



Behavioral Health Services—*Children, Youth, and Families*

Performance Objectives *FY 2019 -20*

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 2019-20 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 2:** Objectives for *Full Service Partnership (FSP) Programs*
- Tab 3:** Objectives for *Outpatient Substance Abuse Services*
- Tab 4:** Objectives for *Prevention Services: ECMHCI and Substance Use*
- Tab 5:** Objectives for *Therapeutic Behavioral Services*
- Tab 6:** Objectives for *Individualized Program Services*

Tabs 1 through 6 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 are in the process of updating the Performance Objective Reports in Avatar to match the requirements for FY 19-20. We anticipate that they will be released by December 15th, 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: bocc@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>

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
CYF-MH-OP-1: 80% of clients will improve on at least 50% of their actionable items on the CANS.	Outcome	Clients' episodes with at last 2 CANS assessments that are a minimum of 8 months apart, and the most recent assessment occurring in FY 19-20. NOTE: Actionable items are those rated as a 2 or 3 on the Behavioral/Emotional Needs, Traumatic Stress Symptoms, Impact on Functioning, and Risk Behaviors domains. Improvement is a decrease of 1 point or more. A minimum of 40% of clients' episodes must achieve the objective in order for a program to receive 1 or more points.	Avatar Quality Management (QM) calculates	BHS Policy Dept of Health Care Services (DHCS)	QM Quarterly Report
CYF-MH-OP-2: 100% of clients will either maintain or develop at least 2 useful or centerpiece Strengths.	Outcome	Clients' episodes with at last 2 CANS assessments that are a minimum of 8 months apart, and the most recent assessment occurring in FY 19-20. NOTE: Items used are those of the Strengths domain. A centerpiece Strength is a Strength rated as a 0, and a useful Strength is a Strength rated as a 1. A minimum of 50% of clients' episodes must achieve the objective in order for a program to receive 1 or more points.	Items on the Strengths Domain of the CANS. Avatar. QM calculates	BHS	QM Quarterly Report
CYF-MH-OP-3: 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.	Process	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 19-20.	Avatar. QM calculates	BHS Policy DHCS	CANS CYF Initial Assessment Status Report
CYF-MH-OP-4: 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.	Process	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 19-20.	Avatar. BOCC calculates	BHS Policy DHCS	CYF Initial TPOC Status Report
CYF-MH-OP-5: 100% of clients will have a completed and updated CANS assessment in Avatar annually.	Process	All clients due for a CANS assessment in FY 19-20.	Avatar. BOCC calculates	BHS Policy DHCS	CYF CANS Annual Assessment Status Report
CYF-MH-OP-6: 100% of clients will have an updated and completed Treatment Plan of Care in Avatar annually.	Process	All clients due for an updated Tx Plan of Care in FY 19-20.	Avatar. BOCC calculates	BHS Policy DHCS	CYF TPOC Due by Program Staff Report
CYF-MH-OP-7: 100% of clients in treatment will have a Closing Summary and Discharge CANS completed no later than 30 days after episode closing.	Process	All clients whose case has been opened for more than 30 days after completion of the assessment (initial or annual).	Avatar. BOCC calculates	BHS Policy Dept of Health Care Services (DHCS)	CANS CYF Closing Summary Status
CYF-MH-OP-8: 100% of clients must be offered an appointment within 10 business days of the initial request for services.	Process	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

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
CYF-FSP-1: 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 19-20. 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. QM calculates	BHS Policy Dept of Health Care Services (DHCS)	QM Quarterly Report
CYF-FSP-2: 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.	Avatar. QM calculates	BHS	QM Quarterly Report
CYF-FSP-3: 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 19-20.	Avatar. BOCC calculates	BHS Policy DHCS	CANS CYF Initial Assessment Status Report
CYF-FSP-4: 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 19-20.	Avatar. BOCC calculates	BHS Policy DHCS	CYF Initial TPOC Status Report
CYF-FSP-5: 100% of clients will have a completed and updated CANS assessment in Avatar annually.	Compliance	All clients due for a CANS assessment in FY 19-20.	Avatar. BOCC calculates	BHS Policy DHCS	CYF CANS Annual Assessment Status Report
CYF-FSP-6: 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 19-20.	Avatar. BOCC calculates	BHS Policy DHCS	CYF TPOC Due by Program Staff Report
CYF-FSP-7: 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. BOCC calculates	BHS Policy Dept of Health Care Services (DHCS)	CANS CYF Closing Summary Status

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
CYF-FSP-8: 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)
CYF-FSP-9: 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

