



San Francisco
Health Network



San Francisco
Department of Public Health

Office of Justice, Equity, Diversity, & Inclusion (JEDI) - Behavioral Health Services Act (BHSA) Fiscal Year 2024-2025 Performance Objectives For Programs Managed by the JEDI-BHSA Administrative Office

Please note: There are other BHSA-funded programs managed within the *Child, Youth and Families (CYF)*, *Transitional Age Youth (TAY)*, and the *Adult/Older Adult (A/OA) Systems of Care (SOC)*.
Programs under the aforementioned SOCs are not included in this document.

If you have questions about those programs, please contact your SOC Program Manager.

JEDI-BHSA FY 24-25 Performance Objectives for Programs Managed by JEDI/BHSA Administratio

Purpose: This document includes the process and outcome objectives for Behavioral Health Services Act (BHSA)-funded programs, grouped by the focus areas listed below.

- I. (Tab 1) | Peer-to-Peer Support Services,
- II. (Tab 2) | Prevention and Early Intervention Services (PEI), including Population Focused, Mental Health Promotion and Early Intervention,
- III. (Tab 3) | Recovery Oriented Treatment Services,
- IV. (Tab 4) | Behavioral Health Workforce Development,
- VI. (Tab 5) | Vocational Services, and
- VII. (Tab 6) | Equity & Evaluation Support Services

These individualized objectives apply the SMART (Specific, Measurable, Achievable/Attainable, Realistic, and Timely) format. While all these programs welcome and serve all ethnicities and populations, many are designed to meet the cultural and linguistic needs of various underserved populations. This document contains BHSA-funded programs managed within the BHSA Administrative office. **Please also note that new programs that have started in FY 24-25, do not have to submit a Mid-Year Report for the FY 24-25 reporting period. New Programs will only submit a Year-End Report for FY 24-25.**

This document will be referenced in the Appendix A section of each applicable contract. Contractors should understand that these objectives will be used as a factor for contract compliance. All BHSA-funded programs in this document must submit a mid-year and end-of-year report (unless otherwise noted). All aspects of an agency's program - including these deliverables - are subject to the certified contract with the Department of Public Health. It is the agency's responsibility to

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| Agency | Program Name | FY23-24 Year End Report Expected? | SOC Manager | Priority Population | Type of PO | Performance Objective (PO) |
|---|--|-----------------------------------|---------------|---|------------|---|
| Mental Health Association of San Francisco (MHA SF) | REACH: Peer Connection & Wellness (not BHSA-funded) | Yes | Tracey Helton | Peers & Behavioral Health Consumers | Process | By June 30, 2025, the Peer Connections and Wellness program will serve 75 individuals who will receive peer counseling via Telehealth or in-person as is evidenced by documentation in each participant's case notes and program attendance logs. |
| | | | | | Outcome | By June 30, 2025, 80% of Peer Connections and Wellness participants receiving group support and 1:1 support will report feeling less isolated as is evidenced by feedback surveys and case note documentation |
| | | | | | Process | By June 30, 2025, Peer Connections and Wellness staff will engage in 6 program outreach activities as is evidenced by tracking logs. |
| | REACH: Sharing Our Lives, Voices, and Experiences (SOLVE) | yes | Tracey Helton | Peers & Behavioral Health Consumers | Process | By June 30, 2025, SOLVE will offer 30 Anti -Stigma community presentations, as evidenced by a tracking log. |
| | | | | | Outcome | By June 30, 2025, of 80% of surveyed SOLVE participants will respond agree or strongly agree to the following statement: "As a result of this presentation, my understanding that mental health recovery is possible for anyone, has improved," as evidenced by the completion of the community presentation evaluation. |
| | REACH: Support, Outreach, Education, and Engagement | yes | Tracey Helton | Peers & Behavioral Health Consumers | Process | By June 30, 2025, the SOEE program will serve 100 individuals who will receive peer counseling and peer-based case management as is evidenced by documentation in each participant's case notes and program attendance logs. |
| | | | | | Outcome | By June 30, 2025, 80% of SOEE participants receiving 1:1 peer counseling will have completed one personal wellness goal as is evidenced by feedback surveys and case note documentation. |
| Mental Health Association of San Francisco (MHA SF) | Tech@Hand [formerly Technology-Assisted Mental Health Solutions (TAMHS) Project] | Yes | Teresa Yu | Peers & Behavioral Health Consumers | Outcome | By June 30, 2025, 80% of Tech@Hand program participants will report that they agree or strongly agree to the following statement: "Participating in Tech@Hand Program has improved my mental health & wellness" as evidenced by End of Program survey |
| | | | | | Outcome | By June 30, 2025, 80% of Tech@Hand program participants will report that they agree or strongly agree to the following statement: "As a result of participating in Tech@Hand, I accomplished at least one of my digital skill goals," as evidenced by End of Program survey |
| | | | | | Outcome | By June 30, 2025, 80% of Tech@Hand workshop attendees will respond agree or strongly agree to the following statement: As a result of the workshop, I learned at least one useful skill. |
| National Alliance on Mental Illness (NAMI) | Peer-to-Peer; Family-to-Family | Yes | Tracey Helton | Peers, Consumers and their Family Members | Process | By June 30th, 2025, NAMI SF will deliver five, 16-hour Peer to Peer Classes. |
| | | | | | Outcome | By June 30th, 2025, 80% of Peer class attendees who returned surveys will respond strongly agree or agree to the following statement: "As a result of this class, I feel better able to manage my mental health symptoms as evidenced by post-presentation evaluations." |
| | | | | | Outcome | By June 30th, 2025, 80% of Peer class attendees who returned surveys will respond strongly agree or agree to the following statement: "As a result of this class, I have a better understanding what "living in recovery" means as it relates to mental health conditions as evidenced by post-presentation evaluations." |
| | | | | | Process | By June 30th, 2025, NAMI SF will deliver 8, 12-20 hour Family Classes (Family to Family, BASICS, Advocating for Your Black Child). |

| Agency | Program Name | FY23-24 Year End Report Expected? | SOC Manager | Priority Population | Type of PO | Performance Objective (PO) |
|--|--|-----------------------------------|---------------|---|------------|--|
| National Alliance on Mental Illness (NAMI) | Peer-to-Peer; Family-to-Family | Yes | Tracey Helton | Peers, Consumers and their Family Members | Outcome | By June 30th, 2025, 80% of Family class attendees who returned surveys will respond strongly agree or agree to the following statement "As a result of this class, I feel better able to support the mental health of my loved one as evidenced by post-presentation evaluations." |
| | | | | | Outcome | By June 30th, 2025, 80% of Family class attendees who returned surveys will respond strongly agree or agree to the following statement "As a result of this class, I have a better understanding what "living in recovery" means as it relates to mental health conditions as evidenced by post-presentation evaluations." |
| | | | | | Process | By June 30th, 2025, NAMI SF will deliver 160, 2-hour support groups for individuals living with a mental health condition and/or family members. |
| | | | | | Outcome | By June 30th, 2025, 80% of support group attendees who returned surveys will respond strongly agree or agree to the following statement: "As a result of this group, I feel better supported in my mental health recovery as evidenced by post-presentation evaluations." |
| Richmond Area Multi Services (RAMS) | Intensive Case Management (ICM)-Outpatient (OP) Peer Transition Team (Innovations) | Yes | Tracey Helton | TAY and Adult Peers (Consumers of Services) | Process | By June 30th, 2025, 80% of clients enrolled with the Peer Transition Team will meet with a Peer Counselor within 30 days of date of enrollment. |
| | | | | | Outcome | By June 30th, 2025, 75% of surveyed clients will report feeling heard and understood by their Peer Counselor, as evidenced by Client Feedback Tool. |
| | | | | | Outcome | By June 30th, 2025, 75% of surveyed clients will report that they feel more comfortable with their new provider, as evidenced by Client Feedback Tool. |
| | | | | | Outcome | By June 30th, 2025, 75% of surveyed referral clinics will report that the Peer Transition Team was helpful in transitioning clients to less intensive services, as evidenced by referral feedback tools. |
| Richmond Area Multi Services (RAMS) | Peer-To-Peer Linkage (Not BHSA-Funded) | No | Tracey Helton | Peers, Consumers and their Family Members | Outcome | By June 30, 2025, the RAMS Peer to Peer Linkage program will have four contacts with the Site Supervisor(s) regarding staffing, work duties and assignments, and address any concerns with the program. This will be documented in program reports. |
| | | | | | Outcome | By June 30, 2025, 80% of surveyed clients will indicate an increased knowledge about the community, health and cultural resources available to them. This will be evidenced by items on client feedback tools. |
| | | | | | Outcome | By June 30, 2025, 80% of surveyed clients will indicate that they feel supported by the Service Coordinator. This will be evidenced by items on client feedback tools. |
| | | | | | Outcome | By June 30, 2025, 80% of surveyed clients will indicate that their Service Coordinator helped them achieve their agreed upon task/goal. This will be evidenced by items on client feedback tools. |
| Richmond Area Multi Services (RAMS) | Peer Specialist Mental Health Certificate | Yes | Tracey Helton | Peers, Consumers and their Family Members | Outcome | By June 30, 2025, 75% of surveyed participants who completed the Entry or Advanced Certificate program will indicate plans to pursue or continue a career (job, volunteer, further education) in the health & human services field (behavioral health, health, community services). This will be evidenced by items on post-program evaluations. |
| | | | | | Outcome | By June 30, 2025, 75% of participants who completed the Entry or Advanced Certificate program will report an increase in skills and knowledge due to participation in the program. This will be evidenced by items on post-program/training evaluations. |

| Agency | Program Name | FY23-24 Year End Report Expected? | SOC Manager | Priority Population | Type of PO | Performance Objective (PO) |
|---|--|-----------------------------------|---------------|--|------------|---|
| Richmond Area Multi Services (RAMS) | Peer Specialist Mental Health Certificate | Yes | Tracey Helton | Peers, Consumers and their Family Members | Process | By June 30, 2025, 75% of Entry or Advanced Certificate program participants will successfully complete the program (i.e. graduate). This will be evidenced by program participant completion records. |
| | | | | | Process | By June 30, 2025, the Peer Specialist Mental Health Certificate program will coordinate and hold four social networking events (connecting/linking program alumni with current participants for professional network and support) intended for wellness and promotion, as evidenced by attendance records. |
| Richmond Area Multi Services (RAMS) | Peer to Peer Employment | Yes | Tracey Helton | Peers, Consumers and their Family Members | Process | By June 30, 2025, 75% of program employees (working 16+ hours/week) will participate in four skills development or wellness trainings/sessions. This will be evidenced by program attendance records. |
| | | | | | Process | Peer Internship: By June 30, 2025, 75% of enrolled interns will successfully complete (i.e. graduate) the training or have exited the program early due to obtaining employment related to this field. This will be evidenced by program enrollment records. |
| | | | | | Outcome | Peer Internship: By June 30, 2025, at program completion 75% of surveyed intern graduates will indicate improvements in their abilities to manage stress in the workplace. This will be evidenced by items on post-program evaluations. |
| | | | | | Outcome | Peer Counseling & Outreach Services and Peer Wellness Center: By June 30, 2025, 75% of surveyed clients/participants of clinic-based peer-counseling & group services or Wellness Center services will report that they feel socially connected. This will be evidenced by items on the client feedback tools. |
| Richmond Area Multi Services (RAMS) | Wellness in the Streets (WITS) (Innovations) | Yes | Tracey Helton | Unhoused & Behavioral Health Consumers | Process | By June 30th, 2025, the WITS team will have collectively engaged in outreach activities to 150 unhoused individuals in San Francisco. This will be documented in program reports. |
| | | | | | Outcome | By June 30th, 2025, 75% of individuals who identified an immediate need reported that their need was addressed by a WITS team member, as evidenced by the WITS 'in the moment' feedback tool. |
| | | | | | Outcome | By June 30th, 2025, 75% of individuals who identified an immediate need reported that they felt supported by a WITS team member, as evidenced by the WITS 'in the moment' feedback tool. |
| San Francisco Study Center as part of the Fiscal Inter Management | Transgender Pilot Program | Yes | Tracey Helton | Transgender Women of Color who are Peers/Consumers | Outcome | By June 30, 2025, program participants will report increased social connection as evidenced by 75% of participants rating 4 or above on a client survey administered by SFDPH, collected by the program manager and stored in a locked cabinet. |
| | | | | | Outcome | By June 30, 2025, program participants will report improvements to health, wellness and recovery as a direct result of program as evidenced by 75% of participants rating 4 or above on evaluations provided after the Trans Health and Wellness fair on a client survey administered by SFDPH, collected by the program manager and stored in a locked cabinet. |
| SFDPH | Gender Health | Yes | Tracey Helton | Transgender and Gender-Diverse | Outcome | By June 30, 2025, at least 85% of transgender and gender-diverse individuals referred to the Gender Health SF peer navigation service will successfully complete at least two steps toward accessing gender-affirming surgery (e.g., intake, surgical education, surgical consultation, surgery insurance approval, or surgery date), as documented by peer navigators in EPIC. |

