



Behavioral Health Services—Children, Youth, and Families Performance Objectives FY 2018-19

OVERVIEW - CHILDREN YOUTH AND FAMILIES PROGRAMS - PERFORMANCE OBJECTIVES FY 18-19

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 2017-18 Health Services (BHS) intends to reduce provider burden in determining objective compliance by using Avatar data to measure objectives - to the extent possible.

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

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

This document is comprised of the following 6 tabs:

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

Tab 1A: Objectives for *Full Service Partnership (FSP) Programs*

Tab 2: Objectives for *Outpatient Substance Abuse Services*

Tab 3: Objectives for *Prevention Services: ECMHCI and Substance Use*

Tab 4: Objectives for *Therapeutic Behavioral Services*

Tab 5: Objectives for *Fiscal Intermediary Services*

Tab 6: Objectives for *Individualized Program Services*

The performance objectives listed for each type of program (Tabs 1 - 6) are organized into separate "Sections" as follows: A) Mental Health, B) Substance Abuse, D) Data Quality and Timeliness, E) Early Childhood Mental Health Consultation Initiative (ECMHCI), F) Substance Use Prevention, G) Therapeutic Behavioral Services, and P) Fiscal Intermediary Services. 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, Prevention programs are not responsible for mental health, substance abuse, and data quality and timeliness outcomes.

Tabs 1 through 6 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, Department of Healthcare Services, 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>

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Section A: Mental Health Outcomes					
A.2a 80% of clients will improve on at least 50% of their actionable items on the CANS	Outcome	Clients with ≥ 2 CANS assessments, most recent occurring in FY 18-19. NOTE: Actionable items are those rated 2 or 3. A minimum of 40% of clients must achieve the objective in order to receive points	Avatar Quality Management (QM) calculates	BHS Policy Dept of Health Care Services (DHCS)	QM Quarterly Report
A.2b 100% of clients will either maintain or develop at least 2 useful or centerpiece Strengths.	Outcome	Clients with at least 2 CANS, and at least 8 months between CANS. A centerpiece Strength is a Strength rated as a 0. A useful Strength is a Strength that is rated as a 1.	Items on the Strengths Domain of the CANS Avatar -- QM calculates	BHS	QM Quarterly Report
Section D: Data Quality & Timeliness					
D.1 100% of new clients with an open episode will have the initial CANS assessment completed in the online Avatar record within 60 days of episode opening.	Compliance	All clients entering treatment during the fiscal year who have an episode lasting longer than 60 days due for an initial CANS Assessment in FY 18-19	Avatar QM calculates	BHS Policy DHCS	CANS CYF Initial Assessment Status Report
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 1st planned service.	Compliance	All clients entering treatment during the fiscal year who receive planned services and/or have an episode lasting longer than 60 days. All clients due for an initial Tx Plan of Care in FY 18-19	Avatar Business Office Contract Compliance (BOCC) calculates	BHS Policy DHCS	CYF Initial TPOC Status Report
D.3 100% of clients will have a completed and updated CANS assessment in Avatar annually.	Compliance	All clients due for a CANS assessment in FY 18-19	Avatar QM calculates	BHS Policy DHCS	CYF CANS Annual Assessment Status Report
D.4 100% of clients will have an updated and completed Treatment Plan of Care in Avatar annually.	Compliance	All clients due for an updated Tx Plan of Care in FY 18-19	Avatar At a random date chosen by CYF within 2nd half of FY, BOCC calculates each program score from Tx Plan of Care	BHS Policy DHCS	CYF TPOC Due by Program Staff Report
D.5 100% of clients in treatment will have a Closing Summary and Discharge CANS completed no later than 30 days after episode closing.	Compliance	All clients whose case has been opened for more than 30 days after completion of the assessment (initial or annual)	Avatar - QM calculates	BHS Policy Dept of Health Care Services (DHCS)	CANS CYF Closing Summary Status
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 for new (non-registered) clients, or clients registered in Avatar w/o open episode in program Excludes: ICM, WRAP, MST, Shelters, TBS, Outpatient svcs provided within Residential Tx settings & Counseling Enriched Educational Programs (CEEP); SOAR, Wellness programs	Avatar No. of entries recorded in Timely Access Log should be > No. of new episodes opened in FY 18-19	BHS Policy CA Dept of Managed Health Care (DMHC)	Timely Access Log Report <i>IT Dept. will revise report to calculate performance</i>

