November 3, 2025 Business Office of Contract Management (BOCC) Annual Performance Monitoring

| Sect. | Contract ID | Agency/ Program                              | Overall Program Score   | Prog. Perf.              | Prog. Deliv.             | Program Comp.                  | Client Satisf.    | Plan of | Fiscal | Comments   |
|-------|-------------|--|---|--------------------------|--------------------------|--------------------------------|-------------------|---------|--------|--|
| 5551. |             | 1.08.4                                       | o committee and a contract of the contract of |                          |                          |                                |                   | Action  | Year   |  |
|       |             |  |   |                          |                          |                                |                   | Req?    |        |  |
| WPIC  | 1000032803  | Community Forward SF                         |   |                          |                          |                                |                   |         |        |  |
| _     |             | CFSF SoMa Recover, and Sobering Center       | 4 - Commendable/ Exceeds  | NA                       | 4 - Commendable/Exceeds  | 4 - Commendable/ Exceeds       | NA                | No      | 23-24  | The program was exempted from contracted performance   |
|       |             | (RISE) Transportation Shuttle                | Standards   |                          | Standards                | Standards                      |                   |         |        | objectives. The program met 100% of its contracted units of  |
|       |             |  |   |                          |                          |                                |                   |         |        | service target. The program was exempted from client satisfaction survey.  |
|       |             | CFSF Medical Respite & Sobering Center       | 4 - Commendable/ Exceeds  | 4 - Commendable/ Exceeds | 4 - Commendable/ Exceeds | 4 - Commendable/ Exceeds       | 4 - Commendable/  | No      | 23-24  | The program met 100% of its contracted performance objectives  |
|       |             |  | Standards   | Standards                | Standards                | Standards                      | Exceeds Standards |         |        | and 100% of its contracted units of service. The program   |
|       |             |  |   |                          |                          |                                |                   |         |        | completed the client satisfaction survey and shared with staff.  |
| BHS   | 1000025225  | Victor Treatment Center                      |   |                          |                          |                                |                   |         |        |  |
|       |             | Victor Treatment Centers CCR (aka Santa      |   |                          |                          |                                |                   |         |        | report pending   |
| CHEP  | 1000024731  | Rosa) Asian and Pacific Islander             |   |                          |                          |                                |                   |         |        |  |
| CHEF  | 1000024731  | Wellness Center (AIPWC) dba San              |   |                          |                          |                                |                   |         |        |  |
|       |             | Francisco Community Health                   |   |                          |                          |                                |                   |         |        |  |
|       |             | Center                                       |   |                          |                          |                                |                   |         |        |  |
|       |             | UCSF AHP Health Access Point (HAP) for       | 4 - Commendable/ Exceeds  | 4 - Commendable/Exceeds  | 4 - Commendable/Exceeds  | 4 - Commendable/ Exceeds       | 4 - Commendable/  | No      | 24-25  | The program met 100% of its contracted performance objectives  |
|       |             | Asian and Pacific Islander API MSM and API   | Standards   | Standards                | Standards                | Standards                      | Exceeds Standards |         |        | and 117% of its contracted units of service. The program   |
|       |             | Transgender Women Communities                |   |                          |                          |                                |                   |         |        | completed the client satisfaction survey and shared with staff.  |
| СНЕР  | 1000024732  | Rafiki Coalition (Formerly BCA)              |   |                          |                          |                                |                   |         |        |  |
|       |             | Rafiki Health Access Point (HAP) - Umoja     |   |                          |                          |                                |                   |         | 24-25  | The final report scores will be presented during the Health  |
|       |             | Marki Health Access Form (HAF) - Omoja       |   |                          |                          |                                |                   |         | 24-23  | Commission meeting. The program met 100% of its contracted   |
|       |             |  |   |                          |                          |                                |                   |         |        | performance objectives and was exempted from its contracted  |
|       |             |  |   |                          |                          |                                |                   |         |        | units of service. The program completed the client satisfaction  |
|       |             |  |   |                          |                          |                                |                   |         |        | survey and shared with staff. The final invoice for FY24-25 is not available at the time of monitoring. BOCC is waiving the Units of |
|       |             |  |   |                          |                          |                                |                   |         |        | Service (UOS) scoring for this monitoring period as the program  |
|       |             |  |   |                          |                          |                                |                   |         |        | is on an extension from DPH to submit the final invoice. The   |
|       |             |  |   |                          |                          |                                |                   |         |        | program reported that it is still awaiting some subcontractor submissions before it can submit its final invoice.                    |
