CITY AND COUNTY OF SAN FRANCISCO

BOARD OF SUPERVISORS

BUDGET AND LEGISLATIVE ANALYST

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TO: Budget and Finance Committee

FROM: Budget and Legislative Analyst

SUBJECT: May 1, 2019 Budget and Finance Committee Meeting

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Budget Priority Report: Behavioral Health

Executive Summary

The Department of Public Health (DPH) Division of Community Behavioral Health Services (BHS) has several existing programs that address the following areas identified as priorities by the Board of Supervisors. Recent activity in each of these areas is summarized below:

- **Outreach services, particularly at night**
  Several agencies, such as law enforcement and the Department of Homelessness and Supportive Housing, partner with DPH to deliver outreach services, particularly at night. Resources dedicated to the SF Homeless Outreach Team and Street Medicine have grown, with new staff added to both teams during Fiscal Year 2018-19.

- **Residential treatment beds for individuals stepping down from involuntary holds**
  The Department is currently analyzing residential treatment wait times. In 2018, wait times into mental health and dual diagnosis residential treatment beds from the community and the jail were longer than wait times for substance use residential treatment. In order to best estimate the additional needed capacity for residential treatment, the Department is evaluating whether existing wait times are due to factors related to referral and admission, rather than the number of beds available.

- **Intensive Case Managers and Psychiatrists to ensure immediate access**
  The Department dedicated substantial resources to assessing needs and expanding capacity for Intensive Case Management following the 2018 Behavioral Health Audit. The Department is launching a new Transition Age Youth Intensive Case Management program in FY 2019-20, adding 200 new Intensive Case Management slots for adults, and secured Mental Health Services Act (MHSA) funding to improve client flow through Intensive Case Management services.

- **Measures to reduce recidivism among individuals with behavioral health diagnoses in the criminal justice system**.
  Thanks to 2018 state legislation requiring diversion for individuals with mental health diagnoses, new programming through the collaborative courts is diverting individuals into treatment before trial. San Francisco Courts began accepting referrals for mental health diversion in August of 2018.

Policy Options

The Board of Supervisors could choose one or more of the following as outlined on page 24:

1. Increase resources for Mental Health and Dual Diagnosis Residential Treatment Beds
2. Expand Access to Respite Beds
3. Increase funding for Outreach and Health Services in Shelter and Navigation Centers

Behavioral Health Services in San Francisco

The Department of Public Health (DPH) Division of Community Behavioral Health Services (BHS) provides specialty mental health services and substance use disorder services for predominately low-income individuals with behavioral health conditions.[1] The number of clients accessing both mental health and substance use services has declined somewhat over the past five years, although the share of clients who are homeless has remained constant or increased.

Exhibit 1: Total Mental Health Clients by Age and Housing Status

Age	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
0-17	4,475	4,590	4,353	4,363	4,091
18 through 59	16,369	15,339	14,530	13,944	13,310
Above 60	4,015	4,024	4,116	4,025	3,923
Total	**24,859**	**23,953**	**22,999**	**22,332**	**21,324**
Homeless	20%	22%	24%	25%	26%
Not homeless	80%	78%	76%	75%	74%

Source: DPH, Avatar, the Electronic Health Record system used by BHS

Exhibit 2: Total Substance Use Disorder Clients by Age and Housing Status

Age	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
0-17	443	338	356	242	171
18 through 59	6,224	6,180	6,110	5,930	5,353
Above 60	780	857	923	961	1,011
Total	**7,447**	**7,375**	**7,389**	**7,133**	**6,535**
Homeless	58%	57%	58%	59%	58%
Not homeless	42%	43%	42%	41%	42%

Source: DPH, Avatar, the Electronic Health Record system used by BHS

High Users of Urgent and Emergency Behavioral Health Services

The top five percent of all users of urgent or emergency health services in the medical, mental health, and substance use disorder systems of care during FY 2017-18 are considered "high users of medical services (HUMS)."[2] Of the total

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[1] San Francisco residents can access the full range of behavioral health services offered by the City in several ways. First, Healthy San Francisco provides access to behavioral health services for uninsured residents with an annual income up to 500 percent of the federal poverty level, which would be $62,450 in 2019. Second, Behavioral Health Services provides services as a network provider for residents with Medi-Cal, Healthy Workers, and Healthy Kids insurance. Finally, the City's behavioral health service providers operate as a social safety net for San Francisco residents and accept every incoming client, with the exception of those who already have private health insurance.

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47,716 individuals who used the City's urgent and emergency services in FY 2017-18, 2,137 individuals constituted the HUMS, or the top five percent users of these services. Of these HUMS, 95 percent had a behavioral health diagnosis, while only 55 percent of *all* users had a behavioral health diagnosis (see note in Exhibit 3).

Exhibit 3: Behavioral Health Diagnosis of High Users of Urgent and Emergency Care, FY 2017-18

	All users	%	Top 1%	%	Top 2- 5%	%
Total Users of U/E Services	47,686		466		1,671	
Mental health only	8,724	18%	18	4%	179	11%
Substance use disorder only	5,518	12%	43	9%	223	13%
Co-occurring	12,024	25%	402	86%	1,160	69%
Total with BH Diagnosis	**26,266**	**55%**	**463**	**99%**	**1,562**	**93%**

Source: DPH, Coordinated Care Management system (CCMS) supporting Whole Person Care[2]
Note: Diagnoses based on the Elixhauser Comorbidity Index (diagnoses that were found in research to be predictive of premature mortality) are inclusive of depression and psychoses mental health disorders. The Elixhauser Comorbidity excludes some mental health disorders including anxiety and mania, which may meet medical necessity, but are not correlated with premature mortality. DPH is using the Elixhauser Comorbidity Index to understand vulnerability.

The associated cost for the top five percent of high users accounted for approximately $137 million, or 24 percent, of the total estimated cost of urgent and emergent services ($569 million in FY 2017-18). In other words, five percent of the user population accounted for one quarter of costs. Of the high user population, 85 percent have experienced homelessness at least once and 64 percent have experienced homelessness within the last year. Twenty seven percent of the high user population, or 569 individuals, have experienced homelessness sporadically or consistently for over 13 years.

Exhibit 4: Cost of High Users of Urgent and Emergency Care, FY 2017-18

	All users	Top 1%	%	Top 2-5%	%
Total Users of U/E Services	47,686	466	1%	1,671	4%
Total Population Cost	$ 568,516,227	$ 48,708,130	9%	$ 88,714,167	16%
Average Estimated per U/E Cost per User	$ 11,922	$ 104,524		$ 53,090	

Source: DPH, Coordinated Care Management System (CCMS)

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[2] CCMS is an interagency data system integrating 15 separate databases from DPH, HSH and DHS. Whole Person Care is a partnership among the Department of Public Health, the Department of Homelessness and Supportive Housing, the Department of Aging and Adult Services, and the Department of Human Services.

The method for defining urgent and emergency services was revised since FY 2016-17, so year over year comparison of utilization is not possible.

Severe Mental Illness and History of Substance Use in County Jails

The majority of booking events at County jails are associated with individuals with a history of substance use, severe mental illness, or a history of both substance use and severe mental illness.[3] Of the total of 49,096 booking events that occurred between the three year period of November 1, 2014 to October 31, 2017, 85.6 percent (42,047 booking events) involved individuals who were diagnosed with a severe mental illness, who had a history of substance use, or who had both a severe mental illness and a history of substance use, as shown in Exhibit 5 below. Many individuals were booked more than once during the three-year period; the 49,096 booking events are associated with approximately 21,465 unique individuals.

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[3] In this data, a history of substance use is broadly defined as: (1) self-reported by the individual during the DPH Jail Health's intake or behavioral health assessment process; (2) the individual is noted as high risk for alcohol withdrawal, opiate withdrawal, or benzodiazepine detox by a clinician; and/or, (3) the individual has been prescribed any substance use withdrawal medications. Substance use in this definition does not represent diagnoses of substance use disorder, but rather an estimate of the presence of substance use at all levels among individuals booked into County jails. Marijuana use was not included in the definition of substance use. Since Jail Health's intake process includes a question to individuals booked into jail about which substances they use, and not specifically about excessive use or dependency, it is not possible to conclude that those who report use of substances exhibit problematic or criminal behavior associated with that use.

Exhibit 5: Jail Booking Events by Severe Mental Illness and/or History of Substance Use Status from November 2014 to October 2017
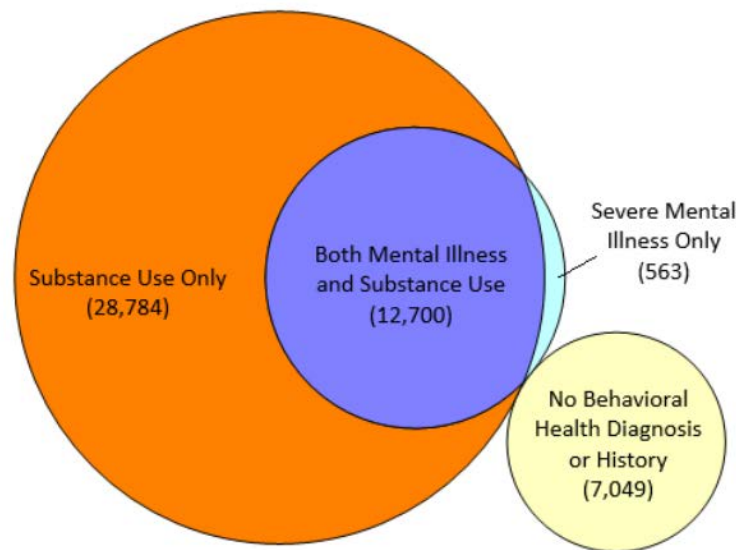
Source: Sheriff Department Booking Data and DPH Jail Health's electronic health records on individuals in San Francisco

For more information about this issue, please see the Budget and Legislative Analyst report '*Presence of Severe Mental illness and/or History of Substance Use in San Francisco County Jails*,' released in December 2018.[4]

Established Programs

The Board of Supervisors identified four programmatic areas, during our informal survey of budget priorities, where additional resources might be directed to increase the contact individuals in need have with the behavioral health system of care. These include:

1. Outreach services, particularly at night;
2. Residential treatment beds for individuals stepping down from involuntary holds;
3. Intensive Case Managers and Psychiatrists to ensure immediate access; and,
4. Measures to reduce recidivism among individuals with behavioral health diagnoses in the criminal justice system.

This section provides a summary of established City programs that address these four priority areas.

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[4] Available at https://sfbos.org/sites/default/files/BLA_Report_Jail_Behavioral_Health_120418.pdf

The behavioral health system of care is composed of services addressing the needs of individuals ranging from the most severe to mild behavioral health diagnoses. Outreach and engagement programs tend to serve individuals who are not already engaged in the system of care, intensive case management programs are oriented towards individuals who need more support in order to remain engaged in care, and residential treatment programs are reserved for high need individuals. At each level of care there are a number of programs tailored to specific needs and communities.

Outreach and Engagement

Prevention and Early Intervention services include activities that address stigma, increase awareness of, and access to, services, screening, assessment, and short-term crisis counseling services. These are provided during business hours primarily through drop-in facilities and health teams who engage with individuals on the street.

- **Street Medicine and Shelter Health** works collaboratively with other programs to improve the health of people experiencing homelessness. The team works to engage and stabilize the most vulnerable and at risk homeless individuals. The team works collaboratively with other community resources to help prevent harmful effects of homelessness, establish care for chronic conditions, and transition patients to continuing health care when they are stable. Special focus for the team includes people experiencing homelessness with opioid use disorders and street response to individuals with complex behavioral health conditions. The Street Medicine and Shelter Health Team uses a model of Whole Person Care that is comprehensive in approach and problems addressed. Data on clients served by Street Medicine staff has only been available since October 2017. The unique clients[5] served in each required reporting time frame available are shown in Exhibit 6 below:

Exhibit 6: Number of Unique Clients Served by DPH Street Medicine Staff from October 2017 to March 2019

Time Frame	Number of Unique Clients Served
October 2017 –June 2018	839
July 2018- March 2019	1,060

Source: DPH, Transitions Team, Street Medicine Program

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[5] The number of unique clients counts clients only once, no matter how many times the same client was served.

- **Engagement Specialists** respond to community concerns and perform community engagement, especially in areas considered "hot-spots" of high need individuals within the Tenderloin, Civic Center, SOMA, and Western SOMA areas. Engagement Specialists work under three programs: (1) The Community Health Response Team (CHRT) specializes in syringe disposal and engagements with people using drugs; (2) Felton Engagement Specialists concentrate on response to behavioral health issues whose primary referral source is the Health Streets Operation Center (HSOC); and, (3) Law Enforcement Assisted Diversion (LEAD) is designed to divert individuals with drug offenses from custody to community based services. This grant funded program is focused in the Mission and Tenderloin districts. Staff providing harm reduction case management and outreach services are available 9am-5pm Monday through Friday; however, they work additional alternate hours for designated activities. The total number of clients served data was not available in time to include with this report.

Outreach at Night

The Board specifically identified outreach at night as a priority. Outreach at night generally takes the form of crisis response. Established programs that serve otherwise unengaged clients at night include the following:

- **Comprehensive Crisis Services** encompasses four teams citywide: (1) the Mobile Crisis Team; (2) the Child Crisis Team; (3) the Crisis Response Team; and, (4) the Crisis Intervention Specialist Team. These programs aim to de-escalate conflict situations in response to individuals who may have mental illness or be under the influence of drugs or alcohol and pose a potential danger to themselves or others. The teams bring behavioral health expertise to critical incidents such as homicide, support police at the scene, and assist with debriefing and crisis intervention trainings. These teams respond to incidents identified by HSOC in addition to calls from other referral sources. All four programs respond 24 hours a day, seven days a week with expanded services during business hours. The total number of clients served in FY 2017-18 by these four programs was 3,950.

- The **SF Homeless Outreach Team (SF HOT),** under the Department of Homeless and Supportive Housing, provides targeted search and outreach services to high users of emergency services and high-risk homeless individuals identified by 311 (citizen complaints) and health care professionals. The team takes individuals to the appropriate care facility within two hours of receiving the request. SF HOT operates five days a week, Monday through Friday from 6:30am to 9:30pm. They respond 24

hours a day, seven days a week to requests for therapeutic transport from within the system of care. Total served data was not available in time to include with this report.

Residential Treatment Beds

For individuals who present a danger to themselves or are experiencing an acute episode, one of the primary entry points to City services is Psychiatric Emergency Services (PES) as clients may access psychiatric emergency services during hours when many BHS programs do not operate, especially evening, night, and weekend hours. PES is one aspect of the care continuum in the acute hospital setting. As an outpatient space, PES does not have a licensed bed capacity, but for program quality and safety, capacity is generally limited to approximately 20 patients at any one time. During FY 2017-18, 73 percent of all admissions to PES involved individuals admitted involuntarily through the use of the 5150 or 5250 Welfare and Institutions Code, which authorizes police officers and clinicians to detain an individual with a mental health disorder that makes them a danger to themselves or others or gravely disabled.

A 5150 hold can last up to 72 hours, while clients are cared for in PES or the acute hospital setting. If the patient is stabilized, they are discharged before the 72 hours has elapsed. If they are not stabilized, they may be placed on a 5250 hold which allows for an additional 14 days of involuntary detention for acute stabilization services. Patients are offered treatment voluntarily as an alternative to being placed on 5250. The number of individuals held in 5150 or 5250 during FY 2017-18 was 2,667.

Following an acute episode, clients will be referred to the next most appropriate and least restrictive level of care; however, they may not effectively connect to care. If an individual's needs meet the criteria for placement in a residential setting, they may be placed in, or placed on a waiting list for, one of the following levels of care listed in Exhibit 7.

If the client is discharged from Acute Inpatient before reaching the point of conservatorship and the most appropriate level of care is deemed to be a residential treatment program, the BHS system of care offers a range of programs, which are summarized in Exhibit 7 below. BHS does not currently have the means to ensure that all clients discharged from the acute hospital setting can be placed in some form of housing.

Exhibit 7. Residential Programs Used by Clients Released from 5150 Holds

Type	Program	Number of Overnight Beds	Voluntary type	Max Length of stay	Average Wait Time
Acute Psychiatric ZSFG	Acute Inpatient Psychiatric Services, ZSFG*	44	voluntary/ involuntary	N/A:47 days is max stay before a Temporary Conservatorship is awarded[6]	on demand
Crisis Stabilization	Acute Diversion Units	48	voluntary	14 days	on demand
Crisis Stabilization	Dore Urgent Care	12	voluntary	23 hours	on demand
Subtotal		**60**			
Residential Treatment	Co-Occurring Diagnosis	68	voluntary	90-180 days	up to 30 days
Residential Treatment	Mental Health	108	voluntary	most 90 days, some 365 days	up to 30 days
Residential Treatment	Substance Use Disorder Treatment	267	voluntary	90-180 days	8 days
Subtotal		**443**			
Residential Care Facilities		268	voluntary	permanent	1-7 months
Residential Care Facility for the Elderly		279	voluntary	permanent	1-7 months
Subtotal		**547**			
Transitional Housing: Shelter	DHSH has authorized ZSFG to have direct access to a total of 15 shelter beds at 2 shelters: Next Door and Multi Service Center South. These shelters are managed by DHSH	15	voluntary	1 night only	on demand
Respite	Behavioral Health Respite Navigation Center-Hummingbird Place. (15-20 additional beds for day use only. Maximum 20 participants in day program)	29	voluntary	average length of stay is 14 days; no true "max"	on demand for PES patients, immediate-3 days for other referral sources
Subtotal		**44**			
Total		**1,094**			

Source: Budget and Legislative Analyst, based on information provided by DPH
Note: This is not an exhaustive list of behavioral health beds, rather, those DPH identified as options for individuals who have been to PES under a 5150 hold.

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[6] DPH notes that there is no "maximum stay in Acute Psychiatric. However, 47 days it he maximum length legal holds can keep a person involuntarily before a Temporary Conservatorship is awarded. If a person is still acute after a Temporary Conservatorship is awarded, they would stay longer.

Acute Psychiatric at Zuckerberg San Francisco General Hospital

Hospital inpatient services are provided in acute psychiatric hospital inpatient units for both voluntary and involuntary clients with acute and severe psychiatric conditions. Total served in FY 2017-18: 1,193.

Crisis Stabilization

- **Acute Diversion Units**, also called "crisis residential" or "hospital diversion" programs, are short-term unlocked facilities designed as an alternative to hospitalization. Acute diversion units are used either as a hospital diversion facility for individuals experiencing an acute crisis or as a step-down service for clients transitioning out of acute inpatient hospital treatment. Total served in FY 2017-18: 921.

- **Crisis Urgent Care** clinics are a voluntary alternative to psychiatric emergency services at the hospital. Urgent care clinics offer engagement, assessment, and intervention to prevent further deterioration into an acute crisis or grave disability. Crisis urgent care services are provided to clients who are in psychiatric crisis but who do not require hospitalization, involuntary treatment, seclusion, or restraint. Total served in FY 2017-18: 1,295.

Residential Treatment

- **Mental Health Residential Treatment** services provide clients with mental health treatment on a 24-hour basis in a residential setting. Length of stay varies by program from 60 days to one year. Some residential treatment programs are targeted to serve specific populations, such as clients with co-occurring mental health conditions and substance use, or homeless women who have lost or are at risk of losing custody of their children. Total served in FY 2017-18: 612.

- **Substance Abuse Residential Treatment** services for substance use disorders provides non-acute care in a residential setting with recovery and treatment services for clients with alcohol and other drug use disorders and dependency. Total clients served in FY 2017-18: 1,310

Residential Care Facilities

Residential care facilities, also referred to as "board and care" facilities, provide clients with, at minimum, a residence, meals, and medication distribution. Programs that provide mental health rehabilitation programming in addition to residency are categorized as augmented or enhanced residential care facilities. Enhanced residential care and none of these facilities are locked. Total served in FY 2017-18: 723.

Shelter Housing

DHSH has authorized Zuckerberg San Francisco General Hospital (ZSFG) to have direct access to a total of 15 shelter beds at two shelters: Next Door and Multi Service Center South. These shelters are managed by the Department of Homelessness and Supportive Housing. Clients leaving PES and Hummingbird may be placed in a shelter bed. Direct referrals to shelter beds from ZSFG began in January 2018. From January 2018-July 2018, 207 clients were directly referred to shelter.

The Department of Public Health opened the Hummingbird Respite Facility in August 2017 to provide housing and services to clients experiencing homelessness, and mental health and substance use problems. Hummingbird met its full capacity of 15 beds in December 2017 then increased to 29 beds in January 2019. Clients are referred to Hummingbird from ZSFG, PES, and other referrals. 165 unduplicated clients were served with 198 total client encounters from August 30, 2017 to June 30, 2018 (Hummingbird re-launched in August 2017).

Intensive Case Management

Intensive case management programs concentrate resources to sustain clients' engagement in appropriate treatment programs. The low-caseload high-frequency contact model for intensive case management ensures that BHS can swiftly act on the needs of their most vulnerable clients. Through intensive case management programs, high-need BHS clients have access to in-office and offsite mental health crisis intervention, drop-in medication visits, rehabilitation and recovery services, service linkage, and 24-hour access to program resources. BHS offers 13 intensive case management programs for adults, older adults, and transitional-age youth. Exhibit 8 below shows the total budgeted full time equivalent (FTE) positions dedicated to intensive case management programs in FY 2012-13, FY 2016-17, and FY 2017-18.

Exhibit 8. Direct Service Staffing of Intensive Case Management Programs

	FY 2012-13	FY 2016-17	FY 2017-18
Total FTE Count for Direct Service Staff*	107.2	105.4	107.5

* Budgeted FTE includes case managers, psychiatrists, and medical support staff.
Note: Staffing information is for both CBO and civil service programs.

Source: DPH, Adult and Older Adult Services

Exhibit 9 below shows the total number of clients served by intensive case management programs in FY 2015-16, FY 2016-17, and FY 2017-18.

Exhibit 9. Clients (all ages) Served by Intensive Case Management Programs, FY 2015-16 through FY 2017-18

	FY 2015-16	FY 2016-17	FY 2017-18
18 and over	1,525	1,487	1,437

Source: DPH, Adult and Older Adult Services

Psychiatrists

BHS has taken several steps to address the shortage of psychiatrists and the difficulty of recruiting and retaining practitioners. BHS has developed a student pipeline in collaboration with the medical school at the University of California, San Francisco and a public psychiatry fellowship in conjunction with ZSFG to recruit new practitioners. BHS has also implemented various human resources strategies to streamline the hiring process for psychiatric providers, including continuous recruitment[7] for psychiatric physicians and using recruiters to address some difficult to fill positions. However, BHS continues to experience difficulties recruiting and retaining psychiatrists due to high cost of living in San Francisco.

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[7] Continuous recruitment differs from normal hiring norms in that recruitment and hiring is ongoing rather than during a discrete time period. Applications are accepted on a continuous basis.