Creation Date: 8/25/17

Revised: 10/10/18

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 age 2 and over who receive medication services in your program at least once during the fiscal year.	Compliance	Clients who have received a medication service	Avatar Vitals Entry Form (new form in FY 18-19 to be used instead of Health Monitoring form)	BHS Policy Affordable Care Act (ACA)	Vital Entry Status Report
D.17 100% of clients must 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, RAMS Wellness Centers/Programs & Outpatient services provided in residential Tx settings	Avatar - Dates of requests for services and offered appointment dates recorded in the Timely Access Log.	BHS Policy CA Dept of Managed Health Care (DMHC)	Timely Access Report (Program) Avatar Report

Tab 1A-Full Srvc Partnerships

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Section A: Mental Health Outcomes					
A.2a 80% of clients will improve on at least 50% of their actionable items on the CANS	Outcome	Clients with ≥ 2 CANS assessments, most recent occurring in FY 18-19. NOTE: Actionable items are those rated 2 or 3. A minimum of 40% of clients must achieve the objective in order to receive points	Avatar Quality Management (QM) calculates	BHS Policy Dept of Health Care Services (DHCS)	QM Quarterly Report
A.2b 100% of clients will either maintain or develop at least 2 useful or centerpiece Strengths.	Outcome	Clients with at least 2 CANS, and at least 8 months between CANS. A centerpiece Strength is a Strength rated as a 0. A useful Strength is a Strength that is rated as a 1.	Items on the Strengths Domain of the CANS	BHS	QM Quarterly Report
Section D: Data Quality & Timeliness					
D.1 100% of new clients with an open episode will have the initial CANS assessment completed in the online Avatar record within 60 days of episode opening.	Compliance	All clients entering treatment during the fiscal year who have an episode lasting longer than 60 days due for an initial CANS Assessment in FY 18-19	Avatar QM calculates	BHS Policy DHCS	CANS CYF Initial Assessment Status Report
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 1st planned service.	Compliance	All clients entering treatment during the fiscal year who receive planned services and/or have an episode lasting longer than 60 days. All clients due for an initial Tx Plan of Care in FY 18-19	Avatar Business Office Contract Compliance (BOCC) calculates	BHS Policy DHCS	CYF Initial TPOC Status Report
D.3 100% of clients will have a completed and updated CANS assessment in Avatar annually.	Compliance	All clients due for a CANS assessment in FY 18-19	Avatar QM calculates	BHS Policy DHCS	CYF CANS Annual Assessment Status Report
D.4 100% of clients will have an updated and completed Treatment Plan of Care in Avatar annually	Compliance	All clients due for an updated Tx Plan of Care in FY 18-19	Avatar At a random date chosen by CYF within 2nd half of FY, BOCC calculates each program score from Tx Plan of Care	BHS Policy DHCS	CYF TPOC Due by Program Staff Report
D.5 100% of clients in treatment will have a Closing Summary and Discharge CANS completed no later than 30 days after episode closing.	Compliance	All clients whose case has been opened for more than 30 days after completion of the assessment (initial or annual)	Avatar - QM calculates	BHS Policy Dept of Health Care Services (DHCS)	CANS CYF Closing Summary Status

Creation Date: 8/25/17

Revised: 10/10/18

Tab 1A-Full Srvc Partnerships

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 age 2 and over who receive medication services in your program at least once during the fiscal year.	Compliance	Clients who have received a medication service	Avatar Vitals Entry Form	BHS Policy Affordable Care Act (ACA)	Vital Entry Status Report
D.19 100% of clients will have all expected DCR quarterly reports completed	Compliance	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	Compliance	Clients enrolled \geq 90 days in an FSP program	Avatar episode data and a completed Partnership Assessment Form (PAF) in the DCR database	Department of Health Care Services	Avatar DCR Enrollment Report available at the monthly FSP-DCR mtg, or upon request of DCR Workgroup