|       |             |  |   |                          |                          |                                |                   |         |        | Submissions before it can submit its final invoice.  |
| CHEP  | 1000024733  | IFR Instituto Familiar (IFR)                 |   |                          |                          |                                |                   |         |        |  |
|       |             | IFR Health Access Point for Latinx (Category | 4 - Commendable/Exceeds   | 4 - Commendable/Exceeds  | 4 - Commendable/Exceeds  | 4 - Commendable/ Exceeds       | 4 - Commendable/  | No      | 23-24  | The program met 100% of its contracted performance objectives  |
|       |             | 1)   | Standards   | Standards                | Standards                | Standards                      | Exceeds Standards |         |        | and 115% of its contracted units of service. The program   |
|       |             |  |   |                          |                          |                                |                   |         |        | completed the client satisfaction survey and shared with staff.  |
| CHEP  | 1000024734  | San Francisco AIDS Foundation                |   |                          |                          |                                |                   |         |        |  |
|       |             | (SFAF)                                       |   |                          |                          |                                |                   |         |        |  |
|       |             | SFAF The HAP Capacity Building Activities    | 4 - Commendable/Exceeds   | 4 - Commendable/Exceeds  |                          | 3 - Acceptable/Meets Standards | 4 - Commendable/  | No      | 24-25  | The program met 100% of its contracted performance objectives  |
|       |             | (HIV/STI/HEP C Infrastructure) Program       | Standards   | Standards                | Standards                |                                | Exceeds Standards |         |        | and 100% of its contracted units of service. The program completed the client satisfaction survey and shared with staff.             |
|       |             |  |   |                          |                          |                                |                   |         |        | completed the chefit satisfaction survey and shared with staff.  |
|       |             |  |   |                          |                          |                                |                   |         |        |  |

| Cook  | Countries et ID | Duament Branco                                | Overell Breament Cooks  | Duan Dauf               | Duez Delin               | Duagua ya Cayaya               | Client Catiof     | Diam of | Fissal. | Comments   |
|-------|-----------------|---|-------------------------|-------------------------|--------------------------|--------------------------------|-------------------|---------|---------|--|
| Sect. | Contract ID     | Agency/ Program                               | Overall Program Score   | Prog. Perf.             | Prog. Deliv.             | Program Comp.                  | Client Satisf.    | Plan of | Fiscal  | Comments   |
|       |                 |   |                         |                         |                          |                                |                   | Action  | Year    |  |
|       |                 |   |                         |                         |                          |                                |                   | Req?    |         |  |
|       |                 | SFAF Capacity Building Activities: The Black  | 4 - Commendable/Exceeds | 4 - Commendable/Exceeds | 4 - Commendable/Exceeds  | 3 - Acceptable/Meets Standards | 4 - Commendable/  | No      | 24-25   | The program met 100% of its contracted performance objectives        |
|       |                 | Health Clinical Assistant Program             | Standards               | Standards               | Standards                |                                | Exceeds Standards |         |         | and 100% of its contracted units of service. The program             |
|       |                 |   |                         |                         |                          |                                |                   |         |         | completed the client satisfaction survey and shared with staff.      |
|       |                 | SFAF Health Access Point Program:             | 4 - Commendable/Exceeds | 4 - Commendable/Exceeds | 4 - Commendable/Exceeds  | 3 - Acceptable/Meets Standards | 4 - Commendable/  | No      | 24-25   | The program met 100% of its contracted performance objectives        |
|       |                 | Gay/MSM                                       | Standards               | Standards               | Standards                |                                | Exceeds Standards |         |         | and 217% of its contracted units of service. The program             |
|       |                 |   |                         |                         |                          |                                |                   |         |         | completed the client satisfaction survey and shared with staff.      |
|       |                 |   |                         |                         |                          |                                |                   |         |         |  |
|       |                 | SFAF Training Academy & Clinical Assistant    | 4 - Commendable/Exceeds | 4 - Commendable/Exceeds | 4 - Commendable/Exceeds  | 3 - Acceptable/Meets Standards | 4 - Commendable/  | No      | 24-25   | The program met 100% of its contracted performance objectives        |
|       |                 | Program                                       | Standards               | Standards               | Standards                |                                | Exceeds Standards |         |         | and 105% of its contracted units of service. The program             |
|       |                 |   |                         |                         |                          |                                |                   |         |         | completed the client satisfaction survey and shared with staff.      |
|       |                 | SFAF Clinical Services Sustainability Program | 4 - Commendable/Exceeds | 4 - Commendable/Exceeds | 4 - Commendable/Exceeds  | 3 - Acceptable/Meets Standards | 4 - Commendable/  | No      | 24-25   | The program met 100% of its contracted performance objectives        |
|       |                 | , ., .,                                       | Standards               | Standards               | Standards                | ,,                             | Exceeds Standards |         |         | and 100% of its contracted units of service. The program             |
