



San Francisco
Health Network



San Francisco
Department of Public Health

**Office of Justice, Equity, Diversity, & Inclusion (JEDI) -
Behavioral Health Services Act (BHSA)
Fiscal Year 2025-2026 Performance Objectives
For
Programs Managed by the
JEDI/MHSA Administrative Office**

Please note: There are other MHSA-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 SOC are not included in this document.

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

JEDI-BHSA FY 25-26 Performance Objectives for Programs Managed by JEDI/BHSA Administration

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 25-26, do not have to submit a Mid-Year Report for the FY 25-26 reporting period. New Programs will only submit a Year-End Report for FY 25-26.**

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 understand its contract with the City. **Thank you to the staff of all the BHSA-funded programs! We appreciate your great work!**

TABLE OF CONTENTS | Comprehensive List of JEDI-BHSA Programs | FY 25-26 Performance Objectives

Tab	Provider	Program
1	Mental Health Association of San Francisco	REACH: Peer Connections and Wellness
	Mental Health Association of San Francisco	REACH: Sharing Our Lives, Voices, and Experiences (SOLVE)
	Mental Health Association of San Francisco	REACH: Support, Outreach, Education, & Engagement (SOEE)
	Mental Health Association of San Francisco	Tech@Hand
	National Alliance on Mental Illness	Peer-to-Peer; Family-to-Family
	Richmond Area Multi Services	Intensive Case Management (ICM)-Outpatient (OP) Peer Transition Team
	Richmond Area Multi Services	Peer-To-Peer Linkage
	Richmond Area Multi Services	Peer Specialist Mental Health Certificate
	Richmond Area Multi Services	Peer to Peer Employment
	Richmond Area Multi Services	Wellness in the Streets (WITS)
	San Francisco Study Center	Transgender Pilot Program
	SFDPH	Gender Health SF
	Hospitality House	Community Building Program

Tab	Provider		Program	
2	Hospitality House		Sixth Street Self-Help Center	
	Hospitality House		Sixth Street Self-Help Center Extended Program	
	Hospitality House		Tenderloin Self-Help Center	
	Horizons Unlimited		Emic Behavioral Health Services	
	Latino Commission		Panche Be	
	Instituto Familiar de la Raza		Indigena Health and Wellness Collaborative	
	Native American Health Center		Living In Balance	
	Booker T. Washington Community Services Center		Black African American Community Wellness Health Initiative (BAACWHI)	
	Rafiki Coalition for Health & Wellness		Black African American Community Wellness Health Initiative (BAACWHI)	
	YMCA Bayview Hunters Point		Black African American Community Wellness Health Initiative (BAACWHI)	
	Richmond Area Multi Services		Asian & Pacific Islander Mental Health Collaborative (API MHC)	
	Richmond Area Multi Services		Kindezi Black Perinatal Wellness Program	
	UCSF		Perinatal Care for Black Families	
	Rafiki Coalition for Health & Wellness		Black Maternal Mental Health	
	Homeless Children's Network		Black Birthing Initiative	
	DPH Southeast Child and Family Therapy Center		Kuumba Healing Project	
	DPH Southeast Child and Family Therapy Center		Kuumba Peer Fellowship Program	
3	San Francisco Study Center - DPH OMI		IMANI - Culturally Congruent and Innovative Practices for Black/African American Communities	
	San Francisco Study Center - DPH MMH		African American Alternatives - Culturally Congruent and Innovative Practices for Black/African American Communities	
	San Francisco Study Center - DPH SOMA		Onyx - Culturally Congruent and Innovative Practices for Black/African American Communities	
	San Francisco Study Center - DPH TAY Clinic		African American Inspiring Minds - Culturally Congruent and Innovative Practices for Black/African American Communities	
4	City College of San Francisco		1-Medi-Cal Peer Support Specialist Certificate; 2-Community Mental Health Certificate	
	City College of San Francisco		Addiction & Recovery Counseling Certificate Program	
	Crossing Edge Consulting		1-Mental Health Training, 2-Training for BHS BIPOC Psychotherapists, 3-Glossary Project	
	Public Health Institute		FACES for the Future Coalition	
5	Richmond Area Multi Services		Clerical and Mailroom Services Program	
	Richmond Area Multi Services		Information Technology (i-Ability) Program	
	Richmond Area Multi Services		Janitorial Services Program	
	Richmond Area Multi Services		TAY Vocational Services Program	
	Richmond Area Multi Services		Employee Development	
	UCSF Citywide Employment Program		First Impressions	
	UCSF Citywide Employment Program		Growing Recovery and Opportunities for Work Through Horticulture (GROWTH)	

Tab	Provider	Program
	UCSF Citywide Employment Program	Slice of Life Café and Catering Program
6	Learning For Action (LFA)	Gender Health SF Evaluation Support
	Hatchuel Tabernik + Associates (HTA)	Planning Support
	SF Study Center Equity Consultants	Nia Hamilton Ibu LLC
	SF Study Center Equity Consultants	Dante King
	SF Study Center / NAMI SF	Black/African American Faith-based Peers (Innovations)

Agency	Program Name	FY24-25 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); Sharing Our Lives, Voices, and Experiences (SOLVE); Support, Outreach, Education, and Engagement (SOEE)	Yes	Tracey Helton	Peers & Behavioral Health Consumers	Process	Peer Connections & Wellness: By June 30th, 2026, the Peer Connections and Wellness program will serve a minimum of 100 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	Peer Connections & Wellness: By June 30th, 2026, a minimum of 100 Peer Connections and Wellness participants receiving 1:1 and group support will complete an individual strengths assessment, of which 80% will report feeling less isolated, as is evidenced by feedback surveys and case note documentation.
					Process	Support, Outreach, Education, and Engagement (SOEE): By June 30th, 2026, Peer Support Specialist staff will engage in 6 community outreach activities to support specialized populations including the LGBTQI+ communities, the formerly incarcerated in the San Francisco jails, and to individuals who are experiencing a pre-, post-, or acute crisis situation, as is evidenced by tracking logs.
					Process	Support, Outreach, Education, and Engagement (SOEE): By June 30th, 2026, the SOEE program will serve 75 individuals who will receive 1:1 peer counseling, peer-based case management, and group support, as is evidenced by documentation in each participant's case notes and program attendance logs.
					Outcome	Peer Connections & Wellness and SOEE: By June 30th, 2026, 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.
					Process	Non-Clinical Peer-Based Case Management and Peer Counseling: By June 30th, 2026 the Peer Support Specialists working in partnership at the ZSF General Psychiatric Units will serve 75 individuals, both on the unit and post-discharge support in the community.
					Process	SOLVE: By June 30th, 2026, SOLVE will offer 60 peer-led community presentations with areas of focus including public speaking skills and effective storytelling reaching 500 attendees, as evidenced by a tracking log.
					Process	SOLVE: By June 30, 2026, 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.
Mental Health Association of San Francisco (MHA SF)	Tech@Hand [formerly Technology-Assisted Mental Health Solutions (TAMHS) Project]	Yes	Tracey Helton	Peers & Behavioral Health Consumers	Process	By June 30, 2026, Tech@Hand will serve a minimum of 65 unduplicated participants who will receive 1:1 peer counseling, digital skills training, and technical support via Telehealth or in-person, as is evidenced by documentation in each participant's case notes and program attendance logs.
					Outcome	By June 30, 2026, 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."

Agency	Program Name	FY24-25 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	Process	By June 30th, 2026, NAMI SF will deliver five, 16-hour Peer to Peer Classes.
					Outcome	By June 30th, 2026, 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, 2026, 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, 2026, NAMI SF will deliver 8, 12-20 hour Family Classes (Family to Family, BASICS, Advocating for Your Black Child).
					Outcome	By June 30th, 2026, 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, 2026, 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, 2026, NAMI SF will deliver 225, 2-hour support groups for individuals living with a mental health condition and/or family members.
					Outcome	By June 30th, 2026, 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, 2026, 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, 2026, 75% of surveyed clients will report feeling heard and understood by their Peer Counselor, as evidenced by Client Feedback Tool.
					Outcome	By June 30th, 2026, 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, 2026, 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.

