Use of Nonprofit Community-Based Organizations

Measuring Outcomes

June 2013

City and County of San Francisco
Civil Grand Jury, 2012-2013

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CIVIL GRAND JURY
CITY AND COUNTY OF SAN FRANCISCO

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THE CIVIL GRAND JURY

The Civil Grand Jury is a government oversight panel of volunteers who serve for one year. It makes findings and recommendations resulting from its investigations.

Reports of the Civil Grand Jury do not identify individuals by name. Disclosure of information about individuals interviewed by the jury is prohibited. California Penal Code, section 929

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Each published report includes a list of those public entities that are required to respond to the Presiding Judge of the Superior Court within 60 to 90 days, as specified.

A copy must be sent to the Board of Supervisors. All responses are made available to the public.

For each finding the response must:

1) agree with the finding, or
2) disagree with it, wholly or partially, and explain why.

As to each recommendation the responding party must report that:

1) the recommendation has been implemented, with a summary explanation; or
2) the recommendation has not been implemented but will be within a set timeframe as provided; or
3) the recommendation requires further analysis. The officer or agency head must define what additional study is needed. The Grand Jury expects a progress report within six months; or
4) the recommendation will not be implemented because it is not warranted or reasonable, with an explanation.

Table of Contents

Issue 5
Summary 5
Background 7
Investigations 8
1. Mayor's Office of Housing 8
a. Overview 8
b. Grant Award to Compass Family Services 8
c. Grant Award to Dolores Street Community Services 8
d. Request for Proposal 9
e. Grant Administration 9
f. Measurable Outputs for Compass Grant 10
g. Measurable Outputs for Dolores Grant 11
h. MOH Perspective 11
i. Jury Conclusions Regarding MOH 11
2. Human Services Agency 12
a. Overview 12
b. On Lok Day Services 12
c. Project Open Hand 13
d. General Grant Requirements 13
e. Contract Monitoring 13
f. State Oversight 14
g. Jury Conclusions Regarding HSA 14
3. Department of Public Health 14
a. Overview 14
b. Contract Terms 15
c. Contract Services 15
d. Contract Amounts 15
e. Contractor A Specific Services 16
f. Contractor B Specific Services 17
g. Performance Objectives 17
h. Avatar System 18
i. Jury Conclusions Regarding DPH 19
Overview: CBOs and City Employees 19
Findings and Recommendations 20
Response Matrix 21
Methodology 22
Glossary 23
Appendix 24
Endnotes 25

Issue

The City and County of San Francisco disburses about $500 million each year in grants and contracts to nonprofit community-based organizations to perform specific services. The 2012-13 Civil Grand Jury investigated how the City verifies that the services are delivered and how programs and services are measured for effectiveness.

Summary

The use of nonprofit community-based organizations (CBOs) to provide services to the citizenry is neither a new development nor a practice limited to San Francisco. However, it is fair to say that the level of San Francisco's funding of CBO programs is significantly greater in comparison to counties with similar populations.[1]

Over the past decade the importance of this issue has been the focus of Civil Grand Jury and task force reports. A 2009 report from the San Francisco Community-Based Organizations Task Force made the following recommendation:

> "The Mayor, in collaboration with the Board, should initiate a strategic planning process aimed at strengthening delivery of essential community-based services to San Francisco's most vulnerable populations. The plan should focus on ensuring the sector has capacity to meet priority needs and that City resources are aligned to support this effort... The resulting plan should articulate an overarching City vision for service delivery and establish a clear accountability framework for meeting desired outcomes."[2]

The 2012-13 Civil Grand Jury investigation found that individual City departments have been developing systems with varying degrees of capacity for managing the oversight of grants and contracts to CBOs. A comprehensive plan with clear accountability for measuring outcomes remains unfulfilled. The Jury strongly endorses the recommendation of the San Francisco Community-Based Organizations Task Force, as stated above.

According to the *Vendor Payment Summaries Report* (10/28/12) compiled by the Controller's Office,[3] the City made payments through grants/contracts to about 900 nonprofit organizations during FY 2011-12.

Because it is beyond the resources of the Jury to investigate all the grants/contracts entered into by all City departments, the Jury reviewed representative examples for selected programs run by three City departments: the Mayor's Office of Housing (MOH), the Human Services Agency (HSA), and the Department of Public Health (DPH). These departments were chosen because information received by the Jury suggested that one large department (DPH), one smaller department (HSA), and an agency (MOH) would

produce a reasonable sample. Within each department, the Jury selected two grants/contracts of varying amounts for analysis of the oversight process.

The Jury was able to access relevant information for our investigation by navigating City websites and numerous webpages and links. Nevertheless, we believe most citizens would benefit from more transparent information regarding the breadth and scale of the City's relationship with CBOs and the services provided by CBOs.

Based on its investigation, the Jury has come to the following conclusions and makes the following recommendations:

1. Although the City and County of San Francisco disburses substantial dollars—close to half a billion dollars annually—in grants and contracts to CBOs for services, information concerning these grants and contracts is not easily accessible by the public.

   To ensure adequate public awareness, access to CBO grant and contract information should be more explicitly communicated to the public. For example, the Mayor should consider specifically highlighting during the budget process that this dollar amount is devoted to grant and contract awards to CBOs to provide services the City/County believes to be critical.