| Agency | Program Name | FY23-24 Year End Report Expected? | SOC Manager | Priority Population | Type of PO | Performance Objective (PO) |
|--------|--------------|-----------------------------------|-------------|---------------------|------------|--|
| | | | | Individuals | Outcome | By June 30, 2025, peer patient navigators of Gender Health SF will report satisfactory workforce development as evidenced by an average score of "Satisfied" or higher on a Staff Workforce Development Scale, administered by DPH, collected by the program manager and stored in a locked cabinet. |

| Agency | Program Name | FY23-24 Year End Report Expected? | SOC Manager | Priority Population | Type of PO | Performance Objective (PO) |
|---------------------|--|-----------------------------------|-------------|--------------------------------|------------|---|
| Curry Senior Center | Senior Drop-in Center | Yes | Teresa Yu | Socially Isolated Older Adults | Outcome | By June 30, 2025, 120 seniors will be informally assessed for non-behavioral health services as evidenced by referral/linkage participating log provided and collected by Program Manager and Peer staff. |
| | | | | | Outcome | By June 30, 2025, 30% of seniors who will be informally assessed for non-behavioral health needs, will be referred to services as evidenced by referral/linkage participating log provided and collected by Program Manager and Peer staff. |
| | | | | | Outcome | By June 30, 2025, 40 limited English-speaking seniors will be informally assessed for non-behavioral health services needs as evidenced by referral/linkage participating log provided and collected by Program Manager and Peer staff. |
| | | | | | Outcome | informally assessed for non-behavioral health needs, will be referred to services as evidenced by referral/linkage participating log provided and collected by Program Manager and Peer staff. |
| | | | | | Outcome | By June 30, 2025, 150 seniors will attend wellness-based activities offered by Peer staff as evidenced by the Peer-staff administered participant log. Examples of activities are: tournaments of games, exercise, and discussion groups. |
| | | | | | Outcome | By June 30, 2025, 70% of participants attending 3 or more activities will report an increase in socialization as measured by client participation surveys administered by Program Manager and Peer staff on a quarterly basis and tracked by data analyst. |
| | | | | | Outcome | By June 30, 2025, At least 75 of participants will be screened to determine if they are/or at risk to become homeless or losing their housing as evidenced by participating log provided and collected by Program Manager and Peer staff. |
| | | | | | Outcome | By June 30, 2025, 30% of participants informally assessed for homelessness, will be referred or linked to services as evidenced by referral/linkage participating log provided and collected by Program Manager and Peer staff. |
| Curry Senior Center | Addressing the Needs of Socially Isolated Older Adults | Yes | Teresa Yu | Socially Isolated Older Adults | Process | Outreach and Engagement: By June 30, 2025, 240 older adults will be reached by Peer Outreach Specialists as evidenced by outreach client contact logs and event sign-in sheets. |
| | | | | | Process | Screening and Assessment: By June 30, 2025, 80 isolated older adults will be screened for behavioral health needs using a preclinical Behavioral Health screening tool, administered by Peer Outreach Specialists as evidenced by screening log. |
| | | | | | Outcome | Screening and Assessment: By June 30, 2025, 60% of isolated older adults screened and identified as having a behavioral health need will be referred to appropriate behavioral health services (including case management, substance use, mental health, and social support groups) as evidenced by a referral tracking system. |
| | | | | | Process | Wellness Promotion: By June 30, 2025, 24 isolated older adults will attend 2 group activities as evidenced by the group activity log. |
| | | | | | Outcome | Wellness Promotion: By June 30, 2025, 48% of older adults who participate in 2 group activities will report equal or increased levels of social connectedness as measured by the client satisfaction survey. |
| | | | | | Process | Service Linkage: By June 30, 2025, 60 isolated older adults will be screened for non-behavioral health needs as reflected in client logs. |

| Agency | Program Name | FY23-24 Year End Report Expected? | SOC Manager | Priority Population | Type of PO | Performance Objective (PO) |
|------------------------------|--|-----------------------------------|-----------------|--------------------------------|------------|---|
| | | | | | Outcome | Service Linkage: By June 30, 2025, 72% of isolated older adults who indicate the need for non-behavioral health services will be referred to the appropriate service as evidenced by client log sheets. |
| Episcopal Community Services | Addressing the Needs of Socially Isolated Older Adults | Yes | Teresa Yu | Socially Isolated Older Adults | Process | "By June 30th, 2025 the program will successfully recruit, hire, and onboard program staff" |
| | | | | | Process | "By June 30th, 2025 the program will begin creating caseloads for behavioral health clinicians" |
| Felton | Addressing the Needs of Socially Isolated Older Adults | Yes | Teresa Yu | Socially Isolated Older Adults | Process | By June 30, 2025, the program will conduct 15 intakes for the first six months of programming. |
| | | | | | Outcome | By June 30, 2025, the program will facilitate connection to 12 meaningful activities in the first six months. |
| Hospitality House | Community Building Program | Yes | Kimberly Ganade | | Process | Outreach & Engagement: By June 30, 2025, Community events will be held and at least 150 participants will participate, as documented in sign-in sheets, maintained by the Program Coordinator or data entry clerk, and stored in the file room. |
| | | | | | Process | Screening: By June 30, 2025, 60 participants will be screened for behavioral health concerns measured by the Case Management Intake conducted by the program case managers, and documented in Monthly Outcome Forms, maintained by the Program Coordinator and stored in the file room. |
| | | | | | Process | Screening: By June 30, 2025, 75% of community members identified with an identified behavioral health need will be referred to behavioral health services as measured by creation of a harm reduction plan. |
| | | | | | Process | Wellness Promotion: By June 30, 2025, 8 participants will enroll in wellness promotion activities, as evidenced by their participation in the 18-week Healing, Organizing & Leadership Development internship, and documented in sign-in sheets, maintained by the Program Coordinator and stored in the file room. |
| | | | | | Process | Wellness Promotion: By June 30, 2025, 100% of staff members who interact with the community will be trained on distribution and administration of Naloxone, as recorded by training logs in the employee personnel files. |
| | | | | | Outcome | Wellness Promotion: By June 30, 2025, 50% of HOLD participants will increase social connectedness as assessed by staff through observation of participant conducting community organizing. |
| | | | | | Process | Individual and Group Therapeutic Services: By June 30, 2025, 60 participants will engage in therapeutic activities (drop-in support groups, group therapy, or individual sessions) in partnership with the Harm Reduction Therapy Center. |
| | | | | | Outcome | Individual and Group Therapeutic Services: By June 30, 2025, 50% of those engaging in HRTC services will demonstrate reduced risk behavior, documented in the HRTC database that will be maintained by HRTC staff and stored electronically. |
| | | | | | Process | Service Linkage: By June 30, 2025, 60 participants will be referred to behavioral health services, as measured by creation of a harm reduction plan and documented in Monthly Outcome Forms, maintained by the Program Coordinator & stored in the file room. |
| | | | | | Process | Service Linkage: By June 30, 2025, 60 participants will have a written case plan. |

| Agency | Program Name | FY23-24 Year End Report Expected? | SOC Manager | Priority Population | Type of PO | Performance Objective (PO) |
|-------------------|-------------------------------|-----------------------------------|-----------------|---|------------|---|
| | | | | | Process | Service Linkage: By June 30, 2025, 30 participants will achieve at least one case plan goal, as documented in the Monthly Outcome Forms, maintained by the Program Coordinator & stored in the file room. |
| Hospitality House | Sixth Street Self-Help Center | Yes | Kimberly Ganade | (see next page) | Process | Outreach & Engagement: By June 30, 2025, 1,000 participants will access drop-in outreach services (including low-barrier activities and peer engagement) as documented in sign-in sheets, maintained by the Program Coordinator & stored in the file room. |
| Hospitality House | Sixth Street Self-Help Center | Yes | Kimberly Ganade | Underserved Adults & Older Adults in the Sixth Street Corridor/South of Market Area with behavioral health challenges | Process | Screening: By June 30, 2025, 60 participants will be screened for behavioral health concerns measured by the Case Management Intake conducted by the program case managers, and documented in Monthly Outcome Forms, maintained by the Program Coordinator and stored in the file room. |
| | | | | | Process | Screening: By June 30, 2025, 75% of community members identified with an identified behavioral health need will be referred to behavioral health services as measured by creation of a harm reduction plan. |
| | | | | | Process | Wellness Promotion: By June 30, 2025, Sixth Street Self-Help Center (SSHC) staff will provide 4 socialization & wellness events (including social activities, cultural activities, and wellness activities) as documented by sign-in sheets and held by the Program Manager. |
| | | | | | Process | Wellness Promotion: By June 30, 2025, 100% of staff members who interact with the community will be trained on distribution and administration of Naloxone, as recorded by training logs in the employee personnel files. |
| | | | | | Process | Wellness Promotion: By June 30, 2025, 50 community members will participate in socialization & wellness events, as documented by sign-in sheets and held by the Program Manager. |
| | | | | | Process | Individual and Group Therapeutic Services: By June 30, 2025, 75 participants will engage in therapeutic activities (drop-in support groups, group therapy, or individual sessions) in partnership with the Harm Reduction Therapy Center. |
| | | | | | Outcome | Individual and Group Therapeutic Services: By June 30, 2025, 50% of those engaging in HRTC services will demonstrate reduced risk behavior, documented in the HRTC database that will be maintained by HRTC staff and stored electronically. |
| | | | | | Process | Service Linkage: By June 30, 2025: 40 participants will have a written case plan, as documented in the Monthly Outcome Forms, maintained by the Program Coordinator & stored in the file room. |
| | | | | | Process | Service Linkage: By June 30, 2025: 20 participants with a written case plan will achieve at least one case plan goal, as documented in Monthly Outcome Forms, maintained by the Program Coordinator & stored in the file room. |
| | | | | | Process | Outreach & Engagement: By June 30, 2025, 500 participants will access drop-in outreach services (including low-barrier activities and peer engagement) as documented in sign-in sheets, maintained by the Program Coordinator & stored in the file room. |