Agency	Program Name	FY24-25 Year End Report Expected?	SOC Manager	Priority Population	Type of PO	Performance Objective (PO)
Richmond Area Multi Services (RAMS)	Peer-To-Peer Linkage (Not MHSA-Funded)	No	Tracey Helton	Peers, Consumers and their Family Members	Process	During FY 25-26, 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 30th, 2026, 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 30th, 2026, 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 30th, 2026, 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, 2026, 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, 2026, 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.
					Process	By June 30, 2026, 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, 2026, 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, 2026, 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, 2026, 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, 2026, 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, 2026, 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.

Agency	Program Name	FY24-25 Year End Report Expected?	SOC Manager	Priority Population	Type of PO	Performance Objective (PO)
Richmond Area Multi Services (RAMS)	Wellness in the Streets (WITS) (Innovations)	Yes	Tracey Helton	Unhoused & Behavioral Health Consumers	Process	By June 30th, 2026, 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, 2026, 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, 2026, 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	Trans Women of Color who are Peers/Consumers	Outcome	By June 30, 2026, 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, 2026, 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 SF	Yes	Tracey Helton	Transgender and Gender-Diverse Individuals	Outcome	By June 30, 2026, 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.
					Outcome	By June 30, 2026, 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	FY24-25 Year End Report Expected?	SOC Manager	Priority Population	Type of PO	Performance Objective (PO)
Hospitality House	Community Building Program	Yes	Alicia St. Andrews	Underserved Adults & Older Adults in the Sixth Street Corridor/South of Market Area with behavioral health challenges	Process	Outreach & Engagement: By June 30, 2026, 150 community members will participate in community events, 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, 2026, 80 community members 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	Wellness Promotion: By June 30, 2026, 8 community members 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, 2026, 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, 2026, 100 doses of naloxone will be distributed to the community, as documented by naloxone distribution logs kept by the Program Manager.
					Outcome	Wellness Promotion: By June 30, 2026, 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, 2026, 60 community members will engage in therapeutic activities (such as drop-in support groups, group therapy, or individual sessions) in partnership with the Harm Reduction Therapy Center (HRTC).
					Outcome	Individual and Group Therapeutic Services: By June 30, 2026, 50% of those engaging in HRTC services will demonstrate reduced risk behavior, documented in the HRTC database maintained by HRTC staff, and stored electronically.
					Process	Service Linkage: By June 30, 2026, 60 community members will be referred to behavioral health services by the program staff, as measured by a written case plan and documented in Monthly Outcome Forms, maintained by the Program Coordinator, and stored in the file room.
					Process	Service Linkage: By June 30, 2026, 75% of community members with an identified behavioral health need will be referred to behavioral health services by HRTC staff as measured by a harm reduction plan.
					Process	Service Linkage: By June 30, 2026, 80 community members will have a written case plan as documented in the Monthly Outcome Forms, maintained by the Program Coordinator, and stored in the file room.
Hospitality House	Sixth Street Self-Help Center	Yes	Alicia St. Andrews	Underserved Adults & Older Adults in the Sixth Street Corridor/South of Market Area with behavioral health challenges	Process	Outreach & Engagement: By June 30, 2026, 1,000 community members will access drop-in outreach services (including low-barrier activities and peer engagement) as documented in sign-in sheets, maintained by the Program Coordinator, and stored in the file room.
					Process	Screening: By June 30, 2026, 120 community members will be screened for behavioral health concerns as measured by the Case Management Intake, conducted by the program case managers, documented in Monthly Outcome Forms, maintained by the Program Coordinator, and stored in the file room.
					Process	Wellness Promotion: By June 30, 2026, Sixth Street Self-Help Center (SSHC) staff will provide 6 socialization and wellness events (including social activities, cultural activities, and wellness activities) as documented by sign-in sheets held by the Program Manager.
					Process	Wellness Promotion: By June 30, 2026, 150 community members will participate in socialization and wellness events, as documented by sign-in sheets held by the Program Manager.

Agency	Program Name	FY24-25 Year End Report Expected?	SOC Manager	Priority Population	Type of PO	Performance Objective (PO)
Hospitality House	Sixth Street Self-Help Center	Yes	Alicia St. Andrews	Underserved Adults & Older Adults in the Sixth Street Corridor/South of Market Area with behavioral health challenges	Process	Wellness Promotion: By June 30, 2026, 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, 2026, 100 doses of naloxone will be distributed to the community, as documented by naloxone distribution logs kept by the Program Manager.
					Process	Individual and Group Therapeutic Services: By June 30, 2026, 100 community members will engage in therapeutic activities (such as, drop-in support groups, group therapy, or individual sessions), in partnership with the Harm Reduction Therapy Center (HRTC).
					Outcome	Individual and Group Therapeutic Services: By June 30, 2026, 50% of those engaging in HRTC services will demonstrate reduced risk behavior, documented in the HRTC database maintained by HRTC staff, and stored electronically.
					Process	Service Linkage: By June 30, 2026, 75% of community members identified with an identified behavioral health need will be referred to behavioral health services HRTC staff as measured by a harm reduction plan.
					Process	Service Linkage: By June 30, 2026: 100 community members will have a written case plan, as documented in the Monthly Outcome Forms, maintained by the Program Coordinator, and stored in the file room.
					Process	Service Linkage: By June 30, 2026, 75 community members with a written case plan will achieve at least one case plan goal, as documented in Monthly Outcome Forms maintained by the Program Coordinator and stored in the file room.
Hospitality House	Sixth Street Self-Help Center (Extended Program) - extended services: Homeless & Mentally Ill Outreach	Yes	Alicia St. Andrews	Underserved Adults & Older Adults in the Sixth Street Corridor/South of Market Area with behavioral health challenges	Process	Outreach & Engagement: By June 30, 2026, 500 community members will access drop-in outreach services (including low-barrier activities and peer engagement) as documented in sign-in sheets, maintained by the Program Coordinator, and stored in the file room.
					Process	Screening: By June 30, 2026, 60 community members will be screened for behavioral health concerns measured by the Case Management Intake conducted by the program case managers, documented in Monthly Outcome Forms, maintained by the Program Coordinator, and stored in the file room.
					Process	Wellness Promotion: By June 30, 2026, 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, 2026, 100 doses of naloxone will be distributed to the community, as documented by naloxone distribution logs kept by the Program Manager.
					Process	Individual and Group Therapeutic Services: By June 30, 2026, 40 unique individuals will participate in therapeutic activities (such as, drop-in support groups, group therapy, or individual sessions), including with the Harm Reduction Therapy Center (HRTC).
					Outcome	Individual and Group Therapeutic Services: By June 30, 2026, 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, 2026, 75% of community members identified with an identified behavioral health need will be referred to behavioral health services by HRTC staff as measured by a harm reduction plan.
					Process	Service Linkage: By June 30, 2026, 50 community members will have a written case plan, as documented in the Monthly Outcome Forms, maintained by the Program Coordinator, and stored in the file room.

Agency	Program Name	FY24-25 Year End Report Expected?	SOC Manager	Priority Population	Type of PO	Performance Objective (PO)
					Process	Service Linkage: By June 30, 2026, 40 of community members 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.
Hospitality House	Tenderloin Self-Help Center	Yes	Alicia St. Andrews	Underserved Adults & Older Adults in the Tenderloin Neighborhood with behavioral health challenges	Process	Outreach and Engagement: By June 30, 2026, 2,500 community members will access drop-in outreach services (including low-barrier activities and peer engagement) as documented in sign-in sheets, maintained by the Program Coordinator, and stored in the file room.
					Process	Screening: By June 30, 2026, 150 community members will be screened for behavioral health needs measured by the Case Management Intake conducted by the program case managers, documented in Monthly Outcome Forms, maintained by the Program Coordinator, and stored in the file room.
					Process	Wellness Promotion: By June 30, 2026, TSHC staff will provide 6 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, 2026, 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, 2026, 100 doses of naloxone will be distributed to the community, as documented by naloxone distribution logs kept by the Program Manager.
					Process	Wellness Promotion: By June 30, 2026, 150 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, 2026, 175 community members will engage in therapeutic activities (such as, drop-in support groups, group therapy, or individual sessions) in partnership with the Harm Reduction Therapy Center (HRTC).
					Outcome	Individual and Group Therapeutic Services: By June 30, 2026, 50% of those engaging in HRTC services will demonstrate reduced risk behavior, documented in the HRTC database, maintained by HRTC staff, and stored electronically.
					Process	Service Linkage: By June 30, 2026, 75% of community members identified with an identified behavioral health need will be referred to behavioral health services by HRTC staff as measured by a harm reduction plan.
					Process	Service Linkage: By June 30, 2026: 110 community members will have a written case plan, as documented in the 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/Engagement: By June 30, 2026, 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.
					Process	Screening: By June 30, 2026, 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.
					Outcome	Screening: By June 30, 2026, 28 youth screened by our program staff for mental health needs will enroll in our behavioral health services (14 youth will enroll in case management and 14 youth will enroll in therapeutic services).
					Process	Assessment: By June 30, 2026, 14 youth will be assessed by non-clinical staff for case management/service linkage needs. The Case Manager uses the non-clinical Harmony Assessment 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.