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Reducing Recidivism in the Criminal Justice System

Law Enforcement Assisted Diversion Program

The Law Enforcement Assisted Diversion Program (LEAD SF), previously mentioned, is a Behavioral Health Services grant funded (Board of State and Community Corrections) diversion program that allows law enforcement (San Francisco Police Department, San Francisco Sheriff's Department, and Bay Area Rapid Transit Police Department) to refer individuals arrested for drug offenses directly to appropriate assessment and harm reduction treatment services at the earliest point of contact with law enforcement. LEAD includes a Policy Committee, law enforcement training, and the expansion of the Community Assessment and Services Center (CASC) to serve as a triage location for LEAD eligible cases. This program is a partnership between multiple city departments and community-based organizations with a goal of strengthening collaboration between partners, reducing recidivism, and improving the health and housing status of participants.

Collaborative Courts

The Collaborative Courts partner with City agencies and community groups to address the primary issues facing individuals, not just their crime, and to prevent ongoing cycles of recidivism. For individuals arrested on generally less serious charges following arrest and placement in jail patients are referred to one of seven collaborative courts during the adjudication process. Behavioral Health Court and Adult Drug Court work with individuals who have mental health, substance use, or co-occurring diagnoses and are staffed with DPH treatment personnel. The Community Justice Center is also staffed with DPH treatment personnel and is designed to work with individuals arrested in the catchment area who frequently have complex behavioral health and treatment needs.

Less than 15 percent of Behavioral Health Court, Adult Drug Court, and Community Justice Center participants completed those programs from 2015 to 2017, as shown in Exhibit 10 below. Research indicates that mental health court can reduce recidivism among people with mental health diagnoses who are involved in the criminal justice system.

Exhibit 10: Collaborative Courts Clients Served 2015 to 2017

Clients Served	2015	2016	2017	3 Year Total	Percent of Total Clients Served
Behavioral Health Court	225	232	187	644	N/A
Community Justice Center	1,449	1,537	1,420	4,406	N/A
Drug Court	258	260	221	739	N/A
Clients Graduated					
Behavioral Health Court	34	16	11	61	9.5%
Community Justice Center	125	94	85	304	6.9%
Drug Court	40	34	24	98	13.3%

Source: San Francisco Collaborative Court Report 2015-2017

Mental Health Diversion

Mental Health Diversion was implemented by Assembly Bill 1810 (AB 1810), which was signed into law in June 2018 with the goal of providing needed treatment to defendants with behavioral health issues instead of traditional criminal penalties. AB 1810 enables criminal courts to authorize pre-trial diversion for a period of up to two years for defendants with a behavioral health diagnosis who meet legal criteria. Pretrial diversion allows a willing defendant to postpone further action in their case in order to participate in a treatment program and can be requested at any point in the adjudication process prior to sentencing. This option is available if the individual's mental health or substance use disorder diagnosis played a significant role in the defendant committing the offense (whether a misdemeanor or felony), if the defendant agrees to engage in treatment, and if the defendant does not pose a significant risk to public safety. Acceptance into this program is solely based on judicial discretion.

Defendants who successfully participate in treatment for a period of time not to exceed two years will have their charges dismissed. In short, this program does not increase the number of patients seen through the collaborative courts, rather individuals are reached sooner and may receive a better legal disposition. San Francisco Courts began accepting referrals for mental health diversion in August of 2018. The City has received no new funds to implement this program. DPH is currently applying for State mental health diversion grant funding to help support the program. Exhibit 11 below shows clients referred to mental health diversion between August 1, 2018 and April 1, 2019, by program status.

Exhibit 11: Mental Health Diversion Clients Served August 1, 2018 – April 1, 2019 by Program Status

	Clients Served	Percent of Total
Referred	166	50.2%
Pending	50	15.1%
Denied	50	15.1%
Accepted	35	10.6%
Withdrawn by Defense Counsel	28	8.4%
Terminated	1	0.3%
Successful Completion	1	0.3%
Total	**331**	**100%**

Source: San Francisco Collaborative Courts Director

Promoting Recovery and Services for the Prevention of Recidivism" (PRSPR)

Promoting Recovery and Services for the Prevention of Recidivism" (PRSPR) is a new State-funded intervention program designed to address behavioral health needs. PRSPR works with individuals who have a history of being arrested for, charged with, or convicted of, a criminal offense. The target population is people with co-occurrence of mental health and substance use disorders. As substance use is identified as a moderate predictor in recidivism, the primary treatment modality is participation in residential substance use disorder treatment program that is enhanced with peer navigation and layered services specifically directed towards transitional aged youth (18-25 year olds). State funding is in the form of a matching grant allocated to local agencies.

Jail Health

The Department of Public Health (DPH) is responsible for providing behavioral health services to individuals in the County's jails through Jail Health Services. The jail's primary goals are to prevent suicide, identify and treat patients with mental illness in the jail and link to services in the community. The psychiatric housing units programming is designed to provide patients with tools that will help them be more successful in the community. Services provided include reentry support and linkage to care in the community.

Historical Budgets and Spending

Apart from a one-time spike in budgeted expenditures in FY 2014-15, the budget for all mental health services has increased at a steady rate since FY 2013-14. The budget for all mental health services has fluctuated over the past five years while the budget for all substance use disorder services has remained relatively stable. Actual expenditures are typically slightly lower than budgeted funding with the exception of FY 2016-17 expenditures for substance use services, which were approximately 5.6 percent more than budgeted. Budgeted and actual expenditures for mental health services and substance abuse disorder services are shown in Exhibit 12 and Exhibit 13, respectively, below.

Department staff noted that budgeted expenditure data for behavioral health services is not available by program, but actual expenditure by program is provided in detail in Appendix A (for mental health services) and B (for substance abuse services).

Exhibit 12: Mental Health Services Annual Budget Compared to Actual Expenditures, FY 2013-14 through FY 2017-18[8]

	Budget	Actual Expenditures	Budgeted Percent Change
FY 2013-14	$ 298,380,000	$ 286,110,000	N/A
FY 2014-15	$ 323,750,000	$ 296,830,000	8.5%
FY 2015-16	$ 308,130,000	$ 298,680,000	-4.8%
FY 2016-17	$ 320,190,000	$ 308,770,000	3.9%
FY 2017-18	$ 329,040,000	$ 321,570,000	2.8%

Source: DPH, Cost Report

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[8] According to DPH budget personnel, this table is an approximation of annual budgets vs. actual expenditures created to align budget and expenditures for services provided within a given fiscal year. This table makes adjustments to the complexity of multi-year projects, as well as invoice payments and cost reporting which are only finalized between six and 12 months after the close of the fiscal year. Data in this table vary from the annual appropriations and actuals which may show additional appropriation for continuing funds and multi-year projects.

Exhibit 13: Substance User Disorder Annual Budget Compared to Total Actual Expenditures, FY 2013-14 through FY 2017-18

	Budget	Actual Expenditures	Budgeted Percent Change
FY 2013-14	$ 71,495,000	$ 62,926,000	N/A
FY 2014-15	$ 69,802,000	$ 67,782,000	-2.4%
FY 2015-16	$ 74,504,000	$ 69,456,000	6.7%
FY 2016-17	$ 68,210,000	$ 72,010,000	-8.4%
FY 2017-18	N/A	N/A	N/A

Source: DPH, Cost Report

Historical Expenditures by Level of Care

Actual expenditures can be classified by level of care as shown in Exhibit 14 below for FY 2013-14 through FY 2017-18 with administrative, utilization review, support and outreach costs omitted. For mental health services, levels of care range from hospitalization to outpatient services. Hospitalization includes hospital inpatient services provided, primarily at ZSFG, in acute psychiatric hospital inpatient units for both voluntary and involuntary clients with acute and severe psychiatric conditions. Long-term care is a long-term placement for clients who require permanent or continuous care. Long-term care facilities may be either locked or unlocked. Outpatient services include a wide array of planned services that are provided in an outpatient environment. The main categories of outpatient care are case management, mental health outpatient services (including counseling and psychotherapy), and medication support services.

Crisis services, Prevention and Early Intervention, and Residential Treatment are defined earlier in this report.

Exhibit 14: Mental Health Services, Actual Expenditures by Level of Care, FY 2013-14 through FY 2017-18

Mental Health Services	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
Crisis Services	$22,842,212	$22,684,072	$22,421,296	$25,521,345	$28,064,457
Hospitalization	$42,959,594	$41,006,080	$42,025,544	$29,567,461	$35,777,830
Long-Term Care	$14,959,767	$24,887,392	$24,883,533	$15,454,870	$16,914,939
Outpatient Services	$128,797,814	$143,006,372	$140,008,134	$145,345,658	$143,763,610
Prevention and Early Intervention	$18,035,897	$19,351,474	$21,739,168	$22,983,641	$24,911,695
Residential Treatment	$6,561,238	$6,964,249	$9,181,918	$9,452,741	$9,301,362
Supportive Housing Services	$177,823	$171,920	$959,805	$805,247	$722,630
Total	**$234,334,346**	**$258,071,560**	**$261,219,398**	**$249,130,962**	**$259,456,523**

Source: DPH, Cost Report
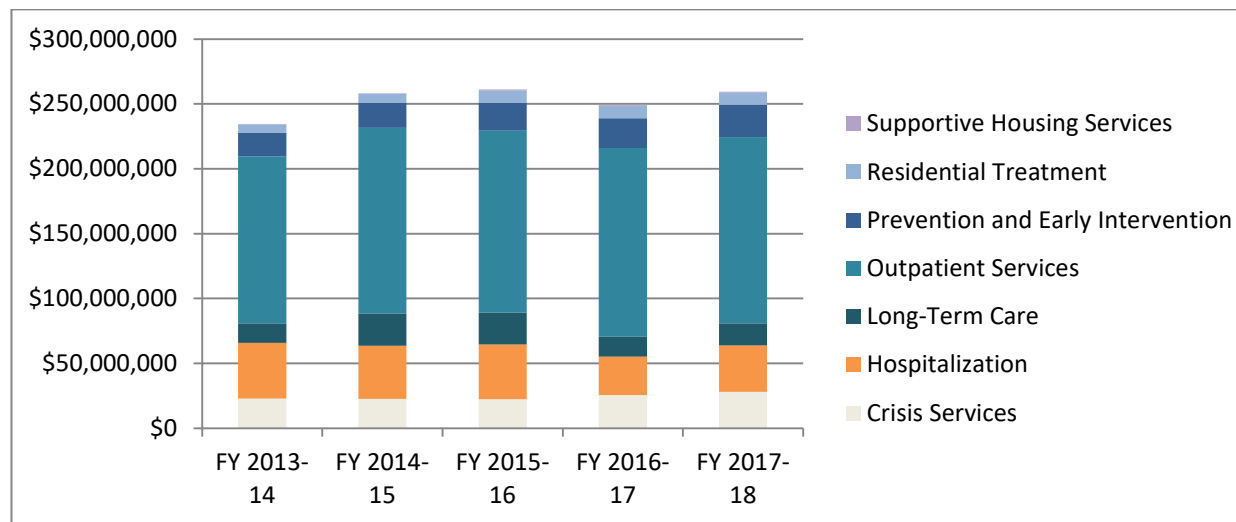
Source: DPH, Cost Report

Levels of care differ slightly for substance abuse services. The actual expenditure amounts for these levels of care from FY 2013-14 through FY 2016-17 are shown in Exhibit 15 below with administrative costs omitted. Residential Treatment includes Residential Detox Services, which are shorter term programs taking place either in a medically-managed or a social setting.[9] An additional level of care, Opioid Replacement Treatment, offers regular or daily narcotic replacement medication (methadone, buprenorphine, naltrexone, and others) and related counseling services to clients with opioid use disorders.

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[9] San Francisco also has a sobering center, which is not captured in DPH's Avatar data presented above. The sobering center provides 24-hour nurse supervision and targeted care for intoxicated alcoholics as a hospital or emergency diversion program. According to data from the coordinated care management system, a database that aggregates patient history from multiple disconnected City electronic records, in FY 2016-17 the sobering center served 730 individuals for a total of 3,332 visits.

Budget and Legislative Analyst

The expenditures for substance abuse disorder (SUD) prevention and early intervention dropped dramatically in FY 2016-17 due to the transfer of services to the new Department of Homelessness and Supportive Housing, which were previously funded by DPH through SUDs programming.

Exhibit 15: Substance Use Disorder, Actual Expenditures by Level of Care,

FY 2013-14 through FY 2017-18

Substance Use Services	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
Narcotic Replacement Treatment	$13,836,472	$14,575,992	$16,479,201	$15,884,358
Outpatient Services	$9,493,664	$8,317,407	$6,845,031	$7,145,173
Prevention and Early Intervention	$12,292,026	$14,124,751	$12,720,306	$2,746,653
Residential Treatment	$17,957,614	$17,246,155	$17,790,716	$19,594,561
Total	**$53,579,775**	**$54,264,305**	**$53,835,254**	**$45,370,744**

Source: DPH, Cost Report
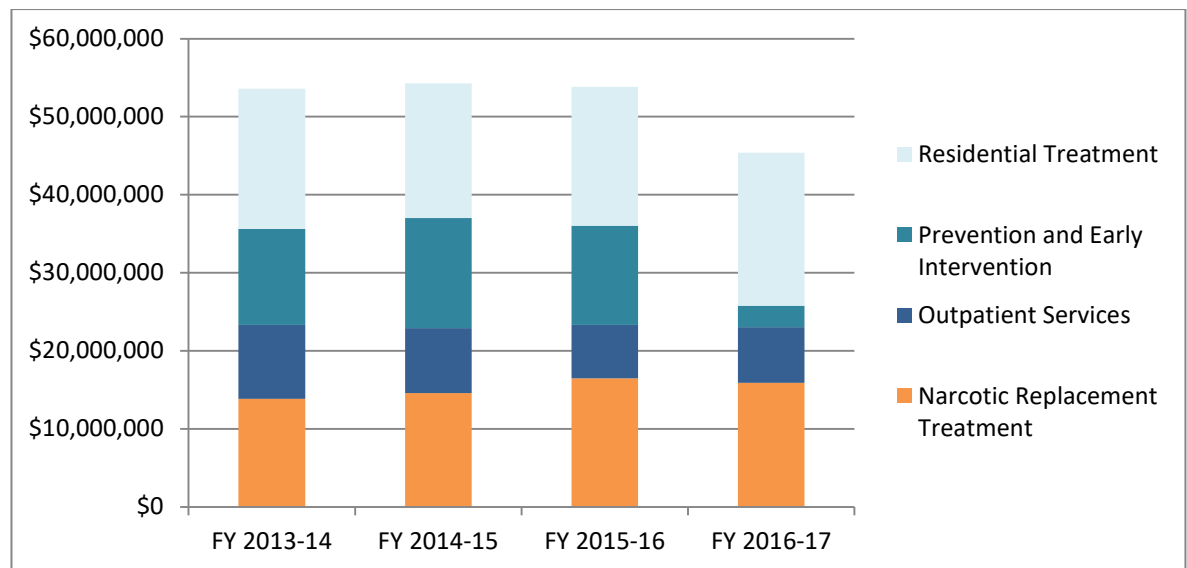
Source: DPH, Cost Report

Performance Measures

System-wide Measures Capturing Utilization

The Controller works with DPH Quality Management to set targets for the number of unique clients in treatment each year, as reported in the Mayor's Proposed Budget Book. Exhibit 16 and Exhibit 17 below show the targeted and actual number of unique clients served by BHS. It is, however, important to note that while targets are shown as a part of standard budget book measurements, in reality BHS leadership does not set targets for the number of people to be served,

as the Division's mission is to serve all who need services. Although it appears that the Department has not met its target for either mental health or substance used disorder clients in the last five years, in reality the targets shown represent projections based on prior years and should not be considered meaningful targets.

Exhibit 16: Mental Health Clients Served, from FY 2013-14 to FY 2017-18
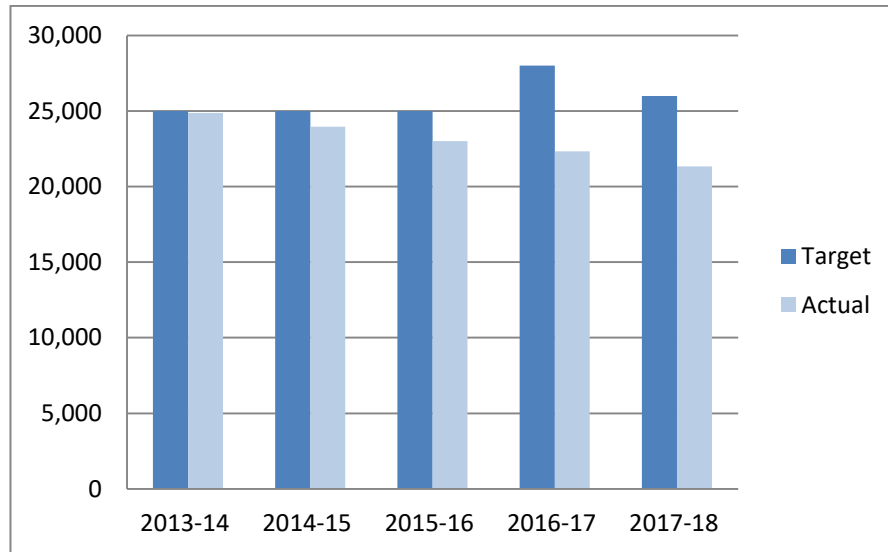
Source: Mayor Proposed Budget Books, FY 2013-14 though FY 2017-18

Exhibit 17: Substance Use Disorder Clients Served, from FY 2013-14 to FY 2017-18
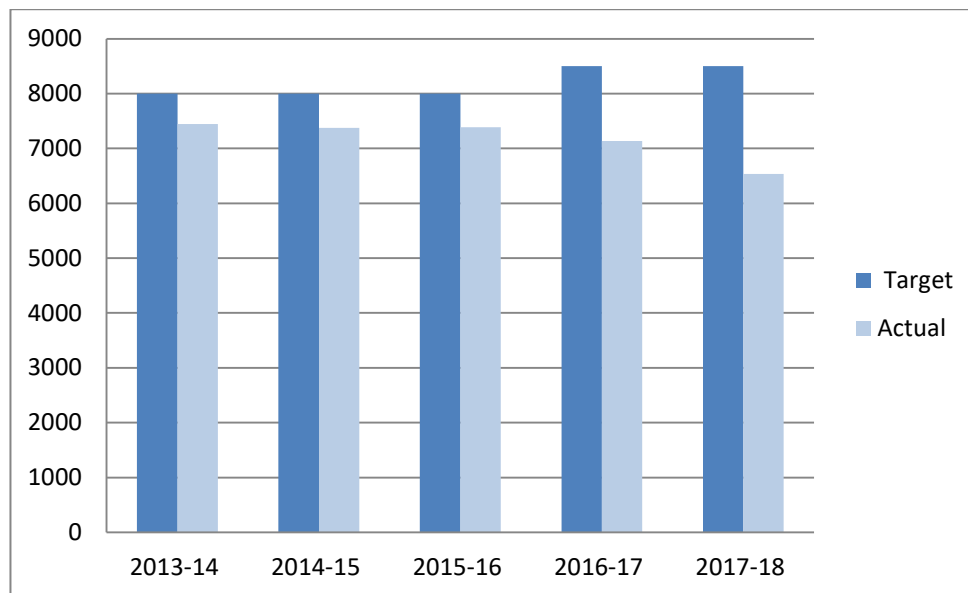
Source: Mayor Proposed Budget Books, FY 2013-14 though FY 2017-18

The other performance measurement consistently reported by DPH is the percentage of clients who are homeless at the point of admission, which is shown in Exhibit 18 and Exhibit 19 below.

Exhibit 18. Percentage of new mental health clients who are homeless
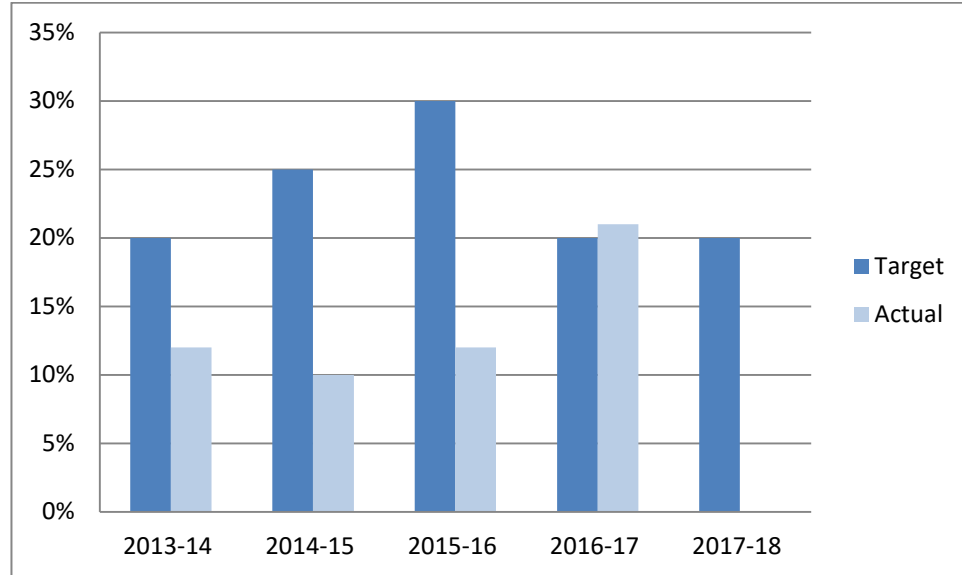
Source: Mayor Proposed Budget Books, FY 2013-14 though FY 2017-18

Exhibit 19. Percentage of homeless clients among SUD treatment admissions
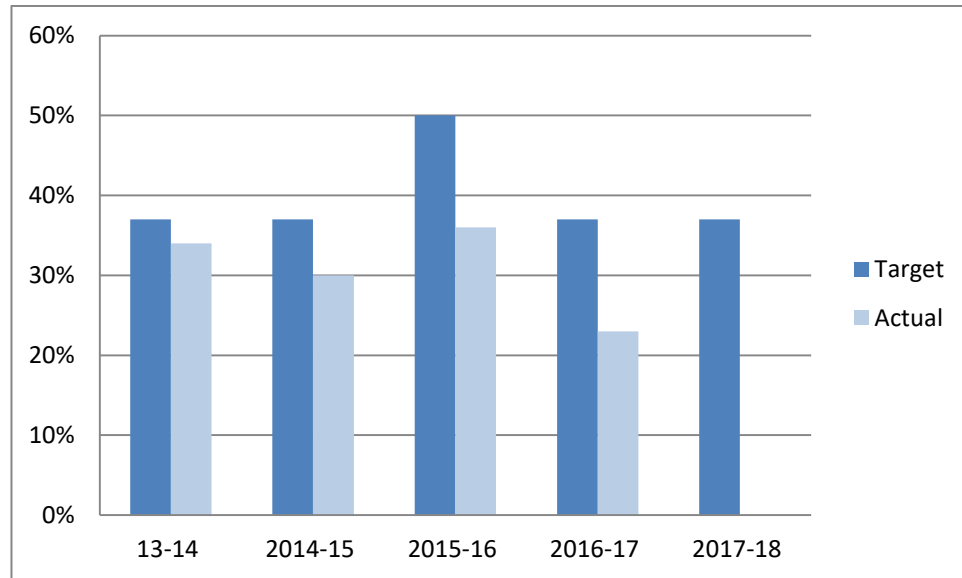
Source: Mayor Proposed Budget Books, FY 2013-14 though FY 2017-18

Program Performance Measures

Each program has a set of performance measures assigned to it based on the type of care provided. For example, performance measures for outpatient programs, which can encompass traditional outreach activities, differ from performance measures for residential mental health programs. Exhibit 20 below includes a sample of client outcome oriented performance measures used by the Behavioral Health Services Division. The full list of detailed performance measures by program is included as Appendix C to this report. A selection of actual performance pulled from contractor monitoring reports is included as Appendix D (mental health services) and Appendix E (substance use disorder services) to this report.

