

City and County of San Francisco
Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA)
July 1, 2021 - December 31, 2022
Adolescent / Youth Set-Aside Program Narrative

a. Statement of Purpose: The goal of the San Francisco CRRSAA Adolescent / Youth Set-Aside Program is to improve the quality and outcomes of substance use diagnosis, treatment, and services provided to adolescents and youth between the ages of 0 and 20, along with their families and caregivers, with a particular focus on improving **early identification and treatment** of substance use and mental health issues among youth. To accomplish this goal, BHS will utilize SRRSAA Adolescent / Youth Set-Aside funding to contract with **one or more nationally recognized consultation and training firms** that will provide intensive, tailored training, technical assistance, and capacity-building services for administrators, staff, and providers at substance use disorder and mental health treatment agencies and programs with which BHS contracts to provide adolescent and youth substance use and dual diagnosis services. The consultation and training contracts will span the 18-month CRRSAA project period and will include identified milestones, deliverables, activities, and enhancement outcomes to track and measure project success.

b. Measurable Outcome Objectives:

- **Funding Period # 1: July 1, 2021 - June 30, 2022:**
- Identify and contract with one or more highly qualified consultation and training firms with extensive experience in assessing agency needs and building agency capacity to provide effective adolescent and youth substance use and mental health services.
- Provide intensive, tailored, assessment, training, and technical assistance services for administrators, staff, and providers at contracted youth-services BHS agencies and programs to increase the quality, scope, and impact of youth-specific substance use and mental health services.
- Monitor the effectiveness of the program in building self-reported agency skills, capacity, awareness, effectiveness, and impact, including potential impacts on health disparities related to disadvantaged and underserved populations.
- **Funding Period # 2: July 1, 2022 - December 31, 2022**
- Continue to provide intensive, tailored, assessment, training, and technical assistance services for administrators, staff, and providers at contracted youth-services BHS agencies and programs to increase the quality, scope, and impact of youth-specific substance use and mental health services.

- Continue to monitor the effectiveness of the program in building self-reported agency skills, capacity, awareness, effectiveness, and impact, including potential impacts on health disparities related to disadvantaged and underserved populations.

c. Program Description: The proposed capacity development intervention is designed to allow San Francisco to more effectively address the crisis of substance use disorder and co-occurring conditions among young people in the city. While the agencies with which BHS contracts are have some experience in meeting the needs of this population, many do not know how to effectively assess youth for comorbidity and treat it. Additionally, new strategies and service models are continually being developed, and new interventions with demonstrated success offer exciting opportunities to expand the quality of behavioral health services for youth. These include:

- Expanding systems and procedures for early identification and treatment of youth substance use and mental health disorders;
- Incorporating new models of youth engagement, assessment, retention, and support in behavioral health care, including new outcomes tracking models;
- Expanding involvement of parents, caregivers, and community support personnel in identifying and referring young people to behavioral health services and in providing effective support to affected young people;
- Expanding the use of culturally, behaviorally, and developmentally specific behavioral health assessment, intervention, and support methodologies;
- Increasing public awareness of youth behavioral health needs, conditions, early symptoms, and treatment options, particularly as they affect underserved populations; and
- Increasing inter-agency and inter-system communication and collaboration in regard to behavioral health referral and services.

Through the proposed intervention, San Francisco will greatly expand the expertise of its contracted BHS providers to deliver even more effective engagement, care, and support services for adolescents and youth affected by substance use and mental health issues. This intervention will touch on and enhance virtually **all** factors identified by the State of California in the SABG instructions, including youth outreach, screening, assessment, diagnosis, placement, treatment, counseling, peer support services, enhanced utilization of developmentally appropriate approaches to treatment, expanded family interventions and support systems; alcohol and drug testing, discharge planning, and structured recovery-related activities.

d. Cultural Competency: The National Culturally and Linguistically Appropriate Services (CLAS) Standards improve health care quality and advance health equity by establishing a

framework to advance and sustain culturally and linguistically appropriate services. The CLAS Standards Checklist also provides agencies and programs with a clear outline of steps that can and should be taken to ensure culturally competent services and eliminate health disparities in both service access and outcomes. All agencies funded through the SABG program will be required to meet the National CLAS Standards as a condition of grant award, and adherence to CLAS standards will be continually tracked as part of the contract monitoring process, including assessing the availability of services in multiple languages; ensuring the availability of interpretation services; and monitoring staff ethnicity and linguistic capacity through the SFDPH Cultural Competency Tracking System. At the same time, the SFDPH Office of Equity, Social Justice, and Multicultural Education will continue to work with San Francisco Behavioral Health Services and its network of contractors to promote social justice and service access equity for clients by reducing institutional, systemic and programmatic barriers to healthcare through training, technical assistance, program monitoring, quality improvement, cultural and linguistic capacity tracking, enhanced reporting, and other strategies. Additional approaches to ensure cultural competency through the SABG program will include:

- Developing new community partnerships to directly engage focus population members in program design, implementation, monitoring, and quality improvement;
- Using effective, demonstrated programs and practices that have been developed and evaluated specifically for diverse and underserved populations;
- Conducting outcome evaluations to demonstrate whether programs are having the intended impact on focus populations, including reducing both access and outcome disparities; and
- Funding and engaging community partners that demographically reflect the focus populations served by each program.

e. Target Population / Service Area: The project will target providers of adolescent and youth substance use and mental health services with which BHS contracts, including administrative, planning, programmatic, and direct service staff to improve the quality and outcomes of substance use diagnosis, treatment, and services provided to adolescents and youth between the ages of 0 and 20, along with their families and caregivers. The program will also bring these agency representatives into both in-person and electronic sessions for group learning, planning, and collaborative activities as appropriate.

f. Staffing: The project will support subcontract to one or more training and technical assistance providers to cover the training and technical assistance services supported by the program. These subcontracts will incorporate a broad range of content experts, experienced trainers, agency assessment specialists, evaluation specialists, and technical

assistance providers in a diverse range of sub-topics related to adolescent and youth behavioral health services.

g. Implementation Plan: As noted above, between July 1 and October 31, 2021, SF BHS will conduct a nationwide search and bid process to identify and select one or more qualified training and technical assistance firms that specialize in behavioral health service assessment and capacity-building in relation to adolescents and youth. SF BHS will develop contracts with these firm that include detailed benchmarks, objectives, and deliverables, including procedures for assessing the program's overall impact on improving behavioral health services. BHS will closely monitor and support the training project - providing planning, convening, and data tracking services where appropriate - throughout the intervention period from November 1, 2021 through December 31, 2022. Contracted training and consulting firms may also prepare final reports on project services and outcomes by the conclusion of the contract period, as determined during the project negotiation process.

h. Program Evaluation Plan: SFDPH and SF Behavioral Health Services maintain a robust program monitoring, evaluation and quality improvement system to track the process of program implementation, monitor the impact and outcomes of behavioral health programs and services, and identify and address disparities in regard to service access, utilization, and outcomes. For its own internally operated programs, BHS utilizes the Avatar electronic health records (EHR) system to enter, aggregate, and summarize client-level data and outcomes, and is continually enhancing systems expand data sharing and interface with EHR systems in areas such as emergency medical care, law enforcement, and community behavioral health services. Substance use treatment data is entered into the CalOMS system on a weekly basis, while the agency conducts regular internal DPH program staff meetings and teleconferences in areas such as program monitoring, planning, implementation, quality improvement, and evaluation.

Meanwhile, the DPH Business Office of Contract Compliance conducts annual program reviews of each contracted provider that document status in meeting performance objectives and achieving service and process requirements in relation to each contract or agreement. Program reviews track provider performance and outcomes across a wide range of areas, including deliverables, performance objectives, client outcomes as measured through randomized chart review, and client satisfaction survey results. Plans of Correction are developed and tracked by BHS program managers to address any performance problems identified in these reviews. The Office conducts almost 200 site visits and 100 desk audits of BHS programs each fiscal year. BHS also provides ongoing evaluation support and monitoring of contractors through strategies such as regular meetings and telehealth conferences to review progress toward goals and objectives and to address any specific deficiencies or documented concerns; regular

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client chart review to verify accuracy and completeness of client-level data; and ongoing meetings between BHS program managers and their assigned contractor agencies.

Additionally, BHS produces an annual Quality Improvement (QI) Work Plan designed to monitor key indicators associated with the quality of consumer care and to identify and implement quality improvement activities as needed. The annual QI Work Plan identifies specific objectives, timeframes, and responsible parties in relation to six key areas: 1) Service Capacity; 2) Access to Care; 3) Beneficiary Satisfaction; 4) Service Delivery and Clinical Issues; 5) Areas for Improvement; and 6) Continuity and Coordination of Care. These activities assess the effectiveness of the plan in achieving improved client outcomes and reducing client access and outcome disparities. Current major activities in the plan include evaluation of improved connection of BHS behavioral health clients to a primary care home; improved client satisfaction; improved percentage of clients who are seen in outpatient treatment within 7 days of discharge from a psychiatric hospitalization; and reduction of 30-day readmissions to psychiatric hospitalizations.

i. CRRSAA SABG Supplemental Tracking: SFDPH will establish separate line-item budget accounts with distinct ledger codes to dispense, track, and administer CRRSAA SABG funding separately from both ARPA SABG funding and the County's prime SABG award. SFDPH will adhere to all relevant State fiscal requirements in relation to SABG funding, and will utilize the CRRSAA Invoice Template to request State reimbursement no later than 20 days following the end of each quarter.

k. CRRSAA Complete Expenditure of Funds: SFDPH understands the CRRSAA SABG requirement that each State Fiscal Year (SFY) allocation must be expended in full within the established funding period. SFDPH understands that failure to spend the entirety of each respective SFY allocation will result in the forfeiture of the remaining funds allocated for the respective SFY, and that there will be no rollover of funds from one SFY to another. San Francisco County will report to DHCS by June 30, 2022 if they do not anticipate fully expending their SFY 2022-23 allocation by December 31, 2022.