| Agency | Program Name | FY23-24 Year End Report Expected? | SOC Manager | Priority Population | Type of PO | Performance Objective (PO) |
|-------------------|--|-----------------------------------|-----------------|--|------------|---|
| Hospitality House | Sixth Street Self-Help Center (Extended Program) - extended services: Homeless & Mentally Ill Outreach | Yes | Kimberly Ganade | Underserved Adults & Older Adults in the Sixth Street Corridor/South of Market Area with behavioral health challenges; | Process | Screening: By June 30, 2025, 30 participants will be screened for behavioral health concerns measured by the Case Management Intake conducted by the program case managers, and documented in Monthly Outcome Forms, maintained by the Program Coordinator and stored in the file room. |
| | | | | | Process | Screening: By June 30, 2025, 75% of community members identified with an identified behavioral health need will be referred to behavioral health services as measured by creation of a harm reduction plan. |
| | | | | | Process | Wellness Promotion: By June 30, 2025, 100% of staff members who interact with the community will be trained on distribution and administration of Naloxone, as recorded by training logs in the employee personnel files. |
| | | | | | Process | Wellness Promotion: By June 30, 2025, 100 doses of naloxone will be distributed to the community, as documented by naloxone distribution logs and kept by the Program Manager. |
| | | | | | Process | Individual and Group Therapeutic Services: By June 30, 2025, 20 unique individuals will participate in therapeutic activities (drop-in support groups, group therapy, or individual sessions) in partnership with the Harm Reduction Therapy Center. |
| Hospitality House | Sixth Street Self-Help Center (Extended Program) - extended services: Homeless & Mentally Ill Outreach | Yes | Kimberly Ganade | Underserved Adults & Older Adults in the Sixth Street Corridor/South of Market Area with behavioral health challenges; | Outcome | Individual and Group Therapeutic Services: By June 30, 2025, 50% of those engaging in HRTC services will demonstrate reduced risk behavior, documented in the HRTC database that will be maintained by HRTC staff and stored electronically. |
| | | | | | Process | Service Linkage: By June 30, 2025, 20 participants will have a written case plan, as documented in the Monthly Outcome Forms, maintained by the Program Coordinator & stored in the file room. |
| | | | | | Process | Service Linkage: By June 30, 2025, 10 of participants with a written case plan will achieve at least one case plan goal, as documented in Monthly Outcome Forms, maintained by the Program Coordinator & stored in the file room. |
| | | | | Underserved Adults | Process | Outreach and Engagement: By June 30, 2025, 2,500 participants will access drop-in outreach services (including low-barrier activities and peer engagement) as documented in sign-in sheets, maintained by the Program Coordinator & stored in the file room. |
| | | | | | Process | Screening: By June 30, 2025, 80 participants will be screened for behavioral health concerns measured by the Case Management Intake conducted by the program case managers, and documented in Monthly Outcome Forms, maintained by the Program Coordinator and stored in the file room. |
| | | | | | Process | Screening: By June 30, 2025, 75% of community members identified with an identified behavioral health need will be referred to behavioral health services as measured by creation of a harm reduction plan. |
| | | | | | Process | Wellness Promotion: By June 30, 2025, TSHC staff will provide 2 socialization & wellness events (including social activities, cultural activities, and wellness activities) as documented by sign-in sheets and held by the Program Manager. |

| Agency | Program Name | FY23-24 Year End Report Expected? | SOC Manager | Priority Population | Type of PO | Performance Objective (PO) |
|-------------------|---------------------------------|-----------------------------------|-----------------|--|------------|---|
| Hospitality House | Tenderloin Self-Help Center | Yes | Kimberly Ganade | Underserved Adults & Older Adults in the Tenderloin Neighborhood with behavioral health challenges | Process | Wellness Promotion: By June 30, 2025, 100% of staff members who interact with the community will be trained on distribution and administration of Naloxone, as recorded by training logs in the employee personnel files. |
| | | | | | Process | Wellness Promotion: By June 30, 2025, 30 community members will participate in socialization & wellness events, as documented by sign-in sheets and held by the Program Manager. |
| | | | | | Process | Individual and Group Therapeutic Services: By June 30, 2025, 175 participants will engage in therapeutic activities (drop-in support groups, group therapy, or individual sessions) in partnership with the Harm Reduction Therapy Center. |
| | | | | | Outcome | Individual and Group Therapeutic Services: By June 30, 2025, 50% of those engaging in HRTC services will demonstrate reduced risk behavior, documented in the HRTC database that will be maintained by HRTC staff and stored electronically. |
| | | | | | Process | Service Linkage: By June 30, 2025: 60 participants will have a written case plan, as documented in the Monthly Outcome Forms, maintained by the Program Coordinator & stored in the file room. |
| | | | | | Process | Service Linkage: By June 30, 2025: 30 participants with a written case plan will achieve at least one case plan goal, as documented in Monthly Outcome Forms, maintained by the Program Coordinator & stored in the file room. |
| Horizons | Emic Behavioral Health Services | Yes | Kimberly Ganade | Latinx Community | Process | Outreach: By June 30, 2025, 140 individuals will be reached through outreach and engagement activities such as health fairs, community events, cultural events. Information will be collected on a Service Slip and calculated based on the number of materials distributed. |
| Horizons | Emic Behavioral Health Services | Yes | Kimberly Ganade | Latinx Community | Process | Screening: By June 30, 2025, 36 youth will be screened by program staff for mental health/wellness needs. Information will be tracked and stored electronically through our Google Forms- Referral Tracker, only accessible by Program Leadership and/or Therapist. |
| | | | | | Process | Assessment: By June 30, 2025, 14 youth will be assessed by our Therapist for behavioral health needs. The Therapist will use the PSC-35, CANS and/or ANSA for the assessment, which is included in the paper client chart and kept in our secure chart room. |
| | | | | | Process | Screening: By June 30, 2025, 14 youth will be screened by non-clinical staff for case management/service linkage needs. The Case Manager uses the Harmony Screening Tool to collect information about health and wellness needs, which will be included in the paper client charts and kept in our secure chart room. |
| | | | | | Process | Wellness & Promotion: By June 30 2025, 24 youth will participate in 3 wellness groups, as evidenced by sign in sheets which are kept in the Wellness Group folder and stored in our secure chart room. |
| | | | | | Outcome | Individual Therapeutic Services: By June 30, 2025, 14 youth enrolled in therapeutic services will develop treatment goal(s) to support their mental health and wellness needs. This/these will be documented in the Progress Notes kept in the client chart and stored in our secure chart room. |
| | | | | | Outcome | Case Management/Service Linkage: By June 30, 2025, 14 youth enrolled in case management services will develop a care plan to support their mental health and wellness needs, as evidenced by the Case Plan completion and kept in the clients chart. |

| Agency | Program Name | FY23-24 Year End Report Expected? | SOC Manager | Priority Population | Type of PO | Performance Objective (PO) |
|-------------------------------|---|-----------------------------------|-----------------|---|------------|--|
| Latino Commission | Panche Be | No (started in 2025) | Kimberly Ganade | Indigena immigrant families – comprised mostly of newly arrived young adults representing Maya-Yucatecos, Mayan immigrant community | Process | By June 30, 2025, the Latino Commission will hire two Group Facilitators, who will be performing intakes, admissions, assessment and primary group facilitation for the Panche Be program. |
| | | | | | Process | By June 30, 2025, the Latino Commission will hire one Case Manager, who will offer family support, resources, emotional support and group facilitation for the Panche Be program. |
| Instituto Familiar de la Raza | Indigena Health and Wellness Collaborative (IHWC) | Yes | Kimberly Ganade | Indigena immigrant families – comprised mostly of newly arrived young adults representing Maya-Yucatecos, Mayan immigrant community, emerging Maya communities from Mam & Quiche from Guatemala and Tzeltal & Chol from Chiapas | Process | Outreach & Engagement: By June 30, 2025, Health Promoters will provide outreach contact to 1,260 individuals through phone calls, community walk - through open community events or other telehealth platforms such as zoon and texts, as evidenced by contact logs stored in the "Units of Service" binder and documented in Exponent Case Management "Verdades" System & summarized in Outreach Activity Report. |
| | | | | | Process | Screening & Assessment: By June 30, 2025, 100 individuals will be informally screened for non-behavioral health services using the Exponent Case Management "Verdades" System Quick Referrals Tool, as evidenced by electronic health records stored in ECM "Verdades" System & summarized in Quick Referrals Report. |
| | | | | | Outcome | Screening & Assessment: By June 30, 2025, 75% of informally screened participants for non-behavioral health services will complete one successful referral - the participant is successfully enrolled in program agency or service, as documented in the Exponent Case Management "Verdades" System Quick Referrals Tool & summarized in the Quick Referrals Report. |
| | | | | | Process | Wellness Promotion: By June 30, 2025, 300 individuals will participate in cultural/ceremonial/social events via virtual platforms or in-person when appropriate (e.g. Dia de los Muertos, Water Walk) as evidenced by headcount forms stored in the "Units of Service" binder and documented in Exponent Case Management "Verdades" System & summarized in Ceremonias Activity Report |
| | | | | | Process | Wellness Promotion: By June 30, 2025, 100 unduplicated participants will participate in psychological peer support groups/talleres. These activities will be held in hybrid, virtual platforms, or in-person - when appropriate as measured by group sign-in sheets stored in the "Units of Service" binder and documented in the ECM "Verdades" System |
| Instituto Familiar de la Raza | Indigena Health and Wellness Collaborative (IHWC) | Yes | Kimberly Ganade | Indigena immigrant families – comprised mostly of newly arrived young adults representing Maya-Yucatecos, Mayan immigrant community, emerging Maya communities from | Process | Wellness Promotion: By June 30, 2025, 50% of individuals participating in the psychosocial peer support groups/talleres will take the "Holistic Wellness Social Connectedness Survey" |
| | | | | | Outcome | Wellness Promotion: By June 30, 2025, 65% of surveyed individuals participating in psychosocial peer support groups/talleres will demonstrate an increase or maintain social connectedness as measured by responses to the items on the "Holistic Wellness Social Connectedness Survey" |
| | | | | | Process | Wellness Promotion: By June 30, 2025, 50% of individuals receiving non-clinical case management will receive culturally competent counseling - following Instituto Familiar de la Raza Many-Medicine model as part of their case/care plan as evidenced by Care Plans "Goals" Tool, Report documented and stored in the ECM "Verdades" System Care Plans Tool & summarized in Care Plans Report |

| Agency | Program Name | FY23-24 Year End Report Expected? | SOC Manager | Priority Population | Type of PO | Performance Objective (PO) |
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| | | | | Mam & Quiche from Guatemala and Tzeltal & Chol from Chiapas | Process | Service Linkage: By June 30, 2025, 67 individuals will have a written-non-clinical case/care plan as evidenced by the ECM "Verdades" System Care Plan Tool & summarized in Case Plans Report. |
| | | | | | Process | Service Linkage: By June 30, 2025, 75% of individuals receiving non-clinical case management will achieve at least one goal in their case/care plan as evidenced by Care Plans "Goals" Tool, Report documented & stored in the ECM "Verdades" System |
| Native American Health Center (NAHC) | Living In Balance | Yes | Kimberly Ganade | Native American Adults with Exposure to Trauma; Native American Children & Transitional Aged Youth in Stressed Families | Process | Outreach & Engagement: By June 30, 2025, NAHC will reach 150 unduplicated clients (UDC) through outreach efforts including tabling community events, sending Mailchimp updates, and distributing flyers, as evidenced by sign-in sheets and Early Intervention Form entries, stored in Practice Management System (Smartsheet) & summarized in PEI Outreach and Engagement Report. |
| | | | | | Process | Screening & Assessment: By June 30, 2025, 30 unduplicated clients (UDC) will be screened to determine the need of behavioral health services using the Intake & Assessment Tool, as evidenced by electronic health records, stored in Practice Management System (EPIC) & summarized in PEI Intake Report |
| | | | | | Outcome | Screening & Assessment: By June 30, 2025, 85% of UDC screening results indicate a need for Behavioral Health Treatment will be referred to behavioral health services as evidenced by electronic health records, stored in Practice Management System & summarized in a PEI Individual Therapy report. |
| | | | | | Process | Wellness Promotion: By June 30, 2025, cultural & traditional art groups will reach 40 UDC as evidenced by sign-in sheets, stored in Practice Management System (Smartsheet) & summarized in PEI Community Group Report. |
| | | | | | Outcome | Wellness Promotion: By June 30, 2025, 70% of individuals who participate in wellness promotion groups, will maintain or have an increased feeling of social connectedness as measured by our PEI Follow-Up Questionnaire, stored in Practice Management System (Smartsheet) & summarized in the PEI Satisfaction Survey Report. |
| | | | | | Process | Wellness Promotion: By June 30, 2025, 4 wellness promotion events will reach 150 UDC as evidenced by sign-in sheets, stored in Practice Management System (Smartsheet) |
| | | | | | Process | Wellness Promotion: By June 30, 2025, 15 UDC (Youth) will participate in wellness promotion events |
| | | | | | Outcome | Wellness Promotion: By June, 30, 2025, 15 UDC (Youth) who participate in wellness promotion events, will maintain or have an increased feeling of social connectedness as measured by our PEI Follow-Up Questionnaire, stored in Practice Management System (Smartsheet) |
| | | | | | Process | Individual & Group Therapeutic Services: By June 30, 2025, 50 UDC will receive therapeutic counseling services as evidenced by agency electronic health records, stored in Practice Management System (EPIC) & summarized in PEI Individual Therapy Report. |
| | | | | | Outcome | Individual & Group Therapeutic Services: By June 30, 2025, 25 UDC will complete at least one behavioral health service goal as evidenced through individualized care plans stored in Practice Management System (EPIC) & summarized in Clients Care Plan report. |

