



Family Service Agency of San Francisco
Changing Lives
Since 1889

From the Middle Ages to the 21st Century in Three Long Leaps

Agenda

Who is FSA?

Why SaaS for FSA?

Why SaaS for Gov?

Family Service Agency of San Francisco

Meeting the needs of a changing city for 119 years

- Serving 12,000 clients annually;
- Serving the most severely mentally-ill residents of the City;
- At six major service sites;
- With 250 staff;
- And more than 78 public and private funding sources and 24 programs.
- **CIRCE: our HIPAA-compliant, outcome-based case management and reporting system**

The Triple Bottom Line

Operational Excellence



Profit / Cash
Flow



Funder
Requirements



Client
Service

Challenge I: Survival

- In 2004, FSA had lost money 12 out of the past 13 years. Insolvency was looming.
- Each year, some programs would overproduce and work for free for two months: other programs would underproduce and leave \$500,000 on the table.
- Services were documented only paper; it was impossible to reallocate resources or hold staff accountable.
- It was clear that our survival depended on being able to manage our services in real time.

Challenge II: Compliance

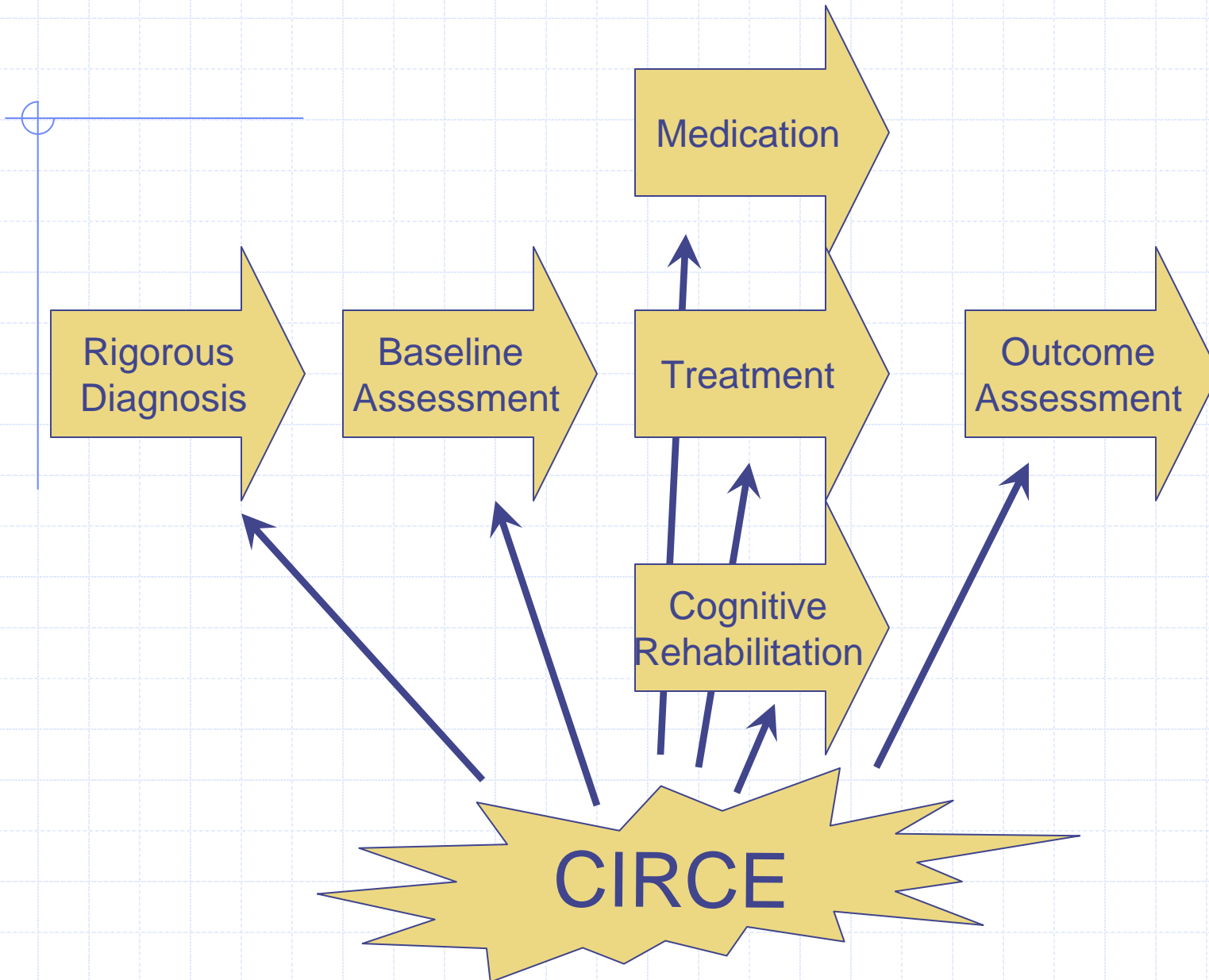
- Every client chart requires 10 different forms to be filled out at different intervals.
- Missing a single signature on a single form can invalidate all the billing for that client.
- With 24 different programs, we were depending on 24 different chart review processes.
- Our agency was extremely vulnerable to a chart audit.

