



Forensic and Justice-Involved Behavioral Health Services

Performance Objectives FY 2019-20

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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 2019-2020 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. 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
Civil Service - Assisted Outpatient Treatment (Chris Wright- Program Manager)					
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 19-20	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 19-20	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
Civil Service - Mental Health Diversion (Jeannie Chang- Program Manager)					
1. The Administrative team will hold at least 12 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 19-20	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 19-20	DPH MHD team- Tracking Sheet	BHS Policy	N/A- MHD will track and report to BOCC in September
Civil Service - Drug Court Treatment Center (Linda Wu- Program Manager)					
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 19-20	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 19-20	Drug Court Database	BHS Policy	Drug Court Database Report
3. 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 Dept of Health Care Svcs (DHCS)	CalOMS Admission Errors by Program Report Avatar Report
4. 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 19-20 (Beginning October 2019)	SUD -LOC	Drug Court Procedures	Drug Court Database Report
5. 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
Civil Service - Community Justice Center (Akiko Allen- Program Manager)					
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 19-20	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 19-20	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 19-20 (beginning September 2018)	CJC Court Database	CJC Procedures	CJC Database Report
4. 80% percent of clients discharged during FY 19-20 will have their file closed within 30 days.	Compliance	Clients discharged during FY 19-20	CJC Court Database	CJC Procedures	CJC Database Report
Civil Service - Law Enforcement Assisted Diversion (Michael Huff- Program Manager)					
1. 100% of open clients will have a signed consent and authorization forms.	Compliance	All clients with an episode opened in FY 19-20	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 19-20	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 19-20	LEAD Database	LEAD Procedures	LEAD Database
Felton Institute - Law Enforcement Assisted Diversion					

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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, 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
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
Glide Harm Reduction - Law Enforcement Assisted Diversion					

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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, 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
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
Salvation Army - PRSPR					
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 19-20	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 19-20	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 19-20 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. 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 Dept of Health Care Svcs (DHCS)	CalOMS Admission Errors by Program Report Avatar Report
5. 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 Dept of Health Care Svcs (DHCS)	CalOMS Discharge Timely Status Avatar Report
6. 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 19-20 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
7. 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 19-20	Avatar Episode	PRSPR Grant	Batch File Episode Report
Felton Institute - PRSPR					
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 19-20.	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 19-20.	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

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Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Richmond Area Multi Services - PRSPR					
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 19-20 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 19-20 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
Salvation Army - STARR					
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 19-20	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 19-20	Salvation Army and HTA Data Collection	STARR Grant	N/A
3. 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 Dept of Health Care Svcs (DHCS)	CalOMS Admission Errors by Program Report Avatar Report
4. 100% of clients discharged during each fiscal year 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 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
Felton Institute - STARR					
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 19-20	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

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Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
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 19-20	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
UCSF Citywide- Assisted Outpatient Treatment					
1. Participants enrolled in the Assisted Outpatient Treatment Program will have a 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 19-20	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 19-20	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 a 5% reduction in total admissions to an inpatient psychiatric unit compared to the previous fiscal year, as measured by number of number of readmissions.	Outcome	All clients with an episode opened in FY 19-20	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 19-20	Avatar	AOT Procedures	N/A
UCSF Citywide- Mental Health Diversion					
1. An average of 10 individuals with justice involvement who have been charged with felonies will be Intensively supported.	Process	All clients with an episode opened in FY 19-20	Avatar as well as a joint data collection effort between UCSF, DPH, and HTA.	MHD Procedures	Avatar Batch File Episode
2. 100% of clients will receive an individualized treatment plan within 30 days of MHD admission.	Process	All clients with an episode opened in FY 19-20	Avatar as well as a joint data collection effort between UCSF, DPH, and HTA.	MHD Procedures	N/A-DPH MHD team to provide in September
3. 25% of clients will have reduced jail contacts compared to the previous fiscal year.	Outcome	All clients with an episode opened in FY 19-20	JIM as well as a joint data collection effort between UCSF, DPH, and HTA.	MHD Procedures	N/A- DPH MHD team to provide in September