Agency	Program Name	FY24-25 Year End Report Expected?	SOC Manager	Priority Population	Type of PO	Performance Objective (PO)
					Process	Assessment: By June 30, 2026, 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.
Horizons	Emic Behavioral Health Services	Yes	Kimberly Ganade	Latinx Community	Process	Wellness Promotion: By June 30, 2026, 18 youth will participate in wellness groups, as evidenced by sign in sheets which are kept in the Wellness Group folder and stored in our secure chart room.
					Outcome	Wellness Promotion: By June 30, 2026, 75% of youth completing the wellness groups (4 of 7 sessions) will report increased wellness as measured by the Wellness Group and Client Satisfaction Survey.
					Process	Therapeutic Services: By June 30, 2026, 14 youth enrolled in therapeutic services will develop therapeutic 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	Therapeutic Services: By June 30, 2026, 60% of youth who complete 1 therapeutic goal will report improvement in mood, symptoms or behaviors as captured in progress notes and tracked in the Annual Performance Tracker.
					Process	Case Management: By June 30, 2026, 14 youth enrolled in case management services will develop a care plan to support their mental health and wellness needs, as evidenced by the Care Plan completion and kept in the clients chart.
					Outcome	Case Management: By June 30, 2026, 75% of youth who developed a care plan will complete 1 care plan goal.
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	Staffing & Training {Ramp Up} By October 1, 2025, recruit, hire/ onboard and train of the projected bilingual/bicultural staff cohort for the Panche Be Project, including a minimum of 2 group facilitators for gender-specific programming and 1 part-time case manager. All newly hired staff will complete certification in El Joven Noble or Girasol curriculum and ASAM Criteria screening to ensure delivery of culturally rooted, trauma-informed behavioral health services, which will be evidenced by collecting all training certifications and placing them in their employee files, collected and stored in staff certification binder under each staff's name and tab.
					Outcome	Staffing & Training {Ramp Up} By January 1, 2026, 100% of newly hired staff will demonstrate competency in facilitating culturally rooted, trauma-informed behavioral health groups, as evidenced by successful completion of certification requirements and positive evaluation scores (minimum 80%) in the agency's staff competency assessment.
					Process	By June 30, 2026, the Panche Be program will complete non-clinical intakes. In order to screen individuals for any behavioral health concerns and provide an appropriate level of care for the twelve (12) youth, which will be evidenced by completion of the intake forms by the assigned staff, Case manager notes and will be recorded and stored in the administrator's binder in the intake section. Ö
					Process	By June 30, 2026, the Panche Be program will administer twelve (12) cultural surveys to collect demographic data from all participants. Then use the data to tailor it accordingly to better serve our twelve (12) youth. As evidenced by being recorded and tracked in the cultural demographics data spreadsheet by assigned staff; recorded in annual reports and located in the administrative binder under the demographic section
					Process	By June 30, 2026, the Panche Be program will develop service planning for individualized treatment plans, collaborative goal settings, ongoing reassessments, and personalized support for twelve (12) youth, which will be evidenced by staff notes, treatment plans, and completion of assessments/reassessments all recorded in clients' file by assigned staff.
					Outcome	By June 30, 2026, the Panche Be program will develop service planning for individualized treatment plans, collaborative goal settings, ongoing reassessments, and personalized support for twelve (12) youth, which will be evidenced by staff notes, treatment plans, and completion of assessments/reassessments all recorded in clients' file by assigned staff.

Agency	Program Name	FY24-25 Year End Report Expected?	SOC Manager	Priority Population	Type of PO	Performance Objective (PO)
					Process	By June 30, 2026, the Panche Be program will have linked our 12 program participants to a minimum of 24 referrals (2-3 referrals each client) which includes links to community resources based upon their clinical assessments, non-clinical screenings and support groups, which will be evidenced by staff notes, referral forms, and recorded and tracked in referral and linkages spreadsheet. All referrals will emphasize cultural congruence, trauma-informed care, and continuity of services.
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	Outcome	Access to Services & Referrals: By June 30, 2026, at least 8 youth will have engaged with at least one referred community resource, as verified by follow-up documentation and youth self-report in service tracking logs, which is safely secured by assigned staff in the locked file cabinet and HIPPA protected electronic device.
					Process	Community Needs Assessment: By June 30, 2026, the Panche Be program will have ten (10) community stakeholders (with youth participants, parents/caregivers, and frontline providers) to help with the design of a culturally tailored survey that will assess Latino/a/e/X and Mayan-identifying youth's 1) perceived mental health challenges; 2) barriers to access to clinical and 3) culturally relevant healing practices, that will be evidenced by demographic data binder under the survey section.
					Outcome	Community Needs Assessment: By June 30, 2026, the Panche Be program will administer a Community Needs Assessment to all 12 program participants. The purpose will be to gather feedback to make the appropriate and beneficial changes to this initial pilot program. Which will be evidenced by collected and reviewed assessments by all Outpatient staff members and stored in the administrative binder under QA section under lock and key in the administrative file cabinet.
Instituto Familiar de la Raza	Indigena Health and Wellness Collaborative (IHWCC)	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 and Engagement: By June 30, 2026, Health Promoters will provide outreach contact to 1260 individuals through phone calls, community walk-through, open community events, or other telehealth platforms such as zoom 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: By June 30, 2026, 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: By June 30, 2026, 75% of informally screened participants for non-behavioral health services will complete one successful referral– the participant is successfully enrolled in a 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, 2026, 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, 2026, 100 unduplicated participants will participate in psychological peer support groups/talleres. These activities will be held on hybrid, virtual, or in-person platforms, as appropriate, as measured by group sign-in sheets stored in the "Units of Service" binder and documented in the ECM "Verdades" System.
					Process	Wellness Promotion: By June 30, 2026, 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, 2026, 65% of surveyed individuals participating in the 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	Service Linkages: By June 30, 2026, 50% of individuals receiving non-clinical case management will receive culturally competent advocacy, 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.