Tab 2-Output Substance Abuse

Indicator	Type of Objective	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.	Outcome	Clients discharged in FY 18-19 Excludes: all Methadone programs	CalOMS Discharge Status Field	Affordable Care Act (ACA)	CalOMS Discharge Status Report New Avatar Report available 9/30/15
B.2 At least 60% of clients will maintain abstinence or show a reduction of Alcohol and Other Drug use.	Outcome	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	ACA	Quality Management Quarterly Report
Section D: Data Quality and Timeliness					
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 svcs, from new (non-registered) clients, or clients registered in Avatar w/o an open episode in program Excludes: ICM, WRAP, TBS	Avatar No. of entries recorded in Timely Access Log should be > No. of new episodes opened in FY 18-19	BHS Policy CA Dept of Managed Health Care (DMHC)	Timely Access Log Report IT Dept. will revise report to calculate performance
D.11 100% of open clients will have zero errors on their CalOMS Admission Form.	Compliance	All clients of CalOMS programs with an open episode in FY 18-19	CalOMS Admission Error Report	BHS Policy Dept of Health Care Svcs (DHCS)	CalOMS Admission Errors by Program Report Avatar Report
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.	Compliance	Clients discharged in FY 18-19	CalOMS Discharge Status Field	BHS Policy DHCS	CalOMS Discharge Timely Status Report
D.16 No more than 40% of clients will be coded as CalOMS Admin Discharge Code during FY 18-19. NOTE: Admin discharge codes "4" and "6" only used when client interview is not possible and full set of CalOMS items cannot be completed.	Compliance	Applicable to all CalOMS programs; Clients discharged in FY 18-19	CalOMS Discharge Status Field	BHS Policy DHCS	CalOMS Administrative Discharge Status Report
D.18 At least 90% of clients will have CalOMS data fields for Frequency of Use completed at admission and discharge.	Compliance	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

Creation Date: 8/25/17

Revised: 10/10/18

Tab3-Prevention ECMHCI&SubsUse

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Section E: Early Childhood Mental Health Consultation Initiative (ECMHCI)					
<p>E.1 Of those early care and education centers who have received consultation, a minimum of 75% will report that the consultations have contributed to the center's overall ability to promote early childhood mental health and development by accomplishing at least one of the following:</p> <ul style="list-style-type: none"> a. Improved program designs and activity offerings that are developmentally appropriate b. Increased flexibility in routines and other programmatic features to accommodate each child's individual needs c. Improved sensitivity to the role of cultural issues of staff, families and children 	Outcome	Staff/Care Providers served by ECMHCI	ECMHCI Annual Staff/Care Provider Survey; contractor submits completed surveys by 8/1/18 achievement for CYF Program Manager and BOCC by 12/1/18	SF Citywide Joint Funders	ECMHCI Annual Survey Report
<p>E.2 Of those staff/care providers who received consultation, a minimum of 75% will report that meeting with a consultant accomplished at least one of the following:</p> <ul style="list-style-type: none"> a. Increased understanding of childhood mental health and behavioral issues of young children b. Increased understanding of the needs of parents c. Increased understanding of the impact of stressors/trauma on families and children 	Outcome	Staff/Care Providers served by ECMHCI	ECMHCI Annual Staff/Care Provider Survey; contractor submits completed surveys by 8/1/18 achievement for CYF Program Manager and BOCC by 12/1/18	SF Citywide Joint Funders	ECMHCI Annual Survey Report
<p>E.3 Of those parents who themselves or their children received services from the early childhood mental health consultant, a minimum of 75% of those responding to the survey will report that they have experienced at least one of the following:</p> <ul style="list-style-type: none"> a. Increased knowledge of resources in the community b. Increased awareness of the connection between a child's environment and their behavior c. Improved ability to cope with challenging behaviors 	Outcome	All parents served by ECMHCI	ECMHCI Annual Staff/Care Provider Survey; contractor submits completed surveys by 8/1/18 achievement for CYF Program Manager and BOCC by 12/1/18	SF Citywide Joint Funders	ECMHCI Annual Survey Report