2. City services provided by CBO grants/contracts have great value in helping underserved groups, but there is no systematic monitoring of the outcomes or effectiveness of the services delivered. It is important to know the value of these services over the long-term and to have a comprehensive strategy for optimizing the long-term effectiveness of the grants and contracts.

   The Mayor and Board of Supervisors should take the important step of developing an overarching strategy, as recommended by the San Francisco Community-Based Organizations Task Force in 2009, for evaluating the long-term effect of services provided by CBOs and use the results of that examination to set priorities and eliminate ineffective (or wasteful) programs. Furthermore, the Mayor and Board of Supervisors should consider taking a percentage of the total monies devoted to the provision of services by CBOs and use it to engage professional assistance to conduct this evaluation.

3. The DPH has not been able to take full advantage of the Avatar electronic management system.

   The Department should employ the resources needed to bring the Avatar system to a level that fully supports the Department's performance objectives program. If necessary, the Mayor and Board of Supervisors should ensure that sufficient resources are available to implement this recommendation.

In the course of our investigation, the Jury learned about the difficulties of determining tangible, long-term benefits of social programs for underserved communities with complex challenges. We were impressed by civil service and CBO employees who we observed to be working hard to "make a real difference" in the lives of their clients. They

were candid about the challenges they face and were cooperative with our questions about the efficacy of their efforts. We believe these professionals would welcome a comprehensive effort to better understand the long-term impact of their work.

Background

Appendix A of the City Charter mandates that the Office of the Controller oversee and audit the grant/contract process. The Controller audits the financial and administrative functions of selected community-based organizations (CBOs) but does not perform any work to determine if contracted services are producing measurable outcomes that improve the welfare of the clients being served.

According to the *Vendor Payment Summaries Report* (10/28/12) compiled by the Controller's Office,[4] the City made payments through grants/contracts to about 900 nonprofit organizations during FY 2011-12. The dollar amount of these grants is available on the Controller's website but is not separately reported in Mayoral press releases or other official summaries of San Francisco's budgets. The Controller recently launched a "transparency portal"[5] to make financial and other information available online.

Over the past decade, the importance of this issue has been the focus of the following Civil Grand Jury and task force reports:

- 2000-01 Jury -- In a report titled *Nonprofit Contracting,*[6] the Jury noted the decentralized and burdensome processes for certification and awarding of contracts and the lack of timely payment of invoices. The report called for the establishment of a working group to address the problems.

- 2001-02 Jury -- The Jury examined professional services contracting, including nonprofit contracting, and again called for a centralized system to oversee the contracting process. The report was titled *Professional Services Contracting.*[7]

- 2004-05 Jury -- The Jury issued three separate reports that covered contracting issues: *Employee or Independent Contractor?,*[8] *City Contracting and Affirmative Action,*[9] and *What is the Difference Between a Contract and a Grant?*[10] The reports focused on legal issues related to the potential liability of the City to pay benefits and overtime to contractors, the granting of preferential treatment of protected classes in violation of Proposition 209, and the increased use of grants to circumvent more stringent requirements of contracts.

- 2008-09 Jury -- In a report titled *Nonprofits: The Good, The Bad, The Ugly,*[11] the Jury investigated the monitoring process for multi-department contracts and requirements for corrective action plans for poorly performing programs. The recommendations included the need to develop a citywide tracking and monitoring system and a performance measurement methodology, particularly for health and human services programs.

- San Francisco Community-Based Organizations Task Force -- In April 2009, the task force issued the report *Partnering with Nonprofits in Tough Times*, which focuses on strategies and action steps to facilitate the City's relationship with local nonprofits during a difficult economic climate.[12]

For this report, the 2012-13 Jury investigated how the delivery of services and the outcomes of certain programs are being measured.

Investigations

1. Mayor's Office of Housing

a. Overview

In the budget for fiscal year (FY) 2011-12, the Mayor's Office of Housing (MOH) awarded about $27 million to CBOs to perform a variety of services.

The 2012-13 Civil Grand Jury selected and reviewed one large and one small grant for analysis: $50,000 to Compass Family Services (Compass) and $698,841 to Dolores Street Community Services (Dolores).

According to staff interviewed for this report, the two grants were typical and representative of all grants/contracts disbursed through MOH.

b. Grant Award to Compass Family Services

The grant provided services identified in the *FY 2010-14 Five-Year Consolidated Plan* that had been submitted to the federal Department of Housing and Urban Development. The grant covered a variety of services related to provision of housing, counseling, and some financial assistance and was directed at such populations as the homeless, those in danger of becoming homeless, and disadvantaged minorities.

Compass received $3,958,507 in total grant money in FY 2011-12 with additional grants from the Mayor's Office of Housing, Department of Children, Youth and Their Families, Human Services Agency, and Children & Families Commission.

c. Grant Award to Dolores Street Community Services

This grant was a follow-up to a grant that originated as an "add back" in 2006. Add backs are projects inserted by a member of the Board of Supervisors for funding to a department or agency outside the normal budget process. Such projects are usually

focused on a specific CBO. (The issue of "add backs" is beyond the scope of this investigation.)