Agency	Program Name	FY24-25 Year End Report Expected?	SOC Manager	Priority Population	Type of PO	Performance Objective (PO)
					Process	Service Linkage: By June 30, 2026, 67 individuals will have a written nonclinical case/care plan as evidenced by the ECM "Verdades" System Care Plans Tool & summarized in the Care Plans Report.
					Process	Service Linkage: By June 30, 2026, 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 and 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 30th, 2026 NAHC-CWD will reach 150 unduplicated clients (UDC) and 50 duplicated clients (DC) through street outreach, tabling at community events, sending Mailchimp updates, and distributing flyers, as evidenced by street kits distributed, 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 30th, 2026, 40 UDC will be screened using non-clinical screenings (Medicine Wheel Screener Tool/LIB Wellness Plan) to determine the need for housing, employment, or cultural services, or assessment for behavioral health services, as evidenced by form entries stored in Practice Management System (Smartsheet) and on password protected shared file. And 25 UDC will receive clinical assessment for behavioral health services, as evidenced by electronic health records, stored in Practice Management System (EPIC) & summarized in PEI Intake Report.
					Outcome	Non-Clinical Screening. By June 30, 2026, of 40 UDC screened by non-clinical program staff for basic needs, 70% will be referred to housing, employment, or cultural services, or assessment for behavioral health services as evidenced by electronic health records, stored in Practice Management System (EPIC) & summarized in PEI Intake Report.
					Outcome	Clinical Screening and Assessment. By June 30, 2026, out of 25 UDC assessed and screened by clinical staff for mental health/behavioral health needs, 80% will be referred for services as evidenced by electronic health records, stored in Practice Management System (EPIC) & summarized in PEI Intake Report.
					Process	Wellness Promotion: By June 30th, 2026 skills building, cultural & traditional art groups will reach 50 UDC and 25 DC as evidenced by sign-in sheets, stored in Practice Management System (Smartsheet) & summarized in PEI Community Group Report.
					Outcome	Wellness Promotion: By June 30th, 2026 70% of individuals who participate in wellness promotion groups, will maintain or have an increased feeling of social connectedness as measured by the PEI Follow-up Questionnaire, stored in Practice Management System (Smartsheet) & summarized in the PEI Satisfaction Survey Report.
					Process	Wellness Promotion: By June 30th, 2026 - 6 wellness promotion events will reach 150 UDC and 50 DC as evidenced by sign-in sheets, stored in Practice Management System (Smartsheet).
					Process	Wellness Promotion: By June 30th, 2026 20 UDC (Youth) will participate in wellness promotion events as evidenced by sign-in sheets, stored in Practice Management System (Smartsheet).
					Outcome	Wellness Promotion: By June 30, 2026 70% of individuals who participate in wellness promotion events, will maintain or have an increased feeling of social connectedness as measured by the PEI Follow-up Questionnaire, stored in Practice Management System (Smartsheet) & summarized in the PEI Satisfaction Survey Report.
					Process	Individual & Group Therapeutic Services: By June 30th, 2026, 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 30th, 2026, 25 UDC will complete one behavioral health service goal as evidenced through individualized care plans stored in Practice Management System (EPIC) & summarized in Clients Care Plan Report
					Process	Individual & Group Therapeutic Services: By June 30th, 2026 NAHC 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.

Agency	Program Name	FY24-25 Year End Report Expected?	SOC Manager	Priority Population	Type of PO	Performance Objective (PO)
					Process	Individual & Group Therapeutic Services: By June 30th, 2026, 30 UDC will receive individual traditional services as evidenced by sign-in sheets and stored in Practice Management System (Smartsheet) and summarized in Individual Traditional Service Report.
					Process	Service Linkages: By June 30th, 2026, 30 UDC will be referred and linked to resources as evidenced by Early Intervention Form documentation and stored in the locked LIB Early Intervention Advocacy files/Practice Management System (Smartsheet) & summarized in LIB Early Intervention Report.
Native American Health Center (NAHC)	Living In Balance	Yes	Kimberly Ganade	(see previous page)	Outcome	Service Linkages: By June 30th, 2026, 70% of those receiving services will achieve 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: By June 30, 2026, the Black African American Community Wellness & Health Initiative will reach out to 250 individuals to inform them about wellness services from BTWCSC, which will be evidenced by (1) number of individuals that sign-in/attend our outreach events and/or in-person programming, (2) the number of individuals that receive our digital communications (i.e. email newsletters, social media), (3) the number of physical flyers and/or digital flyers sent, and/or (4) the number of outreach calls that go out.
					Process	SCREENING & ASSESSMENT: By June 30, 2026, 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: By June 30, 2026, 75% of BTWCSC clients who receive non-clinical intakes 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: By June 30, 2026, 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.
					Process	SCREENING & ASSESSMENT: By June 30, 2026, 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: By June 30, 2026, 75% of individuals who receive clinical intakes 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: By June 30, 2026, 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. This will be evidenced by (1) the physical receipts, physical/digital flyers, and/or announcements of events, and/or (2) the number of attendees registered and/or served by the event (i.e. sign-in sheets, number of resources that are delivered).
					Outcome	WELLNESS PROMOTION: By June 30, 2026, 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, 2026, 20 individuals will receive individual therapeutic services, evidenced by sign in sheets and documented in their case files.

Agency	Program Name	FY24-25 Year End Report Expected?	SOC Manager	Priority Population	Type of PO	Performance Objective (PO)
					Outcome	INDIVIDUAL THERAPEUTIC SERVICES: By June 30, 2026, 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.
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	GROUP THERAPEUTIC SERVICES: By June 30, 2026, 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, 2026, 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, 2026, 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, 2026, 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. 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. Mental care will be held virtually via a confidential meeting link and/or on-site in a designated therapy room, separate from daily program spaces.
					Process	SERVICE LINKAGE: By June 30, 2026, 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, 2026, 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.
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	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 & families & transitional aged youth who are in	Process	By June 30, 2026, Rafiki will conduct outreach to 1,200 unduplicated community members through flyers, school presentations, tabling events, and social media, as evidenced by distribution logs, attendance sheets, and digital engagement metrics stored in HIPAA-compliant systems.
					Outcome	By June 30, 2026, Rafiki will increase participation in CAM, wellness, and empowerment services by 12%, equating to 120 new duplicated participants, as evidenced by registration and attendance forms stored securely.
					Process	By June 30, 2026, 60 unduplicated individuals will be screened by non-clinical staff for basic needs such as health insurance, housing, or food, as evidenced by screening forms stored in HIPAA-compliant systems.
					Outcome	By June 30, 2026, 60 individuals screened will be referred to Rafiki Navigators for services and 30 individuals assessed by clinical staff will be referred to mental health services, as evidenced by referral logs and follow-up documentation.

Agency	Program Name	FY24-25 Year End Report Expected?	SOC Manager	Priority Population	Type of PO	Performance Objective (PO)
	Equity & Promotion [CHEP])			stressed families, failing in school or at risk or involved with the juvenile justice system	Process	By June 30, 2026, 120 unduplicated community members will participate in Rafiki Wellness Programs (e.g., classes, pop-ups), as evidenced by sign-in sheets and registration forms stored digitally.
					Outcome	By June 30, 2026, 90 duplicated participants will report increased social connection and 65 participants will report maintaining or strengthening social ties, as evidenced by survey data and evaluations.
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)	Process	By June 30, 2026, 85 unduplicated participants will complete a mental health intake and 25 duplicated individuals will attend at least one therapy session, as evidenced by intake forms and session logs.
					Outcome	By June 30, 2026, 75% of participants attending three or more sessions will complete at least one goal from their Wellness Action Plan, as evidenced by completed plans stored in secure digital files.
					Process	By June 30, 2026, 60 unduplicated individuals will be referred to external wellness services, as evidenced by referral logs.
					Outcome	By June 30, 2026, 50 duplicated individuals referred to services will report successful connections and 25 individuals referred to mental health services will report successful linkages with clinical therapists, as evidenced by surveys and call logs.
YMCA Bayview Hunters Point	Black/African American Community Wellness Health Initiative (BAACWHI) (Funded in Collaboration with Community Health Equity & Promotion [CHEP])	Yes	Vincent Fuqua & Kimberly Ganade	African American individuals & families in San Francisco with an emphasis on HOPE SF sites (Potrero Hill, Sunnysdale, Hunters View & Alice Griffith)	Process	Outreach and Engagement: By June 30, 2026, 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 (clinical): By June 30, 2026, (5) unduplicated individuals who are referred by outside community agencies or self-refer to program support (1:1 Wellness counseling) will be assessed for behavioral health needs as evidenced by the program database count
					Outcome	(BH) Screening and Assessment (clinical): By June 30, 2026, (5) unduplicated participants assessed for behavioral health needs will be referred to internal and/or external support services and securely documented.
					Process	(PH) Screening and Assessment (non-clinical): By June 30, 2026, (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.
					Process	Wellness and Promotion: By June 30, 2026, (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, 2026, 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, 2026, 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, 2026, (5) unduplicated clients will attend at least five (3) 1:1 therapeutic counseling sessions as indicated in the therapeutic participation count and securely stored.
					Outcome	Individual and Group Therapeutic Services: By June 30, 2026, (5) unduplicated clients who attended at least five (3) 1:1 therapeutic counseling sessions will have an established treatment plan.
					Process	Service Linkage: By June 30, 2026, (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, 2026, 80% of wellness service linkages would have received the service needed as indicated on the internal database referral notes section.