| Agency | Program Name | FY23-24 Year End Report Expected? | SOC Manager | Priority Population | Type of PO | Performance Objective (PO) |
|---|--|-----------------------------------|---------------------------------|--|------------|--|
| Native American Health Center (NAHC) | Living In Balance | Yes | Kimberly Ganade | Native American Adults with Exposure to Trauma; Native American Children & Transitional Aged Youth in Stressed Families | Process | Individual & Group Therapeutic Services: by June 30, 2025, Living in Balance will offer (2) group traditional healing services, reaching 40 UDC as evidenced by sign-in sheets, stored in Practice Management System (Smartsheet) & summarized in PEI Traditional Healer Event Report. |
| | | | | | Process | Individual & Group Therapeutic Services: By June 30, 2025, 30 UDC will receive individual traditional services as evidenced by sign-in sheets and stored in Practice Management System (Smartsheet) & summarized in Individual Traditional Service Report. |
| | | | | | Process | Service Linkages: By June 30, 2025, 30 UDC will be referred and linked to mental health services or other resources as evidenced by Early Intervention Form documentation and stored in locked LIB Early Intervention Advocacy files/Practice Management System (Smartsheet) & summarized in LIB Early Intervention Report. |
| | | | | | Outcome | Service Linkages: By June 30, 2025, 70% of those receiving services will achieve at least one Early Intervention Advocacy goal as evidenced by Early Intervention Form documentation and stored in locked Early Intervention Advocacy files/Practice Management System (Smartsheet) & summarized in Early Intervention Advocacy Report. |
| Booker T. Washington Community Services Center (BTWCSC) | Black African American Community Wellness & Health Initiative (BAACWHI). (Funded in Collaboration with Community Health Equity & Promotion [CHEP]) | Yes | Vincent Fuqua & Kimberly Ganade | Black/African American population in San Francisco across age, gender and sexual orientation who reside in the center and west of the city | Process | OUTREACH & ENGAGEMENT (Community Stabilization & Emergency Support): June 30, 2025, the Black African American Community Wellness & Health Initiative will reach out to 250 individuals to inform them about wellness services from BTWCSC. |
| | | | | | Process | SCREENING & ASSESSMENT (Case Management, Assessment & Intake): By June 30, 2025, the Black African American Community Wellness & Health Initiative will conduct non-clinical screenings with 40 individuals. This will be documented by intake forms done with each community member. |
| | | | | | Outcome | SCREENING & ASSESSMENT (Case Management, Assessment & Intake): By June 30, 2025, 75% of BTWCSC clients will be screened for non-clinical needs by staff. All intakes will be collected digitally in a HIPAA-compliant software and storage platform and physically stored and locked on-site, accessible only by manager-held key. |
| | | | | | Process | SCREENING & ASSESSMENT (Case Management, Assessment & Intake): By June 30, 2025, Black African American Community Wellness & Health Initiative will conduct clinical comprehensive intake interviews with 30 individuals. This will be documented by intake forms and mental health assessments by BTWCSC Behavioral Health Therapists, and will be stored in a HIPAA compliant digital internal filing system. |
| | | | | | Outcome | SCREENING & ASSESSMENT (Case Management, Assessment & Intake): By June 30, 2025, 75% of BTWCSC clients will be screened for mental health and behavioral health needs by a therapeutic practitioner and/or clinical staff (e.g. LCSW, MFT, etc.). All assessments will be collected digitally in a HIPAA-compliant software and storage platform and/or physically stored and locked on-site, accessible only by manager-held key. |
| | | | | | Process | WELLNESS PROMOTION (Cultural Gatherings): By June 30, 2025, the Black African American Community Wellness & Health Initiative will host 5 events about mental health, how to care for your mental health, destigmatizing people's participation in therapy and the mental health support available from BTWCSC. |

| Agency | Program Name | FY23-24 Year End Report Expected? | SOC Manager | Priority Population | Type of PO | Performance Objective (PO) |
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| | | | | | Process | WELLNESS PROMOTION: By Juen 30, 2025, an estimate of 250 people will collectively attend BTWCSC wellness promotion events and cultural gatherings as evidenced by event registration, sign-in sheets, ticket distribution, surveys, or counters. |
| | | | | | Process | INDIVIDUAL THERAPEUTIC SERVICES: By June 30, 2025, 20 individuals will receive individual therapeutic services, evidenced by sign in sheets and documented in their case files. |
| Booker T. Washington Community Services Center (BTWCSC) | Black African American Community Wellness & Health Initiative (BAACWHI). (Funded in Collaboration with Community Health Equity & Promotion [CHEP]) | Yes | Vincent Fuqua & Kimberly Ganade | Black/African American population in San Francisco across age, gender and sexual orientation who reside in the center and west of the city | Outcome | INDIVIDUAL THERAPEUTIC SERVICES: By June 30, 2025, 75% of BTWCSC clients will receive mental health and therapeutic services by a therapeutic practitioner and/or clinical staff (e.g. LCSW, MFT, etc.) as evidenced by sign-in sheets, client tracker, or case notes. All case notes will be collected digitally in a HIPAA-compliant software and storage platform and/or physically stored and locked on-site, accessible only by manager-held key. Therapy appointments will be held virtually via a confidential meeting link and/or on-site in a designated therapy room, separate from daily program space. |
| | | | | | Process | GROUP THERAPEUTIC SERVICES: By June 30, 2025, 20 individuals will participate in group therapeutic services, culturally responsive healing circles, community-led wellness groups, and Afro-centric communal healing modalities as evidenced by sign in sheets and documented in their case files. |
| | | | | | Outcome | GROUP THERAPEUTIC SERVICES: By June 30, 2025, 75% of BTWCSC clients will access culturally responsive groups by a cultural practitioner/healer/community elder and group therapeutic services by a therapeutic practitioner and/or clinical staff (e.g. LCSW, MFT, etc.) . All case notes will be collected digitally in a HIPAA-compliant software and storage platform and/or physically stored and locked on-site, accessible only by manager-held key. Group therapy appointments will be held virtually via a confidential meeting link and/or on-site in a designated room with a regular schedule. |
| | | | | | Process | SERVICE LINKAGE: By June 30, 2025, the BTWCSC Wellness & Stabilization Team will connect 50 individuals to mental health care from trusted Black healers and practitioners. The service linkages will be evidenced by the BTWCSC log in each client's chart stored in a HIPAA-compliant digital filing system. |
| | | | | | Outcome | SERVICE LINKAGE: By June 30, 2025, 75% of BTWCSC clients will access mental health care by trusted Black healers and practitioners, successfully link and attend at least one therapy session, culturally responsive groups or wellness groups |
| | | | | | Process | SERVICE LINKAGE: By June 30, 2025, 100 community members will be informed of BTWCSC support services, and will have an increased awareness of these BTWCSC services. This will be evidenced by organizational evaluation surveys administered to community members on an annual basis and stored in the HIPAA-compliant software and storage platform and/or physically stored and locked on-site. |
| | | | | | Outcome | SERVICE LINKAGE: By June 30, 2025, 75% of BTWCSC clients report overall awareness of existing services, as evidenced by evaluation surveys administered to community members on an annual basis, stored in the HIPAA-compliant software and storage platform and/or physically stored and locked on-site. |

| Agency | Program Name | FY23-24 Year End Report Expected? | SOC Manager | Priority Population | Type of PO | Performance Objective (PO) |
|--|--|-----------------------------------|---------------------------------|---|------------|--|
| Rafiki Coalition for Health & Wellness | Black African American Community Wellness Health Initiative (BAACWHI) (Funded in Collaboration with Community Health Equity & Promotion [CHEP]) | Yes | Vincent Fuqua & Kimberly Ganade | (see next page) | Process | Outreach & Engagement: By June 30, 2025, Rafiki will outreach to 1,000 people. This will be done by passing out flyers, posting flyers in various locations and information boards throughout the community, making presentations at schools and partner organizations and tabling events. The use of social media will also be used to advertise Rafiki wellness & nutrition classes, community youth empowerment circles, movement and meditation classes, and community engagement events and social connections, which will be evidenced by surveys and questionnaires and safely stored for privacy purposes by storing in a three lock filing cabinet. |
| | | | | | Outcome | Outreach & Engagement: By June 30, 2025, Rafiki will increase the number of people they reach out to by 10% (100 participants) due to an increase in community members' participation in CAM, wellness, empowerment, movement and other services, which will be evidenced by surveys and questionnaires and safely stored for privacy purposes by storing in a three lock filing cabinet. |
| | | | | | Process | Screening & Assessment: Screening. By June 30, 2025, 50 individuals will be screened by program non-clinical staff members to identify if individuals have any basic needs to be met, which will be evidenced by surveys and questionnaires and safely stored for privacy purposes by storing in a three lock filing cabinet. |
| Rafiki Coalition for Health & Wellness | Black African American Community Wellness Health Initiative (BAACWHI) (Funded in | Yes | Vincent Fuqua & Kimberly | Black/African American adults and active seniors who have or at risk for health inequities and/or have been exposed to trauma/systemic racism, as well as children, youth & | Outcome | Screening & Assessment: Screening. By June 30, 2025, 50 individuals who were screened for basic needs to be met, will be referred to a Rafiki Navigator who will guide them to the appropriate Rafiki resource department or CAM services, which will be evidenced community members' screening files that are stored in a three locking system cabinet. |
| | | | | | Outcome | Screening & Assessment: Screening. By June 30, 2025, 75 program participants will report they have engaged in Rafiki services – including events, program, social connection activities and linkage to services, which will be evidenced by administered surveys. They are stored in a three locking system cabinet. |
| | | | | | Process | Screening & Assessment: Assessment. By June 30, 2025, Mental health clinicians will conduct mental health assessments with 50 program participants to identify if they have any mental health needs, which will be evidenced by mental health assessment forms completed in on each client, which is filed in a therapy binder that is stored in a locked cabinet. |
| | | | | | Outcome | Screening & Assessment: Assessment. By June 30, 2025, 25 persons who received a mental health assessment by the program's clinical therapist(s) to identify any mental health needs, will be referred to mental health services, which will be evidenced by client's confidential files that are stored in the program's locked cabinet. |
| | | | | | Process | Wellness Promotion: By June 30, 2025, 100 community members will participate in Rafiki Wellness Programs, which will be documented through registration documents and sign-in sheets. They are stored in a three locking system cabinet. |
| | | | | | Process | Wellness Promotion: By June 30, 2025, 75 Community members who participated in Rafiki wellness programs will complete a satisfaction survey. They are stored in a three locking system cabinet. |
| | | | | | Outcome | Wellness Promotion: By June 30, 2025, 75% participants who participated in Rafiki Wellness Programs will report an increase in feelings of social connections, as measured by Rafiki's activity feedback surveys. They are stored in a three locking system cabinet. |