The grant focused primarily on providing legal services to a variety of low- and moderate-income immigrant groups. The groups usually were people with limited English ability and a significant inability to access quality legal services, resolve immigration problems, and thrive in San Francisco.

d. Request for Proposal

MOH issued a request for proposal (RFP), and Compass applied for the grant. Because Compass had been providing similar services for an extended period and performing well, MOH approved the grant application. Staff from MOH monitored the performance of the services, visited the Compass facility, coordinated with Compass staff, and reviewed reports on performance, including feedback from clients. As required by the City Charter, the Controller monitored and audited financial and administrative activities of the grant recipient.

In the case of the Dolores grant, RFPs implementing the original add back were circulated among a number of CBOs. Dolores was successful in obtaining those grants. More recently, the grants were for five-year periods and include the current budget year. Documents regarding the current grant identify a collaboration of 11 subcontractors to provide legal and associated services to immigrants.

e. Grant Administration

Both the Compass and Dolores grants are subject to the MOH *Operating Procedures Manual*.

Under the procedures, MOH and the grant recipient agree on a work plan that includes "activities" and "services." The plan also must include an "annual output," which is the number of unduplicated clients served or other units of service (e.g., number of workshops) completed by each activity. If an activity consists of more than one service, clients may be duplicated between services, but each activity should show the overall unique or "unduplicated number of clients served."

The *output* measured in number of clients does not measure *outcome*, i.e., effectiveness. The *outcome* that needs to be measured is the effect the service had on changing the condition of the client (e.g., has the client improved his financial situation, avoided future instances of homelessness, etc.). This Jury learned that the only outcome information available for the two grants being investigated was anecdotal and subjective input from program managers.

A grant coordinator at MOH monitors compliance and progress of grant recipients by means of monthly (or at least quarterly) program and cost reports. Reimbursement for expenses is contingent on a grant recipient's submission of required data. The grant

coordinator also may visit the recipient's office to monitor compliance. Recipients are required to maintain "verifiable records on clients and client services." These include documentation of a client's eligibility, appropriate client/staff signatures, evidence of client income, evidence of participation by clients (such as sign-in sheets), and "evidence of progress or success of participants meeting program activities or outcomes."[13]

f. Measurable Outputs for Compass Grant

The measurable outputs for the Compass grant agreement include the following four items, as identified in the work plan detail:[14]

- Tenant counseling -- Twenty families will avoid eviction as a result of receiving housing counseling.
- Tenant representation/counseling -- Fifteen families will receive representation and/or tenant rights counseling.
- Tenant/landlord counseling -- more stably housed – Forty families will be more stably housed as a result of receiving housing counseling.
- Tenant counseling – counseling – Forty-five homeless families will receive housing counseling.

Compass submitted a monthly *Program and Cost Report* to MOH requesting between $2,000 and $5,000 per month in funds from the grant. A grid at the top of each monthly report that listed the four outputs showed zero progress on all goals each month, but anecdotal summaries in the report stated the number of families served in various ways.[15]

It was unclear which of the four outputs was met in all cases. Nevertheless, Compass maintained that it was on track to meet or exceed all goals, and MOH appeared satisfied with the evidence they provided.

The Compass reports provided evidence of immediate outcomes in the case of families who actually obtained housing or were not evicted. For those who received counseling only, the reports contained no tracking of outcomes.

In attachments to its grant agreements, Compass also provides MOH with its overall achievements from the previous fiscal year:

> "225 unduplicated families were served with rental assistance, case management and/or legal assistance, 80 families were served with one time financial assistance, 45 homeless families were assisted with move-in costs, 34 families who were in danger of eviction were assisted with back rent, and one family was helped with a utility bill that was a barrier to housing. 145 families were assisted with one-time loans totaling $140,088 for back rent, move-in or utility costs. Of the 160 families who received financial assistance and have reached the 9-month mark, 97 percent of clients reached remained stably housed."[16]

g. Measurable Outputs for Dolores Grant

The measurable outputs for immigrant legal services include:

- the number of clients receiving legal services counseling or advice through legal clinics, walk-ins or appointments five days a week, through a network of service providers representing up to 20 languages and dialects citywide (annual unique client output 1,147)
- the number of clients served by legal representation in immigration proceedings (annual unique client output 164)
- the number of clients assisted in completing forms related to petitioning for legal relief, to adjustment of status, to apply for citizenship, or to otherwise seek legal immigration status (annual unique client output 486)
- the number of clients referred to a paralegal or attorney or an educational program (annual unique client output 279)
- the percent of clients referred by San Francisco Immigrant Legal and Education Network (SFILEN) who make a connection for legal services (annual unique client output of 40 percent of all clients referred by SFILEN, or 107)

In the aggregate, this amounts to $320 per client served. Dolores has specific monthly goals for the number of clients served in these ways and demonstrates compliance every month by listing the number of clients and what percent of the goal has been met.

Dolores is also to report monthly "specific and detailed information on the progress of [their] activities" and "examples of the impact and/or success your project has had in the lives of [their] clients." It is only in the latter section of the monthly report that specific qualitative information on the status and success of particular outreach efforts and services is described.