Exhibit 20: Sample Performance Measures Used to Evaluate Client Progress

Outreach/Engagement[10]	
Mental Health:	**Substance Use:**
• 100% of clients have a community care plan • 75% of clients enrolled in MediCal • 80% of clients with SUD needs, enrolled in SUD treatment • 80% of clients with MH needs, enrolled in MH treatment	• 85% of clients accessing Drop-In Center connect with case manager and receive needs assessment • 20% of clients accessing Drop-In Center placed in a treatment program • 520 opioid users receive overdose prevention training
Residential Treatment	
Mental Health:	**Substance Use:**
• 60% of clients improve on at least 30% of actionable items on the ANSA • For ADU clients, 80% of clients discharged to less restrictive level of care • For transitional residential clients, 70% will have an outpatient service before discharge	• 60% of clients successfully complete treatment
Intensive Case Management	
Mental Health:	
• 80% of psychiatric inpatient hospital discharges NOT followed by a readmission within 90 days • 80% of PES episodes NOT followed by PES readmission within 30 days • 60% of clients will improve on at least 30% of actionable items on the ANSA	

Source: Mayor Proposed Budget Books, FY 2013-14 though FY 2017-18

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[10] These are sample individualized program objectives defined by the agencies themselves and not system-wide objectives used by all outreach programs.

Budget and Legislative Analyst

Policy Options: Potential Funding Impacts

The Department of Public Health has identified the following additional resource needs to expand services to individuals with behavioral health needs, including individuals experiencing homelessness.

1. **Increase Outreach and Health Services in Shelter and Navigation Centers**

Street Medicine and Shelter Health works collaboratively with other programs to outreach, engage, and improve the health of homeless people. The team works to engage and stabilize the most vulnerable and at-risk homeless individuals and provide primary health care, including preventative services and care for chronic conditions. The Street Medicine and Shelter Health team works collaboratively with SFHOT and other community resources to help prevent harmful effects of homelessness, establish care for chronic conditions, and transition patients to stable health care. Special focus for the team includes people experiencing homelessness with opioid use disorders and street response to individuals with complex behavioral health conditions. There has been an increase in shelter beds and navigation center beds, but the staffing for these two programs has not increased accordingly. Additional resources would enable DPH to add both nurses and social workers to provide shelter residents with clinical care and linkage to services.

2. **Expand Access to Respite Beds**

Hummingbird Place Peer Respite provides behavioral health support and engagement to adults and older adults in a behavioral health respite program with a navigation center threshold. The goal of the program is to encourage participation and willingness to engage in ongoing recovery and wellness programs to maximize each individual's functional capacity. This program is recognized as a successful model for keeping individuals off the street and for engaging individuals who would otherwise not seek treatment. Additional resources would enable DPH to increase the number of beds.

3. **Mental Health and Dual Diagnosis Residential Treatment Beds**

DPH is actively working to develop and implement a system to analyze and track residential treatment wait-times. While wait-times into mental health and dual diagnosis residential treatment beds from the community and the jail are longer compared to wait times for substance use residential treatment, it's possible that this is due to factors related to referral and admission, rather than the number of beds available. Although DPH is currently conducting a process analysis internally to identify all possible sources of the long wait times, DPH staff believe it is likely

that increasing residential resources would contribute to decreasing wait times. Additional resources would enable DPH to increase the number of beds.

Existing Efforts to Expand Capacity

The Department dedicated substantial resources to assessing needs and expanding capacity for Intensive Case Management following the 2018 Behavioral Health Audit. The department is launching a new Transition Age Youth Intensive Case Management program in FY 2019-20 for 40 individuals, adding 200 new Intensive Case Management slots for adults, and secured MHSA funding to improve client flow through Intensive Case Management services.

Exhibit 21 below outlines new programs starting in FY 2018-19 funded through the Department of Health Care Services Homeless Mentally Ill Outreach and Treatment Grant.

Exhibit 21: New Programs to Expand Capacity

New Programs to Expand Capacity	FY 2019-20 Proposed Budget
Intensive Case Management	
UCSF Citywide Case Management - Provide intensive case management linkage services by (1) adding 4.0 FTE to work directly with individuals to support linkage to services and stability, and (2) adding 2.0 FTE clinical social workers to provide brief case management and referral/linkage coordination, based at ZSFGH's Psychiatric Emergency Services (PES). Staffing will be provided during evening hours.	$ 721,434
Outreach	
1.0 FTE of 2930 Behavioral Health Clinician at HSOC - The DPH position will function as Coordinator (providing evening & weekend hours coverage) in collaboration with other City Departments through the HSOC to better coordinate city-wide responses.	$ 38,772
Central City Hospitality House - Extend the available hours of the agency's current 6th Street/South of Market-based Drop-In Center which includes low-threshold outpatient programming to include hours from 5:00 pm to 9:00 pm, Monday-Friday. Currently, the program closes at 5:00 PM. Expanded hours will begin 5/15/19.	$ 483,198

Harm Reduction Therapy Center (HRTC) - This is a new model, with details and staffing FTE currently being finalized. (BHS funded an initial van in FY18-19, via an RFP, so together HRTC will have two vans). HRTC will provide Mobile Van Support, including evening & weekend hours, serving homeless adults with behavioral health needs. This mobile "office" would allow HRTC to take harm reduction counseling to neighborhoods where homeless people are staying.	$ 233,742
PRC/Baker Places Hummingbird Place - Hummingbird Place is a behavioral health respite facility, located on the ZSFGH campus and operated by PRC-Baker Places, Inc. The facility offers respite services to homeless clients referred by PES, as well as a variety of other medical and non-medical services. Add 4.0 FTE peer navigators to engage patients at ZSFG Psychiatric Emergency services. Staffing will include evening & weekend hours, as result of the proposed enhancement.	$ 295,000
DPH Street Medicine Team working with Contract - Harm Reduction Therapy Center (HRTC)- Add 4.0 FTE additional contracted Behavioral Health Engagement Specialists to provide outreach and engagement with individuals on the street. The Street Medicine Team will work with a contracted service provide to expand its clinical outreach and engagement capacity. The proposed HMIOT funding will enable staffing to include evening & weekend hours. As of 4/19, deployment of the staff is being planned to occur as follows: One employee has been hired and embedded with Street Medicine. One position will be housed at Central City Hospitality House for the expanded drop-in hours (see above). The remaining staff still need to be hired and exact deployment plans are TBD, and will include input from City's HSOC.	$ 540,000

Source: DPH

FY 2017-18 Actual Expenditures - Mental Health Services

Fiscal Year	Legal Entity No.	Provider Number or Name	Mode	Mode Description	SFC	Service Function Code Description	Actual Expenditures	Level of Care
2017-18	00271	Progress Foundation	05	24 - HOUR SERVICES	40	Adult Crisis Residential	5,076,117	Crisis Services
2017-18	00339	Baker Places	05	24 - HOUR SERVICES	40	Adult Crisis Residential	1,020,346	Crisis Services
2017-18	00271	Progress Foundation	10	DAY SERVICES	25	Crisis Stabilization Urgent Care	3,549,995	Crisis Services
2017-18	00273	Edgewood Center	10	DAY SERVICES	25	Crisis Stabilization Urgent Care	363,750	Crisis Services
2017-18	00344	San Francisco General Hospital	10	DAY SERVICES	20	Crisis Stabilization ER	13,357,555	Crisis Services
2017-18	00038	San Francisco County	15	OUTPATIENT SERVICES	70	Crisis Intervention	3,395,434	Crisis Services
2017-18	00F38	San Francisco FFS	15	OUTPATIENT SERVICES	70	Crisis Intervention	33	Crisis Services
2017-18	00115	Seneca Family of Agencies	15	OUTPATIENT SERVICES	70	Crisis Intervention	1,879	Crisis Services
2017-18	00117	UC San Francisco	15	OUTPATIENT SERVICES	70	Crisis Intervention	212,139	Crisis Services
2017-18	00273	Edgewood Center	15	OUTPATIENT SERVICES	70	Crisis Intervention	10,760	Crisis Services
2017-18	00336	Instituto Familiar De La Raza Inc	15	OUTPATIENT SERVICES	70	Crisis Intervention	18,438	Crisis Services
2017-18	00337	Family Service Agency	15	OUTPATIENT SERVICES	70	Crisis Intervention	129,239	Crisis Services
2017-18	00339	Baker Places	15	OUTPATIENT SERVICES	70	Crisis Intervention	22,292	Crisis Services
2017-18	00341	Bayview Hunters Point Foundation	15	OUTPATIENT SERVICES	70	Crisis Intervention	2,524	Crisis Services
2017-18	00342	Conard House	15	OUTPATIENT SERVICES	70	Crisis Intervention	33,672	Crisis Services
2017-18	00343	Richmond Area Multi-Services, Inc.	15	OUTPATIENT SERVICES	70	Crisis Intervention	23,919	Crisis Services
2017-18	00344	San Francisco General Hospital	15	OUTPATIENT SERVICES	70	Crisis Intervention	4,530	Crisis Services
2017-18	00351	Westside Community Mental Health Center	15	OUTPATIENT SERVICES	70	Crisis Intervention	746,201	Crisis Services
2017-18	00354	Episcopal Community Services	15	OUTPATIENT SERVICES	70	Crisis Intervention	40,184	Crisis Services
2017-18	00510	Alternative Family Services, Inc	15	OUTPATIENT SERVICES	70	Crisis Intervention	883	Crisis Services
2017-18	00964	Unity Care Group Inc	15	OUTPATIENT SERVICES	70	Crisis Intervention	661	Crisis Services
2017-18	01078	Community Awareness & Treatment Services, Inc.	15	OUTPATIENT SERVICES	70	Crisis Intervention	9,117	Crisis Services
2017-18	01123	Hyde Street Community Services, Inc.	15	OUTPATIENT SERVICES	70	Crisis Intervention	30,749	Crisis Services
2017-18	01684	San Francisco Aids Foundation	15	OUTPATIENT SERVICES	70	Crisis Intervention	3,652	Crisis Services
2017-18	01729	BAART Community HealthCare	15	OUTPATIENT SERVICES	70	Crisis Intervention	5,668	Crisis Services
2017-18	01734	Community Housing Partnership	15	OUTPATIENT SERVICES	70	Crisis Intervention	4,722	Crisis Services
2017-18	00344	San Francisco General Hospital	05	24 - HOUR SERVICES	10	Hospital Inpatient	31,485,061	Hospitalization
2017-18	00344	San Francisco General Hospital	05	24 - HOUR SERVICES	19	Hospital Administrative Day	4,009,209	Hospitalization
2017-18	00344	San Francisco General Hospital	05	24 - HOUR SERVICES	50	Jail Inpatient	140,663	Hospitalization
2017-18	00352	St. Francis Memorial Hospital	05	24 - HOUR SERVICES	10	Hospital Inpatient	136,275	Hospitalization
2017-18	00352	St. Francis Memorial Hospital	05	24 - HOUR SERVICES	19	Hospital Administrative Day	6,622	Hospitalization
2017-18	00273	Edgewood Center	05	24 - HOUR SERVICES	60	Residential Other	2,536,176	Long-Term Care
2017-18	00949	Crestwood Behavioral Health, Inc.	05	24 - HOUR SERVICES	30	SNF Intensive	3,850,204	Long-Term Care
2017-18	00949	Crestwood Behavioral Health, Inc.	05	24 - HOUR SERVICES	60	Residential Other	1,354,880	Long-Term Care
2017-18	00949	Crestwood Behavioral Health, Inc.	05	24 - HOUR SERVICES	90	MH Rehab Centers	3,872,958	Long-Term Care
2017-18	01132	Mental Health Mgnt, Inc	05	24 - HOUR SERVICES	90	MH Rehab Centers	1,117,297	Long-Term Care
2017-18	01518	Helios Healthcare LLC	05	24 - HOUR SERVICES	30	SNF Intensive	2,386,405	Long-Term Care
2017-18	00271	Progress Foundation	60	SUPPORT SERVICES	40	Life Support/Board & Care	1,126,175	Long-Term Care
2017-18	00339	Baker Places	60	SUPPORT SERVICES	40	Life Support/Board & Care	670,844	Long-Term Care
2017-18	00038	San Francisco County	10	DAY SERVICES	40	Socialization	913,339	Outpatient Services
2017-18	00271	Progress Foundation	10	DAY SERVICES	95	Day Rehabilitation Full Day	277,612	Outpatient Services
2017-18	00343	Richmond Area Multi-Services, Inc.	10	DAY SERVICES	30	Vocational Services	6,626,077	Outpatient Services
2017-18	00348	HealthRIGHT360	10	DAY SERVICES	40	Socialization	529,634	Outpatient Services
2017-18	00354	Episcopal Community Services	10	DAY SERVICES	30	Vocational Services	26,317	Outpatient Services
2017-18	00038	San Francisco County	15	OUTPATIENT SERVICES	01	Case Management, Brokerage	4,729,164	Outpatient Services
2017-18	00038	San Francisco County	15	OUTPATIENT SERVICES	07	Case Management, Brokerage - Katie A	452,014	Outpatient Services
2017-18	00038	San Francisco County	15	OUTPATIENT SERVICES	10	Mental Health Services	25,226,560	Outpatient Services
2017-18	00038	San Francisco County	15	OUTPATIENT SERVICES	57	Mental Health Services - Katie A	270,255	Outpatient Services
2017-18	00038	San Francisco County	15	OUTPATIENT SERVICES	60	Medication Support	19,799,251	Outpatient Services
2017-18	00F38	San Francisco FFS	15	OUTPATIENT SERVICES	01	Case Management, Brokerage	6,790	Outpatient Services
2017-18	00F38	San Francisco FFS	15	OUTPATIENT SERVICES	10	Mental Health Services	2,468,399	Outpatient Services
2017-18	00F38	San Francisco FFS	15	OUTPATIENT SERVICES	60	Medication Support	198,744	Outpatient Services
2017-18	00115	Seneca Family of Agencies	15	OUTPATIENT SERVICES	01	Case Management, Brokerage	48,762	Outpatient Services
2017-18	00115	Seneca Family of Agencies	15	OUTPATIENT SERVICES	07	Case Management, Brokerage - Katie A	665,344	Outpatient Services
2017-18	00115	Seneca Family of Agencies	15	OUTPATIENT SERVICES	10	Mental Health Services	1,801,712	Outpatient Services
2017-18	00115	Seneca Family of Agencies	15	OUTPATIENT SERVICES	57	Mental Health Services - Katie A	3,209,610	Outpatient Services
2017-18	00115	Seneca Family of Agencies	15	OUTPATIENT SERVICES	58	Therapeutic Behavioral Services (TBS)	387,333	Outpatient Services
2017-18	00115	Seneca Family of Agencies	15	OUTPATIENT SERVICES	60	Medication Support	74,956	Outpatient Services
2017-18	00117	UC San Francisco	15	OUTPATIENT SERVICES	01	Case Management, Brokerage	2,184,025	Outpatient Services

FY 2017-18 Actual Expenditures - Mental Health Services

Fiscal Year	Legal Entity No.	Provider Number or Name	Mode	Mode Description	SFC	Service Function Code Description	Actual Expenditures	Level of Care
2017-18	00117	UC San Francisco	15	OUTPATIENT SERVICES	10	Mental Health Services	9,269,823	Outpatient Services
2017-18	00117	UC San Francisco	15	OUTPATIENT SERVICES	60	Medication Support	4,804,823	Outpatient Services
2017-18	00118	Victor Treatment Centers Inc	15	OUTPATIENT SERVICES	01	Case Management, Brokerage	23,169	Outpatient Services
2017-18	00118	Victor Treatment Centers Inc	15	OUTPATIENT SERVICES	10	Mental Health Services	436,423	Outpatient Services
2017-18	00118	Victor Treatment Centers Inc	15	OUTPATIENT SERVICES	60	Medication Support	26,341	Outpatient Services
2017-18	00146	YMCA of San Francisco	15	OUTPATIENT SERVICES	01	Case Management, Brokerage	50,397	Outpatient Services
2017-18	00146	YMCA of San Francisco	15	OUTPATIENT SERVICES	07	Case Management, Brokerage - Katie A	6,151	Outpatient Services
2017-18	00146	YMCA of San Francisco	15	OUTPATIENT SERVICES	10	Mental Health Services	884,122	Outpatient Services
2017-18	00146	YMCA of San Francisco	15	OUTPATIENT SERVICES	57	Mental Health Services - Katie A	8,853	Outpatient Services
2017-18	00214	Special Service for Groups	15	OUTPATIENT SERVICES	01	Case Management, Brokerage	111,860	Outpatient Services
2017-18	00214	Special Service for Groups	15	OUTPATIENT SERVICES	07	Case Management, Brokerage - Katie A	16,107	Outpatient Services
2017-18	00214	Special Service for Groups	15	OUTPATIENT SERVICES	10	Mental Health Services	1,307,201	Outpatient Services
2017-18	00214	Special Service for Groups	15	OUTPATIENT SERVICES	57	Mental Health Services - Katie A	9,695	Outpatient Services
2017-18	00271	Progress Foundation	15	OUTPATIENT SERVICES	10	Mental Health Services	678,649	Outpatient Services
2017-18	00271	Progress Foundation	15	OUTPATIENT SERVICES	60	Medication Support	331,887	Outpatient Services
2017-18	00273	Edgewood Center	15	OUTPATIENT SERVICES	01	Case Management, Brokerage	86,576	Outpatient Services
2017-18	00273	Edgewood Center	15	OUTPATIENT SERVICES	07	Case Management, Brokerage - Katie A	49,965	Outpatient Services
2017-18	00273	Edgewood Center	15	OUTPATIENT SERVICES	10	Mental Health Services	2,697,958	Outpatient Services
2017-18	00273	Edgewood Center	15	OUTPATIENT SERVICES	57	Mental Health Services - Katie A	453,836	Outpatient Services
2017-18	00273	Edgewood Center	15	OUTPATIENT SERVICES	58	Therapeutic Behavioral Services (TBS)	852,911	Outpatient Services
2017-18	00273	Edgewood Center	15	OUTPATIENT SERVICES	60	Medication Support	70,368	Outpatient Services
2017-18	00336	Instituto Familiar De La Raza Inc	15	OUTPATIENT SERVICES	01	Case Management, Brokerage	163,793	Outpatient Services
2017-18	00336	Instituto Familiar De La Raza Inc	15	OUTPATIENT SERVICES	07	Case Management, Brokerage - Katie A	1,049	Outpatient Services
2017-18	00336	Instituto Familiar De La Raza Inc	15	OUTPATIENT SERVICES	10	Mental Health Services	1,224,924	Outpatient Services
2017-18	00336	Instituto Familiar De La Raza Inc	15	OUTPATIENT SERVICES	60	Medication Support	62,205	Outpatient Services
2017-18	00337	Family Service Agency	15	OUTPATIENT SERVICES	01	Case Management, Brokerage	1,820,692	Outpatient Services
2017-18	00337	Family Service Agency	15	OUTPATIENT SERVICES	10	Mental Health Services	2,898,404	Outpatient Services
2017-18	00337	Family Service Agency	15	OUTPATIENT SERVICES	60	Medication Support	1,736,792	Outpatient Services
2017-18	00339	Baker Places	15	OUTPATIENT SERVICES	01	Case Management, Brokerage	39,737	Outpatient Services
2017-18	00339	Baker Places	15	OUTPATIENT SERVICES	10	Mental Health Services	1,089,878	Outpatient Services
2017-18	00339	Baker Places	15	OUTPATIENT SERVICES	60	Medication Support	138,598	Outpatient Services
2017-18	00341	Bayview Hunters Point Foundation	15	OUTPATIENT SERVICES	01	Case Management, Brokerage	69,737	Outpatient Services
2017-18	00341	Bayview Hunters Point Foundation	15	OUTPATIENT SERVICES	10	Mental Health Services	756,405	Outpatient Services
2017-18	00341	Bayview Hunters Point Foundation	15	OUTPATIENT SERVICES	60	Medication Support	209,892	Outpatient Services
2017-18	00342	Conard House	15	OUTPATIENT SERVICES	01	Case Management, Brokerage	269,200	Outpatient Services
2017-18	00342	Conard House	15	OUTPATIENT SERVICES	10	Mental Health Services	2,118,654	Outpatient Services
2017-18	00343	Richmond Area Multi-Services, Inc.	15	OUTPATIENT SERVICES	01	Case Management, Brokerage	309,752	Outpatient Services
2017-18	00343	Richmond Area Multi-Services, Inc.	15	OUTPATIENT SERVICES	10	Mental Health Services	3,672,663	Outpatient Services
2017-18	00343	Richmond Area Multi-Services, Inc.	15	OUTPATIENT SERVICES	60	Medication Support	1,078,963	Outpatient Services
2017-18	00344	San Francisco General Hospital	15	OUTPATIENT SERVICES	01	Case Management, Brokerage	603,302	Outpatient Services
2017-18	00344	San Francisco General Hospital	15	OUTPATIENT SERVICES	10	Mental Health Services	288,066	Outpatient Services
2017-18	00344	San Francisco General Hospital	15	OUTPATIENT SERVICES	60	Medication Support	26,062	Outpatient Services
2017-18	00348	HealthRIGHT360	15	OUTPATIENT SERVICES	01	Case Management, Brokerage	3,018	Outpatient Services
2017-18	00348	HealthRIGHT360	15	OUTPATIENT SERVICES	10	Mental Health Services	575,796	Outpatient Services
2017-18	00349	Oakes Children's Center Inc	15	OUTPATIENT SERVICES	01	Case Management, Brokerage	24,198	Outpatient Services
2017-18	00349	Oakes Children's Center Inc	15	OUTPATIENT SERVICES	10	Mental Health Services	1,341,490	Outpatient Services
2017-18	00351	Westside Community Mental Health Center	15	OUTPATIENT SERVICES	01	Case Management, Brokerage	327,904	Outpatient Services
2017-18	00351	Westside Community Mental Health Center	15	OUTPATIENT SERVICES	10	Mental Health Services	1,001,433	Outpatient Services
2017-18	00351	Westside Community Mental Health Center	15	OUTPATIENT SERVICES	60	Medication Support	2,003,782	Outpatient Services
2017-18	00353	Curry Senior Center	15	OUTPATIENT SERVICES	01	Case Management, Brokerage	988	Outpatient Services
2017-18	00353	Curry Senior Center	15	OUTPATIENT SERVICES	10	Mental Health Services	27,470	Outpatient Services
2017-18	00354	Episcopal Community Services	15	OUTPATIENT SERVICES	01	Case Management, Brokerage	24,977	Outpatient Services
2017-18	00354	Episcopal Community Services	15	OUTPATIENT SERVICES	10	Mental Health Services	253,415	Outpatient Services
2017-18	00355	Swords to Plowshares	15	OUTPATIENT SERVICES	01	Case Management, Brokerage	264,781	Outpatient Services
2017-18	00355	Swords to Plowshares	15	OUTPATIENT SERVICES	10	Mental Health Services	7,165	Outpatient Services
2017-18	00466	Catholic Charities CYO of the Archdiocese of SF	15	OUTPATIENT SERVICES	01	Case Management, Brokerage	56,309	Outpatient Services
2017-18	00466	Catholic Charities CYO of the Archdiocese of SF	15	OUTPATIENT SERVICES	07	Case Management, Brokerage - Katie A	94,342	Outpatient Services
2017-18	00466	Catholic Charities CYO of the Archdiocese of SF	15	OUTPATIENT SERVICES	10	Mental Health Services	708,958	Outpatient Services
2017-18	00466	Catholic Charities CYO of the Archdiocese of SF	15	OUTPATIENT SERVICES	57	Mental Health Services - Katie A	160,068	Outpatient Services

