



San Francisco  
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Forensic and Justice-Involved Behavioral Health Services

Performance Objectives FY 2020-21

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 2020-21 are designed to maximize the use of Avatar data entered by providers for client admission, assessment, treatment planning, services provided, updates and discharge information. BHS intends to reduce provider burden in determining objective compliance by using Avatar data to measure objectives - to the extent possible.

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

This document is comprised of the following tab(s):

**Tab 1: Objectives for Forensic Justice BHS programs**

Tab 1 contains the following fields to describe the objective:

- **Client Inclusion Criteria** - identifies which group of clients / programs are included in the measurement of the objective
- **Data Source / Compliance** - identifies the data source used to measure the objective and/or how compliance with the objective is documented and reported
- **Source of Requirement** - e.g., BHS policy, Affordable Care Act, Dept of Healthcare Services (DHCS), California Dept of Managed Health Care (DMHC), SAMHSA, etc.
- **Report Availability for Providers** - Indicates whether a report is available in Avatar to track performance on a given objective.

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](mailto: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>

Tab 1- Forensic\_Justice BHS

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<b>Civil Service - Assisted Outpatient Treatment (Chris Wright- Program Manager)</b>					
1. 60% of clients that meet AOT criteria and that the AOT Care Team has contact with will engage in voluntary services.	Outcome	Individuals referred in FY 20-21	AOT Database	AOT Procedures	N/A-AOT will track and report to BOCC in September
2. In an effort to inform the community regarding AOT, the program will conduct a minimum of 10 presentations a year.	Process	Presentations in FY 20-21	AOT Data	AOT Procedures	N/A- AOT will track and report to BOCC in September
3. AOT will submit an annual report to the State Department of Mental Health in compliance with WIC 5348(d), which will be posted on the AOT website.	Process	Annual Report	AOT Website	AOT Procedures	N/A-AOT will track and report to BOCC in September
<b>Civil Service- Healthy Streets Operations Center (Allison Horky- Program Manager)</b>					
1.DPH Liaison to HSOC will conduct a biweekly case conference to coordinate care of an average of 15-20 high needs clients experiencing homelessness.	Process	Meetings that occur with partners	HSOC	HSOC	N/A- HSOC will track and report to BOCC in September
2. 50% of clients will be connected to DPH system of care.	Outcome	All clients with an episode opened in FY 20-21	HSOC Tracking	HSOC	N/A- HSOC will track and report to BOCC in September
<b>Civil Service - Mental Health Diversion (Jeannie Chang- Program Manager)</b>					
1. The Administrative team will hold at least quarterly meetings within the fiscal year.	N/A	Meetings that occur with Administrative partners	DPH MHD team	MHD Grant	N/A- MHD will track and report to BOCC in September
2. 100% of assessment reports will be submitted by the Court's due date.	Compliance	All assessments with a due date in FY 20-21	DPH MHD team- Tracking Sheet	MHD Procedures	N/A- MHD will track and report to BOCC in September
3. 100% of all consent and authorization forms will be signed by individuals referred for assessments.	Compliance	All assessments with a due date in FY 20-21	DPH MHD team- Tracking Sheet	BHS Policy	N/A- MHD will track and report to BOCC in September
<b>Civil Service - Drug Court Treatment Center (Linda Wu- Program Manager)</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	All clients discharged in FY 20-21	CalOMS Discharge Status Field	ACA	CalOMS Discharge Status Report Avatar Report
2. 100% of open clients will have a signed consent and authorization forms.	Compliance	All clients with an episode opened in FY 20-21	Drug Court Database	BHS Policy	Drug Court Database Report
3. 60% of open clients will have a level of care assessment completed no later than 30 days after admission.	Compliance	All clients with an episode opened in FY 20-21 (Beginning October 2019)	SUD -LOC	Drug Court Procedures	Drug Court Database Report
4. 100% of clients discharged during FY 20-21 will have the CalOMS Discharge Status field completed.	Compliance	Clients discharged during FY 20-21	CalOMS Discharge Status Field	BHS Policy DHCS	CalOMS Discharge Timely Status Avatar Report
<b>Civil Service - Community Justice Center (Erick Reijerse- Program Manager)</b>					
1. At least 60% of clients will have successfully completed the program or will have left before completion with satisfactory progress as measured by discharge codes.	Outcome	All clients discharged in FY 20-21	CJC Court Database	CJC Procedures	CJC Database Report
2. 100% of open clients will have a signed consent and authorization forms.	Compliance	All clients with an episode opened in FY 20-21	CJC Court Database	BHS Policy	CJC Database Report
3. 60% of open clients will have an ANSA completed no later than 30 days after admission to the court.	Compliance	All clients with an episode opened in FY 20-21 (beginning September 2018)	CJC Court Database	CJC Procedures	CJC Database Report
4. 80% percent of clients discharged during FY 20-21 will have their file closed within 30 days.	Compliance	Clients discharged during FY 20-21	CJC Court Database	CJC Procedures	CJC Database Report
<b>Civil Service - Law Enforcement Assisted Diversion (until 9/30/2020, Leon Hopkins- Program Manager)</b>					
1. 100% of open clients will have a signed consent and authorization forms.	Compliance	All clients with an episode opened in FY 20-21	LEAD Database	BHS Policy	LEAD Database
2. 50% of referred clients will have a completed Initial Screening and Assessment within 30 days of referrals	Compliance	All clients with an episode opened in FY 20-21	LEAD Database	LEAD Procedures/Legislation	LEAD Database
3. 100% of active clients will be referred to case management services within 72 hours of assessment	Process	All clients with an episode opened in FY 20-21	LEAD Database	LEAD Procedures	LEAD Database
<b>Felton Institute - Law Enforcement Assisted Diversion (until 9/30/2020)</b>					
1. By the end of the fiscal year, 100% of LEAD participants that complete an assessment with Felton Institute will have an individually tailored community care plan.	Process	LEAD participants that complete an assessment with Felton Institute.	Felton Institute will copy and share all community care plans with HTA within one week of the end of each grant quarter.	LEAD Grant	N/A