Agency	Program Name	FY24-25 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	Process	Outreach & Engagement: By June 30, 2026, 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, 2026, 90 AA & PI individuals will be screened for behavioral health and basic holistic needs as evidenced by screening records logged in the RAMS HIPAA compliant electronic database.
					Outcome	Screening & Assessment: By June 30, 2026, 80% AA & PI individuals identified as needing behavioral health services will be referred to appropriate mental health services as evidenced by community partner data logged in RAMS HIPAA compliant electronic database.
					Process	Wellness Promotion: By June 30, 2026, 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, 2026, 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	By June 30, 2026, 80% of individuals with an emphasis on AA&PIs identified through screening as needing behavioral health services will be provided short-term, time-limited therapeutic activities. Completed forms and service records will be stored in RAMS HIPAA compliant electronic database.
					Outcome	By June 30, 2026, 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 and collected by community partners and stored in a labeled binder in locked file on-site.
					Process	By June 30, 2026, 100% of individuals with an emphasis on AA&PIs identified through screening as needing basic/holistic services will receive case management/service linkages. Records will be stored in RAMS HIPAA compliant database.
					Process	By June 30, 2026, 40 individuals with an emphasis on AA&PIs identified by a behavioral health provider as having a serious mental illness will receive case management/service linkages. Records will be stored in RAMS HIPAA compliant database.
					Outcome	By June 30, 2026, 80% of individuals who received case management services will report that they felt more supported as measured by responses to the items on the Participant Feedback Survey* administered and collected by community partners and stored in a labeled binder in locked file on-site.

Agency	Program Name	FY24-25 Year End Report Expected?	SOC Manager	Priority Population	Type of PO	Performance Objective (PO)
Richmond Area Multi Services (RAMS)	Kindezi Black Perinatal Wellness	Yes	Teresa Yu	Black/African American-identified, pregnant/ postpartum individuals	Process	By June 30, 2026, 5,000 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, 2026, 70 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, 2026, 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, 2026, 230 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, 2026, 80% of respondents who participate 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 Participant Feedback Survey administered and collected by RAMS staff and community partners.
					Process	By June 30, 2026, 100% of Black-identified, pregnant/postpartum individuals identified through screening as needing behavioral health services and/or non-clinical basic needs will receive case management and service/resource linkages. Documented service linkage plan with stated objectives/goals will be stored in RAMS HIPAA-compliant electronic database.
					Outcome	By June 30, 2026, 80% of participants will report feeling supported by the perinatal and postpartum support services, as measured by responses to the Participant Feedback Survey administered and collected by RAMS staff and community partners and stored in RAMS HIPAA-compliant electronic database.
					Process	By June 30, 2026, 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.
					Outcome	By June 30, 2026, 100% of Black-identified, pregnant/postpartum individuals needing higher levels of care and treatment services will be linked. Outcome data will be stored in RAMS HIPAA-compliant electronic database.
					Process	By June 30, 2026, 80% of pregnant/postpartum individuals needing behavioral/mental health services will be provided time-limited, perinatal-focused therapeutic services. Client service records will be stored in RAMS HIPAA-compliant electronic database.
					Outcome	By June 30, 2026, 70% of participants will agree that they feel better as a result of participating in therapeutic activities, as measured by responses to the Participant Feedback Survey administered and collected by RAMS staff and community partners and stored in RAMS HIPAA-compliant electronic database.

Agency	Program Name	FY24-25 Year End Report Expected?	SOC Manager	Priority Population	Type of PO	Performance Objective (PO)
UCSF	Perinatal Care for Black Families	Yes	Teresa Yu	Black/African American-identified, pregnant/ postpartum individuals	Process	By June 30, 2026, 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, 2026, 60 new participants will be screened for perinatal resource needs and behavioral health concerns during intake; be provided individual, family, couples, group therapy, or resource navigation; all conducted by perinatal patient navigators and mental health clinicians and recorded monthly in our redcap database system.
					Process	By June 30, 2026, 25 new participants will receive support through a bi-monthly postpartum group facilitated by the perinatal patient navigator and contracted community providers, recorded monthly in our redcap database system.
					Process	By June 30, 2026, 15 new participants plus their partners will receive perinatal holistic care and supportive services (i.e. group prenatal care, full spectrum doula care, postpartum meal delivery, lactation support, community midwifery care, pelvic floor therapy, etc.) conducted by medical providers, mental health clinicians, and contracted community providers and recorded monthly in our redcap database system.
					Process	By June 30, 2026, 50 new birthworker participants will receive training through the Community Perinatal Wellness Seminar or Birthworker Retreat facilitated by mental health clinicians and contracted perinatal community providers and recorded monthly in our redcap database system
					Process	By June 30, 2026, 2 Black Birthworker Retreat & Wellness events will occur, service the 50 birthworker participants. This will be facilitated by mental health clinicians and contracted perinatal community providers and recorded monthly in our redcap database system.
					Process	By June 30, 2026, 5 Family/Client oriented events will occur. This will be facilitated by facilitated by mental health clinicians, patient navigators and contracted perinatal community providers and recorded monthly in our redcap database system.

Agency	Program Name	FY24-25 Year End Report Expected?	SOC Manager	Priority Population	Type of PO	Performance Objective (PO)
Rafiki Coalition for Health & Wellness	Black Maternal Mental Health	Yes	Teresa Yu	Black/African American-identified, pregnant/postpartum, individuals	Process	By June 30, 2026, 1,500 individuals will be contacted through outreach and engagement activities (e.g., culturally relevant community events, social media campaigns, partner organization collaborations), evidenced by participant logs, attendance records, and social media analytics stored in a HIPAA-compliant database.
					Process	By June 30, 2026, 100 Black-identified, pregnant/postpartum individuals will be screened for behavioral health and non-clinical basic needs using a culturally appropriate screening tool. Screening and assessment summary reports will be securely stored in a HIPAA-compliant database.
					Outcome	By June 30, 2026, 85% of Black-identified, pregnant/postpartum individuals identified as needing behavioral health services will be successfully referred for low-intensity, time-limited therapeutic services, as evidenced by referral tracking logs and follow-up documentation.
					Process	By June 30, 2026, 100 pregnant and postpartum individuals will participate in culturally relevant wellness promotion activities (e.g., prenatal/postpartum workshops, cultural groups, peer-led discussions, and community-building activities), tracked through participant logs with activity topics and attendance details.
					Outcome	By June 30, 2026, 85 participants in wellness promotion activities will demonstrate increased knowledge about mental health and holistic approaches during the perinatal period, as measured by pre- and post-participation surveys and participant feedback.
					Process	By June 30, 2026, 90% of Black-identified, pregnant/postpartum individuals needing behavioral health services or non-clinical basic needs will receive personalized service/resource linkages, evidenced by documented service linkage plans with specific goals and outcomes.
					Outcome	By June 30, 2026, 85% of participants linked to behavioral health services will report feeling better supported in their pregnancy/postpartum journey, as measured by follow-up surveys and focus group discussions.
					Process	By June 30, 2026, 85% of pregnant/postpartum individuals identified as needing behavioral/mental health services will receive time-limited, culturally informed, perinatal-focused therapeutic services. Client records, including session notes, treatment plans, and outcomes, will be securely stored in a HIPAA-compliant database.
Homeless Children's Network	Black Birthing Initiative	Yes	Teresa Yu	Black/African American-identified, pregnant/postpartum individuals	Outcome	By June 30, 2026, 85% of participants in therapeutic services will report improved emotional wellbeing, reduced stress, and enhanced coping skills, as measured by post-service feedback surveys and clinician evaluations.
					Process	By June 30, 2026, the BBHI Program will participate in neighborhood-based events to reach 100 unduplicated birthing people as evidenced by sign-in sheets or contact logs to tally individuals.
					Process	By June 30, 2026, the BBHI program will produce 2 public facing maternal mental health promotion events that focus on healthy relationships and postpartum life adjustments.
					Outcome	RAMP UP: By December 31, 2025, Birthing Village Childbirth Education group and Clinicians providing behavioral health screenings and treatment will have all started serving clients
					Process	RAMP UP: By Dec 31, 2025, we will hire 2 positions in order to have full staffing
					Outcome	OUTREACH AND ENGAGEMENT: By June 30, 2026, the BBHI Program will participate in 10 neighborhood-based events to reach 100 unduplicated birthing people as evidenced by sign-in sheets or contact logs through post-event surveys.
Homeless Children's Network	Black Birthing Initiative	Yes	Teresa Yu	Black/African American-identified, pregnant/postpartum individuals	Process	OUTREACH AND ENGAGEMENT: By June 30, 2026, the BBHI program will produce 2 public facing mental health promotion and prevention events serving 200 individuals total (100 attendees per event based on Eventbrite registration and food tickets) to engage and educate community participants on perinatal self-care and postpartum wellness.