FY 2017-18 Actual Expenditures - Mental Health Services

Fiscal Year	Legal Entity No.	Provider Number or Name	Mode	Mode Description	SFC	Service Function Code Description	Actual Expenditures	Level of Care
2017-18	00466	Catholic Charities CYO of the Archdiocese of SF	15	OUTPATIENT SERVICES	58	Therapeutic Behavioral Services (TBS)	37,758	Outpatient Services
2017-18	00466	Catholic Charities CYO of the Archdiocese of SF	15	OUTPATIENT SERVICES	60	Medication Support	36,231	Outpatient Services
2017-18	00488	Jewish Family and Children's Services	15	OUTPATIENT SERVICES	10	Mental Health Services	93,297	Outpatient Services
2017-18	00488	Jewish Family and Children's Services	15	OUTPATIENT SERVICES	60	Medication Support	29,674	Outpatient Services
2017-18	00510	Alternative Family Services, Inc	15	OUTPATIENT SERVICES	01	Case Management, Brokerage	200,499	Outpatient Services
2017-18	00510	Alternative Family Services, Inc	15	OUTPATIENT SERVICES	07	Case Management, Brokerage - Katie A	105,755	Outpatient Services
2017-18	00510	Alternative Family Services, Inc	15	OUTPATIENT SERVICES	10	Mental Health Services	1,826,455	Outpatient Services
2017-18	00510	Alternative Family Services, Inc	15	OUTPATIENT SERVICES	57	Mental Health Services - Katie A	97,537	Outpatient Services
2017-18	00623	Huckleberry Youth Programs	15	OUTPATIENT SERVICES	10	Mental Health Services	141,511	Outpatient Services
2017-18	00641	WestCoast Children's Clinic	15	OUTPATIENT SERVICES	01	Case Management, Brokerage	6,161	Outpatient Services
2017-18	00641	WestCoast Children's Clinic	15	OUTPATIENT SERVICES	10	Mental Health Services	531,298	Outpatient Services
2017-18	00723	Homeless Children Network	15	OUTPATIENT SERVICES	01	Case Management, Brokerage	8,113	Outpatient Services
2017-18	00723	Homeless Children Network	15	OUTPATIENT SERVICES	10	Mental Health Services	638,061	Outpatient Services
2017-18	00765	A Better Way Foster Family Program	15	OUTPATIENT SERVICES	01	Case Management, Brokerage	29,573	Outpatient Services
2017-18	00765	A Better Way Foster Family Program	15	OUTPATIENT SERVICES	10	Mental Health Services	960,731	Outpatient Services
2017-18	00964	Unity Care Group Inc	15	OUTPATIENT SERVICES	01	Case Management, Brokerage	92,022	Outpatient Services
2017-18	00964	Unity Care Group Inc	15	OUTPATIENT SERVICES	10	Mental Health Services	319,573	Outpatient Services
2017-18	00964	Unity Care Group Inc	15	OUTPATIENT SERVICES	60	Medication Support	481	Outpatient Services
2017-18	01078	Community Awareness & Treatment Services, Inc.	15	OUTPATIENT SERVICES	01	Case Management, Brokerage	177,152	Outpatient Services
2017-18	01078	Community Awareness & Treatment Services, Inc.	15	OUTPATIENT SERVICES	10	Mental Health Services	399,652	Outpatient Services
2017-18	01121	Mount St. Joseph - St. Elizabeth	15	OUTPATIENT SERVICES	01	Case Management, Brokerage	4,318	Outpatient Services
2017-18	01121	Mount St. Joseph - St. Elizabeth	15	OUTPATIENT SERVICES	10	Mental Health Services	65,222	Outpatient Services
2017-18	01123	Hyde Street Community Services, Inc.	15	OUTPATIENT SERVICES	01	Case Management, Brokerage	129,374	Outpatient Services
2017-18	01123	Hyde Street Community Services, Inc.	15	OUTPATIENT SERVICES	10	Mental Health Services	1,491,517	Outpatient Services
2017-18	01123	Hyde Street Community Services, Inc.	15	OUTPATIENT SERVICES	60	Medication Support	1,001,905	Outpatient Services
2017-18	01323	Catholic Health Care West/ St Mary's Medical Center	15	OUTPATIENT SERVICES	01	Case Management, Brokerage	16,056	Outpatient Services
2017-18	01323	Catholic Health Care West/ St Mary's Medical Center	15	OUTPATIENT SERVICES	10	Mental Health Services	607,524	Outpatient Services
2017-18	01323	Catholic Health Care West/ St Mary's Medical Center	15	OUTPATIENT SERVICES	60	Medication Support	194,077	Outpatient Services
2017-18	01381	Community Youth Center	15	OUTPATIENT SERVICES	01	Case Management, Brokerage	57,760	Outpatient Services
2017-18	01381	Community Youth Center	15	OUTPATIENT SERVICES	07	Case Management, Brokerage - Katie A	2,497	Outpatient Services
2017-18	01381	Community Youth Center	15	OUTPATIENT SERVICES	10	Mental Health Services	527,413	Outpatient Services
2017-18	01381	Community Youth Center	15	OUTPATIENT SERVICES	57	Mental Health Services - Katie A	7,978	Outpatient Services
2017-18	01556	Center on Juvenile and Criminal Justice	15	OUTPATIENT SERVICES	01	Case Management, Brokerage	47,722	Outpatient Services
2017-18	01556	Center on Juvenile and Criminal Justice	15	OUTPATIENT SERVICES	07	Case Management, Brokerage - Katie A	34,443	Outpatient Services
2017-18	01556	Center on Juvenile and Criminal Justice	15	OUTPATIENT SERVICES	10	Mental Health Services	247,841	Outpatient Services
2017-18	01556	Center on Juvenile and Criminal Justice	15	OUTPATIENT SERVICES	57	Mental Health Services - Katie A	49,746	Outpatient Services
2017-18	01658	San Francisco Child Abuse Prevention Center	15	OUTPATIENT SERVICES	01	Case Management, Brokerage	11,766	Outpatient Services
2017-18	01658	San Francisco Child Abuse Prevention Center	15	OUTPATIENT SERVICES	10	Mental Health Services	126,447	Outpatient Services
2017-18	01684	San Francisco Aids Foundation	15	OUTPATIENT SERVICES	01	Case Management, Brokerage	11,396	Outpatient Services
2017-18	01684	San Francisco Aids Foundation	15	OUTPATIENT SERVICES	10	Mental Health Services	80,024	Outpatient Services
2017-18	01729	BAART Community HealthCare	15	OUTPATIENT SERVICES	01	Case Management, Brokerage	9,262	Outpatient Services
2017-18	01729	BAART Community HealthCare	15	OUTPATIENT SERVICES	10	Mental Health Services	87,783	Outpatient Services
2017-18	01729	BAART Community HealthCare	15	OUTPATIENT SERVICES	60	Medication Support	155,754	Outpatient Services
2017-18	01734	Community Housing Partnership	15	OUTPATIENT SERVICES	01	Case Management, Brokerage	38,973	Outpatient Services
2017-18	01734	Community Housing Partnership	15	OUTPATIENT SERVICES	10	Mental Health Services	41,079	Outpatient Services
2017-18	01927	Saint James Infirmary	15	OUTPATIENT SERVICES	01	Case Management, Brokerage	38,676	Outpatient Services
2017-18	01927	Saint James Infirmary	15	OUTPATIENT SERVICES	10	Mental Health Services	38,677	Outpatient Services
2017-18	00038	San Francisco County	60	SUPPORT SERVICES	60	Case Management Support	75,945	Outpatient Services
2017-18	00038	San Francisco County	60	SUPPORT SERVICES	72	Client Flexible Support Expenditures	970	Outpatient Services
2017-18	00038	San Francisco County	60	SUPPORT SERVICES	78	Other Non Medi-Cal Client Support Expenditures	32,373	Outpatient Services
2017-18	00115	Seneca Family of Agencies	60	SUPPORT SERVICES	78	Other Non Medi-Cal Client Support Expenditures	539,000	Outpatient Services
2017-18	00117	UC San Francisco	60	SUPPORT SERVICES	78	Other Non Medi-Cal Client Support Expenditures	1,481,044	Outpatient Services
2017-18	00214	Special Service for Groups	60	SUPPORT SERVICES	78	Other Non Medi-Cal Client Support Expenditures	8,222	Outpatient Services
2017-18	00271	Progress Foundation	60	SUPPORT SERVICES	78	Other Non Medi-Cal Client Support Expenditures	651,293	Outpatient Services
2017-18	00336	Instituto Familiar De La Raza Inc	60	SUPPORT SERVICES	72	Client Flexible Support Expenditures	2,950	Outpatient Services
2017-18	00336	Instituto Familiar De La Raza Inc	60	SUPPORT SERVICES	78	Other Non Medi-Cal Client Support Expenditures	87,682	Outpatient Services
2017-18	00337	Family Service Agency	60	SUPPORT SERVICES	72	Client Flexible Support Expenditures	283,518	Outpatient Services
2017-18	00337	Family Service Agency	60	SUPPORT SERVICES	78	Other Non Medi-Cal Client Support Expenditures	1,123,013	Outpatient Services
2017-18	00339	Baker Places	60	SUPPORT SERVICES	78	Other Non Medi-Cal Client Support Expenditures	1,677,301	Outpatient Services

FY 2017-18 Actual Expenditures - Mental Health Services

Fiscal Year	Legal Entity No.	Provider Number or Name	Mode	Mode Description	SFC	Service Function Code Description	Actual Expenditures	Level of Care
2017-18	00342	Conard House	60	SUPPORT SERVICES	78	Other Non Medi-Cal Client Support Expenditures	4,895,481	Outpatient Services
2017-18	00343	Richmond Area Multi-Services, Inc.	60	SUPPORT SERVICES	78	Other Non Medi-Cal Client Support Expenditures	1,008,292	Outpatient Services
2017-18	00351	Westside Community Mental Health Center	60	SUPPORT SERVICES	72	Client Flexible Support Expenditures	24,855	Outpatient Services
2017-18	00353	Curry Senior Center	60	SUPPORT SERVICES	60	Case Management Support	357,413	Outpatient Services
2017-18	00354	Episcopal Community Services	60	SUPPORT SERVICES	78	Other Non Medi-Cal Client Support Expenditures	472,429	Outpatient Services
2017-18	00363	San Francisco Study Center, Inc	60	SUPPORT SERVICES	78	Other Non Medi-Cal Client Support Expenditures	410,673	Outpatient Services
2017-18	00765	A Better Way Foster Family Program	60	SUPPORT SERVICES	78	Other Non Medi-Cal Client Support Expenditures	52,650	Outpatient Services
2017-18	01123	Hyde Street Community Services, Inc.	60	SUPPORT SERVICES	72	Client Flexible Support Expenditures	988	Outpatient Services
2017-18	01123	Hyde Street Community Services, Inc.	60	SUPPORT SERVICES	78	Other Non Medi-Cal Client Support Expenditures	91,536	Outpatient Services
2017-18	01305	Central City Hospitality House	60	SUPPORT SERVICES	60	Case Management Support	135,002	Outpatient Services
2017-18	01556	Center on Juvenile and Criminal Justice	60	SUPPORT SERVICES	78	Other Non Medi-Cal Client Support Expenditures	105,998	Outpatient Services
2017-18	01694	Justice Diversity Center of the Bar Association	60	SUPPORT SERVICES	78	Other Non Medi-Cal Client Support Expenditures	549,170	Outpatient Services
2017-18	01695	Positive Resource Center	60	SUPPORT SERVICES	78	Other Non Medi-Cal Client Support Expenditures	996,911	Outpatient Services
2017-18	01793	Brainstorm Tutoring	60	SUPPORT SERVICES	78	Other Non Medi-Cal Client Support Expenditures	49,840	Outpatient Services
2017-18	01822	Larkin Street Youth Services	60	SUPPORT SERVICES	72	Client Flexible Support Expenditures	17,746	Outpatient Services
2017-18	01822	Larkin Street Youth Services	60	SUPPORT SERVICES	78	Other Non Medi-Cal Client Support Expenditures	141,557	Outpatient Services
2017-18	01934	NAMI San Francisco	60	SUPPORT SERVICES	78	Other Non Medi-Cal Client Support Expenditures	105,115	Outpatient Services
2017-18	00038	San Francisco County	45	OUTREACH SERVICES	10	Mental Health Promotion	1,643,149	Prevention and Early Intervention
2017-18	00038	San Francisco County	45	OUTREACH SERVICES	20	Community Client Services	7,067	Prevention and Early Intervention
2017-18	00111	East Bay Agency for Children	45	OUTREACH SERVICES	10	Mental Health Promotion	1,002,123	Prevention and Early Intervention
2017-18	00117	UC San Francisco	45	OUTREACH SERVICES	10	Mental Health Promotion	2,758,767	Prevention and Early Intervention
2017-18	00117	UC San Francisco	45	OUTREACH SERVICES	20	Community Client Services	51,013	Prevention and Early Intervention
2017-18	00146	YMCA of San Francisco	45	OUTREACH SERVICES	10	Mental Health Promotion	1,132,588	Prevention and Early Intervention
2017-18	00146	YMCA of San Francisco	45	OUTREACH SERVICES	20	Community Client Services	288,220	Prevention and Early Intervention
2017-18	00214	Special Service for Groups	45	OUTREACH SERVICES	10	Mental Health Promotion	9,996	Prevention and Early Intervention
2017-18	00273	Edgewood Center	45	OUTREACH SERVICES	10	Mental Health Promotion	671,948	Prevention and Early Intervention
2017-18	00273	Edgewood Center	45	OUTREACH SERVICES	20	Community Client Services	159,867	Prevention and Early Intervention
2017-18	00336	Instituto Familiar De La Raza Inc	45	OUTREACH SERVICES	10	Mental Health Promotion	1,529,736	Prevention and Early Intervention
2017-18	00336	Instituto Familiar De La Raza Inc	45	OUTREACH SERVICES	20	Community Client Services	1,446,418	Prevention and Early Intervention
2017-18	00337	Family Service Agency	45	OUTREACH SERVICES	10	Mental Health Promotion	538,263	Prevention and Early Intervention
2017-18	00337	Family Service Agency	45	OUTREACH SERVICES	20	Community Client Services	291,152	Prevention and Early Intervention
2017-18	00340	SF Suicide Prevention	45	OUTREACH SERVICES	10	Mental Health Promotion	409,812	Prevention and Early Intervention
2017-18	00341	Bayview Hunters Point Foundation	45	OUTREACH SERVICES	10	Mental Health Promotion	105,437	Prevention and Early Intervention
2017-18	00341	Bayview Hunters Point Foundation	45	OUTREACH SERVICES	20	Community Client Services	215,152	Prevention and Early Intervention
2017-18	00342	Conard House	45	OUTREACH SERVICES	20	Community Client Services	122,560	Prevention and Early Intervention
2017-18	00343	Richmond Area Multi-Services, Inc.	45	OUTREACH SERVICES	10	Mental Health Promotion	3,467,908	Prevention and Early Intervention
2017-18	00343	Richmond Area Multi-Services, Inc.	45	OUTREACH SERVICES	20	Community Client Services	57,591	Prevention and Early Intervention
2017-18	00345	SF Mental Health Education Funds	45	OUTREACH SERVICES	10	Mental Health Promotion	233,935	Prevention and Early Intervention
2017-18	00349	Oakes Children's Center Inc	45	OUTREACH SERVICES	10	Mental Health Promotion	74,175	Prevention and Early Intervention
2017-18	00351	Westside Community Mental Health Center	45	OUTREACH SERVICES	10	Mental Health Promotion	42,888	Prevention and Early Intervention
2017-18	00351	Westside Community Mental Health Center	45	OUTREACH SERVICES	20	Community Client Services	11,728	Prevention and Early Intervention
2017-18	00353	Curry Senior Center	45	OUTREACH SERVICES	20	Community Client Services	598,539	Prevention and Early Intervention
2017-18	00354	Episcopal Community Services	45	OUTREACH SERVICES	20	Community Client Services	557,820	Prevention and Early Intervention
2017-18	00355	Swords to Plowshares	45	OUTREACH SERVICES	20	Community Client Services	178,344	Prevention and Early Intervention
2017-18	00377	Native American Health Center, Inc	45	OUTREACH SERVICES	10	Mental Health Promotion	255,812	Prevention and Early Intervention
2017-18	00623	Huckleberry Youth Programs	45	OUTREACH SERVICES	10	Mental Health Promotion	307,402	Prevention and Early Intervention
2017-18	00723	Homeless Children Network	45	OUTREACH SERVICES	10	Mental Health Promotion	635,648	Prevention and Early Intervention
2017-18	00765	A Better Way Foster Family Program	45	OUTREACH SERVICES	20	Community Client Services	122,350	Prevention and Early Intervention
2017-18	01078	Community Awareness & Treatment Services, Inc.	45	OUTREACH SERVICES	20	Community Client Services	185,056	Prevention and Early Intervention
2017-18	01123	Hyde Street Community Services, Inc.	45	OUTREACH SERVICES	20	Community Client Services	4,772	Prevention and Early Intervention
2017-18	01218	Horizons Unlimited of San Francsico Inc	45	OUTREACH SERVICES	10	Mental Health Promotion	40,362	Prevention and Early Intervention
2017-18	01218	Horizons Unlimited of San Francsico Inc	45	OUTREACH SERVICES	20	Community Client Services	61,973	Prevention and Early Intervention
2017-18	01305	Central City Hospitality House	45	OUTREACH SERVICES	10	Mental Health Promotion	2,437,173	Prevention and Early Intervention
2017-18	01381	Community Youth Center	45	OUTREACH SERVICES	10	Mental Health Promotion	173,599	Prevention and Early Intervention
2017-18	01629	Tides Center	45	OUTREACH SERVICES	10	Mental Health Promotion	133,946	Prevention and Early Intervention
2017-18	01730	Harder and Company Community Research	45	OUTREACH SERVICES	10	Mental Health Promotion	86,716	Prevention and Early Intervention
2017-18	01769	Mental Health Association of San Francisco	45	OUTREACH SERVICES	10	Mental Health Promotion	1,417,189	Prevention and Early Intervention
2017-18	01769	Mental Health Association of San Francisco	45	OUTREACH SERVICES	20	Community Client Services	124,882	Prevention and Early Intervention
2017-18	01771	City College of San Francisco	45	OUTREACH SERVICES	10	Mental Health Promotion	255,000	Prevention and Early Intervention

FY 2017-18 Actual Expenditures - Mental Health Services

Fiscal Year	Legal Entity No.	Provider Number or Name	Mode	Mode Description	SFC	Service Function Code Description	Actual Expenditures	Level of Care
2017-18	01822	Larkin Street Youth Services	45	OUTREACH SERVICES	10	Mental Health Promotion	283,952	Prevention and Early Intervention
2017-18	01822	Larkin Street Youth Services	45	OUTREACH SERVICES	20	Community Client Services	192,933	Prevention and Early Intervention
2017-18	01874	NICOS Chinese Health Coaliation	45	OUTREACH SERVICES	10	Mental Health Promotion	338,474	Prevention and Early Intervention
2017-18	01933	Public Health Institute	45	OUTREACH SERVICES	10	Mental Health Promotion	140,872	Prevention and Early Intervention
2017-18	02094	Rafiki Coalition	45	OUTREACH SERVICES	20	Community Client Services	107,387	Prevention and Early Intervention
2017-18	00271	Progress Foundation	05	24 - HOUR SERVICES	65	Adult Residential	5,865,027	Residential Treatment
2017-18	00339	Baker Places	05	24 - HOUR SERVICES	65	Adult Residential	3,436,336	Residential Treatment
2017-18	00348	HealthRIGHT360	60	SUPPORT SERVICES	70	Client Housing Support Expenditures	122,279	Supportive Housing Services
2017-18	01123	Hyde Street Community Services, Inc.	60	SUPPORT SERVICES	70	Client Housing Support Expenditures	85	Supportive Housing Services
2017-18	01822	Larkin Street Youth Services	60	SUPPORT SERVICES	70	Client Housing Support Expenditures	542,687	Supportive Housing Services
2017-18	01822	Larkin Street Youth Services	60	SUPPORT SERVICES	71	Client Housing Operating Expenditures	57,579	Supportive Housing Services

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FY 2016-17 Actual Expenditures - Substance Use Disorder Services

FY	Svc fxn Code	Svc fxn value	CR MODE/SFC	COSTS	Hours	Person	Persons Served	Visit Days	Slot Days	Bed Days	Meth Doses (From Avatar)	Individual Face to Face Visits (From Avatar)	Group Face to Face Visits (From Avatar)	Number of Group Sessions (From Provider Log)	Level of Care
FY 16 - 17	50	Free Standing Residential Detoxification	Residential/Free-Standing Residential Detoxification	4,500,313	-	-	-	-	-	16,247	-	-	-	-	Residential Treatment
FY 16 - 17	51	Residential /Recovery Long Term (over 30	Residential/Residential/Recovery Long Term (over 30 days)	15,019,150	-	-	-	-	-	117,463	-	-	-	-	Residential Treatment
FY 16 - 17	57	Alcohol/Drug Free Housing (Perinatal/Par	Residential/Housing	75,098	-	-	-	-	-	1,824	-	-	-	-	Residential Treatment
FY 16 - 17	18	Early Intervention	Sec Prev/Early Intervention	822,543	23,258	-	-	-	-	-	-	-	-	-	Prevention and Early Intervention
FY 16 - 17	21	Referrals/Screening/Intake	Sec Prev/Referrals/Screening/Intake	1,924,111	37,669	-	-	-	-	-	-	-	-	-	Prevention and Early Intervention
FY 16 - 17	30	Rehab/Amb IOP - Day Care Rehab	Non Res/IOT	275,843	-	-	-	2,849	-	-	-	-	-	-	Outpatient Services
FY 16 - 17	33	Rehab OP Drug Free (ODF) - Group	Nonres/Outpatient Drug Free(ODF) Group	1,970,694	10,005	1,670	-	-	-	-	-	143	26,275	6,008	Outpatient Services
FY 16 - 17	34	Rehab OP Drug Free (ODF) - Individual	Nonres/Outpatient Drug Free(ODF) Individual	2,186,520	12,976	183	-	-	-	-	-	13,357	-	-	Outpatient Services
FY 16 - 17	68	Case Management (Non-SACPA)	Ancillary/Case Management	1,947,984	28,248	-	-	-	-	-	-	-	-	-	Outpatient Services
FY 16 - 17	72	HIV Counseling Services	Ancillary/HIV Counseling Services	237,020	-	-	2,232	-	-	-	-	-	-	-	Outpatient Services
FY 16 - 17	74	HIV Infectious Disease Services	Ancillary/HIV Infections Disease Services	375,223	-	-	4,941	-	-	-	-	-	-	-	Outpatient Services
FY 16 - 17	75	HIV Therapeutic Measures for HIV Positiv	Ancillary/Therapeutic	151,888	-	-	6,173	-	-	-	-	-	-	-	Outpatient Services
FY 16 - 17	41	OP Meth Detox	Narcotics/OMD	239,246	-	-	-	-	14,734	-	-	-	-	-	Narcotic Replacement Treatment
FY 16 - 17	48	Narcotic Replacement Therapy - All Servi	NTP/Narcotic Replacement Therapy (NRT) - Dosing	11,329,963	-	-	-	-	821,755	-	821,755	-	-	-	Narcotic Replacement Treatment
FY 16 - 17	48G	NRT - Group Counseling	NTP/Narcotic Replacement Therapy (NRT) - Group	76,419	-	-	-	-	2,646	-	-	-	13,750	1	Narcotic Replacement Treatment
FY 16 - 17	48I	NRT - Individual Counseling	NTP/Narcotic Replacement Therapy (NRT) - Individual	4,238,729	-	-	-	-	64,257	-	-	282,356	-	-	Narcotic Replacement Treatment

San Francisco Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Behavioral Health Services — Adult and Older Adult Performance Objectives FY 2018-19

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 2018-2019 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.