Challenge III: Transform Mental Health Treatment:

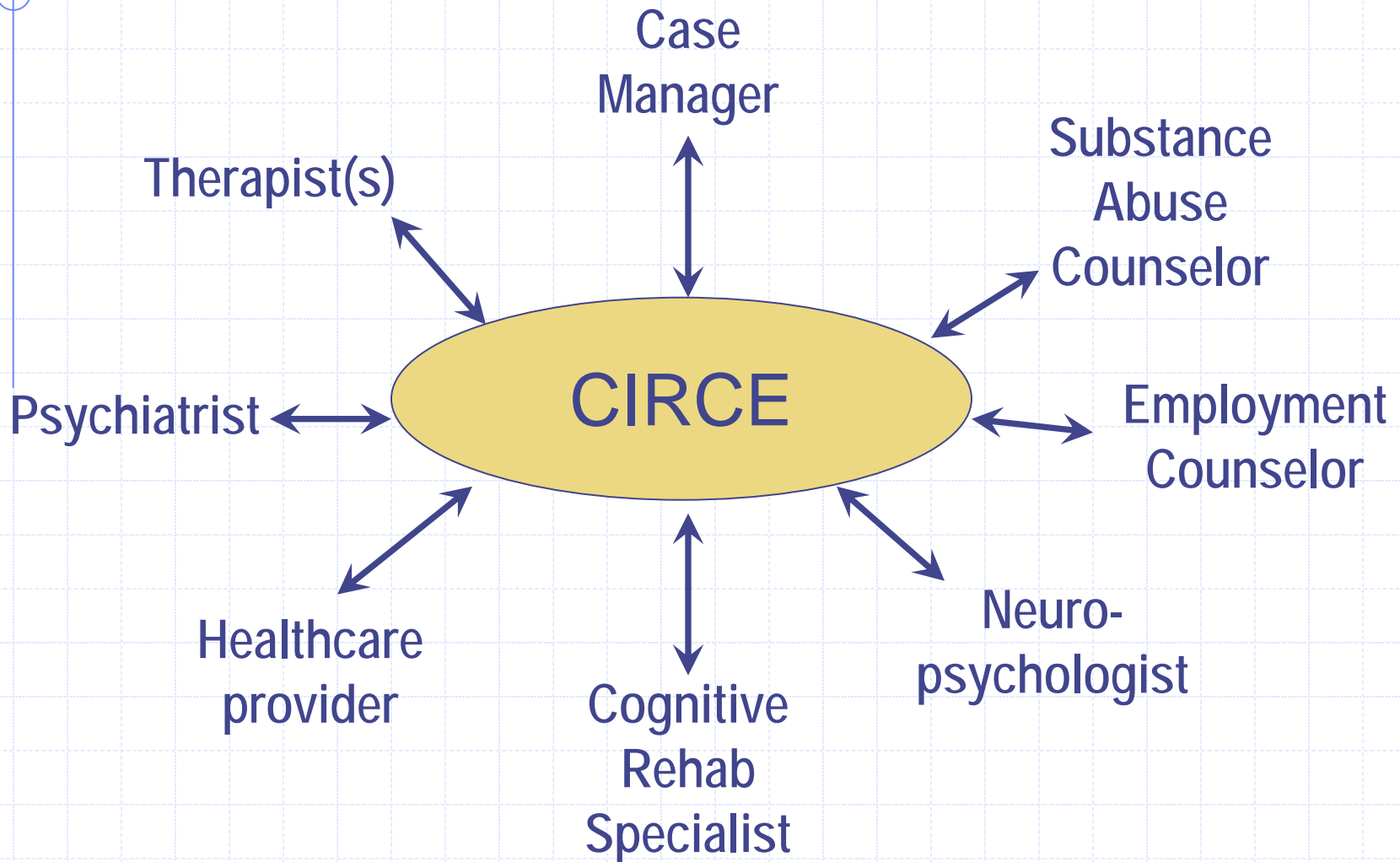
Client
Service

- People *can* recover from mental illness given the best available treatment.
- *Everybody* deserves the best available treatment.
- The best available treatment requires a deep transformation in the way mental health treatment is delivered.