Agency	Program Name	FY24-25 Year End Report Expected?	SOC Manager	Priority Population	Type of PO	Performance Objective (PO)
Homeless Children's Network	Black Birthing Initiative	Yes	Teresa Yu	Black/African American-identified, pregnant/ postpartum individuals	Outcome	WELLNESS PROMOTION: By June 30, 2026, the BBHI Program will reach 50 total clients through the Birthing Village childbirth education series. This activity is facilitated by a perinatal and postpartum consultant with experience in midwifery. This quarterly 10-week series (four times a year) is an educational program designed to empower and support Black birthing people throughout pregnancy, childbirth, and postpartum recovery. During the series, each weekly 90-minute session centers Black maternal experiences, addresses racial disparities, and offers culturally grounded tools for thriving, advocacy, and healing.
					Process	WELLNESS PROMOTION: By June 30, 2026, 80% of the 50 (40 of 50) program participants who participated in the 10-week Birthing Village childbirth education series will participate in a post-series survey and report 1) increased knowledge of the childbirth process and 2) ability to identify mental health symptoms, which will be evidenced by post-series surveys.
					Process	By June 30, 2026, BBHI will start meeting with the 15 early childhood educators and providers advisory group to gather community and provider feedback on the design, satisfaction, use, and perceived effectiveness of services, which will be documented in meeting minutes.
					Process	TRAINING: By June 30, 2026, the BBHI Program will train 10 mental health professionals in a 4-session series using the Birthing Village childbirth education training curriculum (train the trainer curriculum), as evidenced by training attendance log. These trainings will begin in January 2026.
					Outcome	TRAINING: By June 30, 2026, 80% (8 out of 10) mental health professionals who participated in the Birthing Village childbirth education curriculum training will report increased knowledge of the childbirth process and the cultural implications faced by Black pregnant individuals, which will be evidenced by in-training check point assessments.
					Outcome	SCREENING AND ASSESSMENT: By June 30, 2026, 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 plans with stated objectives/goals will be stored in a HIPAA-compliant electronic database.
					Process	SCREENING AND ASSESSMENT: By June 30, 2026, 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 plans with stated objectives/goals will be stored in a HIPAA-compliant electronic database.
					Outcome	INDIVIDUAL THERAPEUTIC SERVICES: By June 30, 2026, 80% (48 out of 60) of pregnant/postpartum individuals screened & found needing behavioral/mental health services will be provided time-limited,(not exceeding 16 sessions), perinatal-focused therapeutic services, as evidenced by therapeutic notes . Client service records will be stored in a HIPAA-compliant electronic database.
					Outcome	INDIVIDUAL THERAPEUTIC SERVICES: By June 30, 2026, 70% (34 out of 48) of participants who receive time-limited perinatal-focused therapeutic services will agree that they feel better or have increased wellness as a result of participating in therapeutic activities, as measured by responses to the Participant Feedback Survey administered and collected by staff and community partners and stored in a HIPAA-compliant electronic database.
					Process	GROUP THERAPEUTIC SERVICES: By June 30, 2026, BBHI will conduct 16 support groups serving 10 Black-identified, pregnant/postpartum individuals. Each group will be facilitated by a BBHI Therapist. As evidenced by group sign in sheets and registration.
					Process	GROUP THERAPEUTIC SERVICES: By June 30, 2026, BBHI will conduct 18 psychoeducational groups serving 10 Black-identified, pregnant/postpartum individuals. Each group will be facilitated by a BBHI Therapist. As evidenced by group sign in sheets and registration.
					Outcome	GROUP THERAPEUTIC SERVICES: By June 30, 2026, 90% (18 out of 20) of group participants will report feeling more educated about mental health subjects as measured by responses to the Participant Feedback Survey administered and collected by staff and community partners and stored in a HIPAA-compliant electronic database.

Agency	Program Name	FY24-25 Year End Report Expected?	SOC Manager	Priority Population	Type of PO	Performance Objective (PO)
SFDPH Southeast Child and Family Therapy Center	Kuumba Healing Project	Yes	Danyelle Marshall	Youth and Families from the Southeast Sector of San Francisco who have low incomes, are uninsured, or have Medi-Cal	Process	By the end of the school year (2026), accept 4 new client referrals from each of the 4 partnered schools (Martin Luther King Jr. Middle School; Downtown High School; Visitacion Valley Elementary School; George Washington Carver Elementary School).
					Process	By the end of the school year (2026), deliver 4 trauma-informed, culturally relevant psychoeducation groups that support student stabilization and social connection.
					Process	By June 30, 2026, offer 2 trauma-informed, psycho-social groups at the Southeast Child and Family Therapy Center to foster community engagement. Each group will incorporate surveys and the distribution of culturally relevant, trauma-informed, literature on harm reduction for youth and families.
					Process	By June 30, 2026, Peer Health Specialist's will be provided structured professional development that includes mentorship, training, and self-care to support the Peer Fellow's successful transition into a position within the CCSF's San Francisco Department of Public Health.
					Process	By June 30, 2026, the start of the summer program cycle, maintain strong collaborative relationships with community partners by co-organizing, co-facilitating, or jointly recruiting for at least one group or event with at least one partner (LEGACY, Family Mosaic Project, NAMI, 3rd Street Youth Clinic).
SFDPH Southeast Child and Family Therapy Center	Kuumba Peer Fellowship Program	yes	Katy Pacino	Youth and Families from the Southeast Sector of San Francisco who have low incomes, are uninsured, or have Medi-Cal	Process	By June 30, 2026, Peer Health Specialist will attend relevant 2 continuing education courses, seminars, and in-service trainings on trauma informed issues and techniques when available as evidenced by a staff training tracking tool.
					Process	By June 30, 2026, Peer Health Specialist will attend Antiracism Staff Mtg Series each 3rd Wednesday of each month unless otherwise indicated as evidenced by a staff training tracking tool.
					Process	By June 30, 2026, Peer Health Specialist will co-facilitate 4 trauma informed school/community-based psychoeducation groups, series and other activities that promote stabilization and social interaction per school year, as evidenced by Kuumba Healing Project tracking tool.
					Process	By June 30, 2026, Peer Health Specialist will assist in the creation of Harm Reduction handouts focused on Healthy Gaming for Youth and Parents literature as evidenced by the handout being reviewed with youth in the Health Gaming Group and given to parents of youth participants.
					Process	By June 30, 2026, Peer Health Specialist attend 1 community-based meeting as a representative of Southeast Child and Family Therapy Center.
					Process	By June 30, 2026, Peer Health Specialist organize 1 monthly trauma informed psycho-social event for parents during the academic school year to foster community engagement.
					Process	By June 30, 2026, Peer Health Specialist develop 3 resilient self-care and coping skills to navigate challenges.

Agency	Program Name	FY24-25 Year End Report Expected?	SOC Manager	Priority Population	Type of PO	Performance Objective (PO)
San Francisco Study Center - DPH OMI	IMANI - Culturally Congruent and Innovative Practices for Black/African American Communities	Yes	Teresa Yu	Black/African American communities	Process	By June 30, 2026, 45 total individual clients will be provided intake/assessment, clinical case management, or individual/group rehab, by the IMANI program at OMI, as evidenced by EPIC database report.
					Process	By June 30, 2026, 6 total group sessions (including group therapy, psycho-social rehab groups) will be held, as evidenced by group sessions log or EPIC database report.
					Process	By June 30, 2026, 3 Wellness events (for example, outings, special events like holiday events, like Juneteenth and Kwanza events) will be held by the IMANI program as evidenced by event log.
					Process	By June 30, 2026, IMANI staff will attend 5 training sessions on culturally congruent topics, including culturally congruent trauma-informed interventions, as evidenced by a training log.
					Process	By June 30, 2026, 6 clinical group support sessions on topics such as working with clients with substance use challenges or trauma-informed culturally congruent interventions will be attended by providers as evidenced by group support log.

