AOT Procedures	N/A
UCSF Citywide- Citywide Community Response Team (HMIOT and SIP)					
1. 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.	Outcome	All clients with an episode opened in FY 22-23	Avatar	Procedures	N/A
2. Participants enrolled in the CCRT Program will have an overall 10% reduction in psychiatric crisis contacts compared to the previous fiscal year, as measured by Psychiatric Emergency Services (PES) contacts.	Outcome	All clients with an episode opened in FY 22-23	Avatar	Procedures	N/A
3. 50% of participants discharged from the CCRT will be connected to another Behavioral Health provider within the System of Care.	Process	All clients with closing in FY 22-23	Avatar	Procedures	N/A
UCSF Citywide- PES Linkage Team					
Participants enrolled in the Citywide PES Linkage Team will have an overall 5% reduction in psychiatric crisis contacts compared to the previous fiscal year, as measured by Psychiatric Emergency Services (PES) contacts.	Outcome	All clients with an episode opened in FY 22-23	Avatar	Procedures	N/A
50% of participants discharged from the Citywide PES Linkage Team will be connected to a planned health service within the System of Care.	Outcome	All clients with closing in FY 22-23	Avatar	Procedures	N/A
Felton Behavioral Health Community Engagement and Tenderloin Team					
1. Ensure that at least 50% of unique individuals referred by are located and assessed	Outcome	All clients with an episode opened in FY 22-23	CBO EHR	Procedures	CBO EHR
2. 90% of individuals that staff engage with on outreach will be referred to at least one DPH resource. .	Process	All clients with an episode opened in FY 22-23	CBO EHR	Procedures	CBO EHR
3. Provide outreach and engagement in advance of 100% of the resolutions/joint field operations.	Process	All clients with an episode opened in FY 22-23	CBO EHR	Procedures	CBO EHR
Low Threshold Case Management (Glide Women and PWUD, Felton Street Case Management)					
1. Case managers will outreach 100% of the individuals that are referred by the DPH team.	Process	All clients referred in FY 22-23	CBO EHR	Procedures	CBO EHR
2. 80% of individuals opened for case management services will have a minimum of 5 contacts.	Outcome	All clients with an episode opened in FY 22-23	CBO EHR	Procedures	CBO EHR
3. By the end of the fiscal year, 100% of enrolled participants will receive information and assistance towards linkages.	Outcome	All clients with an episode opened in FY 22-23	CBO EHR	Procedures	CBO EHR
Harm Reduction Therapy Center-HMIOT					
1. By the end of the Fiscal Year, 300 individuals will make brief contacts (e.g. drop-ins, outreach visits, and referrals) with HRTC's mental health treatment team to begin developing relationships & learn about our services.	Process	Participants with one or more contact	CBO EHR	Procedures	CBO EHR
2. By the end of the Fiscal Year, 60% of individuals who have had contact with HRTC clinicians will receive information about harm reduction practices and/or about substance use and mental health treatment options.	Process	Participants with one or more contact	CBO EHR	Procedures	CBO EHR
3. By the end of the current Fiscal Year, 45 individuals will engage in 1:1 short- to medium-term therapy or counseling.	Process	Participants with one or more contact	CBO EHR	Procedures	CBO EHR

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Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
4. By the end of the Fiscal Year, 35 individuals per year will be referred to ongoing behavioral health services within DPH's broader system of care.	Outcome	Participants with one or more contact	CBO EHR	Procedures	CBO EHR
Street Crisis Response Team- RAMS and HR360					
1. >30% of individuals contacted will be connected to ongoing services	Outcome	All identifiable clients with an episode in FY 22-23	Avatar	Procedures	N/A
2. Teams will respond to >80% eligible behavioral health calls from dispatch	Outcome	N/A	DEM	Procedures	N/A
3. In FY 22-23 program will ensure full staffing for all 7 teams to be operational at >98% (358/365 days)	Process	Program	Program	Procedures	N/A