MOH tracks Dolores to ensure it provides specific types of services for the number of clients specified in the grant, but does not require comprehensive reports on client outcomes from the services provided. To be in full compliance, Dolores needs only to serve a designated number of clients.

h. MOH Perspective

MOH staff members advised the Jury that they have considered imposing outcome goals in addition to output goals and may do so in the future. MOH staff raised the concern that grant recipients might focus their efforts on achieving favorable outcome goals and reject more complex or difficult cases from clients in great need of legal services.

i. Jury Conclusions Regarding MOH

MOH staff responsible for administering these grants may currently have oversight of too many grants to do the job effectively. For example, at the time of this report one program manager was responsible for 45 grants. While the process to hire more employees is now

underway, the San Francisco Civil Service suggests that this process takes a minimum period of six months. There are about 10 open positions.

MOH should include in its grant agreements or *Operating Procedures Manual* a requirement that grant recipients track both the short- and long-term outcomes for the clients that they serve. As a condition of receiving services under these grants, clients should be required to agree to provide up-to-date contact information for an extended period and to respond to periodic surveys about their immigration, housing, or other applicable status.

2. Human Services Agency

a. Overview

The Human Services Agency (HSA) encompasses the Department of Aging and Adult Services (DAAS), which ". . .coordinates services to seniors, adults with disabilities, and their families to maximize self-sufficiency, safety, health, and independence so that they can remain living in the community for as long as possible and maintain the highest quality of life."[17]

Among its many services provided to seniors, DAAS supports serving a daily meal throughout San Francisco. Meals are free to qualified low-income seniors, but no income verification is required. A donation box is located at each site. New clients fill out an evaluation questionnaire requesting information on health and dental issues, kitchen situation, and meal intake to determine those at risk for nutritional problems. Clients receive cards that are scanned at each site for each meal. Data on attendance, client profiles, and nutritional information is then collected in HSA's web-based contract management system known as CARBON (Contracts Administration, Reporting, and Billing Online).

For this report, the Jury chose to focus on congregate meal programs (meals served at senior centers as opposed to home-delivered meals). A total of 11 nonprofit agencies serve congregate meals at 44 sites in the City.

The Jury selected two nonprofits that have contracts with San Francisco to provide these meals: On Lok Day Services (OL) and Project Open Hand (POH). Both organizations serve daily meals and provide "American western breakfast" style meals.

b. On Lok Day Services

The City has contracted with OL to provide congregate meals at six sites. The three-year grant expires 7/1/2013. In FY 2012-13, OL was granted $453,253 to serve congregate meals at $5.61 per meal.

c. Project Open Hand

The current three-year grant contract with San Francisco expired on 6/1/2013. It specified serving 194,440 congregate meals at 14 sites around the City at $5.41 per meal for a total of $1,051,920.40.

d. General Grant Requirements

- Meals must meet one-third of daily nutritional "dietary reference intakes" as established by the Food and Nutrition Board of the National Academy of Sciences' Institute of Medicine.
- The grant recipients must provide quarterly sessions of nutrition education to clients and annual nutrition screening.
- Grant recipients must attend quarterly in-service training coordinated by the Office of Aging (OOA).
- A consumer satisfaction survey must be undertaken annually.

e. Contract Monitoring

All nonprofit agencies that contract to provide meals for DAAS/ OOA undergo regular monitoring for compliance with grant requirements. This includes menu analysis approved by a registered dietician and a scheduled yearly assessment visit (up to three days) and unscheduled visits by OOA.

The provider must undertake a two-week analysis, on a five- to eight-week menu cycle, of nutrient content to meet guidelines for fats, sweets, proteins, etc., in the meals. These menus are approved a month in advance by HSA. The HSA conducts a yearly audit as part of its on-site visits.

OOA uses a 12-page form titled *The Standard Assessment Form: Nutrition Program* for annual inspection and audit of service providers. The form is filled out by OOA staff during on-site visits. The form covers a broad range of review areas, such as record keeping (including participation numbers and demographic information), nutrition risk reporting, staff/volunteer training and monitoring, client nutrition education, food safety compliance, and equipment condition.

Each area that is reviewed receives a score, and the total is then tallied and recorded. Comments are written where changes are required.

The assessment process also includes customer satisfaction surveys, which are conducted for one week annually. The forms are multilingual and anonymous. A response rate of 25-30 percent of the possible responses is considered a good outcome.

In the most current surveys, the OL response rate was 16 percent and the POH response rate was about 30 percent. In response to a Jury question about the low OL response rate, HSA staff said the survey is optional for the clients and the target population might have

various reasons for not responding. Among the respondents, the level of satisfaction was high.

f. State Oversight

The State of California has in the past audited the congregate dining program biannually. Due to funding cuts, the State has not audited the program in two years.

g. Jury Conclusions Regarding HSA

The monthly report summarizing POH and OL service unit and meal counts appears to be fine. Reports generated from the data on intake forms and the nutrition risk screening reports appear correct. Annual reports entered into HAS's contract management system were reviewed and appear correct. The Jury did not review the data entry process.