| Agency | Program Name | FY23-24 Year End Report Expected? | SOC Manager | Priority Population | Type of PO | Performance Objective (PO) |
|--|--|-----------------------------------|---------------------------------|--|------------|--|
| Wellness | Collaboration with Community Health Equity & Promotion [CHEP]) | | Ganade | families & transitional aged youth who are in stressed families, failing in school or at risk or involved with the juvenile justice system | Outcome | Wellness Promotion: By June 30, 2025, 75% of Members who completed a Rafiki Wellness Program Satisfaction Survey will make recommendations to assist Rafiki in providing relevant programming and services, which will be evidenced by surveys and questionnaires and safely stored for privacy purposes by storing in a three lock filing cabinet. |
| | | | | | Process | Individual & Group Therapeutic Services: Individual. By June 30, 2025, 75 community members will complete a Rafiki intake for mental health services. This will be done by a non-clinical staff person, who will schedule the individual for an appointment with a clinical staff person, which will be evidenced by surveys and questionnaires and safely stored for privacy purposes by storing in a three lock filing cabinet. |
| | | | | | Process | Individual & Group Therapeutic Services. Individual. By June 30, 2025, 75 persons will create a Wellness Action Plan that will set benchmarks to guide their wellness journey to accomplish their goals, which will be evidenced by surveys and questionnaires and safely stored for privacy purposes by storing in a three lock filing cabinet. |
| | | | | | Process | Individual & Group Therapeutic Services. Individual. By June 30, 2025, 20 community members will attend (1) or more individual therapeutic sessions with a clinical therapist, which will be evidenced by sign in sheets/attendance. They are stored in a three locking system cabinet. |
| | | | | | Outcome | Individual & Group Therapeutic Services. Individual. By June 30, 2025, 75 program participants who participate in the individual therapy sessions will report an overall increase in their wellness, this will be measured by surveys/questionnaires. They are stored in a three locking system cabinet. |
| | | | | | Process | Service Linkage: By June 30, 2025, 50 persons who were screened and determined to have identified basic needs, will be referred to corresponded resources and services, which will be evidenced by surveys and questionnaires and safely stored for privacy purposes by storing in a three lock filing cabinet. |
| Rafiki Coalition for Health & Wellness | Black African American Community Wellness Health Initiative (BAACWHI) (Funded in Collaboration with Community Health Equity & Promotion [CHEP]) | Yes | Vincent Fuqua & Kimberly Ganade | (see previous page) | Outcome | Service Linkage: By June 30, 2025, 50 individual participants will be linked with other agencies and community partners to provide physical, medical or mental wellness health services Rafiki does not provide. Referrals and contact with outside agencies and partners will be made by Rafiki staff providing the linkage services, which will be evidenced by surveys and questionnaires and safely stored for privacy purposes by storing in a three lock filing cabinet. |
| | | | | | Outcome | Service Linkage: By June 30, 2025, 75% of the 50 people who were screened, determined to have identified basic needs, and were referred to corresponding resources and services will report successful linkages of connecting with those resources & services, which will be verified by phone logs, surveys & documentation of successful linkages made. |
| | | | | | Outcome | Service Linkage: By June 30, 2025, 20 persons who were referred to mental health services will report successful linkages with a clinical therapist, which will be evidenced by phone call logs and surveys. |
| | | | | | Process | Outreach & Engagement. By June 30, 2025, 3,000 Asian & Pacific Islander (API) individuals will be contacted through outreach and engagement activities (community events, anti-stigma events) as shown by participant logs and by social media analytics collected by staff and stored in a labeled binder on site. |
| | | | | | Process | Screening & Assessment: By June 30, 2025, 90 AA & PI individuals will be screened & assessed for behavioral health &/or basic holistic needs using an AA & PI specific assessment tool developed by RAMS and community partners. Assessment summary reports will be in labeled binder & stored in locked file on-site. |

| Agency | Program Name | FY23-24 Year End Report Expected? | SOC Manager | Priority Population | Type of PO | Performance Objective (PO) |
|-------------------------------------|---|-----------------------------------|-----------------|--|------------|--|
| Richmond Area Multi Services (RAMS) | Asian & Pacific Islander Mental Health Collaborative (APIMHC) | Yes | Kimberly Ganade | Asian & Pacific Islander; Filipino, Samoan, & Southeast Asian (Cambodian, Laotian, & Vietnamese) communities, with large pockets of migrant and immigrant Asian & Pacific Islanders residing in predominantly low-income areas | Outcome | Screening & Assessment: By June 30, 2025, 80% AA & PI individuals identified as needing behavioral health services will be referred to such services. Assessment summary reports will be in labeled and stored in a locked file on-site. |
| | | | | | Process | Wellness Promotion: By June 30, 2025, 350 AA & PI individuals will participate in culturally relevant wellness promotion activities (psycho-education workshops, cultural/topic specific groups, and other anti-stigma reduction activities) year-round as evidenced by participant logs, dates & topic. |
| | | | | | Outcome | Wellness Promotion: By June 30, 2025, 80% of participants in culturally relevant wellness promotion activities will demonstrate increased knowledge about how people can be affected by mental health as measured by responses to the items on the "Participant Feedback Survey" administered & collected by community partners. |
| | | | | | Process | Service Linkage: By June 30, 2025, 100% of individuals with an emphasis on AA & PIs identified through screening as needing behavioral health services &/or basic/holistic services will receive case management/service linkages and have a written case service plan with stated service objectives/goals. |
| | | | | | Outcome | Service Linkage: By June 30, 2025, 80% of participants with identified behavioral health needs will be linked to on-site preventive counseling or linked to off-site treatment services. |
| | | | | | Process | Individual & Group Therapeutic Services: By June 30, 2025, 80% of individuals needing behavioral/mental health services will be provided short term, time-limited therapeutic services. Completed forms & case management files will be in labeled binder and stored in locked file on-site. |
| | | | | | Outcome | Service Linkage: By June 30, 2025, 65% of participants will agree that they feel better as a result of participating in therapeutic activities, as measured by responses to the items on the "Participant Feedback Survey" administered & collected by community partners and stored in a labeled binder in locked file on-site. |
| | Black/African American Community | | | African American individuals & | Process | Outreach and Engagement: By June 30, 2025, the Bayview Y African American Holistic Wellness will distribute the program monthly newsletter for a total of 3,600 mailings throughout all targeted sites, as evidenced by the program contact list database. |
| | | | | | Process | (BH) Screening and Assessment: By June 30, 2025, (40) unduplicated individuals who participate in program offerings and support (1:1 Wellness assessment) will be screened for behavioral health needs as evidenced by program questionnaire. |
| | | | | | Outcome | (BH) Screening and Assessment: By June 30, 2025, (40) unduplicated participants screened for behavioral health needs will be referred to internal and/or external services/programs and tracked by the internal tracking/follow-up methods. |
| | | | | | Process | (PH) Screening and Assessment: By June 30, 2025, (40) unduplicated individuals who participate in program offerings or referred by outside community agencies will be screened for health and wellness needs as evidenced by program questionnaire. |
| | | | | | Outcome | (PH) Screening and Assessment: By June 30, 2025, (40) unduplicated participants screened for health and wellness needs will be referred to internal and/or external services/programs (nature walks/hikes, physical activity sessions, or Y membership and tracked by the internal database. |

| Agency | Program Name | FY23-24 Year End Report Expected? | SOC Manager | Priority Population | Type of PO | Performance Objective (PO) |
|-------------------------------------|---|-----------------------------------|---------------------------------|--|------------|--|
| YMCA Bayview Hunters Point | Wellness Health Initiative (BAACWHI) (Funded in Collaboration with Community Health Equity & Promotion [CHEP]) | Yes | Vincent Fuqua & Kimberly Ganade | Individuals & families in San Francisco with an emphasis on HOPE SF sites (Potrero Hill, Sunnydale, Hunters View & Alice Griffith) | Process | Wellness and Promotion: By June 30, 2025, (80) individuals will participate in at least 5 sessions of continuously offered Wellness and Promotion educational activities (Physical activity, workshop sessions, community events) as measured by participation data and maintained in the Program Database. |
| | | | | | Outcome | (PH) Wellness and Promotion: By June 30, 2025, 60% of participants who attended at least 5 sessions of Physical Wellness Promotions will report a physical health change as reported on the overall Health Questionnaire. |
| | | | | | Outcome | (BH) Wellness and Promotion: By June 30, 2025, 60% of participants who attended at least 5 sessions of selected Wellness Promotions (community events, health education workshops), will report a social behavior change as reported on the program questionnaire. |
| | | | | | Process | Individual and Group Therapeutic Services: By June 30, 2025, (10) unduplicated clients will attend at least five (5) 1:1 therapeutic counseling sessions as indicated in the therapeutic participation count and securely stored. |
| | | | | | Outcome | Individual and Group Therapeutic Services: By June 30, 2025, (10) unduplicated clients who attended at least five (5) 1:1 therapeutic counseling sessions will have an established treatment plan. |
| | | | | | Process | Service Linkage: By June 30, 2025, (25) participants will be linked to wellness services such as physical wellness coaching, food insecurity support, utility barrier support, peer group support, or Family Resource Center as indicated on the internal database referral section. |
| | | | | | Outcome | Service Linkage: By June 30, 2025, 80% of wellness service linkages would have received the service needed as indicated on the internal database referral notes section. |
| Richmond Area Multi Services (RAMS) | EMBRACE (Black Perinatal Wellness) | Yes | Teresa Yu | Black/African American-identified, pregnant/postpartum individuals | Process | By June 30, 2025, 1,000 individuals will be contacted through outreach and engagement activities (community events, gatherings, meetings, social media posts) as shown by participant logs and by social media analytics collected by staff and stored in RAMS HIPAA-compliant electronic database. |
| | | | | | Process | By June 30, 2025, 60 Black-identified, pregnant/postpartum individuals will be screened for behavioral health and non-clinical basic needs by RAMS staff. Screening and assessment summary reports will be stored in RAMS HIPAA-compliant electronic database. |
| | | | | | Outcome | By June 30, 2025, 80% Black-identified, pregnant/postpartum individuals identified as needing behavioral health services will be referred for low-intensity, time-limited individual and/or group perinatal-focused therapeutic services. |
| | | | | | Process | By June 30, 2025, 100 Black-identified individuals will participate in culturally-relevant wellness promotion activities (prenatal/postpartum workshops, cultural/topic-specific groups, and other community-building activities) as evidenced by participant logs, including activity dates and topics. |
| | | | | | Outcome | By June 30, 2025, 80% of participants in culturally-relevant wellness promotion activities will demonstrate increased knowledge about mental health, particularly during the perinatal period, and holistic approaches to sustain and improve mental health, as measured by responses to the items on the Participant Feedback Survey administered and collected by RAMS staff and |
| | | | | | Process | By June 30, 2025, 100% of Black-identified, pregnant/postpartum individuals identified through screening as needing behavioral health services and/or non-clinical basic needs will receive service/resource linkages. Documented service linkage plan with stated objectives/goals will be stored in RAMS HIPAA-compliant electronic database. |

| Agency | Program Name | FY23-24 Year End Report Expected? | SOC Manager | Priority Population | Type of PO | Performance Objective (PO) |
|-------------------------------------|---|-----------------------------------|-------------|--|------------|---|
| Richmond Area Multi Services (RAMS) | EMBRACE (Black Perinatal Wellness) | Yes | Teresa Yu | Black/African American-identified, pregnant/postpartum individuals | Outcome | By June 30, 2025, 80% of participants with identified behavioral health needs will be assessed at specific intervals during the pregnancy and postpartum periods by a Mental Health Counselor as part of preventive perinatal mental health care, and will be linked to higher level of care and treatment services as needed. Screening and assessment outcome data will be stored in RAMS HIPAA-compliant electronic database. |
| | | | | | Process | By June 30, 2025, 80% of pregnant/postpartum individuals needing behavioral/mental health services will be provided time-limited, perinatal-focused therapeutic services. Client records, including session notes, assessment and screening data, treatment plans and summaries, and any other required forms will stored in RAMS HIPAA-compliant electronic database. |
| | | | | | Outcome | By June 30, 2025, 70% of participants will agree that they feel better as a result of participating in therapeutic activities, as measured by responses to the items on the Participant Feedback Survey administered and collected by RAMS staff and community partners and stored in RAMS HIPAA-compliant electronic database. |
| UCSF | EMBRACE (Black African American Maternal Mental Health Program) | Yes | Teresa Yu | Black/African American-identified, pregnant/postpartum individuals | Process | By June 30, 2025, 1,000 individuals will be contacted through outreach and engagement activities (community events, gatherings, meetings, social media posts) as shown by participant logs and by social media analytics collected by staff and stored in EMBRACE HIPAA-compliant electronic database. |
| | | | | | Process | By June 30, 2025, 60 Black-identified, pregnant/postpartum individuals will be screened for behavioral health and non-clinical basic needs by EMBRACE staff. Screening and assessment summary reports will be stored in EMBRACE HIPAA-compliant electronic database. |
| | | | | | Outcome | By June 30, 2025, 80% Black-identified, pregnant/postpartum individuals identified as needing behavioral health services will be referred for low-intensity, time-limited individual and/or group perinatal-focused therapeutic services. |
| | | | | | Process | By June 30, 2025, 100 Black-identified individuals will participate in culturally relevant wellness promotion activities (prenatal/postpartum workshops, cultural/topic-specific groups, and other community-building activities) as evidenced by participant logs, including activity dates and topics. |
| | | | | | Outcome | By June 30, 2025, 80% of participants in culturally relevant wellness promotion activities will demonstrate increased knowledge about mental health, particularly during the perinatal period, and holistic approaches to sustain and improve mental health, as measured by responses to the items on the Participant Feedback Survey administered and collected by EMBRACE staff and community partners. |
| | | | | | Process | By June 30, 2025, 100% of Black-identified, pregnant/postpartum individuals identified through screening as needing behavioral health services and/or non-clinical basic needs will receive service/resource linkages. Documented service linkage plan with stated objectives/goals will be stored in EMBRACE HIPAA-compliant electronic database. |
| | | | | | Outcome | By June 30, 2025, 80% of participants with identified behavioral health needs will be assessed at specific intervals during the pregnancy and postpartum periods by a Mental Health Counselor as part of preventive perinatal mental health care, and will be linked to higher level of care and treatment services as needed. Screening and assessment outcome data will be stored in EMBRACE HIPAA-compliant electronic database. |