Agency	Program Name	FY24-25 Year End Report Expected?	SOC Manager	Priority Population	Type of PO	Performance Objective (PO)
San Francisco Study Center - DPH MMH	African American Alternatives - Culturally Congruent and Innovative Practices for Black/African American Communities	Yes	Teresa Yu	Black/African American communities	Process	By June 30, 2026, 60 new participants will be screened for perinatal resource needs and behavioral health concerns during intake; be provided individual, family, couples, group therapy, or resource navigation; all conducted by perinatal patient navigators and mental health clinicians and recorded monthly in our redcap database system.
					Process	By June 30, 2026, 150 number of total group sessions (including therapy, psycho-social rehab groups) as evidenced by group session logs in Epic database reports.
					Process	By June 30, 2026, 5 total wellness events (for example outings, special events like holiday events, Juneteenth and Kwanza events as evidenced by wellness events log.
					Process	By June 30, 2026, 15 clinical group support sessions on topics such as working with clients with substance use, harm reduction strategies, and trauma informed culturally congruent interventions will be attended by providers as evidenced by group support log.
					Process	By June 30, 2026, Alternatives staff will attend 15 number of trainings on culturally congruent intervention topics, including culturally congruent trauma-informed interventions, as evidenced by a training log.
San Francisco Study Center - DPH SOMA	Onyx - Culturally Congruent and Innovative Practices for Black/African American Communities	Yes	Teresa Yu	Black/African American communities	Process	By June 30, 2026, 65 total individual clients will be provided intake/assessment, clinical case management, or individual/group rehab, by the Onyx program at South of Market Mental Health Clinic, as evidenced by EPIC database report.
					Process	By June 30, 2026, 44 total group sessions (including group therapy, psycho-social rehab groups) will be held, as evidenced by group sessions log or EPIC database report.
					Process	By June 30, 2026, 8 Wellness events (for example, outings, special events like holiday events, like Juneteenth and Kwanza events) will be held by the Onyx program as evidenced by event log.
					Process	By June 30, 2026, Onyx staff will attend 5 training sessions on culturally congruent topics, including culturally congruent trauma-informed interventions, as evidenced by a training log.
					Process	By June 30, 2026, 6 clinical group support sessions on topics such as working with clients with substance use challenges or trauma-informed culturally congruent interventions will be attended by providers as evidenced by group support log.

Agency	Program Name	FY24-25 Year End Report Expected?	SOC Manager	Priority Population	Type of PO	Performance Objective (PO)
San Francisco Study Center - DPH TAY Clinic	African American Inspiring Minds - Culturally Congruent and Innovative Practices for Black/African American Communities	Yes	Teresa Yu	Black/African American communities	Process	By June 30, 2026, 30 total individual clients will be provided with intake/assessment, clinical case management, or individual/group rehab, by the AAIM Program at Transitional Age Youth Clinic, as evidenced by EPIC database report.
					Process	By June 30, 2026, 45 total group sessions (including group therapy, psycho-social rehab groups) will be held, as evidenced by group sessions log or EPIC database report.
					Process	By June 30, 2026, 8 Wellness events (for example, outings, special events like holiday events, like Juneteenth and Black History Month events) will be held by the AAIM program as evidenced by event log.
					Process	By June 30, 2026, AAIM staff will attend 5 training sessions on culturally congruent topics, including culturally congruent trauma-informed interventions, as evidenced by a training log.
					Process	By June 30, 2026, 6 clinical group support sessions on topics such as working with clients with substance use challenges or trauma-informed culturally congruent interventions will be attended by providers as evidenced by group support log.

Agency	Program Name	FY24-25 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	Yes	Kimberly Ganade	Consumers of mental health services, their family members & others who represent marginalized communities. Students represent economically underserved communities of color (e.g. African Americans, Latinos, Native Americans, LGBTQ)	Process	1. By June 30, 2026, 96% (24 of 25) students will successfully complete the Medi-Cal Peer Support Specialist Test Preparation Workshop as evidence by sign in sheets.
					Process	2. By June 30, 2026, 95% (38 of 40) students will successfully complete the Medi-Cal Peer Support Specialist Certificate of Accomplishment, as evidenced by Argos student tracking system.
					Process	3. By June 30, 2026, 94% (15 of 16) 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	4. By June 30, 2026, 94% (15 of 16) of the CMHC cohort students will successfully complete the Certification Program as evidenced by the Argos student tracking system.
					Outcome	5. By June 30, 2026, 94% (15 of 16) 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	Process	By June 30, 2026, ARC will outreach and place 100 new participants to the HLTH 100 Introductory cohort class, through ARC website and events, listservs, and community referrals as is evidence from contact records and registration applications to CCSF
					Outcome	By June 30, 2026, 80 students will be engaged and enrolled into the Introductory course, HLTH 100, as evidenced by student enrollment census sheets kept and Banner system.
					Process	By June 30, 2026, 83% (25 of 30) students will successfully complete the program requirements of the first three courses (HLTH 100, HLTH 70, HLTH 49), as evidenced by Argos tracking system.
					Process	By June 30, 2026, 83% (25 of 30) of ARC students will successfully complete their internship fieldwork (250 hours over 2 semesters), as evidenced by the program's internship records and timesheets.
					Process	By June 30, 2026, 83% (25 of 30) 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.

Agency	Program Name	FY24-25 Year End Report Expected?	SOC Manager	Priority Population	Type of PO	Performance Objective (PO)
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, 2026, Crossing Edge Consulting will meet with the leadership team of Good Samaritan (Buen Samaritano) to gather program specific training needs to inform curricula development.
					Process	2. By June 30, 2026, Crossing Edge Consulting will produce program specific curricula and deliver 12 mental health training sessions to at least (25) staff members.
					Process	3. By June 30, 2026, Crossing Edge Consulting will develop and administer evaluation surveys, analyze the data, and generate an outcome report.
	Support and Skills Training for BHS BIPOC Psychotherapists			Clinical mental health therapists from 3 different counties	Process	1. By June 30, 2026, Crossing Edge Consulting will outreach to, and recruit (20) BIPOC clinicians for supportive and skills training.
					Process	2. By June 30, 2026, Crossing Edge Consulting will expose (20) BIPOC clinicians to supportive and skills training with the goal to increase job satisfaction and retention.
					Process	3. By June 30, 2026, Crossing Edge Consulting will develop and administer evaluation surveys, analyze the data, and generate an outcome report.
	Glossary Project			BHS Black, Indigenous & People of Color civil service therapists	Process	1. By June 30, 2026, in collaboration with SFDPH, Crossing Edge Consulting will schedule 4 to 5 online training sessions on the clinical application of the Latinx Glossary with Latinx clientele.
					Process	2. By June 30, 2025, in collaboration with SFDPH, Crossing Edge Consulting will deliver and record 4 to 5 online training sessions to BHS and community-based agency psychotherapists.
					Process	3. By June 30, 2026, Crossing Edge Consulting will analyze, categorize, and prepare a draft outcome report identifying emerging themes to use as an addendum to the Latinx Glossary.