3. Department of Public Health

a. Overview

The Department of Public Health (DPH) has a long history of employing outside vendors to provide specialized professional services. In March 2012, the Board of Supervisors directed the Budget and Legislative Analyst (BLA) to conduct a performance audit of DPH and HSA on how they manage their professional service contracts.[18] According to the BLA report, issued in November of 2012, DPH has 370 active professional services contracts with an average tenure of 4.2 years and a total multi-year value of about $1.43 billion. Of these contracts, 230 are with community-based organizations (CBOs) and have a total multi-year value of $1.064 billion.

Prior to the 1960s, most of the care for the treatment of severe mental illness involved state institutions. The California Realignment Act of 1991 created a dedicated funding stream for mental health that shifted the responsibility for administering mental health services to the county level. DPH provides mental health and substance abuse services to vulnerable residents primarily through the Community Behavioral Health Services (CBHS) program.

Of the 230 professional service contracts entered into by DPH with CBO providers, 81 pertain to behavioral health. In FY 2011-12, services were provided to about 25,000 patients with mental health problems and an additional 7,000 patients with severe substance abuse problems. Under the supervision of CBHS, about 70 percent of these mental health services are provided under contracts with non-profit CBOs and 30 percent through San Francisco General Hospital (SFGH) and clinics staffed by employees of DPH.

The CBHS contracts identify specific funding sources for all budgeted activities, including very small expenditures for small sub-programs. The distinctions between

funding providers are important because the City funds only about one-seventh of CBHS through the General Fund; other contributing programs have restrictions on the use of their funds. In the *2010-2011 DPH Annual Report*, a table on "All Mental Health Clients by Primary Payer Source" reports specific funding sources as Medi-Cal 43 percent, Medicare 17 percent, General Fund 13 percent, Healthy San Francisco 9 percent, and others 18 percent.[19]

For this investigative report, the Jury focused on contracts for CBHS, choosing two CBO contractors as representative examples for analysis. One is a relatively large provider of mental health and substance abuse services, referred to in this report as Contractor A, and the other is a smaller provider of similar services plus cultural and ethnic specialty programs, referred to as Contractor B.

b. Contract Terms

The "form" or "baseline" contracts of both Contractor A and Contractor B are very similar. Each contract includes commercial terms and terms required by City ordinances. The contracts are for a five-and-a-half year term ending on December 31, 2015.

c. Contract Services

Services to be provided through these contracts are set out in Appendix A to each contract. The Jury concludes that these contracts are carefully drafted and either negotiated or responsive to an RFP since they define specific activities, modalities, methodologies, and conditions for the provision of mental health and substance abuse services. Appendix B to each contract is its budget, set out in DPH forms that also provide a basis for billings. The DPH forms are prepared for a yearly budget, apparently updated through an informal memorandum or when the contract is otherwise extended. Many include references to specific funding sources and amounts.

d. Contract Amounts

The contract price for Contractor A as of December 2011 was about $62 million, not including a contingency. Annual payments were projected at about $11 million. The total contract price for Contractor B as of December 2010 approximated $17 million, not including a contingency, with projected annual payments of about $2.5 million.

Contractually, it is important to note that DPH contractors are "at risk" for failure to expend budgeted state or federal Medi-Cal revenues in accordance with applicable regulations for which the City can reduce the contract's maximum dollar obligation.

Further, contractors may be at risk for non-payment if their billings to DPH do not satisfy the criteria for payment by federal and state agencies. It is difficult to match fund source requirements with specific service programs. For example, one CBO contract identifies seven separate funding sources for a single $2.7 million budget program:

- Federal payment through Medi-Cal

- State funding for mental health services pursuant to realignment of county-state responsibilities
- San Francisco General Fund (local, unrestricted funding)
- Medicare mental health care reimbursement
- State allocation of federal block grant for state mental health "Projects for Assistance in Transition from Homelessness"
- California Substance Abuse Crime Act, Proposition 36
- State Mental Health Services Act, Proposition 63

The various sources of funding may define differing conditions for treatment (or coverage) and may establish levels of compensation based on non-cost factors. Some funding requires matching funds from the State or County. It needs to be qualified that the contractor is not solely responsible for expenditures in compliance with federal and state programs and that DPH is extremely knowledgeable about and effective in its use of grant funding.

e. Contractor A Specific Services

The specification of services is critical to evaluating the potential and actual value of the contracts. Contractor A provides for mental health and substance abuse treatment in residential, supportive, and transitional housing arrangements and in non-residential adult independent living programs. The number of individuals (clients) treated depends on referrals, transitions, releases, etc., and normally exceeds 500 clients over a year. Contractor A also manages a detox center with a larger number of clients, exceeding 500.

Contract A describes the services to be provided based on a goal to be accomplished by its target population through the "modalities/interventions and methodology" to be provided by Contractor A. In general, the objective is to assist clients in resuming an independent life. A portion of a statement of methodology for one of the residential programs reads as follows:

> " ...provides a psychosocial rehabilitation milieu, incorporating interventions of both mental health and substance abuse strategies, where clients can develop practical social and survival skills with the support of staff and peers. The program is designed to use the practical realities of group living to foster clients' strengths, self-esteem and sense of responsibility while encouraging them to test new skills and change old patterns. The staff consciously uses the resident peer group and home-like environment as the primary agents of treatment."