Tab 1- Forensic\_Justice BHS

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
2. By the end of the fiscal year, 75% of participants will be enrolled in MediCal.	Outcome	LEAD participants with more than one contact with staff.	Felton Institute will be responsible for tracking enrollment in MediCal and assessing quality of data by cross referencing with the data report provided by LEAD Program Manager. Each quarter Felton Institute will be responsible for providing a list of individuals who they have had more than one contact with to the LEAD Program manager who will in turn provide Felton Institute with data regarding active MediCal. All data will be collected on a quarterly basis by HTA for evaluation purposes.	LEAD Grant	LEAD Program Manager will provide a report to Glide on a quarterly basis
3. By the end of the fiscal year, 80% of participants with substance use treatment needs will be enrolled in SUD treatment, as measured by enrollment services documented by joint data collection efforts between DPH, HTA, and Felton Institute.	Outcome	LEAD participants with more than one contact with staff.	Felton Institute will enter data into a tracking system that indicates the presence of SUD treatment needs as well as referral data (including date of referral and date of enrollment) that will be shared with HTA within one week of the end of each quarter.	LEAD Grant	N/A
4. By the end of the fiscal year, 80% of participants with mental health needs will be enrolled in mental health treatment, as measured by enrollment services documented by joint data collection efforts between DPH, HTA, and Felton Institute	Outcome	LEAD participants with more than one contact with staff.	Felton will enter data into a tracking system that indicates the presence of mental health treatment needs as well as referral data (including date of referral and date of enrollment) that will be shared with HTA within one week of the end of each quarter. Felton will also assess the quality of data by cross referencing with Avatar admissions.	LEAD Grant	N/A
<b>Glide Harm Reduction - Law Enforcement Assisted Diversion (until 9/30/2020)</b>					
1. By the end of the fiscal year, 100% of LEAD participants that complete an assessment with Glide Foundation will have an individually tailored community care plan.	Process	LEAD participants that complete an assessment with Glide Foundation.	Glide Foundation will copy and share all community care plans with HTA within one week of the end of each grant quarter.	LEAD Grant	N/A