Agency	Program Name	FY24-25 Year End Report Expected?	SOC Manager	Priority Population	Type of PO	Performance Objective (PO)
Public Health Institute	FACES for the Future	Yes	Kimberly Ganade	Juniors & Seniors at John O'Connell High School	Process	By March 30th, 2026, 65 students will enroll in the FACES Program as evidenced by the number of completed "FACES Participation Agreement Forms" stored securely at school sites.
					Process	By June 30, 2026, 50% of students will receive training in Mental Health First Aid, which will be evidenced by workshop attendance logs and safely stored at school sites.
					Process	By June 30, 2026, 70% of students will receive 15, 60-minute health career workshops, which will be evidenced by workshop attendance logs and student completion of assignments stored securely at school sites.
					Process	By June 30, 2026, 25% of students will participate in off-site health career-related opportunities which will be evidenced by student attendance logs stored securely at school sites.
					Outcome	By June 30, 2026, FACES students will deliver 30 presentations to peers and community members about behavioral health topics including substance misuse, as evidenced by program assignment logs stored securely at school sites.
					Outcome	By June 30, 2026, 70% of students will report a sustained or increased interest in pursuing a health profession, as evidenced by student surveys.
					Outcome	By June 30, 2026, 70% of FACES students will report increased knowledge of substance mis/use intervention strategies as evidenced by student surveys.

Agency	Program Name	FY24-25 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, 2026, 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, 2026, 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, 2026, 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, 2026, 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.
					Process	By June 30 2026, 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, 2026, 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, 2026, 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, 2026, 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, 2026, 75% of trainees will participate in Exit interviews through focus groups or one-on-one interviews as evidenced by feedback summary notes.
					Process	By June 30 2026, 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	FY24-25 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, 2026, 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, 2026, 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, 2026, 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, 2026, 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 2026, 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, 2026, 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 or enroll in continuing education or a suitable training or internship program), as evidenced by program case closure records.
					Outcome	By June 30, 2026, 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, 2026, 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.
					Process	By June 30, 2026, 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 2026, 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	FY24-25 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, 2026, 50% 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, 2026, 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, 2026, 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, 2026, 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 2026, 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	FY24-25 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, 2026, 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, 2026, 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, 2026, 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, 2026, 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, 2026, the GROWTH Project will have enrolled 8 participants, as measured by the GROWTH staff and documented in client records.
					Process	By June 30, 2026, 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, 2026, 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, 2026, 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, 2026, 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, 2026, 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, 2026, 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, 2026, 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	FY24-25 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, 2026, LFA will support GHSF's planning and research to inform workforce development opportunities for peer patient navigators.
					Process	By June 30, 2026, 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, 2026, 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, 2026, 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, 2026, LFA will have completed any additional evaluation, research, planning, facilitation, and technical support tasks and activities as determined collaboratively with the MHSA Director.
Hatchuel Tabernik + Associates (HTA)	BHSA General Program Coordination & Technical Support	Yes	Jessica Brown	N/A	Process	By June 30, 2026, HTA will support and coordinate SFDPH data collection activities and program planning and will provide technical assistance with various special projects, including drafting two (2) reports, per direction of BHS leadership.
	Non-BHSA General Program Planning Support				Process	By June 30, 2026, HTA will have supported and coordinated SFDPH data collection activities and program planning and will provide technical assistance with various special projects, including drafting two (2) reports, per direction of BHS staff. .
	BHSA Innovation Program Support				Process	By June 30, 2026, HTA will support and coordinate data collection activities, program planning, program implementation, budgeting activities, and provide technical assistance to SFDPH, as needed, for MHSA-INN projects.
	Planning & Assessment for Workforce Education & Training				Process	By June 30, 2026, HTA will have facilitated meetings, drafted documents and plans, and provided support for DPH programs as assigned by BHS leadership, as documented in the HTA's Year End Report.
SF Study Center Equity Consultants	Nia Hamilton Ibu LLC. Staff Wellness	Yes	Rosa Serpas	BHS employees	Process	1. By July 31, 2025, develop and facilitate 1 staff wellness activity and resources for JEDI
					Process	2. By January 31, 2026, develop and disseminate 3 staff wellness resources for JEDI
					Process	3. By June 30, 2026, collaborate on completion of 3 staff wellness retreats
					Process	4. By June 30, 2026, collaborate with BHSA Staff Wellness Coordinator on the creation of culturally relevant organizational wellness retreat activities, protocols, and/or resources for BHS staff
					Process	5. By June 30, 2026, create updated staff wellness resource binder
					Process	6. By June 30, 2026, draft performance objectives for 2026-2027, in collaboration with BHS Staff Wellness Coordinator

Agency	Program Name	FY24-25 Year End Report Expected?	SOC Manager	Priority Population	Type of PO	Performance Objective (PO)
SF Study Center Equity Consultants	Nia Hamilton Ibu LLC. \ Evaluation of Black and African American culturally congruent programs	Yes	Rosa Serpas	N/A	Process	1. By July 31, 2025, develop and facilitate 1 staff wellness activity and resources for JEDI
					Process	2. By December 31, 2025, finalize a logic model
					Process	3. By June 30, 2026, attend 6 evaluation meetings
					Process	4. By June 30, 2026, identify and facilitate one measurement tool for the Innovations project
SF Study Center Equity Consultants	Dante King Anti-Racist Strategy and Policy Assessment, Development, and Implementation	Yes	Rosa Serpas	BHS employees	Process	1. By August 31, 2025, develop a comprehensive standalone report documenting all efforts and initiatives since 2023, including key milestones, challenges, and outcomes.
					Process	2. By August 31, 2025, guide each of the 4 racial/ethnic affinity/accountability groups in identifying and synthesizing shared workplace challenges, and support them in formally presenting key findings and recommendations to Cabinet and Equity Executive leadership.
					Process	3. By June 30, 2026, complete a comprehensive evaluation of the mediation program, deliver a written report with findings and implement a relaunch plan that transitions the program from pilot to permanent.
					Process	4. By June 30, 2026, co-develop, formalize, and implement an equity-centered leadership performance objective and accountability measures for BHS Cabinet and Executive leaders, in alignment with BHS's Racial Equity priorities.
					Process	5. By June 30, 2026, attend and facilitate 5 JEDI strategy meetings to provide strategic guidance and support for BHS's continued implementation of the DPH Racial Equity Action Plan.
					Process	6. By June 30, 2026, in collaboration with JEDI and BHS leadership, develop 3 workforce objectives and 3 community health objectives regarding the improvement of outcomes for populations experiencing the most severe inequities.
SF Study Center Equity Consultants	Dante King Manager Accountability	Yes	Rosa Serpas	BHS employees	Process	1. By December 31, 2025, facilitate one 8-hour antiracism leaders retreat for a minimum of 12 BHS cabinet and executive team members.
					Process	2. By May 30, 2026 facilitate one 8-hour antiracism leaders retreat for a minimum of 12 BHS cabinet and executive team members.
					Process	3. By June 30, 2026, facilitate three antiracism retreats for BHS clinic/program teams for a minimum of 4 hours each.
					Process	4. By June 30, 2026, conduct 360-degree antiracism leadership reviews for 20 BHS leaders.
					Process	5. By June 30, 2026, facilitate 2 Affinity Group/Equity Exec meetings to drive leadership accountability related to staff morale, employee engagement, and the overall workplace experience.
					Process	6. By June 30, 2026, facilitate 10 group coaching sessions with cabinet level and equity exec members.

Agency	Program Name	FY24-25 Year End Report Expected?	SOC Manager	Priority Population	Type of PO	Performance Objective (PO)
SF Study Center Equity Consultants	Dante King Manager Accountability	Yes	Rosa Serpas	BHS employees	Process	7. By June 30, 2026, schedule and conduct follow-up 1:1 coaching sessions with 10 Cabinet and Executive leaders to review progress on individual performance objectives, reinforce use of leadership accountability tools, and ensure ongoing integration of retreat learnings into daily practice.
SF Study Center Equity Consultants	Dante King Training on Racial Equity	Yes	Rosa Serpas	BHS employees	Process	1. By April 30, 2026, facilitate 16-week 80-hour anti-discrimination and anti-harassment fellowship for 72 BHS staff and leadership.
					Process	2. By April 30, 2026, contract with three speakers to co-facilitate 10 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 & Rosa Serpas	Peers, Behavioral Health Consumers, and Community-at-Large	Process	By June 30th, 2026, 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, 2026, 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, 2026, NAMI SF will deliver 8 trained Peer Support Group facilitators from 4 Faith Centers.
					Outcome	By June 30th, 2026, 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, 2026, 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, 2026, 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, 2026, NAMI SF will host a Community Mental Health Fair in partnership with other community providers.
					Outcome	By June 30th, 2026, 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.