It should be noted that Contractor A identifies the target population of four of its six separate programs as "severely mentally ill adults" in need of supportive housing with mental health services.

f. Contractor B Specific Services

Contract B provides mental health and substance abuse treatments through outpatient services from a single location. Contractor B focuses on ethnic groups in the central city. The contractor's goal statement is to "provide a comprehensive spectrum of outpatient behavioral health services from low intensity to ICM [intensive case management], appropriate to the individual consumer's level of need and impairment...." In the contract's Appendix A, specific aspects of the contractor's plan of service, including such modalities as crisis intervention, medication support services, mental health services, assessment, therapy and targeted case management are spelled out (see Appendix for a complete list).

g. Performance Objectives

Each contract allows DPH access to contract-related files and commits the contractors to cooperate in evaluation activities, including fiscal and compliance review and monitoring reviews. Further, each contractor commits to objectives and measurements as contained in the CBHS document titled *Performance Objectives FY 11-12.* The Jury considers implementation of the performance objectives program as critical to evaluating the effectiveness of the services provided.

Contractual measurement of a contractor's performance is accomplished by evaluating (and providing payment for) the contractor's "unit[s] of service." Units of service are budgeted for specific activities in the form DPH2 (Department of Public Health Cost Reporting/Data Collection, or CRDC). In Contract B, for example, the DPH2 form sets out staff minute and hour "cost per unit" rates (e.g., $2.34/staff minute) for program activities focused on individuals. In Contract A, which includes residential programs, a "bed day," "client day," and "client full day" constitute units of service for such different types of treatment. By supplying units of service, the contractor confirms contract compliance and the basis for payment.

Contractors providing mental health and substance abuse services are required to provide DPH with full access to books and records relating to their contract work. CBHS contractors are subject to the *Citywide Fiscal and Compliance Nonprofit Monitoring Guidelines* that include periodic (typically, annual) monitoring reports focused on program performance, program compliance, and client satisfaction. Contractors expending more than $500,000 per year in federal funds are also subject to audit in accordance with federal requirements.[20] Contractors are required to submit numerous written reports to DPH (e.g., annual county plan data, quarterly reports, peer review plan, client satisfaction data, program outcome data) and to "participate as requested...in evaluative studies designed to show the effectiveness of [the] Contractor's Services."

Contractor and DPH personnel have constant exchanges on many aspects of the contractor's scope of work: for example, the transfer of mental health clients from SFGH to a contractor's service requires hospital, contractor, and DPH coordination, including treatment considerations. Notwithstanding these numerous exchanges of information,

there is no specific database on the effectiveness of a contractor's individual patient treatments over time. The database evolving through the new Avatar electronic management system will potentially provide the metrics necessary for indicating the success of treatment(s) and guiding policy decisions as to the most effective treatment.

CBHS mental health and substance abuse contracts include a provision within Appendix A to the contract entitled "objectives and measurements" that provides quantifiable, qualitative measures on services provided. The performance objectives program identifies numerous specific "outcomes" from treatments and sets metrics for evaluating the treatment. For example, in Contract A one "individualized objective" for a residential treatment program is: "After the first 60 days of enrollment, no more than 15 percent of clients will have a psychiatric hospitalization while in supported housing programs." The outcomes to be evaluated have been developed by CBHS, its contractors, and others.

Excerpts from the DPH summary of the program's objectives indicate how significant the performance objectives program will be, once implementation difficulties are resolved:

> "Measuring client improvement and successful completion of target objectives is an important part of SFDPH contracting. The implementation of the Avatar Electronic Health Record ...increases the ability to collect quality data on a client's presenting issues, demographics, interventions needed and received, symptom changes, and discharge status. The Performance Objectives...were designed to maximize the use of Avatar data...CBHS intends to reduce provider burden in determining objective compliance by using Avatar data to measure objectives – to the extent possible...CBHS will conduct data analysis and provide results to programs based on the data..."
>
> "The Program Objectives...have been carefully defined to measure important behavioral health outcomes. Not all objectives apply to all programs....Additional objectives involve developing Performance Improvement Plans (PIP) if the targeted standards are not met. In most cases involving multi-year comparisons, baseline data will be used from the information collected in Fiscal Year 2010-2011.... "

h. Avatar System

The advent of the Affordable Care Act makes it mandatory for agencies providing health care services that receive reimbursement from state and federal programs (e.g., Medicare and Medi-Cal) to have a robust electronic billing system that complies with government requirements. This is especially true for mental health services, for which basic wellness information is now required by law. Furthermore, it is precisely such data that is used to determine a program's outcomes or results.