Tab3-Prevention ECMHCI&SubsUse

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<p>E.4 Of those children who received early intervention and/or mental health services from the early childhood mental health consultant, a minimum of 50% will have noticeable improvement in one or more of the following areas:</p> <ul style="list-style-type: none"> a. Increased positive social interaction b. Improved communication skills c. Increased conflict resolution skills d. Improved ability to handle transitions e. Decrease in frequency, duration or severity of challenging behavior 		<p>Children, Parents, Staff/Care Providers served by ECMHCI facilities</p>	<p>ECMHCI Annual Staff/Care Provider Survey; contractor submits completed surveys by 8/1/18; analysis documenting achievement for CYF Program Manager and BOCC by 12/1/18</p>	<p>SF Citywide Joint Funders</p>	<p>ECMHCI Annual Survey Report</p>
<p>Section F: Substance Use Prevention Services</p>					
<p>F.1 Strengthening Families Program (SFP) caregiver and youth graduates will show an improvement in at least 80% of the applicable SFP Caregiver, Child, and Family Change Objectives from enrollment to graduation.</p>	<p>Outcome</p>	<p>Elementary & Middle school aged youth (6 - 14) & their parents & caregivers who graduate from Strengthening Families Program</p>	<p>SFP Pre-Test & Retro Pre/Post-Test administered at enrollment & graduation; analysis documenting achievement for CYF Program Manager & BOCC by 9/1/18</p>	<p>Dept of Health Care Services (DHCS) SAMHSA</p>	<p>SFP Annual Eval Report on FY 17-18 data; SFHN-BH Subs Use Prevention Coordinator reviews</p>
<p>F.2 High school youth participants in adult/youth leadership activities, consistent with the Communities Mobilizing for Change on Alcohol (CMCA) Framework, will show an improvement of at least 80% of the applicable youth alcohol perception indicators from enrollment to completion in the program.</p>	<p>Outcome</p>	<p>High school aged youth participating in environmental prevention projects</p>	<p>Pre-Test and Post-Test administered at beginning of youth engagement & at end of environmental prevention project completion; analysis documenting achievement for CYF Program Manager & BOCC by 9/1/18</p>	<p>DHCS SAMHSA</p>	<p>Eval on FY 17-18 data; SFHN-BH Subs Use Prevention Coordinator reviews</p>

Tab 4 - Therap Bhvrl Svcs

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Section G: Therapeutic Behavioral Services					
<p>G.13 At least 60% of Therapeutic Behavioral Services (TBS) clients will have either met their TBS treatment goals or partially met their TBS treatment goals as measured by discharge codes.</p>	<p>Outcome</p>	<p>TBS clients discharged 7/01/18- 6/30/19 Note: This applies only to Seneca TBS, Edgewood TBS, and Catholic Charities CYO - St. Vincent School for Boys TBS Programs</p>	<p>Avatar Discharge Codes</p>	<p>BHS Policy Affordable Care Act</p>	<p>Mid-Year and Annual QM Reports</p>

Tab 5 Fiscal Intermediary

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

Tab 6 Individualized Prog Obj

Indicator	Type of Objective	Client Inclusion Criteria and/or Inclusion Period	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Edgewood - William Cottage (Crisis Stabilization Unit)					
1. At least 75% of clients served will be diverted from in-patient hospitalization.	Outcomes	All program clients	Discharge log; contractor prepares semi-annual report documenting achievement for CYF Program Manager by 1/31/19 & 7/31/19; prepares Annual Summary Report of achievement for BOCC by 9/1/19	CYF	N/A
Edgewood - Hospital Diversion					
1. 100% of open cases will utilize a new clinical assessment form that establishes medical necessity.	Compliance	All program clients	Completed assessment forms. CYF Program Manager will conduct annual review of charts.	CYF	N/A
Horizons Unlimited - Outpatient Pre-Enrollment Program (Secondary Prevention)					
1. During FY 2018-2019, 25 youth will participate in Late Night programming.	Compliance	Clients attending late night program services	Client Sign-In Sheets, agency prepares quarterly or semi- annual reports to track accomplishment, and prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/1/19	CYF	N/A
2. During FY 2018-2019, 13 Late Night youth will attend at least 5 sessions per annum.	Compliance	Clients attending health & psycho-education groups & who also participate in late night program services	Client Sign-In Sheets, agency prepares quarterly or semi- annual reports to track accomplishment, and prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/1/19	CYF	N/A
3. During FY 2018-2019, 8 Late Night youth will participate in at least 3 educational forums, i.e. legal, writing, community issues and concerns, etc.	Compliance	Clients attending late night program services	Client Sign-In Sheets, agency prepares quarterly or semi- annual reports to track accomplishment, and prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/1/19	CYF	N/A
4. During FY 2018-2019, 75 Juvenile Justice Center housed youth will participate in 3 educational forums.	Compliance	Clients attending late night program services	Client Sign-In Sheets, agency prepares quarterly or semi- annual reports to track accomplishment, and prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/1/19	CYF	N/A
5. During FY 2018-2019, Horizons will provide referrals, and subject referrals will be recorded in the Treatment Pre-enrollment Form, i.e. employment, housing, legal, education, primary care, residential treatment, etc.	Compliance	Clients attending late night program services	Client Sign-In Sheets, agency prepares quarterly or semi- annual reports to track accomplishment, and prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/1/19	CYF	N/A
RAMS - Children's Wellness Center					
1a. Goal Attainment Scale: ● RAMS will continue to implement Goal Attainment Scale(GAS) to collect clients' progress towards treatment. Cases opened for ≥ 6 sessions will be reviewed.100% of cases will be reviewed every 6 sessions	Compliance	Clients who have received ≥ 6 sessions of services	Contractor prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/1/19	BHS - CYF SFUSD	N/A
1b. RAMS will continue utilizing its tracking system for data collection of the annual GAS service plans & improvements in client symptoms.	Compliance	Clients who have received ≥ 6 sessions of services	Contractor will provide a mi-year update to CYF program manager by 01/15/2019. Contractor prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/1/19	BHS - CYF SFUSD	N/A
2a. Family Engagement: 100% cases with minor consent will be reviewed every 6 sessions to determine whether involving caregivers in treatment is appropriate.	Compliance	Clients who have received ≥ 6 sessions of services	Contractor prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/1/19	BHS - CYF SFUSD	N/A
2b. Maintain strong Trauma-Informed program by scheduling at least one training to staff on best trauma practices.	Compliance	Clients who have received ≥ 6 sessions of services	Contractor prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/1/19	BHS - CYF SFUSD	N/A
RAMS - Children's Wellness Center - TRACK Program (formerly known as SF ACT)					
1. The RAMS SF TRACK Program must achieve the CYF Intensive Services Objectives listed in this document on Tab 1, specifically: Objectives A.2.a, D.1, D.2, D.3, D.4, D.5, and D.10	Outcomes/Compliance	N/A	Same as CYF SOC Intensive Services Objectives listed on Tab 1 of this document	See Tab 1	See Tab 1