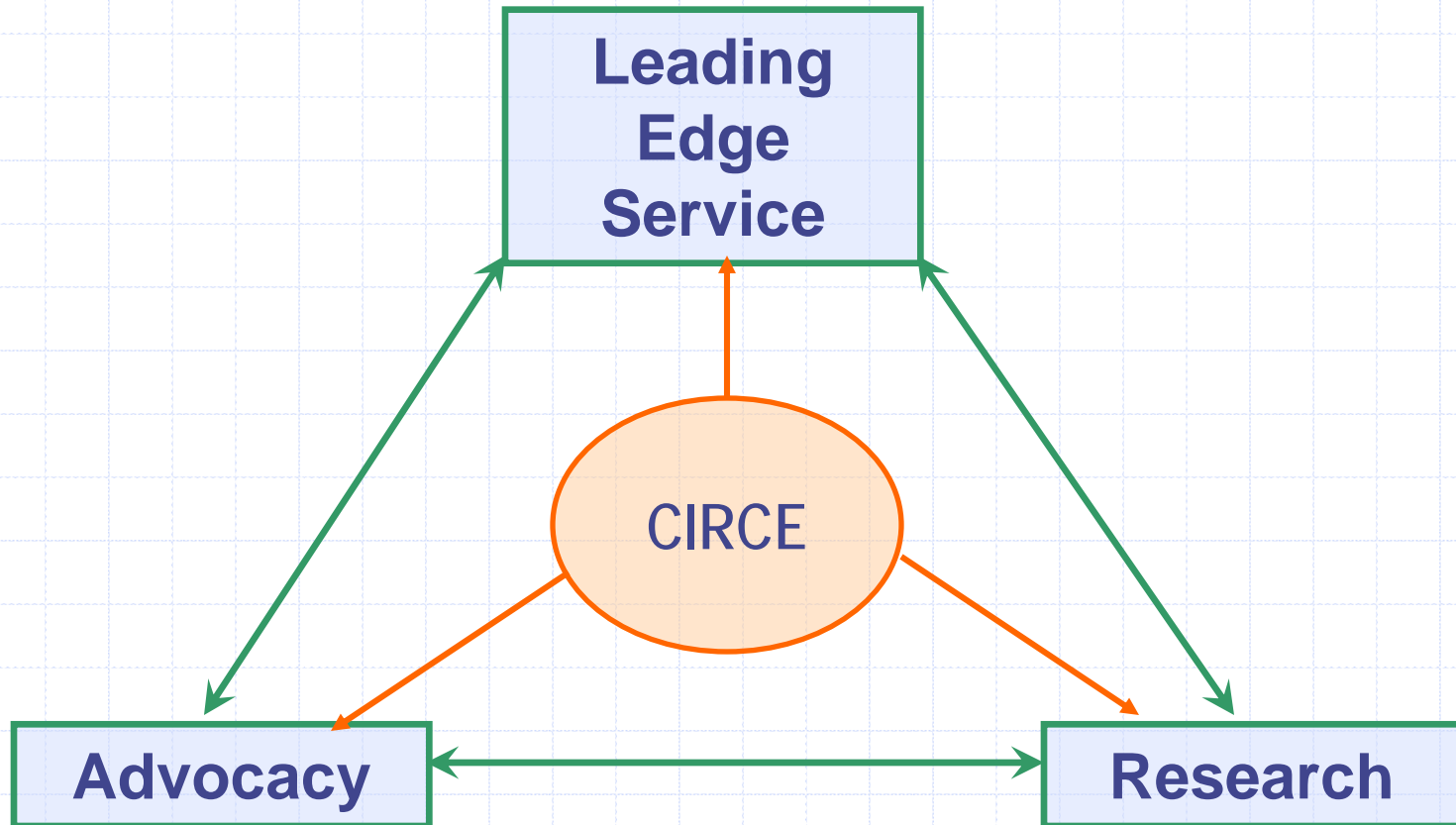
A new model of care



A new type of treatment team



A new approach to service



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Needed to do More with Less

- We had little money to spend on technology infrastructure, software, consultants.
- What we did have was better spent on our core competency than in-house IT expertise (developers, datacenter managers, etc.)
- We had very little visibility into performance, either fiscal or healthcare-related.

Automating our Treatment Records

- Vertical market software is expensive and inflexible.
- It is usually designed for one discipline or market and will not serve a multi-service organization
- Once you purchase it, you are hostage to your vendor.
- On the other hand, custom written software has an uncertain development horizon and total cost, and tends to lack robustness.

Salesforce as a solution

- Salesforce is a rapid development environment.
- Salesforce is robust and scalable.
- Salesforce can give us a “view” tailored to each program’s funding and reporting requirements, while keeping an enterprise-wide information environment.
- We own our customizations and can select from multiple third party developers.

HIPAA-compliant, outcome-based case mgmt



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Intake Form Create Contact and Episode

Use this form to input prospective clients and their pending episodes in one step.

Episode