| Agency | Program Name | FY23-24 Year End Report Expected? | SOC Manager | Priority Population | Type of PO | Performance Objective (PO) |
|--|---|-----------------------------------|-------------|---|------------|--|
| UCSF | EMBRACE (Black African American Maternal Mental Health Program) | Yes | Teresa Yu | Black/African American-identified, pregnant/postpartum individuals | Process | By June 30, 2025, 80% of pregnant/postpartum individuals needing behavioral/mental health services will be provided time-limited, perinatal-focused therapeutic services. Client records, including session notes, assessment and screening data, treatment plans and summaries, and any other required forms will be stored in EMBRACE HIPAA-compliant electronic database. |
| | | | | | Outcome | By June 30, 2025, 70% of participants will agree that they feel better as a result of participating in therapeutic activities, as measured by responses to the items on the Participant Feedback Survey administered and collected by EMBRACE staff and community partners and stored in EMBRACE HIPAA-compliant electronic database. |
| Rafiki Coalition for Health & Wellness | EMBRACE (Black African American Maternal Mental Health Program) | Yes | Teresa Yu | Black/African American-identified, pregnant/postpartum, individuals | Process | Outreach & Engagement: By June 30, 2025, conduct 1,500 duplicated engagements through culturally relevant outreach activities, including workshops, community events, social media campaigns, and partnerships. Unduplicated goal: Engage 500 unique individuals. Evidence: Participant logs, attendance records, and social media analytics. |
| | | | | | Process | Behavioral Health Screenings: By June 30, 2025, provide behavioral health and basic needs screenings to 60 unduplicated Black-identified pregnant/postpartum individuals using culturally appropriate tools. Evidence: Screening forms stored in a HIPAA-compliant database. |
| | | | | | Outcome | Behavioral Health Referrals: By June 30, 2025, ensure 85% of screened individuals identified as needing behavioral health services are referred to appropriate resources, with documented follow-ups. Evidence: Referral tracking logs and follow-up records. |
| | | | | | Process | Wellness Promotion Activities: By June 30, 2025, deliver wellness promotion activities totaling 300 duplicated attendances, including culturally relevant workshops, peer- led discussions, and community-building events. Unduplicated goal: Serve 100 unique individuals. Evidence: Participant attendance logs and workshop summaries |
| | | | | | Outcome | Increased Knowledge: By June 30, 2025, 80% of participants in wellness promotion activities will demonstrate increased knowledge of mental health and holistic perinatal care. Measurement: Pre- and post-event surveys. |
| | | | | | Outcome | Improved Emotional Well-being: By June 30, 2025, 70% of participants receiving therapeutic services will report improvements in emotional well-being, reduced stress, or enhanced coping skills. Measurement: Post-service surveys and clinician evaluations. |
| | | | | | Outcome | Client Support: By June 30, 2025, 75% of individuals linked to behavioral health services will report feeling more supported in their pregnancy/postpartum journey. Measurement: Follow-up surveys conducted 1-3 months after service linkage. |
| | | | | | Process | Implementation: By June 30, 2025, finalize hiring of 2 clinicians and 1 outreach worker to support program expansion. |
| | | | | | Process | Implementation: By June 30, 2025, complete trauma-informed care training for all staff to ensure culturally responsive service delivery. |
| | | | | | Process | Implementation: By June 30, 2025, develop and distribute 200 culturally relevant outreach materials in target communities to enhance engagement. |
| | | | | | Process | Implementation: By June 30, 2025, evaluate the effectiveness of outreach strategies and implement necessary adjustments to improve outcomes. |
| | | | | | Process | Resource Linkages: By June 30, 2025, ensure 100% of individuals identified with additional needs (e.g., housing, employment, healthcare) are connected to appropriate services. Evidence: Linkage tracking logs and confirmation of referrals. |

| Agency | Program Name | FY23-24 Year End Report Expected? | SOC Manager | Priority Population | Type of PO | Performance Objective (PO) |
|---------------------------------------|---|-----------------------------------|-----------------|--|--|--|
| | | | | | Process | Partnership Development: By June 30, 2025, establish or strengthen collaborations with 3 community organizations (e.g., Kindezi @ RAMS, SFUSD, SFDPH) to enhance service delivery. Measurement: Memorandums of Understanding (MOUs) and records of joint activities. |
| | | | | | Process | Data Monitoring & Quality Improvement: Conduct two data reviews (by December 31, 2024, and June 30, 2025) to monitor program progress and inform quality improvement efforts. Measurement: Internal reports summarizing data findings and action steps. |
| Homeless Children's Network | EMBRACE (Black African American Maternal Mental Health Program) | Yes | Teresa Yu | Black/African American-identified, pregnant/postpartum individuals | Process | By June 30, 2025, BBHI Program will develop administrative processes, such as: Internal and external client referral process, Outreach and engagement strategy, Data collection and management, Office management protocol, HIPAA compliance refresher, and Client documentation protocol |
| | | | | | Process | By June 30, 2025, the BBHI Program will prepare space for service delivery. |
| | | | | | Process | By April 30, 2025, the Homeless Children's Network (HCN) agency will be fully staffed with 5 FTEs . |
| | | | | | Process | An open house will be held in May 2025 to present the BBHI office to community stakeholders. |
| | | | | | Process | By November 30, 2024, the Homeless Children's Network agency will hire the Black Birthing Health Consultant. |
| | | | | | Process | Mental Health Prevention and Promotion Services: By June 30, 2025, the BBHI Program will connect with 10 organizations serving Black/African American families, birthing persons, and/or prenatal/postpartum populations to build upon opportunities for creating a strong model of engagement and services. |
| | | | | | Process | By June 30, 2025, the BBHI Program will connect with 13 Black led or Black serving programs and/or community organizations. |
| | | | | | Process | Training Strategies and Peer Support: By June 30, 2025, the BBHI Program will Identify a successful train-the-trainer curriculum for Pregnancy/Postpartum Mental Health Professionals. |
| | | | | | Process | By June 30, 2025, the BBHI Program will complete a final draft of the training curriculum. |
| UCSF Children and Adolescent Services | Fuerte (Innovations) | Yes | Farah Farahmand | TAY Latinx Immigrants | These POs now reside in the FY24-25 Children, Families, and Families (CYF) POs Document. | |

| Agency | Program Name | FY23-24 Year End Report Expected? | SOC Manager | Priority Population | Type of PO | Performance Objective (PO) |
|---------------------|--|-----------------------------------|---------------------------|------------------------------------|------------|---|
| Curry Senior Center | Behavioral Health Services in Primary Care for Older Adults | Yes | Teresa Yu | Older Adults | Process | By June 30, 2025, Behavioral Health Navigator will provide 500 client escorted encounters as evidenced in MHSA Report of Encounters as administrated by Data Manager. |
| | | | | | Process | By June 30, 2025, Forty [40] hours of Care Coordination Team Meeting composed of Provider, Case Manager and Navigator as evidenced in Care Conference Treatment Plans spreadsheet administered by Director of Clinical Services |
| | | | | | Process | By June 30, 2025, 36 clients will be enrolled who meet criteria for Population of Focus: mental health or substance use, chronic homeless, unstable housing as administered by the Data Manager |
| | | | | | Outcome | By June 30, 2025, 75 % chronic homeless clients with behavioral issues will be linked to a housing program as administrated by Data Manager |
| | | | | | Outcome | By June 30, 2025, 75% of clients accepted into the program will be linked to at least one of the following services: medical services, behavioral health services, and social service as indicated by Care Plan, as administered by Data Manager. |
| SF DPH | BHS Culturally Congruent and Innovative Practices for Black/African American Communities (Innovations) | Yes | Jessica Brown & Teresa Yu | Black/African American communities | Process | By June 30, 2025, 250 group sessions will be held as evidenced by group sessions log or data tracking software. |
| | | | | | Process | By June 30, 2025, 4 training sessions on culturally congruent topics, including culturally congruent trauma-informed interventions, will be attended by providers from the 4 clinics affiliated with this project as evidenced by a training log. |
| | | | | | Process | By June 30, 2025, 16 clinical group support sessions on topics such as working with clients with substance use challenges will be attended by providers as evidenced by a training log or data tracking software. |

| Agency | Program Name | FY23-24 Year End Report Expected? | SOC Manager | Priority Population | Type of PO | Performance Objective (PO) |
|-------------------------------|---|-----------------------------------|-----------------|---|------------|---|
| City College of San Francisco | 1-Medi-Cal Peer Support Specialist Certificate, 2-Community Mental Health Certificate (CMHC) | Yes | Kimberly Ganade | Consumers of mental health services, their family members & others who represent marginalized communities that utilize mental health services in San Francisco. Students represent economically underserved communities of color (e.g. African Americans, Latinos, Native Americans, LGBTQ) | Process | By June 30, 2025, 90% (27 of 30) individuals will complete the Medi-Cal Peer Support Specialist Certificate, as evidenced by Argos student tracking system. |
| | | | | | Process | By June 30, 2025, 90% (18 of 20) individuals will complete the Medi-Cal Peer Support Specialist Test Preparation Workshop as evidenced by sign in sheets. |
| | | | | | Process | By June 30, 2025, 88% (7 of 8) of CMHC cohort students will successfully complete their internship field placement (120 hours over the semester), as evidenced by their final field placement evaluation. |
| | | | | | Process | By June 30, 2025, 80% (4 of 5) of the CMHC cohort students will successfully complete the certification program as evidenced by the Argos student tracking system. |
| | | | | | Outcome | By June 30, 2025, 80% (4 of 5) of the graduating students will express readiness to pursue their next work/educational opportunity as measured by the CMHC exit survey. |
| | | | | | Outcome | By June 30, 2025, 80% (4 of 5) of the graduating students will demonstrate knowledge of pathways into health careers as evidenced by the CMHC exit survey. |
| City College of San Francisco | Addiction & Recovery Counseling (ARC) Certificate Program (formerly: Drug & Alcohol Studies Certificate); (Not MHSA-Funded) | Yes | Kimberly Ganade | Counselors employed through SFDPH BHS-funded programs & those who plan to seek employment with San Francisco agencies... (continues on next page) | Process | By June 30, 2025, ARC will outreach and recruit 50 new student for the HLTH 100 cohort class, ARC website and events, listservs, and community referrals as is evidence from contact records and registration applications to CCSF. |
| | | | | | Outcome | By June 30, 2025, 35 students will be engaged and enroll into HLTH 100, as evidenced by student enrollment census sheets kept in locked files. |
| | | | | | Outcome | By June 30, 2025, 80% (20 of 25) students will successfully complete the program requirements of the first three courses (HLTH 100, HLTH 70, HLTH 49), as evidenced by Argos tracking system. |