By all accounts, the implementation of Avatar, an electronic management system, has been fraught with difficulty. The system went live for all behavioral health programs on July 1, 2010. Unfortunately, due to budgetary constraints and lack of personnel, there

was not an initial "parallel run" with the old system to ensure accurate data input into the new system. By the end of the fiscal year (June 2011), it became clear that there were many errors in billing data that resulted in losses in revenue to DPH and delays of payments to CBOs providing care. According to an internal *Avatar Bulletin* dated January 3, 2013, staff "should be well on [the] way to correcting all notes in the backlog" from October 2011 and should now be focused on correcting data from July 2012 forward.

i. Jury Conclusions Regarding DPH

In evaluating the effectiveness of mental health and substance abuse services, the Jury concludes:

1. All persons we interviewed demonstrated a clear and believable commitment to the provision of useful, high quality, and sensitive treatments to their mental health and substance abuse clients. The providers are highly professional, serious people taking on a difficult task under very difficult circumstances.
2. There is consensus by DPH and contractor personnel that the tasks performed by CBO providers could not be equally or less expensively provided by civil service personnel. The compensation structure for CBO contractor personnel and other cost aspects of employment are substantially less expensive than they would be for City employees.
3. There is no magic formula, through either treatment modalities or treatment structures, to dramatically reduce expenditures related to provision of mental health and substance abuse services.
4. Implementation of the DPH performance objectives program has been impaired because the Avatar system is still not functioning adequately across all CBO providers.

Overview: CBOs and City Employees

The services provided through grants/contracts that the Jury evaluated are valued by CBO clients. Disadvantaged members of the community clearly benefit from the mental health, meal, legal assistance, housing, and other CBO services. A significant number of CBO employees are in jobs that depend on continuation of funding from City grants/contracts.

City employees in the departments that manage and administer grants/contracts were observed to be very effective in managing and administering payments for individual CBO grants/contracts reviewed by the Jury. The level of commitment and professionalism of City employees also impressed the Jury. The Jury found these same positive attributes in the Office of the Controller where personnel audit and inspect the administration of grants/contracts.

Findings and Recommendations

Finding 1:
Although the City and County of San Francisco disburses substantial dollars—close to half a billion dollars annually—in grants and contracts to CBOs for services, information concerning these grants and contracts is not easily accessible by the public.

Recommendation 1:
To ensure adequate public awareness, access to CBO grant and contract information should be more explicitly communicated to the public. For example, the Mayor should consider specifically highlighting during the budget process that this dollar amount is devoted to grant and contract awards to CBOs to provide services the City/County believes to be critical.

Finding 2:
City services provided by CBOs grants/contracts have great value in helping underserved groups, but there is no systematic monitoring of the outcomes or effectiveness of the services delivered. It is important to know the value of these services over the long-term and to have a comprehensive strategy for optimizing the long-term effectiveness of the grants and contracts.

Recommendation 2.1:
The Mayor and the Board of Supervisors should take the important step of developing an overarching strategy, as recommended by the San Francisco Community-Based Organizations Task Force in 2009, for evaluating the long-term effect of services provided by CBOs and use the results of that examination to set priorities and eliminate ineffective (or wasteful) programs.

Recommendation 2.2:
The Mayor and the Board of Supervisors should consider taking a percentage of the total monies devoted to the provision of services by CBOs and use it to engage professional assistance to conduct this evaluation.

Finding 3:
The DPH has not been able to take full advantage of the Avatar system.

Recommendation 3:
The DPH should employ the resources needed to bring the Avatar system to a level that fully supports the Department's performance objectives program. If necessary, the Mayor and Board of Supervisors should ensure that sufficient resources are available to implement this recommendation.

Response Matrix

Findings	Recommendations	Responses Required
1. Although the City and County of San Francisco disburses substantial dollars - close to half a billion dollars annually - in grants and contracts to CBOs for services, information concerning these grants and contracts is not easily accessible by the public.	1. To ensure adequate public awareness, access to CBO grant and contract information should be more explicitly communicated to the public. For example, the Mayor should consider specifically highlighting during the budget process that this dollar amount is devoted to grant and contract awards to CBOs to provide services the City/County believes to be critical.	Mayor
2. City services provided by CBO grants/ contracts have great value in helping underserved groups, but there is no systematic monitoring of the outcomes or effectiveness of the services delivered. It is important to know the value of these services over the long-term and to have a comprehensive strategy for optimizing the long-term effectiveness of the grants and contracts.	2.1 The Mayor and the Board of Supervisors should take the important step of developing an overarching strategy, as recommended by the San Francisco Community-Based Organizations Task Force in 2009, for evaluating the long-term effect of services provided by CBOs and use the results of that examination to set priorities and eliminate ineffective (or wasteful) programs. 2.2 The Mayor and the Board of Supervisors should consider taking a percentage of the total monies devoted to the provision of services by CBOs and use it to engage professional assistance to conduct this evaluation.	Mayor Board of Supervisors Controller
3. The DPH has not been able to take full advantage of the Avatar electronic information management system.	3. The Department should provide additional resources to bring the Avatar system to a level that fully supports the Department's performance objective program. The Mayor and the Board of Supervisors should ensure that sufficient resources are available to implement this recommendation.	DPH Mayor Board of Supervisors

Methodology

The 2012-13 Civil Grand Jury reviewed data listing all grants/contracts awarded in FY 2010-11 and FY 2011-12, then focused on three departments that make these awards: Mayor's Office of Housing (MOH), Human Services Agency (HAS), and Department of Public Health (DPH). Within each department, the Jury selected two grants/contracts as representative samples for analysis.

MOH section: All data came from documents available online or in the MOH offices. The financial data identified was verified in the reports and cross-referenced with reports from other government agencies. The Jury interviewed staff in MOH.