Tab 1- Forensic\_Justice BHS

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
2. By the end of the fiscal year, 75% of participants will be enrolled in MediCal.	Outcome	LEAD participants with more than one contact with staff.	Glide Foundation will be responsible for tracking enrollment in MediCal and assessing quality of data by cross referencing with the data report provided by LEAD Program Manager. Each quarter Glide Foundation will be responsible for providing a list of individuals who they have had more than one contact with to the LEAD Program manager who will in turn provide Glide Foundation with data regarding active MediCal. All data will be collected on a quarterly basis by HTA for evaluation purposes.	LEAD Grant	LEAD Program Manager will provide a report to Glide on a quarterly basis
3. By the end of the fiscal year, 80% of participants with substance use treatment needs will be enrolled in SUD treatment, as measured by enrollment services documented by joint data collection efforts between DPH, HTA, and Glide Foundation.	Outcome	LEAD participants with more than one contact with staff.	Glide Foundation will enter data into a tracking system that indicates the presence of SUD treatment needs as well as referral data (including date of referral and date of enrollment) that will be shared with HTA within one week of the end of each quarter.	LEAD Grant	N/A
<b>Salvation Army - PRSPR</b>					
1. By the end of the fiscal year, Salvation Army will have enrolled at least 64 individuals in residential treatment, as measured by program enrollment data documented by joint data collection efforts between DPH, HTA and Salvation Army and stored in Avatar.	Process	All clients with an episode opened in FY 20-21	Avatar Episode	PRSPR Grant	Batch File Episode Report
2. By the end of the fiscal year, Salvation Army will have achieved at least a 90% occupancy rate in their residential program that will be maintained throughout the project, as measured by program enrollment data documented by joint data collection efforts between DPH, HTA and Salvation Army and stored in Avatar.	Process	All clients with an episode opened in FY 20-21	Avatar Episode	PRSPR Grant	HTA to provide to BOCC in September
3. By the end of the fiscal year, 100% of participants that successfully complete residential treatment will have an individually tailored community care plan, as measured by copies of the plans to be developed and maintained through joint data collection efforts between DPH, HTA, Salvation Army, and Felton Institute.	Process	All clients with an episode opened in FY 20-21 with a planned exit	Salvation Army and HTA Data Collection	PRSPR Grant	HTA to provide to BOCC in September

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Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
4. By the end of the fiscal year, 90% of participants that successfully complete residential treatment will be enrolled in MediCal.	Outcome	Clients discharged during FY 20-21 with a planned exit	Salvation Army will be responsible for tracking enrollment in MediCal and assessing quality of data by cross referencing with the data report provided by BOCC. Each quarter Salvation Army will be responsible for providing a list of individuals who successfully completed treatment to the BOCC who will in turn provide Salvation Army with data regarding active MediCal. All data will be collected on a quarterly basis by HTA for evaluation purposes.	PRSPR Grant	DPH- SOC to provide in September
5. By the end of the fiscal year, at least 50% of participants will have completed a minimum of 3 months of residential treatment.	Outcome	All clients with an episode opened in FY 20-21	Avatar Episode	PRSPR Grant	Batch File Episode Report
<b>Felton Institute - PRSPR</b>					
1. 50% of TAY participants enrolled in PRSPR residential SUD treatment will complete a minimum of 3 months of residential treatment.	Outcome	Participants between the ages of 18-25 who are admitted into residential treatment during FY 20-21.	Felton Institute will be responsible for tracking enrollment in residential treatment and reporting data to HTA within one week of the end of each quarter.	PRSPR Grant	N/A
2. 90% of TAY participants that successfully complete PRSPR residential treatment will be enrolled in MediCal.	Outcome	Participants between the ages of 18-25 who have a planned discharge from PRSPR residential treatment during FY 20-21.	Felton Institute will be responsible for tracking enrollment in MediCal and assessing quality of data by cross referencing with the data report provided by BOCC. Each quarter Felton Institute will be responsible for providing a list of individuals age 18-25 who successfully completed treatment to the BOCC who will in turn provide Felton Institute with data regarding active MediCal. All data will be collected on a quarterly basis by HTA for evaluation purposes.	PRSPR Grant	N/A
<b>Richmond Area Multi Services - PRSPR</b>					
1. 100% of PRSPR clients who complete residential treatment will have a minimum of one contact with a peer navigator.	Process	Clients discharged during FY 20-21 with a planned exit	RAMS will retain Peer Navigator engagement data. All data will be collected on a quarterly basis by HTA for evaluation purposes.	PRSPR Grant	N/A
2. 50% of PRSPR participants that successfully complete residential treatment will be engaged with peer services for a minimum of 30 days.	Outcome	Clients discharged during FY 20-21 with a planned exit	RAMS will retain Peer Navigator engagement data. All data will be collected on a quarterly basis by HTA for evaluation purposes.	PRSPR Grant	N/A
<b>Salvation Army - STARR</b>					