| Agency | Program Name | FY23-24 Year End Report Expected? | SOC Manager | Priority Population | Type of PO | Performance Objective (PO) |
|--------------------------------|---|-----------------------------------|-----------------|---|------------|--|
| City College of San Francisco | Addiction & Recovery Counseling Certificate Program (formerly: Drug & Alcohol Studies Certificate); (Not MHSA-Funded) | Yes | Kimberly Ganade | Economically disadvantaged communities of color & marginalized groups – e.g. African Americans, Latinos, Asian, Pacific Islanders | Outcome | By June 30, 2025, 80% (25 of 25) of ARC students will successfully complete their internship fieldwork (250 hours over 2 semesters), as evidenced by the program's internship records and timesheets. |
| | | | | | Outcome | By June 30, 2025, 80% (25 of 25) of ARC students will be eligible to petitions for their CCSF, ARC certificate as is evidenced by certificate application submissions and Argos student tracking system. |
| | | | | | Outcome | By June 30, 2025, one in person ARC course will be developed as an online/hybrid course. |
| Crossing Edge Consulting, Inc. | Mental Health Training | Yes | Kimberly Ganade | Frontline staff and their supervisors of San Francisco community based organizations | Process | 1. By June 30, 2025, Crossing Edge Consulting will meet with the leadership team of Good Samaritan (Buen Samaritano) to provide an overview of the Mental Health Education and Training program and gather feedback from the leadership team to inform curricula development. |
| | | | | | Process | 2: By June 30, 2025, Crossing Edge Consulting will produce program specific curricula and deliver three initial training sessions to at least (15) staff members of the Good Samaritan (Buen Samaritano) organization. |
| Crossing Edge Consulting, Inc. | Support and Skills Training for BHS BIPOC Psychotherapists | Yes | Kimberly Ganade | Clinical mental health therapists from 3 different counties | Process | By June 30, 2025, Crossing Edge Consulting will prepare outreach materials to recruit BIPOC clinicians for the next cohorts. |
| Crossing Edge Consulting, Inc. | Glossary Project | Yes | Kimberly Ganade | BHS Black, Indigenous & People of Color civil service therapists | Process | By June 30, 2025, in collaboration with SFDPH, Crossing Edge Consulting will plan for the next Glossary Project with the Samoan community. |
| Public Health Institute | FACES for the Future | Yes | Kimberly Ganade | Juniors & Seniors at John O'Connell High School | Process | By March 17, 2025, 80 students will enroll in the FACES Program that is evidenced by the number of completed "FACES Participation Agreement Forms". |
| | | | | | Process | By June 30, 2025, 70% of students will participate in 3, 60-minute workshops related to substance mis/use prevention including Narcan/opioid overdose intervention training and Mental Health First Aid training and certification, which will be evidenced by workshop attendance logs and safely stored at school sites. |
| | | | | | Process | By June 30, 2025, 70% of students will receive 15, 60-minute health career group workshops, which will be evidenced by workshop attendance logs and student completion of assignments stored securely at school sites. |
| | | | | | Process | By June 30, 2025, 25% of students will participate in off-site health career-related activities which will be evidenced by student attendance logs stored securely at school sites. |

| Agency | Program Name | FY23-24 Year End Report Expected? | SOC Manager | Priority Population | Type of PO | Performance Objective (PO) |
|-------------------------|----------------------|-----------------------------------|-----------------|---|------------|---|
| | | | | | Outcome | By June 30, 2025, 60% of students will report a sustained or increased interest in pursuing a health profession, as measured by student surveys. |
| Public Health Institute | FACES for the Future | Yes | Kimberly Ganade | Juniors & Seniors at John O'Connell High School | Outcome | By June 30, 2025, 60% of FACES students will report increased knowledge of substance mis/use prevention strategies as evidenced by student surveys and stored securely at school sites. |
| | | | | | Outcome | By June 30, 2025, FACES students will create 30 print and electronic educational materials to share with peers and near-peers about substance misuse prevention, as evidenced by student assignment records and collection of student print materials, stored securely at school sites. |

| Agency | Program Name | FY23-24 Year End Report Expected? | SOC Manager | Priority Population | Type of PO | Performance Objective (PO) |
|-------------------------------------|--|-----------------------------------|------------------|---|------------|--|
| Richmond Area Multi Services (RAMS) | Clerical and Mailroom Services Program | Yes | Juan Ibarra | Peers, Consumers and their Family Members | Process | By June 30, 2025, 50% of applicable participants who receive services for at least three months will successfully complete the program (completion of internship duration; or early departure due to employment, or enrollment in education or another training/internship program), as evidenced by program case closure records. |
| | | | | | Outcome | By June 30, 2025, 50% of surveyed graduates who complete the program will indicate improvement in their coping abilities (e.g. emotional controls on the job, adjust to changes on the job etc.) in the workplace, as evidenced by items on program feedback tools. |
| | | | | | Outcome | By June 30, 2025, 50% of surveyed graduates will report an increase in readiness for additional meaningful activities related to vocational services (e.g. educational program, advanced internship, advanced training programs, employment, volunteer work, etc.), as evidenced by items on program feedback tools. |
| | | | | | Outcome | By June 30, 2025, 50% of surveyed graduates will express motivation in being engaged in vocational/educational-related activities (e.g. obtain employment, referral to Hire-Ability Employment Services, volunteerism, or training/educational programs), as evidenced by exit interviews or items on the program feedback tools. |
| | | | | | Outcome | By June 30 2025, 75% of program supported employment employees (working 16+ hours/week) will participate in two skills development or wellness trainings/sessions. This will be evidenced by program attendance records. |
| Richmond Area Multi Services (RAMS) | Information Technology (i-Ability) Program | Yes | Kimberly Voelker | Peers, Consumers and their Family Members | Process | By June 30, 2025, 75% of enrolled trainees will successfully complete the program (completion of training, or early departure due to employment, or enrollment in education or another training/internship program), as evidenced by program completion records. |
| | | | | | Outcome | By June 30, 2025, 75% of surveyed trainee graduates will indicate improvement in their coping abilities (e.g. emotional control on the job, adjust to changes on the job, etc.) in the workplace, as evidenced by items on program feedback tools. |
| | | | | | Outcome | By June 30, 2025, 75% of surveyed graduates will report an increase in readiness for additional meaningful activities related to vocational services (e.g. educational program, advanced internship, advanced training programs, employment, volunteer work, etc.), as evidenced by items on program feedback tools. |
| | | | | | Process | By June 30, 2025, 75% of trainees will participate in Exit interviews through focus groups or one-on-one interviews as evidenced by feedback summary notes. |

| Agency | Program Name | FY23-24 Year End Report Expected? | SOC Manager | Priority Population | Type of PO | Performance Objective (PO) |
|--------|--------------|-----------------------------------|-------------|---------------------|------------|--|
| | | | | | Process | By June 30 2025, 75% of program supported employment employees (working 16+ hours/week) will participate in two skills development or wellness trainings/sessions. This will be evidenced by program attendance records. |

| Agency | Program Name | FY23-24 Year End Report Expected? | SOC Manager | Priority Population | Type of PO | Performance Objective (PO) |
|-------------------------------------|--|-----------------------------------|-------------|---|------------|--|
| Richmond Area Multi Services (RAMS) | Janitorial Services Program | Yes | Juan Ibarra | Peers, Consumers and their Family Members | Process | By June 30, 2025, 50% of applicable participants who receive services for at least 3 months will successfully complete the program (completion of internship duration; or early departure due to employment, or enrollment in education or another training/internship program), as evidenced by program case closure records. |
| | | | | | Outcome | By June 30, 2025, 50% of surveyed intern graduates will indicate improvement in their coping abilities (e.g. emotional control on the job, adjust to changes on the job, etc.) in the workplace, as evidenced by items on the program feedback tools. |
| | | | | | Outcome | By June 30, 2025, 50% of surveyed intern graduates will report an increase in readiness for additional meaningful activities related to vocational services (e.g. educational program, advanced internship, advanced training program, employment, volunteer work, etc.), as evidenced by items on the program feedback tools. |
| | | | | | Outcome | By June 30, 2025, 50% of surveyed graduates will express motivation in being engaged in vocational/educational-related activities (e.g. obtain employment, referral to Hire-Ability Employment Services, volunteerism, or training/educational programs), as evidenced by exit interviews or items on the program feedback tools. |
| | | | | | Outcome | By June 30 2025, 75% of program supported employment employees (working 16+ hours/week) will participate in two skills development or wellness trainings/sessions. This will be evidenced by program attendance records. |
| Richmond Area Multi Services (RAMS) | TAY Vocational Services Program (Career Connections) | Yes | Juan Ibarra | Transitional Age Youth | Process | By June 30, 2025, 75% of applicable participants who receive services for at least 3 months will successfully complete the program (complete an internship with Career Connections, receive placement in competitive community employment, enroll in continuing education or a suitable training or internship program), as evidenced by program case closure records. |
| | | | | | Outcome | By June 30, 2025, 75% of surveyed graduates will indicate improvement to their coping abilities (e.g. emotional control on the job, adjust to changes on the job, etc.) in the workplace, as evidenced by items on program feedback tools. |
| | | | | | Outcome | By June 30, 2025, 75% of surveyed graduates will report an increase in readiness for additional meaningful activities related to vocational services (e.g. educational program, advanced internship, advanced training program, employment, volunteer work, etc.), as evidenced by items on the program feedback tools. |

| Agency | Program Name | FY23-24 Year End Report Expected? | SOC Manager | Priority Population | Type of PO | Performance Objective (PO) |
|--------|--------------|-----------------------------------|-------------|---------------------|------------|---|
| | | | | | Process | By June 30, 2025, 100% of successful graduates will receive case management for two months post-graduation for assistance enrolling in continuing education, additional vocational training programs, or employment services for competitive community employment as evidenced by the case closure notes. |
| | | | | | Process | By June 30 2025, 75% of program supported employment employees (working 16+ hours/week) will participate in two skills development or wellness trainings/sessions. This will be evidenced by program attendance records. |

| Agency | Program Name | FY23-24 Year End Report Expected? | SOC Manager | Priority Population | Type of PO | Performance Objective (PO) |
|-------------------------------------|----------------------|-----------------------------------|-------------|---|------------|---|
| Richmond Area Multi Services (RAMS) | Employee Development | Yes | Juan Ibarra | Peers, Consumers and their Family Members | Outcome | By June 30, 2025, 65% of clients who complete the visitation period will successfully complete the program, as evidenced by program case closure records and reasons for discharge. |
| | | | | | Outcome | By June 30, 2025, 75% of surveyed clients who complete the program will indicate improvement in their coping abilities (e.g. emotional control on the job, adjust to changes on the job, etc.) in the workplace, as evidenced by items on program feedback tools. |
| | | | | | Outcome | By June 30, 2025, 75% of surveyed clients who complete the program will report an improvement in work readiness abilities (soft skills) to use toward future opportunities (work/education/volunteering). This is evidenced by the items on program feedback tools. |
| | | | | | Outcome | By June 30, 2025, 75% of surveyed graduates will express motivation in being engaged in vocational/educational-related activities, e.g. obtain employment, referral to Hire-Ability Employment Services, Paid Work Experience, volunteerism, or training/educational programs. This will be evidenced by exit interviews and items on the program feedback tools. |
| | | | | | Process | By June 2025, 75% of program supported employment employees (working 16+ hours/week) will participate in four skills development or wellness trainings/sessions. This will be evidenced by program attendance records. |