Creation Date: 8/25/17
Revised: 10/10/18

Tab 6 Individualized Prog Obj

Indicator	Type of Objective	Client Inclusion Criteria and/or Inclusion Period	Data Source / Compliance	Source of Requirement	Report Availability for Providers
2. RAMS SF TRACK will provide one training on "How to work with youth on probation" for Wellness Coordinators.	Compliance	All clients enrolled as of 9/1/18 through 6/30/19	Contractor prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/1/19	CYF - SOC	N/A
3. RAMS SF TRACK will pilot behavioral health consultation by providing this service to at least one school site administrator of a SF TRACK client.	Compliance	N/A	Contractor prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/1/19	CYF - SOC	N/A
4. RAMS SF TRACK will pilot behavioral health consultation by providing this service to at least one teacher of a SF TRACK client.	Compliance	N/A	Contractor prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/1/19	CYF - SOC	N/A
Seneca Center - Short Term Connections Services					
1. For at least 90% of the cases referred from Child Crisis and/or the Family Mosaic Project, the provider will have staff available to meet clients' needs.	Compliance	All Referred Clients	ISS Referral forms compiled every 6 mos. by Child Crisis Director; program prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/1/19	BHS Policy ACA	N/A
Seneca Center - Youth Transitional Services					
1. 75% of clients will not reoffend	Compliance	All clients	Info gathered from probation officers	CYF - SOC	Annual report from program
UCSF Child and Adolescent Community Psychiatry Training Program (CMS 6901)					
1. The Program Director shall meet with the clinic supervisors at least twice per year, as evidenced by meeting dates provided in the end-of-year report.	Compliance	N/A	Program Director/Clinic Supervisor agendas & or meeting notes/ logs; program prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/1/19	CYF	N/A
2. The program shall provide for funding for at least five residents/fellows per year, as evidenced by the resident/fellow roster provided in the end-of-year report.	Compliance	N/A	Resident/Fellow roster; program prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/1/19	CYF	N/A
3. The program shall compile the results from all residents/fellows for each fiscal year within 45 days of the close of the fiscal year. The program shall provide the Business Office of Contract Compliance (BOCC) with a summary report of the resident/fellow's evaluation results.	Compliance	N/A	Resident Fellow Evaluations; program prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/1/19	CYF	N/A
4. The program shall compile the results of the supervisor's completed milestone achievements for each resident/fellow for each fiscal year within 45 days of the close of the fiscal year.	Compliance	N/A	Supervisors' Milestone achievement summaries for Residents/Fellows; program prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/1/19	CYF	N/A