|       |                 |   |                         |                         |                          |                                |                   |         |         | completed the client satisfaction survey and shared with staff.      |
|       |                 |   |                         |                         |                          |                                |                   |         |         |  |
|       |                 |   |                         |                         |                          |                                |                   |         |         |  |
| CHEP  | 1000024735      | Lavender Youth Recreation &                   |                         |                         |                          |                                |                   |         |         |  |
|       |                 | Information Center (LYRIC)                    |                         |                         |                          |                                |                   |         |         |  |
|       |                 | LYRIC Health Access Point (HAP) for           | 2 - Improvement         | 3 - Acceptable/ Meets   | 2 - Improvement          | 2 - Improvement Needed/Below   | 1 - Unnaceptable  | Yes     | 24-25   | The program met 89% of its contracted performance objectives         |
|       |                 | Transitional Aged Youth (TAY)                 | Needed/Below Standards  | Standards               | Needed/Below Standards   | Standards                      |                   |         |         | and 64% of its contracted units of service. The program did not      |
|       |                 |   |                         |                         |                          |                                |                   |         |         | complete a client satisfaction survey. Plan of Action issued for     |
|       |                 |   |                         |                         |                          |                                |                   |         |         | failing to provide proof of required trainings, failure to conduct a |
|       |                 |   |                         |                         |                          |                                |                   |         |         | client satisfaction survey, and failure to meet the UoS              |
|       |                 |   |                         |                         |                          |                                |                   |         |         | deliverables target.   |
| CHEP  | 1000024736      | Regents of the University of San              |                         |                         |                          |                                |                   |         |         |  |
|       |                 | Francisco - UCSF Ward 86                      |                         |                         |                          |                                |                   |         |         |  |
|       |                 | UCSF Health Access Point for People Who       | 4 - Commendable/Exceeds | 4 - Commendable/Exceeds | 4 - Commendable/Exceeds  | 4 - Commendable/Exceeds        | 4 - Commendable/  | No      | 24-25   | The program met 100% of its contracted performance objectives        |
|       |                 | Use Drugs (PRO-TEST)                          | Standards               | Standards               | Standards                | Standards                      | Exceeds Standards |         |         | and 170% of its contracted units of service. The program             |
|       |                 |   |                         |                         |                          |                                |                   |         |         | completed the client satisfaction survey and shared with staff.      |
| CHEP  | 1000024737      | Regents of the University of San              |                         |                         |                          |                                |                   |         |         |  |
|       |                 | Francisco - UCSF AHP                          |                         |                         |                          |                                |                   |         |         |  |
|       |                 | UCSF AHP Health Access Point (HAP) for        | 4 - Commendable/Exceeds | 4 - Commendable/Exceeds | 4 - Commendable/ Exceeds | 4 - Commendable/Exceeds        | 4 - Commendable/  | No      | 24-25   | The program met 100% of its contracted performance objectives        |
|       |                 | Asian and Pacific Islander API MSM and API    | Standards               | Standards               | Standards                | Standards                      | Exceeds Standards |         |         | and 206% of its contracted units of service. The program             |
|       |                 | Transgender Women Communities                 |                         |                         |                          |                                |                   |         |         | completed the client satisfaction survey and shared with staff.      |
| BHS   | 1000032999      | A&A Health Services LLC                       |                         |                         |                          |                                |                   |         |         |  |
|       |                 | A&A Health Services - San Francisco (aka      | 4 - Commendable/Exceeds | 4 - Commendable/Exceeds | NA                       | 4 - Commendable/Exceeds        | NA                | No      | 23-24   | The program met 100% of its contracted performance objectives        |
|       |                 | Victoria's House)                             | Standards               | Standards               |                          | Standards                      |                   |         | -       | and was exempted from its contracted units of service and client     |
|       |                 | ,   |                         |                         |                          |                                |                   |         |         | satisfaction.  |
|       |                 |   |                         |                         |                          |                                |                   |         |         |  |
|       |                 |   |                         |                         |                          |                                |                   |         |         |  |