| Agency | Program Name | FY23-24 Year End Report Expected? | SOC Manager | Priority Population | Type of PO | Performance Objective (PO) |
|----------------------------------|---|-----------------------------------|-------------|---------------------|------------|--|
| UCSF Citywide Employment Program | First Impressions | Yes | Juan Ibarra | Peers/ Consumers | Process | By June 30, 2025, the First Impressions Program will have enrolled 8 participants, as measured by the First Impression staff and documented in client records. |
| | | | | | Process | By June 30, 2025, the First Impressions Program will have graduated 50% of enrolled participants from the program, as evidenced by the final performance evaluation conducted by the First Impressions staff. |
| | | | | | Outcome | By June 30, 2025, 75% of trainee graduates will report an improvement in the development of work readiness skills to use toward future opportunities (work/education/volunteering), as evidenced by the final performance evaluation conducted by the First Impressions staff. |
| | | | | | Outcome | By June 30, 2025, 75% of trainee graduates will report an improvement in confidence to use the new skills learned, as evidenced by the final performance evaluation conducted by the First Impressions staff. |
| UCSF Citywide Employment Program | Growing Recovery and Opportunities for Work Through Horticulture (GROWTH) | Yes | Juan Ibarra | Peers/ Consumers | Process | By June 30, 2025, the GROWTH Project will have enrolled 8 participants, as measured by the GROWTH staff and documented in client records. |
| | | | | | Process | By June 30, 2025, the GROWTH Project will have graduated 50% of enrolled participants from the program, as evidenced by the final performance evaluation conducted by the GROWTH staff. |
| | | | | | Outcome | By June 30, 2025, 75% of trainee graduates will report an improvement in the development of work readiness skills to use toward future opportunities (work/education/ volunteering), as evidenced by the final performance evaluation conducted by the GROWTH staff. |
| | | | | | Outcome | By June 30, 2025, 75% of trainee graduates will report an improvement in confidence to use the new skills learned, as evidenced by the final performance evaluation conducted by the GROWTH staff. |
| UCSF Citywide Employment Program | Slice of Life Café and Catering Program | Yes | Juan Ibarra | Peers/ Consumers | Process | By June 30, 2025, the Slice of Life Café and Catering Program will have enrolled 16 participants, as evidenced by Slice of Life Café and Catering staff and documented in client records. |
| | | | | | Process | By June 30, 2025, the Slice of Life Café and Catering Program will have graduated 50% of enrolled participants who are eligible to graduate this fiscal year, as evidenced by the final performance evaluation conducted by the Slice of Life Café and Catering staff. |
| | | | | | Outcome | By June 30, 2025, 75% of trainee graduates will report an improvement in the development of work readiness skills to use toward future opportunities (work/education/volunteering), as evidenced by the final performance evaluation conducted by the Slice of Life Café and Catering staff. |
| | | | | | Outcome | By June 30, 2025, 75% of trainee graduates will report an improvement in confidence to use the new skills learned, as evidenced by the final performance evaluation conducted by the Slice of Life Café and Catering staff. |

| Agency | Program Name | FY23-24 Year End Report Expected? | SOC Manager | Priority Population | Type of PO | Performance Objective (PO) |
|--------------------------------------|---|-----------------------------------|---------------|---------------------|------------|---|
| Learning For Action (LFA) | Evaluation and Program Planning | Yes | Jessica Brown | N/A | Process | By June 30, 2025, LFA will support GHSF's planning and research to inform workforce development opportunities for peer patient navigators. |
| | | | | | Process | By June 30, 2025, LFA will support patient-level program evaluation, including conducting patient interviews by phone (in English and Spanish) and updating the patient evaluation database in Access. |
| | | | | | Process | By June 30, 2025, LFA will support Gender Health SF to explore the dissemination of GHSF key learnings and research with broader, external audiences (e.g. conferences, presentations, articles about GHSF's workforce development model and/or patient outcomes). |
| | | | | | Process | By June 30, 2025, LFA will support Gender Health SF in developing educational materials for its partners (e.g. GHSF staff, providers, SF Health Plan, patients) on an as-needed basis about the updates, such as the revised WPATH stands of care and San Francisco Health Plan criteria. |
| | | | | | Process | By June 30, 2025, LFA will have completed any additional evaluation, research, planning, facilitation, and technical support tasks and activities as determined collaboratively with the MHSA Director. |
| Harder + Company | Innovation Planning and Technical Assistance | Yes | Jessica Brown | N/A | Process | By February 1, 2025, Harder+Company will compile FY23/24 MHSA grantee year end reports, enter quantitative data into SPSS, and follow up with MHSA/BHS staff as needed if any end of year report data is missing as measured by an internal data tracking document. |
| | | | | | Process | By March 15, 2025, Harder+Company will analyze the year end report data, create charts/graphs highlighting participant demographic characteristics and services provided, prepare data tables of key program outcomes, and send the draft report components to MHSA/BHS staff as measured by the submission of the draft report sections. |
| | | | | | Process | By June 30, 2025, Harder+Company will incorporate MHSA/BHS staff revisions, as measured by submission of the revised report sections. |
| Hatchuel Tabernik + Associates (HTA) | MHSA General Program Coordination & Technical Support | Yes | Jessica Brown | N/A | Process | A2 By June 30, 2025, HTA will draft two (2) reports, per direction of BHS |
| Hatchuel Tabernik + Associates (HTA) | Non-MHSA General Program Planning Support | Yes | Jessica Brown | N/A | Process | A3.1 By June 30, 2025, HTA will draft two (2) reports, per direction of BHS. |
| | | | | | Process | A3.2 By June 30, 2025, HTA will have supported the CalAIM Initiative by providing data collection, meeting coordination and facilitation, report development, and other support as needed. |
| | | | | | Process | A3.3 By June 30, 2025, HTA will have supported the Behavioral Health Operations Team in supporting data collection, operations planning, technical assistance, and other support as needed. |

| Agency | Program Name | FY23-24 Year End Report Expected? | SOC Manager | Priority Population | Type of PO | Performance Objective (PO) |
|--------------------------------------|--|-----------------------------------|--------------------|---------------------|------------|--|
| Hatchuel Tabernik + Associates (HTA) | Program Planning & Support for Workforce Education and Training | Yes | Jessica Brown | N/A | Process | A4 By June 30, 2025, HTA will have facilitated meetings, drafted documents and plans, and provided support for DPH programs as assigned by DPH leadership, as documented in the final Year End Report. |
| SF Study Center Equity Consultants | Jason Seals and Associates Antiracism Training | Yes | Alicia St. Andrews | BHS employees | Process | A. By June 30, 2025, facilitate Unlearning Racism Training Series for two workforce groups. |
| | | | | | Process | B. By February 28, 2025, co-design and initiate two Affinity group sessions . |
| | | | | | Process | C. By January 30, 2025, collaborate with three knowledge allies/content experts with lived experience. |
| | | | | | Process | D. By March 30, 2025, develop two comprehensive and nuanced training modules addressing equity issues in various communities. |
| | | | | | Process | E. By May 31, 2025, update two professional development training modules on Relias |
| SF Study Center Equity Consultants | Jason Seals and Associates Evaluation of Black/African American Services | Yes | Alicia St. Andrews | BHS employees | Process | A. By February 28, 2025, meet and interview two staff members from each clinic—to gather information pertaining to culturally congruent practices. |
| | | | | | Process | B. By May 1, 2025, facilitate one client centered listening session—to gather data about their experience. |
| | | | | | Process | C. By June 30, 2025, produce a summary of data and reporting capacities among clinics that includes areas of support needed. |
| | | | | | Process | D. By January 30, 2025, develop collaborative plan with BHS Quality Management Team for data collection and reporting. |
| | | | | | Process | E. April 1, 2025, attend four meetings to collaborate with Quality Improvement Coordinator/data analysis specialists to evaluate culturally congruent practices. |
| | | | | | Process | F. By March 15, 2025, develop a culturally congruent logic model—to evaluate each clinic. |
| | | | | | Process | G. By August 1, 2024, create MHSA performance objectives and tracking tools for inclusion in the MHSA performance objectives document. |
| | | | | | Process | H. By January 30, 2025, develop an assessment tool to collect data pertaining to culturally congruent practice at each clinic. |
| | Nia Hamilton Ibu | | | | Process | By December 31, 2024, draft a culturally relevant initiatives plan for BHS in collaboration with BHS Staff Wellness Coordinator, BHS TIS team, and HSS. |
| | | | | | Process | By December 31, 2024, draft a grief and loss support guide for BHS staff to utilize when an employee becomes deceased. |
| | | | | | Process | By June 30, 2025, facilitate two culturally relevant wellness activities for BHS staff. |

| Agency | Program Name | FY23-24 Year End Report Expected? | SOC Manager | Priority Population | Type of PO | Performance Objective (PO) |
|------------------------------------|--|-----------------------------------|--------------------|---------------------|------------|--|
| SF Study Center Equity Consultants | LLC. Staff Wellness | Yes | Alicia St. Andrews | BHS employees | Process | By June 30, 2025, draft culturally relevant organizational wellness retreat activities and resources for BHS staff. |
| | | | | | Process | By June 30, 2025, facilitate 6 Culturally Relevant Healing Circles for BHS staff. |
| | | | | | Process | By June 30, 2025, create updated staff wellness resource binders for the JEDI/TIS team. |
| | | | | | Process | By June 30, 2025, draft performance objectives for 2024-2025, in collaboration with BHS Staff Wellness Coordinator. |
| SF Study Center Equity Consultants | Dante King Anti-Racist Strategy and Policy Assessment, Development, and Implementation | Yes | Alicia St. Andrews | BHS employees | Process | 1. By December 31, 2024, design and launch 4 racial/ethnic affinity/accountability groups for BHS staff and facilitate monthly |
| | | | | | Process | 2. By June 30, 2025, develop, implement, and improve a protocol to ensure recruitment, hiring, and promotional decisions are vetted through the BHS JEDI team. |
| | | | | | Process | 3. By June 30, 2025, pilot, launch, and improve the racial equity mediation program for BHS staff. |
| SF Study Center Equity Consultants | Dante King Manager Accountability | Yes | Alicia St. Andrews | BHS employees | Process | 1. By November 30, 2024, facilitate 8-hour antiracism leaders retreat for 20 BHS cabinet and executive team members. |
| | | | | | Process | 2. By May 30, facilitate 8-hour antiracism leaders retreat for 20 BHS cabinet and executive team members. |
| | | | | | Process | 3. By June 30, 2025, conduct 360-degree antiracism leadership reviews for 20 BHS cabinet and executive team members. |

| Agency | Program Name | FY23-24 Year End Report Expected? | SOC Manager | Priority Population | Type of PO | Performance Objective (PO) |
|------------------------------------|--|-----------------------------------|--------------------|--|------------|---|
| SF Study Center Equity Consultants | Dante King Training on Racial Equity | Yes | Alicia St. Andrews | BHS employees | Process | 1. By April 30, 2025, facilitate 16-week 80-hour antiracism leaders fellowship for 65 BHS staff. |
| | | | | | Process | 2. By April 30, 2025, contract with three additional speakers to co-facilitate 9 sessions of racial/ethnic affinity/accountability groups for BHS staff. |
| SF Study Center Equity Consultants | NAMI SF Black/African American Faith-based Peers (Innovations) | Yes | Teresa Yu | Peers, Behavioral Health Consumers, and Community at-Large | Process | By June 30th, 2025, NAMI SF will deliver 12 Black / African American Mental Health Education presentations (Mental Health 101 / In Our Own Voice) to Faith Centers and Community organizations. |
| | | | | | Outcome | By June 30th, 2025, 80% of presentation attendees who returned surveys will respond strongly agree or agree to the following statement: "As a result of this presentation, I feel better informed about mental health" as evidenced by post-presentation evaluations. |
| | | | | | Process | By June 30th, 2025, NAMI SF will deliver 8 trained Peer Support Group facilitators from 4 Faith Centers. |
| | | | | | Outcome | By June 30th, 2025, 80% of facilitator trainees who returned surveys will respond strongly agree or agree to the following statement: "As a result of this group, I feel better able to support the mental health needs of my community" as evidenced by post-presentation evaluations. |
| | | | | | Process | By June 30th, 2025, NAMI SF will deliver 50 support groups. |
| SF Study Center Equity Consultants | NAMI SF Black/African American Faith-based Peers (Innovations) | Yes | Teresa Yu | Peers, Behavioral Health Consumers, and Community at-Large | Outcome | By June 30th, 2025, 80% of support group attendees who returned surveys will respond strongly agree or agree to the following statement: "As a result of this group, I feel better supported in my mental health recovery" as evidenced by post-presentation evaluations. |
| | | | | | Process | By June 30th, 2025, NAMI SF will host a Community Mental Health Fair in partnership with other community providers. |
| | | | | | Outcome | By June 30th, 2025, 80% of presentation attendees who returned surveys will respond strongly agree or agree to the following statement: "As a result of this presentation, I feel better informed about mental health resources" as evidenced by post-presentation evaluations. |