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Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
1. By the end of the fiscal year, Salvation Army will have achieved at least a 90% occupancy rate in their detox program, as measured by program enrollment data documented by joint data collection efforts between DPH, HTA and Salvation Army and stored in Avatar.	Process	All clients with an episode opened in FY 20-21	Avatar Episode	STARR Grant	Batch File Episode Report
2. By the end of the fiscal year, 50% of participants enrolled in social detox will successfully complete their treatment by meeting their individualized treatment goals, as measured by joint data collection efforts between DPH, HTA, and Salvation Army.	Process	All clients with an episode opened in FY 20-21	Salvation Army and HTA Data Collection	STARR Grant	N/A
3. 100% of clients discharged during each fiscal year will have the CalOMS Discharge Status field completed.	Compliance	Clients discharged during FY 20-21	CalOMS Discharge Status Field	BHS Policy Dept of Health Care Svcs (DHCS)	CalOMS Discharge Timely Status Avatar Report
STARTING IN FY21-22. By the end of the fiscal year, Salvation Army will have enrolled at least 64 individuals in residential treatment, as measured by program enrollment data documented by joint data collection efforts between DPH, HTA and Salvation Army and stored in Avatar.	Process	All clients with an episode opened in FY 21-22 (post-PRSPR)	Avatar Episode	STARR Grant	Batch File Episode Report
STARTING IN FY21-22. By the end of the fiscal year, Salvation Army will have achieved at least a 90% occupancy rate in their residential program (starting in Year 3), as measured by program enrollment data documented by joint data collection efforts between DPH, HTA and Salvation Army and stored in Avatar.	Process	All clients with an episode opened in FY 21-22 (post-PRSPR)	Avatar Episode	STARR Grant	Batch File Episode Report
<b>Felton Institute - STARR</b>					
1. At least 60% of individuals connected to grant-funded outpatient case management services will engage with a case manager at least one time.	Outcome	All clients with an episode opened in FY 20-21	Felton Institute will be responsible for tracking enrollment in outpatient case management services and reporting data to HTA within two weeks of the end of each quarter.	STARR Grant	HTA to provide to BOCC in September
100% of participants who engage with a grant-funded case manager will receive an Individualized Intervention Plan (IIP).	Outcome	All clients with an episode opened in FY 20-21	Felton Institute will be responsible for tracking IIP completion and reporting data to HTA within two weeks of the end of each quarter.	STARR Grant	HTA to provide to BOCC in September
<b>UCSF Citywide- Assisted Outpatient Treatment</b>					
1. Participants enrolled in the Assisted Outpatient Treatment Program will have an overall 10% reduction in psychiatric crisis contacts compared to the previous fiscal year, as measured by Psychiatric Emergency Services (PES) contacts.	Outcome	All clients with an episode opened in FY 20-21	Avatar	AOT Procedures	N/A
2. Participants enrolled in the Assisted Outpatient Treatment Program will have a 10% reduction in total number of incarcerations compared to the previous fiscal year, as measured by number of jail contacts with the San Francisco County Jail.	Outcome	All clients with an episode opened in FY 20-21	Jail Information Management (JIM) as well as a joint data collection effort between UCSF and DPH's AOT Care Team.	AOT Procedures	N/A
3. Participants enrolled in the Assisted Outpatient Treatment Program will have an overall 5% reduction in total admissions to an inpatient psychiatric unit compared to the previous fiscal year, as measured by number of readmissions.	Outcome	All clients with an episode opened in FY 20-21	Avatar	AOT Procedures	N/A
4. 50% of participants discharged from the Assisted Outpatient Treatment Program will be connected to another Behavioral Health provider within the System of Care.	Process	All clients with closing in FY 20-21	Avatar	AOT Procedures	N/A
<b>Felton Behavioral Health Community Engagement</b>					