The Program Objectives detailed in this document have been carefully defined to measure important behavioral health processes and outcomes. Not all objectives apply to all programs. Providers should review the "AOA 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 this document is posted at: www.sfdph.org/cdta. NOTE: All references to number of days throughout this document mean "Calendar Days" as that is how Avatar is designed to measure days.

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

This document is comprised of the following tabs:

Tab 1: Objectives for *Outpatient Mental Health* programs

Tab 1A: Objectives for *Intensive Case Management & Full Service Partnership* programs

Tab 2: Objectives for *Residential Mental Health* programs

Tab 3: Objectives for *Outpatient Substance Use Disorder* programs

Tab 4: Objectives for *Residential Substance Use Disorder* programs

Tab 5: Objectives for *Vocational Rehabilitation* programs

Tab 6: Objectives for *Supportive Housing,* **SSI Advocacy, and Representative Payee** programs

Tab 7: Objectives for *HIV Set Aside and HIV Testing and Prevention* programs

Tab 8: Objectives for *Fiscal Intermediary*   refers to **SFDPH wide Fiscal Intermediary** document and applicable objectives are listed in the contract narrative for most FI providers.

Tab 9: Objectives for **Individualized Program Specific Svcs**

Tab 10: Objectives for **Forensic Justice BHS** programs

The performance objectives listed for each type of program (i.e., Tabs 1 - 10) are organized into separate "Sections" as follows: A) Mental Health, B) Substance Abuse, C) Vocational Rehabilitation, D) Data Quality and Timeliness, G) Increase Stable Living Environment, H) Access to Service, I) Supportive Housing, J) SSI Advocacy/Benefits Counseling, K) Representative Payee, L) Community Based HIV Testing, M) Community Based Individual and/or Group HIV Education, N) Medical Setting HIV Testing, O) HIV Treatment Adherence / Prevention with Positives, P) Fiscal Intermediary. Of note, the objectives listed for each section may not be in strict sequential order since not all objectives apply to all programs. For example, Residential Mental Health programs are only responsible for mental health and data quality and timeliness outcomes.

Tabs 1 through 10 also 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, Dept of Healthcare Services (DHCS), California Dept of Managed Health Care (DMHC), SAMHSA, etc.

● **Report Availability for Providers** - We recognize that Performance Objective Status Reports in Avatar are based on previous fiscal year calculations and that there have been some changes in percentages and scoring for FY 18-19; the decision has been made to remove these from Avatar until they can be updated with correct calculations in order to avoid confusion. The anticipated release date will be January 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: 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

Special Note to Agencies/Programs receiving MHSA funding : Note to Agencies/Programs receiving MHSA funding: In the previous year, if your objectives were listed in the Appendix A, please refer to the document entitled 'MHSA FY18/19 Performance Objectives' hosted on the CDTA website at https://www.sfdph.org/dph/comupg/aboutdph/insideDept/CDTA/documents.asp

Tab 1-Outpt Mental Hlth

Appendix C
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Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Section A: Mental Health Outcomes					
A.1a At least 80% of psychiatric inpatient hospital discharges occurring in FY 18-19 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, or any program with fewer than 5 clients with psychiatric inpatient hospitalizations during FY18-19*	Avatar - BOCC calculates	DHCSACA	QM Quarterly Report on SFDPH website, BHS/QM section
A.1b At least 80% of psychiatric emergency services (PES) episodes occurring in FY 18-19 will not be followed by a readmission to PES within 30 days.	Outcome	Clients with an open episode prior to the PES discharge, and open in the program during the 30 days post PES discharge. ***Excludes:*** *Mobile Crisis, Progress Dore Urgent Care, any Ambulatory Outpatient RU connected to Residential Tx. programs, UC Citywide Linkage program, or any program with fewer than 5 clients with psychiatric inpatient hospitalizations during FY18-19*	Avatar - BOCC calculates	BHS Policy	QM Quarterly Report on SFDPH website, BHS/QM section
A.2 Sixty percent (60%) of clients will improve on at least 30% of their actionable items on the ANSA.	Outcome	All clients with ≥ 2 ANSA assessments, most recent ANSA within FY 18-19. Items rated 2 or 3 are actionable. 30% of clients must improve for program to score any points on this objective. ***Excludes:*** *Citywide Linkage program.*	Avatar - QM calculates	BHS Policy ACA	QM Quarterly Report SFDPH website, BHS/QM section

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Section C: Meaningful Activity & Vocational Rehabilitation Outcomes					
C.1 Programs will enter, into the Avatar Vocational/ Meaningful-Activities Enrollment screen, a total number of entries of client enrollments into vocational training, education, volunteer, paid employment and meaningful activities during the fiscal year, that is numerically equivalent to at least 40% of the program's unduplicated client count for the fiscal year. NOTE: Internal vocational enrollments qualify (clients in stipend positions from the clinic or engaging in clinic-based pre-vocational activities).	Outcome	<u>Numerator:*</u> Total count of all entries of enrollments data-entered into the screen during FY18-19, to include all multiple entries for the same client, and regardless of whether or not a client already had a previous entry from the previous fiscal year. Note: All clients continuing to be engaged in vocational/ meaningful activities on July 1, 2018 from the previous FY 2017-18 should again be re-entered to be counted once again as one new entry each for each vocational/ meaningful activity maintained into the new Fiscal Year 2018-19. <u>Denominator:</u> All clients enrolled in an AOA Mental Health Outpatient Treatment Program AOA MHOP anytime from 7/1/18 to 6/30/19. ***Excludes:*** *Citywide Linkage program.*	AVATAR Vocational/Meaningful Activities Enrollment screen (formerly Mental Health Vocational Program Referral and Enrollments screen); BHS computes Clinicians/Program Directors required to enter & update voc related enrollment data in AVATAR Admissions Screen (may occur any time during open episode) If AVATAR is not used, prog is required to track via log or database; Contractor prepares annual summary report documenting achievement for SOC Prog Mngr & BOCC by 9/1/19	BHS Policy MHSA Wellness and Recovery	**AOA Vocational Program Referrals & Enrollments** Avatar Report Pending Revision: IT Dept will include Meaningful Activity option/s & further redefine this report to include old/previously enrolled clients.

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Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
**Examples of meaningful (wellness) & vocational-related activities <u>include but are not exclusive to</u>: • Volunteer positions at library, clinics, hospitals, SPCA, etc., • Attends City College, SFSU, or other educational programs or participates in paid internships • Attends groups/activities at peer wellness center or other support groups (AA, NA) at least 2x a week • Helps prepare meals or other chores at home or residential facilities • Participates in any community based advisory groups and/or BHS Client Council, MHSA Advisory Groups, or other Stigma Buster related activities • Participates in clinic-based pre-vocational groups or activities, i.e., cooking, cleaning, co-facilitating meetings, etc., • Helps with caring for siblings, family members, or significant others.		**Activity/Enrollment is defined as:** • Includes clients previously enrolled in vocational- related meaningful activity from previous fiscal year. Clinicians can re-enter the client into Avatar every July 1st if the client continues to receive support and service to continue working, volunteering, engaging in other internship or training programs, school, City College or other educational enrichment activities. • Clinicians making referrals to BHS Voc CO-OP's Access4Jobs (RAMS, Citywide, Caminar, Positive Resource Center, Occupational Therapy Training Program (OTTP-SF), and Toolworks are encouraged to keep in contact with the vocational program to know when the client is "enrolled". Vocational program staff will also inform the clinicians of when their clinicians are enrolled in service. • Enrollment is defined differently according to the component of vocational services. For instance, if client is interested in the RAMS or Citywide internship training programs, they are considered "enrolled" after they completed the intake and start the program. • Clients who want assistance finding a job in the competitive market are considered "enrolled" after they complete the intake with the vocational program and Dept of Rehab counselor, and their cases are authorized by the CA Department of Rehabilitation for Employment Services which includes employment preparation (resume building), job development and placement (finding the job and working with job coach if needed) and employment retention (support to retain the job). • BHS Vocational Manager will send clinic directors a list of clients who have been enrolled in the CO-OP on a quarterly basis so these information can be entered into Avatar.			

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Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
D.2 100% 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.	Compliance	All clients with an initial Tx Plan of Care due during FY 18-19 ***Excludes:*** *Outpatient services provided within residential Tx settings*	Avatar - BOCC calculates		AOA Initial TPOC Status Report Avatar Report
D.6 100% 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 without an open episode in the program. ***Excludes:*** *ICM, FSP, Supportive Housing Program, Crisis Programs: Mobile Crisis, Dore Urgent Care, Westside Crisis, and Outpatient services provided within Residential Tx settings.*	Avatar - number of entries in Timely Access Log should be ≥ number of new episodes opened during FY 18-19.		**Timely Access Log Report Dashboard**
D.7 On any date, 100% of clients will have a current finalized annual Assessment in Avatar. NOTE: Date to be determined by DPH-AOA	Compliance	All clients with annual Assessment due in FY 18-19 ***Excludes:*** *outpatient services provided in residential Tx settings & first 60 days for new clients and Citywide Linkage program.*	Avatar At random date chosen by BHS within 2nd half of FY, BOCC calculates.		AOA Annual Assessment Status Avatar Report
D.8 On any date, 100% of clients will have a current finalized Treatment Plan of Care in Avatar. NOTE: Date to be determined by DPH-AOA	Compliance	All clients with annual Tx Plan of Care due in FY 18-19; completed annually from anniversary date of opening episode of last completed Tx Plan of Care ***Excludes:*** *outpatient services provided within residential Tx settings & first 60 days for new clients*	Avatar At random date chosen by BHS within 2nd half of FY, BOCC calculates program's score from Treatment Plan of Care/Reassessment.		**Adult TPOC Due by Program/Staff Report** Avatar
D.9 100% of clients will have a closing ANSA completed no later than 120 days after the episode closing date.	Compliance	All clients discharged who were seen more than 5 times *NOTE: 120 days is 30 days after the 90-day deadline to close inactive clients that allows programs to wait for no-show clients to re-engage in treatment before closing.*	Avatar – BOCC calculates		AOA Closing Summary Status Report Avatar Report

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
D.10 Record height, weight, and blood pressure using the new Avatar Vitals Entry Form for at least 50% of all clients who receive medication services in your program at least once during the fiscal year.	Compliance	Only clients who have received a medication service	Avatar Vitals Entry Form	BHS Policy ACA	**Vitals Entry Status** Avatar Report
D.17 100% of clients will be offered an appointment within 10 business days of the initial request for services.	Compliance	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: ICM, FSP, supportive housing programs, & Outpatient services provided in residential Tx settings*	Avatar - Dates of requests for services and offered appointment dates recorded in the Timely Access Log.		**Timely Access Report (Program)** Avatar Report
D. 21 One hundred percent of clients will have an initial ANSA finalized in Avatar ≤ 60 days of episode opening.	Compliance	All new clients with an episode of ≥ 60 days at some point during FY 18-19. *Excludes: Citywide Linkage program.*	Avatar - BOCC calculates	BHS Policy ACA	AOA Initial ANSA Assessment Status Avatar Report
D. 22 On any date, 100% of clients will have a current ANSA finalized in Avatar. NOTE: Date to be determined by DPH	Compliance	All clients with an annual ANSA due in FY 18-19 *Excludes: outpatient services provided within residential treatment settings & first 60 days for new clients and Citywide Linkage program.*	Avatar At random date chosen by BHS within 2nd half of FY BOCC calculates	BHS Policy ACA	AOA Annual ANSA Assessment Status Avatar Report
Section H: Access to Service					
H.2 100% of clients discharged from a psychiatric inpatient episode will have a minimum of 3 services, or service attempts, within the 30 days post hospital discharge.	Process/ Best Practice	Clients with an open episode prior to the inpatient discharge, and open in the program for the next 30 days. For outpatient episodes that were closed, the time-stamped date the episode was closed in Avatar will be used as the closing date.	Avatar. All service attempts as well as services delivered that are documented in Avatar will be counted	BHS Policy	QM Quarterly Report on SFDPH website, BHS/QM section
H.3. 100% of clients discharged from a psychiatric inpatient episode will receive a service within 5 business days of the discharge date.	Process/ Best Practice	Clients with an open episode prior to the inpatient discharge, and open in the program for the next 30 days. For outpatient episodes that were closed, the time-stamped date the episode was closed in Avatar will be used as the closing date. ADM00 (No Shows) will count as services.	All service attempts as well as services delivered that are documented in Avatar will be counted	BHS Policy	QM Quarterly Report on SFDPH website, BHS/QM section

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Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
H.4 PILOT OBJECTIVE: 100% of clients discharged from a psychiatric emergency services episode will have a minimum of 2 services, or service attempts, within the 30 days post hospital discharge.	Process/ Best Practice	Clients with an open episode prior to the PES discharge, and open in the program for the next 30 days. For outpatient episodes that were closed, the time-stamped date the episode was closed in Avatar will be used as the closing date.	Avatar. All service attempts as well as services delivered that are documented in Avatar will be counted	BHS Policy	QM Quarterly Report on SFDPH website, BHS/QM section

Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Section A: Mental Health Outcomes				
A.1a At least 80% of psychiatric inpatient hospital discharges occurring in FY 18-19 will not be followed by a readmission within 90 days.	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, or any program with fewer than 5 clients with psychiatric inpatient hospitalizations during FY18-19*	Avatar - BOCC calculates	DHCS ACA	QM Quarterly Report on SFDPH website, BHS/QM section
A.1b At least 80% of psychiatric emergency services (PES) episodes occurring in FY 18-19 will not be followed by a readmission to PES within 30 days.	Clients with an open episode prior to the PES discharge, and open in the program during the 30 days post PES discharge. ***Excludes:*** *Mobile Crisis, Progress Dore Urgent Care, any Ambulatory Outpatient RU connected to Residential Tx. programs, UC Citywide Linkage program, or any program with fewer than 5 clients with psychiatric inpatient hospitalizations during FY18-19*	Avatar - BOCC calculates	DHCS ACA	QM Quarterly Report on SFDPH website, BHS/QM section
A.2a Sixty percent (60%) of clients will improve on at least 30% of their actionable items on the ANSA.	All clients with ≥ 2 ANSA assessments, most recent ANSA within FY 18-19. Items rated 2 or 3 are actionable. 30% of clients must improve for program to score any points on this objective. ***Excludes:*** *Citywide Linkage program.*	Avatar - QM calculates	BHS Policy ACA	QM Quarterly Report SFDPH website, BHS/QM section

Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Section C: Meaningful Activity & Vocational Rehabilitation Outcomes				
C.1 Programs will enter, into the Avatar Vocational/ Meaningful-Activities Enrollment screen, a total number of entries of client enrollments into vocational training, education, volunteer, paid employment and meaningful activities during the fiscal year, that is numerically equivalent to at least 40% of the program's unduplicated client count for the fiscal year. NOTE: Internal vocational enrollments qualify (clients in stipend positions from the clinic or engaging in clinic-based pre-vocational activities).	Numerator:* Total count of all entries of enrollments data-entered into the screen during FY18-19, to include all multiple entries for the same client, and regardless of whether or not a client already had a previous entry from the previous fiscal year. Note: All clients continuing to be engaged in vocational/ meaningful activities on July 1, 2018 from the previous FY 2017-18 should again be re-entered to be counted once again as one new entry each for each vocational/ meaningful activity maintained into the new Fiscal Year 2018-19. Denominator: All clients enrolled in an AOA Mental Health Outpatient Treatment Program AOA MHOP anytime from 7/1/18 to 6/30/19. **Excludes:** *Citywide Linkage program.*	AVATAR Vocational/Meaningful Activities Enrollment screen (formerly Mental Health Vocational Program Referral and Enrollments screen); BHS computes Clinicians/Program Directors required to enter & update voc related enrollment data in AVATAR Admissions Screen (may occur any time during open episode) If AVATAR is not used, prog is required to track via log or database; Contractor prepares annual summary report documenting achievement for SOC Prog Mngr & BOCC by 9/1/19	BHS Policy MHSA Wellness and Recovery	**AOA Vocational Program Referrals & Enrollments Avatar Report Pending Revision: IT Dept will include Meaningful Activity option/s & further redefine this report to include old/previously enrolled clients.**

Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
**Examples of meaningful (wellness) & vocational-related activities <u>include but are not exclusive to</u>: • Volunteer positions at library, clinics, hospitals, SPCA, etc., • Attends City College, SFSU, or other educational programs or participates in paid internships • Attends groups/activities at peer wellness center or other support groups (AA, NA) at least 2x a week • Helps prepare meals or other chores at home or residential facilities • Participates in any community based advisory groups and/or BHS Client Council, MHSA Advisory Groups, or other Stigma Buster related activities • Participates in clinic-based pre-vocational groups or activities, i.e., cooking, cleaning, co-facilitating meetings, etc., • Helps with caring for siblings, family members, or significant others.	**Activity/Enrollment is defined as:** • Includes clients previously enrolled in vocational- related meaningful activity from previous fiscal year. Clinicians can re-enter the client into Avatar every July 1st if the client continues to receive support and service to continue working, volunteering, engaging in other internship or training programs, school, City College or other educational enrichment activities. • Clinicians making referrals to BHS Voc CO-OP's Access4Jobs (RAMS, Citywide, Caminar, Positive Resource Center, Occupational Therapy Training Program (OTTP-SF), and Toolworks are encouraged to keep in contact with the vocational program to know when the client is "enrolled". Vocational program staff will also inform the clinicians of when their clinicians are enrolled in service. • Enrollment is defined differently according to the component of vocational services. For instance, if client is interested in the RAMS or Citywide internship training programs, they are considered "enrolled" after they completed the intake and start the program. • Clients who want assistance finding a job in the competitive market are considered "enrolled" after they complete the intake with the vocational program and Dept of Rehab counselor, and their cases are authorized by the CA Department of Rehabilitation for Employment Services which includes employment preparation (resume building), job development and placement (finding the job and working with job coach if needed) and employment retention (support to retain the job). • BHS Vocational Manager will send clinic directors a list of clients who have been enrolled in the CO-OP on a quarterly basis so these information can be entered into			
D.2 One hundred percent 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.	All clients with an initial Tx Plan of Care due during FY 18-19 ***Excludes:*** *Outpatient services provided within residential Tx settings*	Avatar - BOCC calculates	BHS Policy DHCS	AOA Initial TPOC Status Report Avatar Report
D.7 On any date, 100% of clients will have a current finalized annual Assessment, in Avatar. NOTE: Date to be determined by DPH-AOA	All clients with annual Assessment due in FY 18-19 ***Excludes:*** *outpatient services provided in residential Tx settings & first 60 days for new clients and Citywide Linkage program.*	Avatar At random date chosen by BHS within 2nd half of FY, BOCC calculates.	BHS Policy DHCS	AOA Annual Assessment Status Avatar Report

Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
D.8 On any date, 100% of clients will have a current finalized Treatment Plan of Care in Avatar. NOTE: Date to be determined by DPH-AOA	All clients with annual Tx Plan of Care due in FY 18-19; completed annually from anniversary date of opening episode of last completed Tx Plan of Care **Excludes:** *outpatient services provided within residential Tx settings & first 60 days for new clients*	Avatar At random date chosen by BHS within 2nd half of FY, BOCC calculates program's score from Treatment Plan of Care/Reassessment.	BHS Policy DHCS	**Adult TPOC Due by Program/Staff Report** Avatar
D.9 100% of clients will have a closing ANSA completed no later than 120 days after the episode closing date.	All clients discharged who were seen more than 5 times *NOTE: 120 days is 30 days after the 90-day deadline to close inactive clients that allows programs to wait for no-show clients to re-engage in treatment before closing.*	Avatar – BOCC calculates	BHS Policy DHCS	AOA Closing Summary Status Report Avatar Report
D.10 Record height, weight, and blood pressure using the new Avatar Vitals Entry Form for at least 50% of all clients who receive medication services in your program at least once during the fiscal year.	Only clients who have received a medication service	Avatar Vitals Entry Form	BHS Policy ACA	**Vitals Entry Status** Avatar Report
D.19 100% of clients will have all expected DCR quarterly reports completed.	All clients enrolled in an FSP program	DCR database shows evidence of completion by 3M "date collected"	MHSA	*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)*
D.20 100% of clients with an open episode in Avatar will be entered in the DCR within 90 days of the episode opening date	Clients enrolled ≥ 90 days in an FSP program	Avatar episode data and a completed Partnership Assessment Form (PAF) in the DCR database	DHCS	**Avatar DCR Enrollment Report** available at the monthly FSP-DCR mtg, or upon request of DCR Workgroup

Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
D.21 One hundred percent of clients will have an initial ANSA finalized in Avatar ≤ 60 days of episode opening.	All new clients with an episode of ≥ 60 days at some point during FY 18-19. ***Excludes:*** *Citywide Linkage program.*	Avatar - BOCC calculates	BHS Policy ACA	AOA Initial ANSA Assessment Status Avatar Report
D. 22 On any date, 100% of clients will have a current ANSA finalized in Avatar. NOTE: Date to be determined by DPH	All clients with an annual ANSA due in FY 18-19 ***Excludes:*** *outpatient services provided within residential treatment settings & first 60 days for new clients and Citywide Linkage program.*	Avatar At random date chosen by BHS within 2nd half of FY BOCC calculates	BHS Policy ACA	AOA Annual ANSA Assessment Status Avatar Report
Section H: Access to Service				
H.1 The program will achieve the required minimum number of new client episode openings for FY 18-19, which is equivalent to 20% of caseload.	Number of new episodes opened per ICM, FSP, & ACT programs (for selected time period)	All new unique client episode openings into the ICM, FSP, and ACT programs during FY 18-19 as provided by System of Care	ACA MHSA Wellness and Recovery	Contractor Self Computes
H.2 100% of clients discharged from a psychiatric inpatient episode will have a minimum of 3 services, or service attempts, within the 30 days post hospital discharge.	Clients with an open episode prior to the inpatient discharge, and open in the program for the next 30 days. For outpatient episodes that were closed, the time-stamped date the episode was closed in Avatar will be used as the closing date.	Avatar. All service attempts as well as services delivered that are documented in Avatar will be counted	BHS Policy	QM Quarterly Report on SFDPH website, BHS/QM section
H.3 100% of clients discharged from a psychiatric inpatient episode will receive a service within 5 business days of the discharge date.	Clients with an open episode prior to the inpatient discharge, and open in the program for the next 30 days. For outpatient episodes that were closed, the time-stamped date the episode was closed in Avatar will be used as the closing date. ADM00 (No Shows) will count as services.	All service attempts as well as services delivered that are documented in Avatar will be counted	BHS Policy	QM Quarterly Report on SFDPH website, BHS/QM section
H.4 PILOT OBJECTIVE: 100% of clients discharged from a psychiatric emergency services episode will have a minimum of 2 services, or service attempts, within the 30 days post hospital discharge.	Clients with an open episode prior to the PES discharge, and open in the program for the next 30 days. For outpatient episodes that were closed, the time-stamped date the episode was closed in Avatar will be used as the closing date.	Avatar. All service attempts as well as services delivered that are documented in Avatar will be counted	BHS Policy	QM Quarterly Report on SFDPH website, BHS/QM section

Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Section A: Mental Health Outcomes				
A.2 Sixty percent (60%) of clients will improve on at least 30% of their actionable items on the ANSA.	All clients with ≥ 2 ANSA assessments, most recent ANSA within FY 18-19. Items rated 2 or 3 are actionable. 30% of clients must improve for program to score any points on objective.	Avatar – QM calculates	BHS Policy ACA	QM Quarterly Report SFDPH website, BHS/QM section
A.3 Of those clients who remain in an Acute Diversion Unit (ADU) for a continuous 12 days or more, at least 80% will be discharged to a less restrictive level of care. **Note:** Less restrictive levels of care are any program other than PES, inpatient or long-term care.	All clients discharged from the ADU between 07/01/18 – 6/30/19 and who have been in the program for a continuous 12 days or more. *{Achievement calculated starting from the same dates as the discharge dates.}*	Avatar - BOCC calculates	DHCS ACA	QM Quarterly Report sent directly to applicable Service Provider/Program Director
A.4 Of those clients who have been in a Transitional Residential Treatment Program (TRTP) for a continuous ≥ 60 days, 70% will have at least one outpatient (mode 15) service prior to discharge.	All clients discharged from the TRTP between 07/01/18 - 06/30/19 and who have been in the program for a continuous 60 days or more	Agency Self Report to provide information on client referrals & linkages made since all programs not in Avatar. Contractor prepares Annual Summary Report documenting achievement for SOC Program Manager & BOCC by 9/1/19	DHCS ACA	Programs Self Report
Section D: Data Quality and Timeliness				
D.2. 100% of clients with an open episode will have the initial Treatment Plan of Care finalized in Avatar ≤ 3 days of episode opening.	All clients with an initial Treatment Plan of Care due during FY 17-18	Avatar - BOCC calculates	BHS Policy DHCS	AOA Residential Initial TPOC Status Avatar Report
D.7 On any date, 100% of clients will have a current finalized annual Assessment, in Avatar. NOTE: Date to be determined by DPH	All clients with annual Assessment due in FY 17-18 ***Excludes:*** *outpatient services provided in residential Tx settings & first 3 days for new clients.*	Avatar At random date chosen by BHS within 2nd half of FY, BOCC calculates.	BHS Policy DHCS	AOA Annual Assessment Status Avatar Report

Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
D.8 On any date, 100% of clients will have a current finalized Treatment Plan of Care in Avatar. NOTE: Date to be determined by DPH	All clients with annual Tx Plan of Care due in FY 17-18; completed annually from anniversary date of opening episode of last completed Tx Plan of Care ***Excludes***: outpatient services provided within residential Tx settings & first 3	Avatar At random date chosen by BHS within 2nd half of FY, BOCC calculates program's score from Tx Plan of Care/Reassessment.	BHS Policy DHCS	**Adult TPOC Due by Program/Staff Report** Avatar Report
D.9 100% of clients will have a closing ANSA completed no later than 30 days after episode closing.	All clients who have a completed opening ANSA will have a closing ANSA 30 days after episode closing.	Avatar – BOCC calculates	BHS Policy DHCS	AOA Closing Summary Status Avatar Report
D.10 Record height, weight, and blood pressure using the new Avatar Vitals Entry Form for at least 50% of all clients who receive medication services in your program at least once during the fiscal year.	Only clients who have received a medication service	Avatar Vitals Entry Form	BHS Policy ACA	**Vitals Entry Status** Avatar Report
D.21 100% of clients will have an initial ANSA finalized in Avatar within 3 days of episode opening	All new clients with an episode of ≥ 3 days at some point during FY 18-19	BOCC calculates	BHS Policy ACA	AOA Residential Initial TPOC Status Avatar Report
D.22 On any date, 100% of clients will have a current ANSA finalized in Avatar. NOTE: Date to be determined by DPH	All clients with an annual ANSA due in FY 18-19 ***Excludes***: outpatient services provided within residential treatment settings & first 3 days for new clients	Avatar-BOCC calculates	BHS Policy ACA	AOA Annual ANSA Assessment Status Avatar Report

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Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Section B: Substance Abuse Outcomes				
A.1a At least 80% of psychiatric inpatient hospital discharges occurring in FY 18-19 will not be followed by a readmission within 90 days.	Clients enrolled prior to the hospital admission date, and remaining in services during the 90 days post hospital discharge. ***Excludes:*** *programs with fewer than 5 clients with psychiatric inpatient hospitalizations during FY18-19*	Avatar - BOCC calculates	DHCS ACA	QM Quarterly Report SFDPH website, BHS/QM section
A.1b At least 80% of psychiatric emergency services (PES) episodes occurring in FY 18-19 will not be followed by a readmission to PES within 30 days.	Clients enrolled prior to the PES admission date, and remaining in services during the 30 days post PES discharge. ***Excludes:*** *programs with fewer than 5 clients with psychiatric inpatient hospitalizations during FY18-19*	Avatar -- BOCC calculates	BHS Policy	QM Quarterly Report SFDPH website, BHS/QM section
B.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.	All clients discharged in FY 18-19 ***Excludes:*** Methadone, Buprenorphine, Detox program & clients with < 3 visits in 60 day period	CalOMS Discharge Status Field	ACA	CalOMS Discharge Status Report Avatar Report
B.2 At least 60% of clients will maintain abstinence or show a reduction of Alcohol and Other Drug use.	Clients in Tx ≥ 60 days and discharged, or for whom CalOMS data updated in FY 18-19 ***Excludes:*** Methadone Programs and Residential Programs	CalOMS admission, Annual Update, and Discharge Data	ACA	QM Quarterly Report SFDPH website, BHS/QM section

Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
B.3 At least 70% of clients admitted to a methadone maintenance treatment program will stay in treatment ≥ 12 months.	All clients admitted in FY 18-19	Avatar episode opening & closing dates for discharged clients	ACA	Methadone Maintenance TX Duration Avatar Report

Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Section D: Data Quality and Timeliness				
D.6 One hundred percent of initial requests for services (phone and walk-ins) will be recorded in the Avatar Timely Access Log.	All initial requests for Services from new (non-registered) clients, or clients registered in Avatar without an open episode in the program.	Avatar number of entries in Timely Access Log should be ≥ number of new episodes opened in FY 18-19	BHS Policy DHCS	Timely Access Log Report Dashboard Avatar Report
D.11 100% of open clients will have zero errors on their CalOMS Admission Form.	All clients of CalOMS programs with an open episode in FY 18-19	CalOMS Admission Error Report	BHS Policy DHCS	CalOMS Admission Errors by Program Report Avatar Report
D.12 One hundred percent of clients discharged during FY 18-19 will have the CalOMS Discharge Status field completed no later than 30 days after episode closing is entered into Avatar.	Clients discharged during FY 18-19	CalOMS Discharge Status Field	BHS Policy DHCS	CalOMS Discharge Timely Status Avatar Report
D.16 No more than 40% of clients will be coded as CalOMS Administrative Discharge during FY 18-19. NOTE: Administrative discharge codes "4" and "6" only used when client interview not possible and full set of CalOMS items cannot be completed	Applicable to all CalOMS programs with clients discharged in FY 18-19 Excludes: Methadone Programs	CalOMS Discharge Status Field	BHS Policy DHCS	CalOMS Administrative Discharge Status Report Avatar Report
D.18 At least 90% of clients will have CalOMS data fields for Frequency of Use completed at admission and discharge.	Clients in treatment ≥ 60 days who were discharged, or for whom CalOMS data were updated in FY 18-19	CalOMS Admission, Annual Update, and Discharge Data	BHS Policy DHCS	CalOMS Frequency of Use Report Avatar Report

Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Section B: Substance Abuse Outcomes				
B.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.	All clients discharged in FY 18-19 ***Excludes:*** Methadone, Buprenorphine, Detox programs and clients who stay < 3 days	CalOMS Discharge Status Field	ACA	**CalOMS Discharge Timely Status** Avatar Report
Section D: Data Quality and Timeliness				
D.12 100% of clients discharged during FY 18-19 will have the CalOMS Discharge Status field completed no later than 30 days after episode closing is entered into Avatar.	Clients discharged during FY 18-19	CalOMS Discharge Status Field	BHS Policy DHCS	**CalOMS Discharge Timely Status** Avatar Report
D.16 No more than 40% of clients will be coded as CalOMS Administrative Discharge during FY 18-19 NOTE: Administrative discharge codes "4" and "6" only used when client interview not possible and full set of CalOMS items cannot be completed	Applicable to all CalOMS programs with clients discharged in FY 18-19 ***Excludes:*** Methadone Programs	CalOMS Discharge Status Field	BHS Policy DHCS	**CalOMS Administrative Discharge Status** Avatar Report
D.18 At least 90% of clients will have CalOMS data fields for Frequency of Use completed at admission and discharge.	Clients in treatment ≥ 60 days who were discharged, or for whom CalOMS data were updated in FY 18-19	CalOMS Admission, Annual Update, and Discharge Data	BHS Policy DHCS	**CalOMS Frequency of Use Report** Avatar Report

Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Section C: Vocational Rehabilitation Outcome				
C.3 At least 75% of clients graduating from an intern, trainee or volunteer vocational program will indicate, on an exit survey, an increase in readiness for additional meaningful activities related to vocational services. NOTE: Vocational related Meaningful activities may include an educational program, advanced internship, advanced training program, employment, etc.	All time-limited vocational interns, trainees and volunteers graduating from a vocational training program in FY 18-19 Programs Included: RAMS Clerical and Mailroom Services RAMS TAY Vocational Services RAMS Janitorial Services RAMS Information Technology Services UCSF Citywide Basic Construction and Remodeling Program UCSF Food and Catering Services UCSF Citywide Landscaping Program ***Excludes:*** clients enrolled in a long-term supported employment program	BHS provides standardized exit survey and education on use of evaluation tool for programs Contractor responsible for administering client self-report survey prior to graduation from time-limited program & before 6/30/19 . Contractor responsible for administering exit surveys, analyzing data, securely storing data, & reporting data to BOCC Contractor prepares Annual Summary Report documenting achievement for SOC Program Manager & BOCC by 9/1/19	BHS Policy MHSA Wellness and Recovery	N/A

Indicator	Client Inclusion Criteria	Data Source/Compliance	Source of Requirement	Report Availability for Providers
Section I: Supportive Housing Program Outcomes				
I.1 No more than 10% of clients will experience a psychiatric hospitalization**.**	All clients who have been in the program for at least 60 continuous days. Only hospitalizations occurring more than 60 days after the episode opening date are counted.	Avatar -BOCC calculates	ACA	MHS 140 Report
Section J: SSI Advocacy / Benefits Counseling Program Outcomes				
J.1 At least 85% of the client cases in which claims for benefits have been filed and that have been fully adjudicated by program representation during the contract period will result in a favorable decision or an award for the client.	Clients who filed claims for benefits which have been fully adjudicated by representation from the Homeless Advocacy Project or Positive Resource Center between 7/1/18 – 6/30/19	Contractor collects data, including % of claims awarded at initial, reconsideration, Admin Law Hearing, or Appeals Council levels. Decisions for clients at any level, & Continuing Disability Reviews measured by receipt of proof of award e.g., SSA Notice of Awards, other documentation received from SSA, or documented in SSA or CalMED database. Contractor prepares Annual Summary Report documenting achievement for SOC Program Manager & BOCC by 9/1/19	BHS Policy	N/A
Section K: Representative Payee Program Outcomes				
K.1 100% of authorized rent payments will be disbursed within two business days of date benefit checks are received.	All clients enrolled in Conard and HealthRight 360 Rep. Payee programs during FY 18-19	Contractors collect data routinely & conduct annual internal audit; contractor prepares Annual Summary Report documenting achievement for SOC Program Manager & BOCC by 9/1/19	BHS Policy	N/A
K.2 At least 75% of clients receiving money management services will maintain stability in housing for a period of at least six months.	All clients enrolled for ≥ 6 months in Conard or HealthRight 360 Rep. Payee programs during FY 18-19	Contractors audit client files (physical or electronic); contractor prepares Annual Summary Report documenting achievement for SOC Program Manager and BOCC by 9/1/19	BHS Policy	N/A

Tab 7-HIV Testing & Prevention

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Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Section L: Community-Based HIV Testing Program Outcomes				
L.2 All clients that test HIV/HCV positive will be offered appropriate linkage services for treatment.	All Clients Testing HIV+ or HCV+ in FY 18-19	Evaluation Web; contractor prepares Annual Summary documenting achievement for SOC Program Manager & BOCC by 9/1/19	SAMHSA-SAPT	Quarterly Evaluation Web Report
L.3 70% of PWID clients that test for HIV will also be tested for HCV.	All Clients Testing in FY 18-19	Evaluation Web; contractor prepares Annual Summary documenting achievement for SOC Program Manager & BOCC by 9/1/19	SAMHSA-SAPT	Quarterly Evaluation Web Report
Section M: Community-Based Individual and/or Group HIV Education Program Outcomes				
M.1 All HIV-negative/unknown status clients will be offered an HIV test.	HIV-/Unknown Status Clients Receiving Individual or Grp Education in FY 18-19	Contractor prepares Annual Summary documenting achievement for SOC Program Manager & BOCC by 9/1/19	SAMHSA-SAPT	Quarterly Reports
M.2 At least 70% of HIV negative/unknown status clients of supported programs will report having had an HIV test in the prior 6 months, as measured by self-report and data on linkage to testing.	HIV-/Unknown Status Clients Receiving Individual or Grp Education in FY 18-19	Contractor prepares Annual Summary documenting achievement for SOC Program Manager & BOCC by 9/1/19	SAMHSA-SAPT	Quarterly Reports
M.3 At least 70% of HCV negative/unknown status clients of supported programs will report having had an HCV test in the prior 6 months, as measured by self-report and data on linkage to testing.	HCV-/Unknown Status Clients Receiving Individual or Grp Education in FY 18-19	Contractor prepares Annual Summary documenting achievement for SOC Program Manager & BOCC by 9/1/19	SAMHSA-SAPT	Quarterly Reports
Section N: Medical Setting HIV Testing (Methadone Clinics and Jails) Program Outcomes				
N.2 The program will have an HIV/HCV test planned and/or performed on all HIV/HCV negative/unknown status clients.	HIV or HCV Neg/Unknown Status Clients Seen in FY 18-19	MethaSoft; contractor prepares Annual Summary documenting achievement for SOC Program Manager & BOCC by 9/1/19	SAMHSA-SAPT	Quarterly MethaSoft Reports
N.3 The program will offer appropriate linkage to care and partner services to all clients testing positive.	All Clients Testing HIV+ or HCV+ in FY 18-19	Link to Care & Partner Svcs forms; contractor prepares Annual Summary documenting achievement for SOC Program Manager & BOCC by 9/1/19	SAMHSA-SAPT	Linkage to Care and Partner Services Forms Quarterly Reports

Section O: HIV Treatment Adherence / Prevention with Positives (OTOP) Program Outcomes

O.1 90% of HIV positive clients who have not seen an HIV primary care provider in the prior 6 months will be offered linkage to care.	All Clients Testing HIV+ in FY 18-19	Electronic or paper client files; contractor prepares Annual Summary documenting achievement for SOC Program Manager & BOCC by 9/1/19	SAMHSA-SAPT	Chart Review Quarterly Reports
O.2 70% of HIV positive clients will have had at least 2 HIV primary medical care visits in the prior 12 months, at least 3 months apart.	All Clients Testing HIV+ in FY 18-19	Electronic or paper client files; contractor prepares Annual Summary documenting achievement for SOC Program Manager & BOCC by 9/1/19	SAMHSA-SAPT	Chart Review Quarterly Reports
O.3 All clients with unsuppressed viral load will receive at least one treatment adherence intervention.	HIV+ Clients with unsuppressed Viral Load in FY 18-19	Electronic or paper client files; contractor prepares Annual Summary documenting achievement for SOC Program Manager & BOCC by 9/1/19	SAMHSA-SAPT	Chart Review Quarterly Reports
O.4 70% of HIV positive clients taking HIV medications will have suppressed viral load by the end of the fiscal year.	HIV+ clients taking HIV meds in FY 18-19	Electronic or paper client files; contractor prepares Annual Summary documenting achievement for SOC Program Manager & BOCC by 9/1/19	SAMHSA-SAPT	Chart Review Quarterly Reports
O.5 80% of all patients who have unsuppressed/detectable viral loads will be evaluated for receiving Directly Observed Therapy along with methadone at OTOP	HIV+ Clients with Unsuppressed Viral Load in FY 18-19	MethaSoft, client list; contractor prepares Annual Summary documenting achievement for SOC Program Manager & BOCC by 9/1/19	SAMHSA-SAPT	Quarterly MethaSoft Reports

Indicator	Agency Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Section P: Fiscal Intermediary Program Outcomes				

Please refer to SFDPH Fiscal Intermediary (FI) Objectives contained in the agency's contract narrative and/or the posted FI Objectives document on the CDTA website.

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Baker Places Process (CMS 7751) -Ferguson Place (MH & SA) and Baker Supportive Living Program/Residential Subsidies (HIV Res. Subsidies & Residential Subsidies)

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
1. 90% of residents will retain their housing by the end of the contract year.	Outcome	All clients housed at beginning of each contract fiscal year.	Agency client files or database, including ARIES. Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC PM by 9/1/19	Formerly HUH SOC Outcome Performance Objective	N/A
2. 80% of clients who participate in services will accomplish at least one goal established in their individualized services plan.	Outcome	All HIV support services & medical case management clients; all clients for Residential Treatment each contract fiscal year.	Agency client files or database. Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC PM by 9/1/19	Formerly HUH SOC Outcome Performance Objective	N/A
3. 75% of clients who exit housing will secure housing appropriate to their needs (e.g., independent/unsubsidized housing, move-in with family or friends, transition to level of care appropriate for their needs, etc.).	Outcome	Clients exiting program housing	Agency client files or database. Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC PM by 9/1/19	Formerly HUH SOC Outcome Performance Objective	N/A
4. 75% of all referrals for primary care, mental health and/or substance use services will be linked to those services.	Outcome	All HIV support services & medical case management clients referred to services each contract fiscal year.	Agency client files or database, including ARIES. Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC PM by 9/1/19	Formerly HUH SOC Outcome Performance Objective	N/A
5. 100% of clients housed for at least six months will have maximized their income and benefits for which they are eligible, or are in the application process.	Outcome	All clients housed for 6 months or more each contract fiscal year.	Agency client files or database. Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC PM by 9/1/19	Formerly HUH SOC Outcome Performance Objective	N/A
6. 100% of new clients will have a individualized service plan in place within 30 days of initial assessment.	Compliance	All new HIV support services & medical case management clients; all new clients for Residential Treatment each contract fiscal year	Agency client files or database. Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC PM by 9/1/19	Formerly HUH SOC Process Performance Objective	N/A
7. 80% of individualized service plans will be updated at least every six (6) months.	Compliance	All clients housed for 6 months or more each contract fiscal year	Agency client files or database. Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC PM by 9/1/19	Formerly HUH SOC Process Performance	N/A

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
8. 100% of clients will be assessed for benefits within 30 days of service enrollment.	Best Practice Compliance	All HIV support services & medical case management clients each contract fiscal year	Agency client files or database. Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC PM by 9/1/19	Formerly HUH SOC Process Performance	N/A
9. 100% of clients will be assessed at least once a year for primary medical care and medical case management service needs.	Best Practice Compliance	All HIV support services & medical case management clients; all clients for Residential Treatment each contract fiscal year	Agency client files or database. Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC PM by 9/1/19	Formerly HUH SOC Process Performance Objective	N/A
10. 100% of clients will be assessed for mental health and substance use treatment needs at least once per year.	Best Practice	All HIV support services & medical case management clients; all clients for Residential Treatment each contract fiscal year	Agency client files or database. Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC PM by 9/1/19	Formerly HUH SOC Process Performance Objective	N/A
11. 100% of subsidy recipients will have their Eligibility recertified at least annually.	Compliance	All subsidy clients each contract fiscal year	Agency client files or database. Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC PM by 9/1/19	Formerly HUH SOC Process Performance	N/A

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Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
CATS: A Women's Place, AWP Drop-In & Over Night Partial Day (ONPD) SA Funded Services at AWP, AWP Shelter and AWP Drop-In					
Goal: Women are engaged in increased levels of care, from low-threshold drop-in to more intensive, sustained care through **outreach from a case Manager/peer counselor.** **1.** At least 85% of clients who access the Drop-In Center will have contact with a Case Manager/Peer Counselor who will initiate a needs assessment.	Best Practice	Based upon an annual unduplicated client (UDC) count in FY 18-19	Sign-in sheets, Peer Counselor logs, Case Manager logs & client files; performance tracked quarterly for SOC Program Manager; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
Goal: Increased client engagement in formal Tx process. **2.** At least 20% of clients accessing the Drop-In Center will be placed in AWP's Shelter Case Management, Transitional Housing, HIV Transitional Housing or Substance Abuse Program provided by CATS or other qualified service agencies.	Best Practice	Based upon an annual UDC count in FY 18-19	Sign-in sheets, Peer Counselor logs, Case Manager logs & client files; performance tracked quarterly for SOC Program Manager; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
Goal: Increased client linkages to needed services by becoming engaged in case management services. **3.** At least 20% of clients accessing the Drop in Center will engage in Case Management.	Best Practice	Based upon an annual UDC count in FY 18-19	Sign-in sheets, Peer Counselor logs, Case Manager logs & client files; performance tracked quarterly for SOC Program Manager; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A

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Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
CATS: Medical Respite & Medical Respite Expansion					
By September 30, 2017, the end of the first quarter of FY17/18, CATS will have secured DPH signed approval of jointly revised/developed Medical Respite, Sobering Center, and Medical Respite Expansion programs policies and procedures for: **1.** Emergency/Disaster Preparedness & Building Security: fire/earthquake, safety standards & key distribution/access, etc.; **2.** Transportation: shuttle priorities for clients/other programs, van operating schedule & taxi script usage; **3.** Food: stock rotation, menu planning & nutritional standards; and **4.** Facilities Maintenance: cleanliness & maintenance schedules (daily, weekly, monthly, annually etc.).	Compliance	N/A	Copies of the final signed & dated approved programs' policies and procedures; Contractor prepares Annual Summary of achievement for COPC Program Manager, BHS Program Manager and BOCC by 9/1/19	COPC Admin	N/A
City College of San Francisco Drug & Alcohol Studies Program					
1. By June 30, 2019, 70% (21 of 25) of enrolled cohort students will be provided with academic support and/or advising as evidenced by tracking logs and spreadsheets kept in the program office.	Process	All BHS Cohort students in FY 18-19	Program documentation of communication with students & Peer Care Managers; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS-AOA Admin	N/A
2. By June 30, 2019, four presentations will have been conducted to community based agencies, as evidenced by a spreadsheet kept in the program office.					
3. By June 30, 2019, the Annual Student Survey will be administered anonymously to 25 Cohort students (which consists of students entering into Health 100 during the summer, and tracked through Health 30 and Health 78) and upper division students (those students that are in their final tier which include students taking Health 73, Health 86, Health 79A and Health 79B) and analyzed for satisfaction rates, as evidenced by the client satisfaction report kept in the program's office.					
4. By June 30, 2019, results from the Annual Student Survey will be shared with the program's Community Advisory Board for quality assurance.					