Program	--None-- ▼	Date of first contact	<input type="text"/>
CBHS Consent Date	<input type="text"/>	HIPAA Consent Date	<input type="text"/>

Pending Client Information

Birthdate	<input type="text"/>	SS# (ex. 999-99-9999)	<input type="text"/>
First Name	<input type="text"/>	BIS#	<input type="text"/>
Last Name	<input type="text"/>	Other Names Known As:	<input type="text"/>
Primary Ethnic Identification	--None-- ▼		
Primary Language	--None-- ▼	Gender	--None-- ▼
Preferred Language	--None-- ▼	Other Issues	--None--

Address/Phone Information

Address	<input type="text"/>	Home Phone	<input type="text"/>
City	<input type="text"/>	Work Phone	<input type="text"/>
State	<input type="text"/> ▼	Mobile Phone	<input type="text"/>
Zip Code	<input type="text"/>	Contact by phone?	--None-- ▼

Chart Health (Standard)

Program Name	Record Count
ACM	11
BOT	9
CAP	25
GOS	21
GSW	4
OADSC MHS	41
PART	2
TL	41

Total Missing 1+ Critical Component (s): 154

Table gives number of open episodes per program that contain one or more critical chart components that are missing. Critical Chart components include: Plan of Care, PURQC, CBHS & HIPAA consents.

Chart Health (FSP)

Program Name	Record Count
FSP-A	11
FSP-G	1

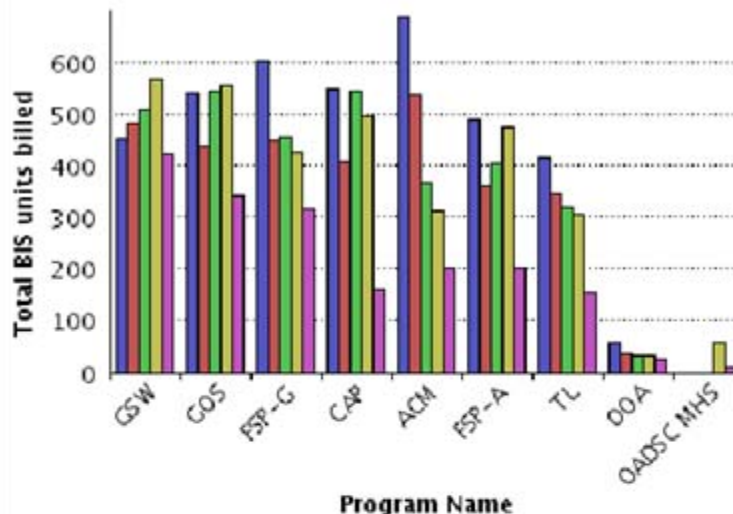
Total Missing 1+ Critical Component(s): 12

Table gives number of open episodes per program that contain one or more critical chart components that are missing. Critical Chart components include: Plan of Care, CBHS & HIPAA consents.