Tab 1- Forensic\_Justice BHS

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
1. Ensure that at least 50% of unique individuals referred by HSOC are located and assessed	Outcome	All clients with an episode opened in FY 20-21	CIRCE	HSOC	CIRCE
2. 50% of clients engaged will have at least 1 follow-up encounter within 1 month of initial encounter.	Process	All clients with an episode opened in FY 20-21	CIRCE	HSOC	CIRCE
3. Perform at least 40 unique client engagements per week to requested neighborhoods or areas of concern, specifically addressing behavioral health concerns of people experiencing homelessness.	Process	All clients with an episode opened in FY 20-21	CIRCE	HSOC	CIRCE
<b>UCSF Citywide- Citywide Community Response Team</b>					
1. 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.	Outcome	All clients with an episode opened in FY 20-21	Avatar	Procedures	N/A
2. Participants enrolled in the CCRT Program will have an overall 10% reduction in psychiatric crisis contacts compared to the previous fiscal year, as measured by Psychiatric Emergency Services (PES) contacts.	Outcome	All clients with an episode opened in FY 20-21	Avatar	Procedures	N/A
3. 50% of participants discharged from the CCRT will be connected to another Behavioral Health provider within the System of Care.	Process	All clients with closing in FY 20-21	Avatar	Procedures	N/A
<b>Street Crisis Response Team- RAMS</b>					
1. 25% of individuals contacted will be connected to ongoing services,	Outcome	All identifiable clients with an episode in FY 20/21	Avatar	Procedures	N/A
2. There will be a 10% reduction in PES contacts for individuals contacted by the program during FY20/21	Outcome	All identifiable clients with an episode in FY 20/22	Avatar	Procedures	N/A
3. In FY 20-21 program will ensure staffing for 6 teams to be operational 12 hours a day/7 days a week	Process	Program	Program	Procedures	N/A
<b>Street Crisis Response Team- HR360</b>					
1. 25% of individuals contacted will be connected to ongoing services,	Outcome	All identifiable clients with an episode in FY 20/21	Avatar	Procedures	N/A
2. There will be a 10% reduction in PES contacts for individuals contacted by the program during FY20/21	Outcome	All identifiable clients with an episode in FY 20/22	Avatar	Procedures	N/A
3. In FY 20-21 program will ensure staffing for 6 teams to be operational 12 hours a day/7 days a week	Process	Program	Program	Procedures	N/A
<b>Glide Foundation- Low Threshold Case Management for Women and PWUD</b>					
1. By the end of the fiscal year, Glide will conduct outreach to a minimum of 10 locations (e.g., encampments, congregate sites, SIP hotels) to be directed by Behavioral Health Services. Individuals will receive indirect/direct outreach. Each site will have an individually tailored activities based on the physical environment, collaboration with community partners, and those interested in MAT or similar services.	Process	GLIDE will share planned activities and outcomes of efforts with other providers and BHS.	Glide	Procedures	N/A
2. By the end of the fiscal year, at least 50% of contacted individuals will be enrolled in GLIDE Foundation low-threshold case management services.	Outcome	Participants who contact GLIDE staff from outreach efforts as described in Indicator 1 and referrals approved by Behavioral Health Services (e.g., SIP sites, Congregate sites, SCRT, Jail Behavioral Health Services)	Glide	Procedures	N/A
By the end of the fiscal year, 100% of participants with at least one contact <b>will be</b> assessed and receive information and assistance towards linkages and access to address identified needs, <b>as measured by</b> units of service for each individual and data from post-assessment measures collected by GLIDE staff.	Outcome	Participants have completed an initial needs assessment, remained engaged with services, and completed post-needs assessment.	Glide	Procedures	N/A
<b>Harm Reduction Therapy Center- HMIOT</b>					
1. By the end of the current Fiscal Year, 300 individuals will make brief contacts (e.g. drop-ins, outreach visits, and referrals) with HRTC's SIP mental health treatment team to begin developing relationships & learn about our services. These contacts will be recorded in HRTC's electronic client record database.	Process	Participants with one or more contact	HRTC	Procedures	N/A



Tab 1- Forensic\_Justice BHS

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
2. By the end of the Fiscal Year, 50% (125) of individuals who have had contact with our clinicians will receive information about harm reduction practices and/or about substance use and mental health treatment options, as recorded in HRTC's electronic client record database.	Process	Participants with one or more contact	HRTC	Procedures	N/A
3. By the end of the current Fiscal Year, 45 individuals will engage in 1:1 short- to medium-term therapy or counseling and/or harm reduction groups (between 2 and 20 sessions) as documented by records of sessions in HRTC's client record database.	Process	Participants with one or more contact	HRTC	Procedures	N/A
4. By the end of the current Fiscal Year, 35 individuals will be referred to fixed-site substance use or mental health treatment locations or other BHS services, as documented in HRTC's client record database.	Outcome	Participants with one or more contact	HRTC	Procedures	N/A
<b>Felton Street Case Management</b>					
1. Case managers will outreach 100% of the individuals that are referred by the DPH team.	Process	Referrals to Felton	CIRCE	Procedures	N/A
2. 80% of individuals opened for case management services will have a minimum of 5 contacts.	Process	Participants open for case management.	CIRCE	Procedures	N/A
3. Case managers will connect 20% of clients to behavioral health services within the broader system of care.	Outcome	Participants with one or more contact	CIRCE	Procedures	N/A