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
5. By June 30, 2019 at least 70% (21 of 25) Drug & Alcohol Studies Certificate (DASC) students will successfully complete their internship fieldwork as evidenced by the program's internship binder and spreadsheet kept in the program's office.					
6. By June 30, 2019, at least 70% (21 of 25) students will be eligible to petition for the Drug & Alcohol Studies Certificate program from City College of San Francisco, as evidenced by the Argos student tracking system and spreadsheets kept in the program's office.					

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
FELTON INSTITUTE - LEAD					
1. By the end of the fiscal year, 100% of LEAD participants that complete an assessment with Felton will have an individually tailored community care plan, as measured by copies of the plans to be developed and maintained through joint data collection efforts between DPH, HTA, and Felton Institute.	Compliance	LEAD participants that complete an assessment with Felton.	Felton will copy and share all community care plans with HTA within one week of the end of each quarter.	BHC LEAD Grant	N/A
2. By the end of the fiscal year, 75% of participants will be enrolled in MediCal, as measured by MEDS.	Outcome	LEAD participants with more than one contact with Felton	Felton Institute will be responsible for tracking enrollment in MediCal and assessing quality of data by cross referencing with the data report provided by BOCC. Each quarter Felton Institute will be responsible for providing a list of individuals who they have had more than one contact with to the BOCC who will in turn provide Felton Institute with data regarding active MediCal. All data will be collected on a quarterly basis by HTA for evaluation purposes.	BHC LEAD Grant	BOCC will provide a report to Felton Institute on a quarterly basis
3. By the end of the fiscal year, 80% of participants with a substance use treatment needs will be enrolled in SUD treatment, as measured by enrollment services documented by joint data collection efforts between DPH, HTA, and Felton Institute	Best Practice	Services that LEAD participants are connected to by their case manager.	: Felton will enter data into a tracking system that indicates the presence of SUD treatment needs as well as referral data (including date of referral and date of enrollment) that will be shared with HTA within one week of the end of each quarter.	BHC LEAD Grant	N/A
4. By the end of the fiscal year, 80% of participants with mental health needs will be enrolled in mental health treatment, as measured by enrollment services documented by joint data collection efforts between DPH, HTA, and Felton Institute	Best Practice	Services that LEAD participants are connected to by their case manager.	Services that LEAD participants are connected to by their case manager.	BHC LEAD Grant	N/A

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
FELTON INSTITUTE - PRSPR					
1. By the end of the fiscal year, at least 50% of TAY participants enrolled in residential SUD treatment will complete a minimum of 3 months of residential treatment as measured by program enrollment and length of stay data documented by joint data collection efforts between DPH, HTA, and Felton Institute.	Best Practice	Participants between the ages of 18-25 who are admitted into residential treatment.	Felton Institute will be responsible for tracking enrollment in residential treatment and reporting data to HTA within one week of the end of each quarter.	BHC Prop 47 Grant	N/A
2. By the end of the fiscal year, 90% of TAY participants that successfully complete residential treatment will be enrolled in MediCal, as measured by MEDS.	Best Practice	Participants between the ages of 18-25 who are admitted into residential treatment.	Felton Institute will be responsible for tracking enrollment in MediCal and assessing quality of data by cross referencing with the data report provided by BOCC. Each quarter Felton Institute will be responsible for providing a list of individuals age 18-25 who successfully completed treatment to the BOCC who will in turn provide Felton Institute with data regarding active MediCal. All data will be collected on a quarterly basis by HTA for evaluation purposes	BHC Prop 47 Grant	BOCC will provide a report to Felton Institute on a quarterly basis

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Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
GLIDE- LEAD					
1. By the end of the fiscal year, 100% of LEAD participants that complete an assessment with Glide Foundation will have an individually tailored community care plan, as measured by copies of the plans to be developed and maintained through joint data collection efforts between DPH, HTA, and Glide Foundation.	Best Practice	LEAD participants that complete an assessment with Glide Foundation.	Glide Foundation will copy and share all community care plans with HTA within one week of the end of each quarter.	BHC LEAD Grant	N/A
2. By the end of the fiscal year, 75% of participants will be enrolled in MediCal, as measured by MEDS	Outcome	LEAD participants with more than one contact with Felton	Glide Foundation will be responsible for tracking enrollment in MediCal and assessing quality of data by cross referencing with the data report provided by BOCC. Each quarter Glide Foundation will be responsible for providing a list of individuals who they have had more than one contact with to the BOCC who will in turn provide Glide Foundation with data regarding active MediCal. All data will be collected on a quarterly basis by HTA for evaluation purposes..	BHC LEAD Grant	BOCC will provide a report to Glide Foundation on a quarterly basis
3. By the end of the fiscal year, 80% of participants with a substance use treatment needs will be enrolled in SUD treatment, as measured by enrollment services documented by joint data collection efforts between DPH, HTA, and Glide Foundation.	Process	Services that LEAD participants are connected to by their case manager.	Glide Foundation will enter data into a tracking system that indicates the presence of SUD treatment needs as well as referral data (including date of referral and date of enrollment) that will be shared with HTA within one week of the end of each quarter.	BHC LEAD Grant	N/A

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Harm Reduction Coalition - Drug Overdose Prevention (DOPE)					
1. At least 520 unduplicated IDUs/other opioid users will receive an overdose prevention training at needle exchange and other community-based sites as specified in the UOS definition for each modality.	Contract Requirement	Past 30 day drug use hx, overdose risk, and hx of experiencing and witnessing overdose in FY 18-19	Program records, i.e. sign-in sheets, clinical registration forms, quarterly performance reports; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
2. At least 520 previously trained IDUs/other opioid users will have a follow-up meeting with DOPE staff for a naloxone refill, to report using naloxone, or for a refresher training at needle exchange sites as specified in the UOS definition for each modality.	Contract Requirement	Past 30 day drug use hx, overdose risk, and hx of experiencing and witnessing overdose in FY 18-19	Program records, i.e. sign-in sheets, refill forms, quarterly performance reports; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
3. At least 208 IDUs/other opioid users will participate in overdose prevention and response trainings at SROs, SF Jails or other community-based settings as specified in the UOS definition for each modality.	Contract Requirement	Past 30 day drug use hx, overdose risk, and hx of experiencing and witnessing overdose in FY 18-19	Program records, i.e., sign-in sheets, quarterly performance reports; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
4. At least 1,040 unduplicated IDUs/other opioid users will be contacted ≥ 4 times per year during outreach at needle exchange and other community-based sites during outreach/recruitment for DOPE trainings as specified in the UOS definition for each modality.	Contract Requirement	Past 30 day drug use hx, overdose risk, and hx of experiencing and witnessing overdose in FY 18-19	Program records, i.e., outreach log, quarterly performance reports; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS-AOA Admin	N/A
5. At least 260 unduplicated service providers will participate in overdose prevention and response trainings in order to better incorporate overdose prevention into their work with high-risk populations as specified in the UOS definition for each modality.	Contract Requirement	Past 30 day drug use hx, overdose risk, and hx of experiencing and witnessing overdose in FY 18-19	Program records, i.e., outreach log, quarterly performance reports; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Health Right 360 dba AARS - Comprehensive Outreach Program for Pacific Islander and Asian Substance Abusers (COPASSA)					
1. All attendees will complete Pre/post test forms at all educational presentations.	Process	Attendees at educational presentations in FY 18-19	SOC Program Manager receives completed pre/post tests from presentations & attendance info; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
Health Right 360 - Buprenorphine Medical Monitoring Program					
1. The Buprenorphine Medical Monitoring Program will directly enroll or accept referrals of at least 50 clients per fiscal year from the Office-based Buprenorphine Induction Clinic (OBIC).	Contract Requirement	OBIC clients referred to HR 360 for buprenorphine services in FY 18-19	BHS Pharmacy Infoscribe Buprenorphine client list compared to OBIC's client referrals to HR 360; OBIC Program Director prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
Health Right 360 - IPO Healthy Changes Program					
1. One hundred percent of IPO clients referred for self-care groups will receive an assessment.	Best Practice	All FY 18-19 program clients	HR 360 Electronic Health Record system, client files; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
Health Right 360 - Residential Step-Down Program					
1. 100% of Residential Step-down (RSD) clients in residence for 30 days or longer will be enrolled in outpatient SUD treatment, as evidenced by at least one billable service entered into Avatar for SUD outpatient, SUD intensive outpatient, or NTP treatment in each month of residence.	Compliance	All FY 18-19 program clients	Avatar -- BOCC calculates	Drug Medi-Cal ODS Continuum of Care and SAPT	N/A
Health Right 360 - Satellite ONPD Residential Program					
1. At least 90% of clients who complete the program are linked to an appropriate level of continuing care and support.	Best Practice	All clients that complete program in FY 18-19	HR 360 data system, client files; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
2. At least 90% of clients who complete the program are linked to a Twelve Step program and/or support groups.	Best Practice	All clients that complete the program in FY 18-19	HR 360 data system, client files; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
Instituto Familiar de la Raza, Inc. - Behavioral Health Primary Care Integration Program *(with MNHC)*					

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
1. The Psychological Screening Instrument for Depression (PQH9) will be administered by the IFR Behavioral Health Specialist (Behaviorist) to **all clients referred for Specialty Mental Health services during the first two sessions and at discharge** (for those clients who complete course of treatment) to determine rate of improvement, assess progress toward client's objectives and inform a referral to another level of care.	Compliance	All discharged clients referred for Specialty Mental Health from Behaviorist who have completed PHQ9 during the first two sessions and at discharge in FY 18-19	Monitored by SOC Program Manager; % of clients completed pre/post-Tx PHQ9 compared to total clients treated; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
2. The Behavioral Health Primary Care Integration Program's Annual Summary of achievement report will contain analysis of the following categories: **a)** the total number of unduplicated clients served during the FY; **b)** the number & percentage of clients who remain in treatment for the FY; **c)** the number & percentage of clients who completed treatment for the FY; and **d)** the number & percentage of clients who dropped out of treatment for the FY.	Process	All clients receiving behavioral health intervention from Behaviorist in FY 18-19	Monitored by SOC Program Manager; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
Jelani Family Program - Residential Step-Down Program					
1. 100% of Residential Step-down (RSD) clients in residence for 30 days or longer will be enrolled in outpatient SUD treatment, as evidenced by at least one billable service entered into Avatar for SUD outpatient, SUD intensive outpatient, or NTP treatment in each month of residence.	Compliance	All FY 18-19 program clients	Avatar -- BOCC calculates ?	Drug Medi-Cal ODS Continuum of Care and SAPT	N/A

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Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Larkin Street Youth Services - Homeless Youth Outreach Project *(Substance Use Primary Prevention)*					
1. At least 70% (525/750) of UDC who participate in brief street outreach assessments will successfully complete an intake assessment at Haight St. Referral Center (HSRC).	Process	All eligible homeless youth	Intake assessments recorded in LSYS database; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
2. At least 50% (263/525) of UDC who engage in HSRC site based services (determined by completion of intake assessments) will engage in the LSYS continuum of care by participating in ≥ 1 LSYS program (i.e., shelter, transitional housing, case mgmt., employment/education services.	Process	All eligible homeless youth who complete intake assessment	Individual & group svc forms reported to LSYS Research & Eval Dept; reports of client services accessed with intake/assess on record; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
NICOS Chinese Health - CLAS ACT (Culturally and Linguistically Appropriate Services Advocacy, Consultation and Training) Project					
1. Post-test forms completed by 50% of all attendees at NICOS CLAS ACT educational presentations.	Process	Attendees at CLAS ACT educational presentations on cultural and linguistic competence during FY17-18	Monitored by SOC Program Manager via completed test forms on presentations; evaluated based on % of presentations with completed tests forms during FY 18-19; contractor prepares Annual Summary Report documenting achievement of objective for SOC Program Manager and BOCC by 9/1/19	BHS Policy	N/A
NICOS Chinese Health - Chinese Community Gambling Problem Project					
1. Post- test forms completed by 50% of all attendees at NICOS educational presentations on problem gambling.	Process	Attendees at educational presentations on problem gambling in FY 18-19	Monitored by SOC Program Manager via completed test forms on presentations; evaluate based on % of presentations with completed tests; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19.	BHS Policy	N/A

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Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Progress Foundation - Dore Clinic - Crisis Stabilization Program					
1. At least 70% of clients will be discharged to a service other than Psych Emergency Services or inpatient psychiatric units.	Outcome	All clients admitted & discharged at Dore Urgent Care in FY 18-19	Avatar / BOCC calculates	BHS Policy	MHS 140 Report
Progress Foundation - Rypins Day Treatment Program					
1. 100% of the weekly day treatment program schedules submitted monthly to the AOA Program Manager will meet Medi-Cal compliance.	Compliance	All program clients scheduled	Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
2. The program will provide the day treatment schedule to the AOA Program Manager at the end of each month for the following month.	Compliance	All program clients scheduled	Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
3. The program will keep a log on site with the daily client sign-in for every group attended by clients of the day treatment program.	Compliance	All program clients that attend a group	Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A

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Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
RAMS- PRSPR					
1. By the end of the fiscal year, RAMS Peer Navigators will have at least one contact with 100% of PRSPR clients who complete residential treatment as measured by documentation completed by RAMS and a joint data collection effort with DPH and HTA.	Process	Participants enrolled in treatment at Salvation Army that have successfully completed treatment (i.e. have a planned exit from treatment where they are not being asked to leave the program for behavioral and/or rule violations).	RAMS will retain Peer Navigator engagement data. All data will be collected on a quarterly basis by HTA for evaluation purposes.	BHS Prop 47 Grant	N/A
2. By the end of the fiscal year, 50% of participants that successfully complete residential treatment will be engaged with peer services for a minimum of 30 days as measured by documentation completed by RAMS and a joint data collection effort with DPH and HTA.	Process	Participants enrolled in treatment at Salvation Army that have successfully completed treatment (i.e. have a planned exit from treatment where they are not being asked to leave the program for behavioral and/or rule violations). This data will look at the time period between the first and last contact with participants.	RAMS will retain Peer Navigator engagement data. All data will be collected on a quarterly basis by HTA for evaluation purposes. Source of Requirement: BHC Prop 47 Grant	BHS Prop 47 Grant	N/A

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Salvation Army - PRSPR					
1. 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.	Contract Requirement	Participants enrolled in treatment at Salvation Army.	Program enrollment data will be entered into Avatar. Salvation Army will provide a report of this data to HTA within one week of the end of each quarter.	BHC Prop 47 Grant	N/A
2. By the end of the fiscal year, Salvation Army will have achieved at least a 90% occupancy rate in their residential program that will be maintained throughout the project, as measured by program enrollment data documented by joint data collection efforts between DPH, HTA and Salvation Army and stored in Avatar.	Contract Requirement	Participants enrolled in treatment at Salvation Army. For fiscal year 17/18 this objective will only apply for the last 6 months of the fiscal year (January 1, 2018-June 30, 2018).	Salvation Army will enter program enrollment data into Avatar. Salvation Army will provide a report of this data to HTA within one week of the end of each quarter.	BHC Prop 47 Grant	N/A
3. By the end of the fiscal year, at least 50% of participants will have completed a minimum of 3 months of residential treatment as measured by program enrollment and length of treatment data documented by joint data collection efforts between DPH, HTA and Salvation Army and Felton Institute and stored in Avatar.	Process	Participants enrolled in treatment at Salvation Army. For each fiscal year participants will have to be enrolled in treatment by March 31st to be included in the data set	Salvation Army will enter program enrollment and discharge data into Avatar. Salvation Army will provide a report of this data to HTA within one week of the end of each quarter.	BHC Prop 47 Grant	N/A
4. By the end of the fiscal year, 100% of participants that successfully complete residential treatment will have an individually tailored community care plan, as measured by copies of the plans to be developed and maintained through joint data collection efforts between DPH, HTA, Salvation Army, and Felton Institute.	Process	Participants enrolled in treatment at Salvation Army that have successfully completed treatment (i.e. have a planned exit from treatment where they are not being asked to leave the program for behavioral and/or rule violations).	Salvation Army will copy and share all community care plans from each quarter with HTA within one week of the end of each quarter.	Prop 47 Grant	N/A

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Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
5. By the end of the fiscal year, 90% of participants that successfully complete residential treatment will be enrolled in MediCal, as measured by MEDS	Outcome	Participants enrolled in treatment at Salvation Army that have successfully completed treatment (i.e. have a planned exit from treatment where they are not being asked to leave the program for behavioral and/or rule violations).	Salvation Army will be responsible for tracking enrollment in MediCal and assessing quality of data by cross referencing with the data report provided by BOCC. Each quarter Salvation Army will be responsible for providing a list of individuals who successfully completed treatment to the BOCC who will in turn provide Salvation Army with data regarding active MediCal. All data will be collected on a quarterly basis by HTA for evaluation purposes.	BHC Prop 47 Grant	BOCC will provide a report to Salvation Army on a quarterly basis

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Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
San Francisco AIDS Foundation (SFAF) / Stonewall Program - Positive Reinforcement Opportunity Project (PROP)					
1. At least 70% of clients who complete at least 8 weeks of the program "agree" that they learned new skills to address their substance use goals while enrolled in the PROP program.	Outcome	Clients who have completed at least 8 weeks of the program.	Self-Report Exit Survey. Clients who "agree" with this item. Contractor offers survey to participants 8 to 10 weeks into program, compiles data and prepares Annual Summary for AOA Program Manager and BOCC by 9/16/18	BHS Policy	N/A
2. At least 60% of clients who complete at least 8 weeks of the program "agree" that they either stopped or reduced their use of stimulants (methamphetamine/cocaine) while in the PROP program.	Outcome	Clients who have completed at least 8 weeks of the program.	Self-Report Exit Survey. Clients who "agree" with this item. Contractor offers survey to participants 8 to 10 weeks into program, compiles data and prepares Annual Summary for AOA Program Manager and BOCC by 9/16/18	BHS Policy	N/A
3. At least 90% of the clients who self-report having stopped or reduced their use of stimulants (from question 2), will have negative U/A toxicology results or clinical notes that will be verified by the PROP Program Director validating the reduction or abstinence in the use of stimulants.	Outcome	Clients who have completed at least 8 weeks of the program who report having stopped or reduced stimulant use on their Exit Survey.	Program Director review of urine toxicology screen results (UAs) and clinical notes from each visit. Contractor offers survey to participants 8 to 10 weeks into program, compiles data and prepares Annual Summary for AOA Program Manager and BOCC by 9/16/18	BHS Policy	N/A
SFDPH/BHS: Comprehensive Crisis Services					
1. Less than 30% of clients seen in the Crisis Clinic will be sent to PES or hospitalized on the same day.	Outcome	Clients seen at BHS Crisis in FY 18-19	Avatar Billing Information System - BOCC will compute	BHS Policy	MHS 140 Report
2. At least 60% of BHS Crisis client episode lengths will be < 60 days.	Compliance	Client episodes closed in FY 18-19 and clients open on 6/30/18	Avatar Billing Information System - BOCC will compute	BHS Policy	N/A

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Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
San Francisco Mental Health Education Fund - SF Mental Health Board Management					
1. The SFMHB will develop three detailed resolutions on key issues, such as City budget for behavioral health services, and forward resolutions to the Board of Supervisors, Health Commission, and Mayor's Office.		During FY 18-19	Measured by resolutions posted on the MHB website; documented in MHB minutes; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
2. The SFMHB shall provide an annual report to the Board of Supervisors on the needs and performance of the San Francisco Behavioral Health system.	Process	During FY 18-19	Documented by posting to the MHB website; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
3. The SFMHB shall hold at least one annual hearing on updates to the Mental Health Services Act Plan.	Process	During FY 18-19	Documented by written recommendations to BHS and public hearing; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
4. SFMHB shall complete at least 5 visits to BHS programs.	Process	During FY 18-19	Documented by agency written report; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
San Francisco Study Center - SF Mental Health Clients' Rights Advocates (SFMHCRA)					
1. SF MHCRA will resolve at least 515 cases regarding Patients' Rights issues.	Process	All BHS clients who contact the program directly, through family, or other concerned party via phone, email, fax, or in person in FY 18-19	MHCRA Database, Director's monthly, quarterly, and year-end reports; contractor prepares staff report, documented in the client database Apricot Community Techknowledge and evaluated by the AOA Program Manager and BOCC by 9/1/19.	BHS Policy	N/A
2. SF MHCRA staff will review at least 4 behavioral health facilities for compliance with Patients' Rights issues selected by MHCRA based on complaints collected, reporting of rights data, and/or changes in the law.	Process	During FY 18-19	Outreach logs, MHCRA Director's monthly, quarterly, and year-end reports; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
3. SF MHCRA will conduct 6 Patients' Rights checklist reviews for compliance with CCR Title 9 and W & I Code 5235 and W & I Code 5331, as required by BHS.	Process	During FY 18-19	Outreach logs, client database, MHCRA Director's monthly, quarterly, and year-end reports; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
4. At least 75% of the participants at any of the 12 educational outreach activities conducted by MHCRA staff will report an increase in knowledge regarding Patients' Rights among consumers in licensed facilities.	Outcome	All BHS clients enrolled in licensed facilities that participate in training presentations in FY 18-19	Outreach logs, client database, client report, outreach survey, Director's monthly, quarterly and year-end reports; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
San Francisco Suicide Prevention - Access Off-Hours Program					
1. For FY17-18, the SFSP Access Off-Hours Program Coordinator and the DPH Access Program Coordinator will phone conference/meet no less than twelve (12) times for training and coordination purposes, as indicated by meeting minutes.		N/A	Training and coordination meeting minutes; program prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/1/19	BHS Policy	N/A
2. For FY17-18, the SFSP Access Off-Hours Program Coordinator will test or monitor at least 2 random Access Line calls each week and review the related logs to maintain the highest quality standards across all operators, as indicated in supervision logs.		N/A	Supervision logs; program prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/1/19	BHS Policy	N/A
3. For FY17-18, the SFSP Access Off-Hours program will score no less than an average of 97% compliance rate on all DPH-conducted Test Calls as indicated by DPH scoring materials.		N/A	DPH-conducted Test Calls & scoring reports; program prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/1/19	BHS Policy	N/A
4. For FY17-18, the SFSP Access Off-Hours program will score no less than an average of 97% compliance rate on all DPH-reviewed call logs as indicated by DPH scoring materials.		N/A	DPH-reviewed call logs & scoring reports; program prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/1/19	BHS Policy	N/A