Caseload by Program

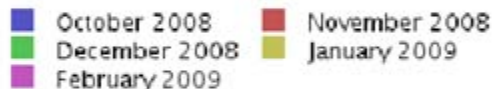
Program Name	Record Count
ACM	101
BOT	8
CAP	255
FSP-A	54
FSP-G	31
GOS	198
GSW	4

Previous & Current Fiscal Quarter



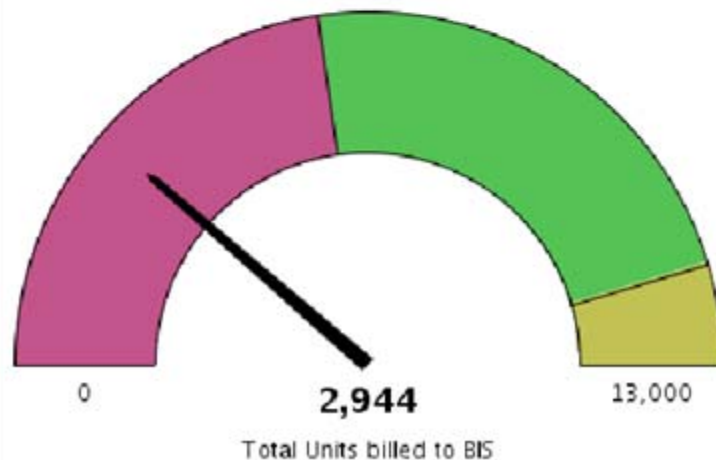
Program Name

Service Date



How many units has agency billed to BIS per program current and previous fiscal quarter to date?

Productivity THIS Fiscal Quarter



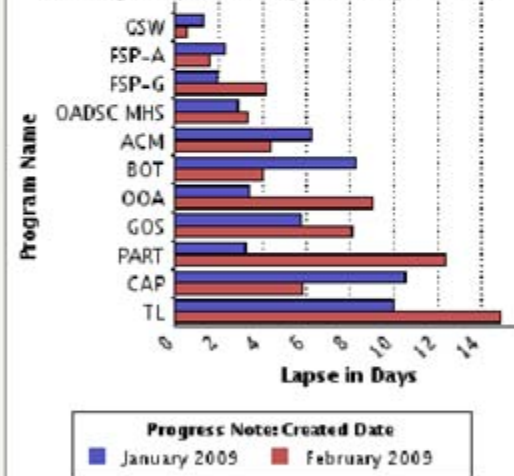
Units to date this fiscal quarter. Targets: 1st Month = 4300, 2nd Month = 8600, 3rd Month = 12900

Target = 3 Days

Program Name	Lapse in Days
GSW	1
FSP-A	3
FSP-G	3
OADSC MHS	5
GOS	5
PART	5
ACM	7
BOT	8
CAP	10
TL	11

In the current fiscal quarter, what is the average lapse in days per program between service date and date billing is created?

Average Lapse In Days - Longitudinal



Progress Note: Created Date



What is the visible trend in average lapse in days between service date and create date per PN by program in the CURRENT FQ?

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Public and Social Sectors need better:

- Cross-agency / cross-sector collaboration
- Interoperability & Shared Services
- Flexibility & Innovation

In order to deliver:

- Improved Client / Constituent Service
- More Transparency / Accountability
- Fiscal responsibility

SaaS Allows FSA to do all of those:

- Save money and reduce risk
- Focus on our mission and innovate
- Deliver better service to our clients
- Collaborate with our partners
- Operate with transparency and accountability to our funders
- Share our technology / knowledge with others (Government-to-Government AppExchange)
- Do things we simply could not do before

Thank You



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