HSA section: The Jury interviewed staff and reviewed documents related to programs.

DPH section: Jurors conducted several interviews with DPH and non-governmental personnel, including contractors; visited contractors' facilities, and examined numerous files and other documents. Jurors focused on developing an understanding of the difficult tasks and approaches to the mental health and substance abuse problems affecting the City.

Glossary

Avatar	electronic management system used by Department of Public Health
CBHS	Community Behavioral Health Services, Department of Public Health
CBO	community-based organization
City	City and County of San Francisco
Compass	Compass Family Services
County	City and County of San Francisco
DAAS	Department of Aging and Adult Services
Dolores	Dolores Street Community Services
DPH	Department of Public Health, City of San Francisco
HSA	Human Services Agency, City of San Francisco
ICM	intensive care management
MOH	Mayor's Office of Housing
NFP	not for profit
OL	On Lok Day Services
OOA	Office of Aging
POH	Project Open Hand
RFP	request for proposal
SFGH	San Francisco General Hospital

Appendix

Department of Public Health, section 3(f)

Appendix A, pp. 1-3, in Contractor B's contract further identifies specific aspects of the contractor's plan of service and scope of work. The following list summarizes the specific forms of service undertaken through the contract.

Modalities/Interventions:

- Crisis intervention - a service lasting less than 24 hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled visit
- Medication support services - services that include prescribing, administering, dispensing, and monitoring of psychiatric medications or biological metrics that are necessary to alleviate the symptoms of mental illness
- Mental health services - individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation and collateral.
- Assessment – a service activity that may include a clinical analysis of the history and current status of a beneficiary's mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and the use of testing procedures
- Collateral - a service activity to a significant support person in a beneficiary's life with the intent of improving or maintaining the mental health of the beneficiary
- Therapy - therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairment
- Targeted case management - services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services

Endnotes

[1] In telephone conversations with officials in Kern County (population 851,701) and Ventura County (population 831,771), the Jury learned that these counties expended about $8 million and $17 million, respectively, for grants/contracts with CBOs for services during FY 2011-12. The population of San Francisco at the time was 812,826.

[2] Partnering with Nonprofits in Tough Times: Recommendations from the San Francisco Community-Based Organizations Task Force, April 2009, pages 24-25 , http://www.sfhsn.org/documents/hsn_iss_oth_cbotfrpt_4-15-09.pdf

[3] Vendor Payment Summaries Report, http://co.sfgov.org/vpi/reports.aspx

[4] Ibid.

[5] http://openbook.sfgov.org/

[6] 2000-01 San Francisco Civil Grand Jury report, Nonprofit Contracting, http://www.sfcourts.org/index.aspx?page=244

[7] 2001-02 San Francisco Civil Grand Jury report, Professional Services Contracting, http://www.sfcourts.org/index.aspx?page=250

[8] 2004-05 San Francisco Civil Grand Jury report, Employee or Independent Contractor?, http://www.sfcourts.org/Modules/ShowDocument.aspx?documentid=1850

[9] 2004-05 San Francisco Civil Grand Jury report, City Contracting and Affirmative Action, http://www.sfcourts.org/Modules/ShowDocument.aspx?documentid=1550

[10] 2004-05 San Francisco Civil Grand Jury report, What is the Difference Between a Contract and a Grant?, http://www.sfcourts.org/Modules/ShowDocument.aspx?documentid=1567

[11] 2008-09 San Francisco Civil Grand Jury report, Nonprofits: The Good, The Bad, The Ugly, http://sfcourts.org/Modules/ShowDocument.aspx?documentid=1983

[12] Partnering with Nonprofits in Tough Times: Recommendations from the San Francisco Community-Based Organizations Task Force, April 2009, http://www.sfhsn.org/documents/hsn_iss_oth_cbotfrpt_4-15-09.pdf

[13] Mayor's Office of Housing Operating Procedures Manual, page 10, http://sf-moh.org/modules/showdocument.aspx?documentid=6041

[14] Grant agreement packet, Compass Family Services, 2011-12, project 3, Sec. 923. Compass Connecting Point Housing Counseling for Homeless Families and Eviction Prevention and Assistance for At-Risk Families

[15] Monthly Program and Cost Report, Compass Connecting Point, contract 35645

[16] Program narrative attachment to grant agreement packet, Compass Connecting Point grant for "counseling for homeless families and eviction prevention and assistance for at-risk families"

[17] Website, Human Services Agency of San Francisco, Department of Aging and Adult Services, Department of Human Services, http://www.sfhsa.org/DAAS.htm

[18] Performance Audit of Professional Services Contracts, Department of Public Health and Human Services Agency, prepared for the Board of Supervisors of the City and County of San Francisco by the San Francisco Budget and Legislative Analyst

[19] San Francisco Department of Public Health, 2010-11 Annual Report, page 30, http://www.sfdph.org/dph/files/reports/PolicyProcOfc/2010-11AnnlRpt/DPHAnnlRptFY1011.pdf

[20] Audits required by OMB Circular A-13, DPH, Monitoring of A-133 Single Audit Reports for Agencies Awarded Federal Funds by DPH in FY 2008-09