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
San Francisco Suicide Prevention - HIV Nightline					
1. By the end of the Fiscal Year, the AIDS/HIV Nightline will conduct outreach to at least 15 San Francisco service agencies doing HIV/AIDS work, as shown in appropriate documentation such as sign-in sheets, letters from the agencies confirming the visits, or other documentation to show participation.		N/A	Outreach sign-in sheets, letters from the agencies confirming the visits, or other documentation to show participation; program prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/1/19	BHS Policy	N/A
2. By the end of the Fiscal Year, the AIDS/HIV Nightline will exhibit/participate at least two community events as shown in appropriate documentation such as sign-in sheets, fliers, or other documentation to show participation.		N/A	Attendee sign-in sheets, fliers, or other documentation to show participation; program prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/1/19	BHS Policy	N/A
3. By the end of the Fiscal Year, the AIDS/HIV Nightline will respond to ≥ 1,025 calls from callers living with HIV as shown in appropriate documentation such as call logs.		N/A	Call logs & other appropriate documentation; program prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/1/19	BHS Policy	N/A
4. Nightline will complete at least 2 volunteer training classes assuring that each new volunteer receives at least 60 hrs of training as shown in appropriate documentation such as sign-in sheets.		N/A	Volunteer Training sign-in sheets & other appropriate documentation; program prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/1/19	BHS Policy	N/A

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St. Francis Memorial Hospital (Dignity Health) - Safe Havens / Supervised Visitation and Safe Exchange Program					
1. The program staff will provide safe exchange and supervised visitation services to 100% of the families referred by the court.		Families referred by court for supervised visits in the period funded: 10/01/17- 09/30/18	Documented and reported on Office of Violence Against Women (OVW) semi-annual reports; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 12/31/18	BHS Policy	N/A
2. The contractor submits semi-annual progress reports of data describing project activities no later than 30 days after the end of each 6 month reporting period (Jan-June and July-Dec).		Families referred by court for supervised visits in the period funded: 10/01/17- 09/30/18	Semi-annual reporting required by funder; reports due 30 days after period ends; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 12/31/18	BHS Policy	N/A
St. James Infirmary					
1. 100% of the program's clients will be entered into the Avatar electronic health record no later than 06/30/19.		All clients of program in FY 18-19	Evidence in Avatar will indicate all FY 18-19 program clients entered into the database	BHS Policy	N/A

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Self Help for the Elderly (CMS# 7328)- Autumn Glow					
1. 80% of Autumn Glow residents will show decreased signs of decline as a result of participating in daily exercises and activities, as measured by the Activities of Daily Living (ADL) assessment.		All residents for each contract FY	Agency client files or database. Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC PM by 9/1/19	Formerly HUH SOC Outcome Performance Objective	N/A
2. 70% of Autumn Glow residents will be able to maintain overall cognitive functioning, as measured by the results of the Standardized Memory Test twice per year.		All residents for each contract FY	Agency client files/database; baseline at entry and follow up ADL assessments. Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC PM by 9/1/19	Formerly HUH SOC Outcome Performance Objective	N/A
3. 100% of Autumn Glow residents who are clinically assessed as required for more intensive level of care will be referred to an appropriate higher medical care program as measured by the quarterly assessment and recommendation by the primary physicians.		All residents for each contract FY	Agency client files or database. Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC PM by 9/1/19.	Formerly HUH SOC Outcome Performance Objective	N/A
4. 100% of Autumn Glow residents will have an individualized service plan/care plan no later than 30 days after admission.		All residents for each contract FY	Agency client files or database. Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC PM by 9/1/19	Formerly HUH SOC Process Performance	N/A
5. 100% of Autumn Glow residents' individualized service plans/care plans will be updated every three months or more frequently as the resident's condition warrants.		All residents for each contract FY	Agency client files or database. Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC PM by 9/1/19	Formerly HUH SOC Process Performance	N/A

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Swords to Plowshares					
1. At least 75% of clients who are employment capable will be enrolled in employment and training services.		All clients assessed for job readiness in FY 18-19	Case Mgmt. contacts, client files, Efforts To Outcomes (ETO) Database and Avatar assessments and Tx plans; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
2. At least 80% of clients who are employment capable will engage in some form of classroom training.		All clients assessed for job readiness in FY 18-19	Case mgmt. contacts, client files, ETO Database and Avatar assessments and Tx plans; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
3. At least 60% of clients who are employment capable will obtain job placement.		All clients assessed for job readiness in FY 18-19	Case mgmt. contacts, client files, ETO Database and Avatar assessments and Tx plans; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
UCSF Citywide Case Management (CWCM)- NOVA - OP MH Sheriff's Dept					
1. The program will maintain a daily census of ≥ 27 active CWCM - NOVA therapy clients.	Compliance	All program clients	Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
Westside Community Mental Health Center - Crisis Intervention (WSC)					
1. Less than 30% of clients seen in the Crisis Clinic will be sent to PES or hospitalized on the same day.	Outcome	Clients seen at Westside Crisis in FY 18-19	Avatar Billing Information System - BOCC will compute	BHS Policy	MHS 140 Report
2. At least 60% of Westside Crisis client episode lengths will be < 60 days.	Compliance	Client episodes closed in FY 18-19 and clients open on 6/30/18	Avatar Billing Information System - BOCC will compute	BHS Policy	N/A
3. At least 60% of unduplicated clients at Westside Crisis during FY 18-19 will not have had a previous episode at WSC since FY 10-11 (year Avatar implemented).	Compliance	Unduplicated program clients in FY 18-19	Avatar Billing Information System - BOCC will compute	BHS Policy	MHS 140 Report

Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Civil Service - Drug Court Treatment Center				
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.	All clients discharged in FY 18-19	CalOMS Discharge Status Field	ACA	CalOMS Discharge Status Report Avatar Report
2. 100% of open clients will have a signed consent and authorization forms.	All clients with an episode opened in FY 18-19	Drug Court Database	BHS Policy	Drug Court Database Report
3. 100% of open clients will have zero errors on their CalOMS Admission Form.	All clients of CalOMS programs with an open episode in FY 18-19	CalOMS Admission Error Report	BHS Policy Dept of Health Care Svcs (DHCS)	CalOMS Admission Errors by Program Report Avatar Report
4. 60% of open clients will have a level of care assessment completed no later than 30 days after admission opening is entered into Avatar.	All clients with an episode opened in FY 18-19 (Beginning January 2019)	SUD -LOC	Drug Court Procedures	Avatar Report
5. 100% of clients discharged during FY 18-19 will have the CalOMS Discharge Status field completed no later than 30 days after episode closing is entered into Avatar.	Clients discharged during FY 18-19	CalOMS Discharge Status Field	BHS Policy DHCS	CalOMS Discharge Timely Status Avatar Report
Civil Service - Community Justice Center				
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.	All clients discharged in FY 18-19	CJC Court Database	CJC Procedures	CJC Database Report
2. 100% of open clients will have a signed consent and authorization forms.	All clients with an episode opened in FY 18-19	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.	All clients with an episode opened in FY 18-19 (beginning September 2018)	CJC Court Database	CJC Procedures	CJC Database Report
4. 80% percent of clients discharged during FY 18-19 will have their file closed within 30 days.	Clients discharged during FY 18-19	CJC Court Database	CJC Procedures	CJC Database Report
Civil Service - Law Enforcement Assisted Diversion				
1. 100% of open clients will have a signed consent and authorization forms.	All clients with an episode opened in FY 18-19	LEAD Database	BHS Policy	LEAD Database

Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
2. 50% of referred clients will have a completed Initial Screening and Assessment within 30 days of referrals	All clients with an episode opened in FY 18-19	LEAD Database	LEAD Procedures/Legislation	LEAD Database
3. 100% of active clients will be referred to case management services within 72 hours of assessment	All clients with an episode opened in FY 18-19	LEAD Database	LEAD Procedures	LEAD Database
Felton Institute - Law Enforcement Assisted Diversion				
1. By the end of the fiscal year, 100% of LEAD participants that complete an assessment with Felton Institute will have an individually tailored community care plan.	LEAD participants that complete an assessment with Felton Institute.	Felton Institute will copy and share all community care plans with HTA within one week of the end of each grant quarter.	LEAD Grant	N/A
2. By the end of the fiscal year, 75% of participants will be enrolled in MediCal.	LEAD participants with more than one contact with staff.	Felton Institute will be responsible for tracking enrollment in MediCal and assessing quality of data by cross referencing with the data report provided by LEAD Program Manager. Each quarter Felton Institute will be responsible for providing a list of individuals who they have had more than one contact with to the LEAD Program manager who will in turn provide Felton Institute with data regarding active MediCal. All data will be collected on a quarterly basis by HTA for evaluation	LEAD Grant	LEAD Program Manager will provide a report to Glide on a quarterly basis
3. By the end of the fiscal year, 80% of participants with substance use treatment needs will be enrolled in SUD treatment, as measured by enrollment services documented by joint data collection efforts between DPH, HTA, and Felton Institute.	LEAD participants with more than one contact with staff.	Felton Institute will enter data into a tracking system that indicates the presence of SUD treatment needs as well as referral data (including date of referral and date of enrollment) that will be shared with HTA within one week of the end of each quarter.	LEAD Grant	N/A

Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
4. By the end of the fiscal year, 80% of participants with mental health needs will be enrolled in mental health treatment, as measured by enrollment services documented by joint data collection efforts between DPH, HTA, and Felton Institute	LEAD participants with more than one contact with staff.	Felton will enter data into a tracking system that indicates the presence of mental health treatment needs as well as referral data (including date of referral and date of enrollment) that will be shared with HTA within one week of the end of each quarter. Felton will also assess the quality of data by cross referencing with Avatar admissions.	LEAD Grant	N/A
Glide Harm Reduction - Law Enforcement Assisted Diversion				
1. By the end of the fiscal year, 100% of LEAD participants that complete an assessment with Glide Foundation will have an individually tailored community care plan.	LEAD participants that complete an assessment with Glide Foundation.	Glide Foundation will copy and share all community care plans with HTA within one week of the end of each grant quarter.	LEAD Grant	N/A

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Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
2. By the end of the fiscal year, 75% of participants will be enrolled in MediCal.	LEAD participants with more than one contact with staff.	Glide Foundation will be responsible for tracking enrollment in MediCal and assessing quality of data by cross referencing with the data report provided by LEAD Program Manager. Each quarter Glide Foundation will be responsible for providing a list of individuals who they have had more than one contact with to the LEAD Program manager who will in turn provide Glide Foundation with data regarding active MediCal. All data will be collected on a quarterly basis by HTA for evaluation purposes.	LEAD Grant	LEAD Program Manager will provide a report to Glide on a quarterly basis
3. By the end of the fiscal year, 80% of participants with substance use treatment needs will be enrolled in SUD treatment, as measured by enrollment services documented by joint data collection efforts between DPH, HTA, and Glide Foundation.	LEAD participants with more than one contact with staff.	Glide Foundation will enter data into a tracking system that indicates the presence of SUD treatment needs as well as referral data (including date of referral and date of enrollment) that will be shared with HTA within one week of the end of each quarter.	LEAD Grant	N/A
Salvation Army - PRSPR				
1. 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.	All clients with an episode opened in FY 18-19	Avatar Episode	PRSPR Grant	Batch File Episode Report

Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
2. By the end of the fiscal year, Salvation Army will have achieved at least a 90% occupancy rate in their residential program that will be maintained throughout the project, as measured by program enrollment data documented by joint data collection efforts between DPH, HTA and Salvation Army and stored in Avatar.	All clients with an episode opened in FY 18-19	Avatar Episode	PRSPR Grant	Batch File Episode Report
3. By the end of the fiscal year, 100% of participants that successfully complete residential treatment will have an individually tailored community care plan, as measured by copies of the plans to be developed and maintained through joint data collection efforts between DPH, HTA, Salvation Army, and Felton Institute.	All clients with an episode opened in FY 18-19 with a planned exit	Salvation Army and HTA Data Collection	PRSPR Grant	N/A
4.100% of open clients will have zero errors on their CalOMS Admission Form.	All clients of CalOMS programs with an open episode in FY 18-19	CalOMS Admission Error Report	BHS Policy Dept of Health Care Svcs (DHCS)	**CalOMS Admission Errors by Program Report** Avatar Report
5. 100% of clients discharged during FY 18-19 will have the CalOMS Discharge Status field completed no later than 30 days after episode closing is entered into Avatar.	Clients discharged during FY 18-19	CalOMS Discharge Status Field	BHS Policy Dept of Health Care Svcs (DHCS)	**CalOMS Discharge Timely Status** Avatar Report

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Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
6. By the end of the fiscal year, 90% of participants that successfully complete residential treatment will be enrolled in MediCal.	Clients discharged during FY 18-19 with a planned exit	Salvation Army will be responsible for tracking enrollment in MediCal and assessing quality of data by cross referencing with the data report provided by BOCC. Each quarter Salvation Army will be responsible for providing a list of individuals who successfully completed treatment to the BOCC who will in turn provide Salvation Army with data regarding active MediCal. All data will be collected on a quarterly basis by HTA for	PRSPR Grant	N/A
7. By the end of the fiscal year, at least 50% of participants will have completed a minimum of 3 months of residential treatment.	All clients with an episode opened in FY 18-19	Avatar Episode	PRSPR Grant	Batch File Episode Report
Felton Institute - PRSPR				
1. 50% of TAY participants enrolled in PRSPR residential SUD treatment will complete a minimum of 3 months of residential treatment.	Participants between the ages of 18-25 who are admitted into residential treatment during FY 18-19.	Felton Institute will be responsible for tracking enrollment in residential treatment and reporting data to HTA within one week of the end of each quarter.	PRSPR Grant	N/A

Tab 10- Forensic_Justice BHS

Appendix C
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Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
2. 90% of TAY participants that successfully complete PRSPR residential treatment will be enrolled in MediCal.	Participants between the ages of 18-25 who have a planned discharge from PRSPR residential treatment during FY 18-19.	Felton Institute will be responsible for tracking enrollment in MediCal and assessing quality of data by cross referencing with the data report provided by BOCC. Each quarter Felton Institute will be responsible for providing a list of individuals age 18-25 who successfully completed treatment to the BOCC who will in turn provide Felton Institute with data regarding active MediCal. All data will be collected on a quarterly basis by HTA for evaluation purposes.	PRSPR Grant	N/A
Richmond Area Multi Services - PRSPR				
1. 100% of PRSPR clients who complete residential treatment will have a minimum of one contact with a peer navigator.	Clients discharged during FY 18-19 with a planned exit	RAMS will retain Peer Navigator engagement data. All data will be collected on a quarterly basis by HTA for evaluation purposes.	PRSPR Grant	N/A
2. 50% of PRSPR participants that successfully complete residential treatment will be engaged with peer services for a minimum of 30 days.	Clients discharged during FY 18-19 with a planned exit	RAMS will retain Peer Navigator engagement data. All data will be collected on a quarterly basis by HTA for evaluation purposes.	PRSPR Grant	N/A
Civil Service - Assisted Outpatient Treatment				
1. 60% of clients that meet AOT criteria and that the AOT Care Team has contact with will engage in voluntary services.	Individuals referred in FY18/19	AOT Database	AOT Procedures	N/A
2. In an effort to information the community regarding AOT, the program will conduct a minimum of 10 presentations a year.	Presentations in FY 18/19	AOT Data	AOT Procedures	N/A
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.	Annual Report	AOT Website	AOT Procedures	N/A

Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
UCSF Citywide - Assisted Outpatient Treatment				
1. Participants enrolled in the Assisted Outpatient Treatment Program will have a 10% reduction in psychiatric crisis contacts compared to the previous fiscal year, as measured by Psychiatric Emergency Services (PES) contacts.	All clients with an episode opened in FY 18-19	Avatar as well as a joint data collection effort between UCSF and DPH's AOT Care Team.	AOT Procedures	N/A
2. Participants enrolled in the Assisted Outpatient Treatment Program will have a 10% reduction in total number of incarcerations compared to the previous fiscal year, as measured by number of jail contacts with the San Francisco County Jail.	All clients with an episode opened in FY 18-19	Jail Information Management (JIM) as well as a joint data collection effort between UCSF and DPH's AOT Care Team.	AOT Procedures	N/A
3. Participants enrolled in the Assisted Outpatient Treatment Program will have a 5% reduction in total admissions to an inpatient psychiatric unit compared to the previous fiscal year, as measured by number of number of readmissions.	All clients with an episode opened in FY 18-19	Avatar as well as a joint data collection effort between UCSF and DPH's AOT Care Team	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.	All clients with closing in FY 18-19	Avatar as well as a joint data collection effort between UCSF and DPH's AOT Care Team.	AOT Procedures	N/A

Mental Health Services

Type of Care	Performance Objective	Provider and Outcome
Hospitalization	No performance measures identified for this type of care.	
Crisis Residential		**Progress Foundation, Dore Street ADU**
	Objective: Of those clients who remain in an Acute Diversion Unit (ADU) for a continuous 12 days or more, at least 80% will be discharged to a less restrictive level of care.	100%
	Objective: 100% of clients with an open episode will have the initial Treatment Plan of Care finalized in AVATAR ≤ 3 days of episode opening but no later than the first planned service.	100%
	Objective: One hundred percent of clients will have an ANSA assessment completed no later than 30 days after episode closing.	80%
	Objective: Record height, weight, and blood pressure using the new AVATAR Vitals Entry Form for at least 50% of all clients who receive medication services in your program at least once during the fiscal year.	100%
	Objective: 100% of clients will have an initial ANSA finalized in AVATAR within 3 days of episode opening	100%
	Units of Service Contracted/Delivered	
	Program Compliance (Admin binder compliance, site compliance, treatment plans, chart documentation compliance)	
Long-Term Care	No performance measures identified for this type of care.	N/A
Residential		**Progress Foundation, Ashbury House**
	Objective: Clients will improve on at least 30% of their actionable items on the ANSA. A minimum of 40% of clients must achieve the objective in order to receive points.	80%
	Objective: Of those clients who have been in a Transitional Residential Treatment Program (TRTP) for a continuous ≥ 60 days, 70% will have at least one outpatient (mode 15) service prior to discharge.	100%
	Objective: 100% of clients with an open episode will have the initial Treatment Plan of Care finalized in AVATAR ≤ 3 days of episode opening but no later than the first planned service.	100%
	Objective: One hundred percent of clients will have an ANSA assessment completed no later than 30 days after episode closing.	100%

	Objective: Record height, weight, and blood pressure using the new AVATAR Vitals Entry Form for at least 50% of all clients who receive medication services in your program at least once during the fiscal year.	100%
	Objective: 100% of clients will have an initial ANSA finalized in AVATAR within 3 days of episode opening	80%
	Units of Service Contracted/Delivered	80%
	Program Compliance (Admin binder compliance, site compliance, treatment plans, chart documentation compliance)	100%
Outpatient		**Seneca Family of Agencies, Connections Outpatient**
	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.	100%
	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 1st planned service.	0%
	Objective: 100% of clients in treatment will have a Closing Summary and Discharge CANS completed no later than 30 days after episode closing.	0%
	Objective: The program will respond to all referral calls from Child Crisis within 30 minutes.	100%
	Objective: The program will assign staff to all Child Crisis referred clients within 12 hours of the referral.	100%
	Units of Service Contracted/Delivered	0%
	Program Compliance (Admin binder compliance, site compliance, treatment plans, chart documentation compliance)	85%
Prevention and Early Intervention	No performance measures identified for this type of care.	N/A

Substance Abuse Disorder

Type of Care	Performance Objective	Provider and Outcome
		Addiction Research Treatment, Market Street Methadone Maintenace
Opoid Replacement Treatment	*Objective: At least 70% of clients admitted to a methadone maintenance treatment program will stay in treatment ≥ 12 months.*	80%
	Objective: Average maintenance dose at Methadone Maintenance clinics will remain above 50 mgs.	100%
	Objective: No more than 5% of open clients will have errors on their CalOMS Admission Form.	100%
	Objective: One hundred percent of clients discharged during FY 15-16 will have the CalOMS Discharge Status field completed no later than 30 days after episode closing is entered into AVATAR.	100%
	Units of Service Contracted/Delivered	100%
	Program Compliance (Admin binder compliance, site compliance, treatment plans, chart documentation compliance)	100%
Residential		**Health Right 360**
	Objective: At least 60% of clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by discharge codes.	100%
	Objective: No more than 5% of open clients will have errors on their CalOMS Admission Form.	100%
	Objective: One hundred percent of clients discharged during FY 15-16 will have the CalOMS Discharge Status field completed no later than 30 days after episode closing is entered into AVATAR.	100%
	Objective: No more than 40% of clients will be coded as CalOMS Administrative Discharge during FY 15-16.	100%
	Objective: At least 50% of clients will have CalOMS data fields for Frequency of Use completed at admission and discharge.	100%
	Units of Service Contracted/Delivered	100%
	Program Compliance (Admin binder compliance, site compliance, treatment plans, chart documentation compliance)	100%
		Health Right 360
	Objective: At least 60% of clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by discharge codes.	80%

Outpatient	*Objective: At least 60% of clients will maintain abstinence or show a reduction of Alcohol and Other Drug use.*	100%
	Objective: One hundred percent of initial requests for services (phone and walkins) will be recorded in the AVATAR Timely Access Log.	0%
	Objective: No more than 5% of open clients will have errors on their CalOMS Admission Form.	100%
	Objective: One hundred percent of clients discharged during FY 15-16 will have the CalOMS Discharge Status field completed no later than 30 days after episode closing is entered into AVATAR.	20%
	Objective: No more than 40% of clients will be coded as CalOMS Administrative Discharge during FY 15-16.	40%
	Objective: One hundred percent of clients must be offered an appointment within 10 business days of the initial request for services.	100%
	Objective: At least 50% of clients will have CalOMS data fields for Frequency of Use completed at admission and discharge.	100%
	Units of Service Contracted/Delivered	90%
	Program Compliance (Admin binder compliance, site compliance, treatment plans, chart documentation compliance)	100%
Prevention and Early Intervention	No performance measures identified for this type of care.	N/A