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
CYF-SA-OP-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 19-20 Excludes: <i>Methadone programs.</i>	CalOMS Discharge Status Field	Affordable Care Act (ACA)	CalOMS Discharge Status Report New Avatar Report available 9/30/15
CYF-SA-OP-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 19-20.	CalOMS Admission, Annual Update, and Discharge Data	ACA	Pending
CYF-SA-OP-3: 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: <i>ICM, WRAP, TBS.</i>	Avatar No. of entries recorded in Timely Access Log should be > No. of new episodes opened in FY 19-20	BHS Policy CA Dept of Managed Health Care (DMHC)	Pending
CYF-SA-OP-4: 100% of clients must be offered an appointment within 10 business days of the initial request for services.	Process	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: <i>ICM, FSP, supportive housing programs, RAMS Wellness Centers/Programs & Outpatient services provided in residential Tx settings.</i>	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
CYF-SA-OP-5: 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 19-20.	CalOMS Admission Error Report	BHS Policy DHCS	CalOMS Admission Errors by Program Report Avatar Report
CYF-SA-OP-6: 100% of clients discharged during FY 19-20 will have the CalOMS Discharge Status field completed no later than 30 days after episode closing is entered into Avatar.	Compliance	Clients discharged during FY 19-20.	CalOMS Discharge Status Field	BHS Policy DHCS	CalOMS Discharge Timely Status Avatar Report

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<p>CYF-SA-OP-7: No more than 40% of clients will be coded as CalOMS Administrative Discharge during FY 19-20.</p> <p>NOTE: Administrative discharge codes "4" and "6" only used when client interview not possible and full set of CalOMS items cannot be completed</p>	Compliance	<p>Applicable to all CalOMS programs with clients discharged in FY 19-20</p> <p>Excludes: <i>Methadone Programs.</i></p>	CalOMS Discharge Status Field	BHS Policy DHCS	<p>CalOMS Administrative Discharge Status Report Avatar Report</p>

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)					
CYF-ECMHCI-1: On-time submission of an essay on reflections of post RFQ award for each program with focus on: <ul style="list-style-type: none"> • implementation of the redesign • programmatic changes and updates to reflect the new mandates in RFQ. 	Process	Staff/Care Providers served by ECMHCI	An essay submitted by program managers by 10/15/20, and final scores submitted to BOCC by SOC by 11/15/20	SF Citywide Joint Funders	SOC memo to ECMHCI providers
Section F: Substance Use Prevention Services					
CYF-SAPP-1: Strengthening Families Program (SFP) parent/caregiver and child/youth graduates will show an improvement of 80% of the applicable SFP Parent/Caregiver, Child and Family Change Objectives from enrollment to graduation	Outcome	Elementary and Middle school aged youth and their parents/caregivers who graduate from SFP	Program Sign-in sheets; Valid SFP Pre-test & Retro Pre/Post-test administered at enrollment & graduation; analysis documenting achievement for CYF Program Manger & BOCC by 9/1/2020	SAPT	SFP Annual Eval Report on FY 19-20 data; SFHN-BH Subs Use Prevention Coordinator reviews
CYF-SAPP-2: SFP will graduate 24 unduplicated children/youth (12 Grade 5 children and 12 Grades 6-8 youth)/24 unduplicated parents/caregivers	Compliance	Elementary and Middle school aged youth and their parents/caregivers who graduate from SFP *only applies to Jamestown, YMCA Urban Services & YLI	Program Sign-in sheets; Valid SFP Pre-test & Retro Pre/Post-test administered at enrollment & graduation; analysis documenting achievement for CYF Program Manger & BOCC by 9/1/2020	SAPT	SFP Annual Eval Report on FY 19-20 data; SFHN-BH Subs Use Prevention Coordinator reviews

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<p>CYF-TBS-1: 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>	Outcome	<p>TBS clients discharged 7/01/19- 6/30/20 Note: This applies only to Seneca TBS, Edgewood TBS, and Catholic Charities CYO - St. Vincent School for Boys TBS Programs.</p>	Avatar Discharge Codes	BHS Policy Affordable Care Act	Avatar TBS Report

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 9/15/20	CYF	N/A
Edgewood - Hospital Diversion					
1. 100% of Edgewood's Hospital Diversion referrals will be recorded in a log.	Compliance	All clients referred to Edgewood's Hospital Diversion Program by SF Behavioral Health and SF Human Service Agency.	Edgewood's Hospital Diversion Program HD log.	SOC	N/A See Log
Horizons Unlimited - Outpatient Pre-Enrollment Program (Secondary Prevention)					
1. During FY 2019-2020, 25 youth will participate in Late Night programming.	Compliance	Clients attending late night program services	Client Sign-In Sheets, agency prepares semi- annual reports to track accomplishment, and prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/15/20	CYF	N/A
2. During FY 2019-2020, 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 semi- annual reports to track accomplishment, and prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/15/20	CYF	N/A
3. During FY 2019-2020, 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 semi- annual reports to track accomplishment, and prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/15/20	CYF	N/A
4. During FY 2019-2020, 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 semi- annual reports to track accomplishment, and prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/15/20	CYF	N/A
5. During FY 2019-2020, 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 semi- annual reports to track accomplishment, and prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/15/20	CYF	N/A
RAMS - Children's Wellness Center					
1. 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 9/15/20	BHS - CYF SFUSD	N/A
2. 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 mid-year update to CYF program manager by 01/15/2019. Contractor prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/15/20	BHS - CYF SFUSD	N/A
3. 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 9/15/20	BHS - CYF SFUSD	N/A
4. 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 9/15/20	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

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 9/15/20	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 9/15/20	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 9/15/20	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 9/1/20	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 9/15/20	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 9/15/20	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 9/15/20	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 9/15/20	CYF	N/A