



San Francisco  
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

## **Behavioral Health Services - Children, Youth, and Families**

### **Performance Objectives FY 2025- 2026**

OVERVIEW - CHILDREN YOUTH AND FAMILIES PROGRAMS - PERFORMANCE OBJECTIVES FY 25-26

Measuring client improvement and successful completion of target objectives is an important part of SFDPH contracting. The implementation of the EPIC Electronic Health Record in Fiscal Year 2023-2024 (May.22,2024) increased the ability to collect quality data on a client’s presenting issues, demographics, interventions, symptom changes, and discharge status. The Performance Objectives developed for Fiscal Year 2025-26 Health Services (BHS) intends to reduce provider burden in determining objective compliance by using EPIC data to measure objectives - to the extent possible.

The Program Objectives detailed in this document have been carefully defined to measure important behavioral health processes and outcomes. All references to number of days throughout this document mean "Calendar Days" as that is how EPIC is designed to measure days. Not all objectives apply to all programs. This document is posted at: <https://www.sf.gov/resource/2024/performance-objectives>

Contractors are responsible for compliance with all items in the Performance Objectives and the Declaration of Compliance.  
This document is comprised of the following 5 tabs:

- Tab 1:** Objectives for *Outpatient Mental Health Services and Intensive Outpatient Services*
- Tab 2:** Objectives for *Full Service Partnership (FSP) Programs*
- Tab 3:** Objectives for *Therapeutic Behavioral Services*
- Tab 4:** Objectives for *Individualized Program Services*
- Tab 5:** Objectives for *BHSA*

Tabs 1 through 5 provide additional detail about each performance objective. Next to each indicator are columns that describe the following:

- **Client Inclusion Criteria** - identifies which group of clients / programs are included in the measurement of the objective
- **Data Source / Compliance** - identifies the data source used to measure the objective and/or how compliance with the objective is documented and reported
- **Source of Requirement** - e.g., BHS policy, Affordable Care Act, Department of Healthcare Services, etc.

In several cases contractors are instructed to send an Annual Summary Report to the System of Care (SOC) Program Manager and the Business Office Contract Compliance (BOCC) Program Manager. Reports for BOCC should be sent by e-mail to: [bocc@sfdph.org](mailto:bocc@sfdph.org) & directly to your CYF program manager.

Tab 1-Outpt MH & Intensiv Outpt

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<b>CYF-MH-OP-1:</b> 80% of encounters will be signed within 3 business days	Compliance	All Providers	Epic Hyperspace / Uploaders to Provide Data	DHCS	Epic BHS Encounter Stats Reports (hyperspace users). Uploaders to run own reports.
<b>CYF-MH-OP-2:</b> 100% of clients receiving Targed Case Management (TCM) and/or Intensive Care Coordination (ICC) will have BHS Care Plan	Compliance	All Providers: TCM Intensive Providers: ICC	Epic Hyperspace / Uploaders to Provide Data	DHCS, Feds	DPH BHS Staff Caseload Report (hyperspace users). Uploaders to run own reports.
<b>CYF-MH-OP-3:</b> On any date 100% of clients who have been opened for more than 60 days will have a Cal AIM 7 Domain Assessment completed within the last year.	Compliance	All providers	Epic Hyperspace / Uploaders to Provide Data	DHCS	DPH BHS Staff Caseload Report (hyperspace users). Uploaders to run own reports.
<b>CYF-MH-OP-4:</b> 80% of clients will improve on at least 1 of their prioritized actionable item/s on the CANS need	Outcome	Clients enrolled in program.	EPIC episode data	BHS	EPIC
<b>CYF-MH-OP-5:</b> 80% of clients will either maintain or develop at least 1 of their prioritized item/s on the CANS strengths.	Outcome	Clients enrolled in program.	EPIC episode data	BHS	EPIC

Tab 2-Full Srvc Partnerships

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<b>CYF-FSP-1:</b> 100% of clients will have all expected DCR quarterly reports completed. ( <b>Keeping Objectives in, but will not be monitored until DCR Reports are reactivated</b> )	Compliance	All clients enrolled in an FSP program.	DCR database shows evidence of completion by 3M "date collected"	MHSA	DCR 3M Field Level QA Report, client detail version. Report available at FSP DCR monthly Mtg, or upon request of DCR Workgroup (not available in EPIC)
<b>CYF-FSP-2:</b> 100% of clients with an open episode in EPIC will be entered in the DCR ( <b>Keeping Objectives in, but will not be monitored until DCR Reports are reactivated</b> )	Compliance	Clients enrolled in an FSP program.	EPIC episode data and a completed Partnership Assessment Form (PAF) in the DCR database	Department of Health Care Services	EPIC DCR Enrollment Report available at the monthly FSP-DCR mtg, or upon request of DCR Workgroup
<b>Only Three programs are Full Service Partnership (FSP) Programs:</b> <b>1. IFR FSP 0-5 Spark (3818FSP/CYF IFR SPARK)</b> <b>2. FMP Civil Service (8957OP/CYF WRAP &amp; 8957VP)</b> <b>3. Seneca LTC/Wrap (38CQ4/Seneca Center WRAP) - Seneca will provide list of kids for objective CYF-FSP-2 given Episode contains FSP and Non FSP WRAP clients</b> <b>*These programs will be monitored on Tab 1 + Tab 2 indicators</b>					

Tab 3 - Therap Bhvrl Svcs

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<b>CYF-TBS-1:</b> At least 60% of Therapeutic Behavioral Services (TBS) clients will have met their TBS treatment goals as measured by discharge summaries.	Outcome	TBS clients discharged 7/01/25- 6/30/26 Note: This applies only to Edgewood TBS	TBS Discharge Summary	BHS Policy Affordable Care Act	N/A

## Tab 4 Individualized Prog Obj

Indicator	Type of Objective	Client Inclusion Criteria and/or Inclusion Period	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<b>Alterntive Family Services (AFS) - Treatment Foster Care (TFC)</b>					
1. AFS will submit a SAR for 100% of all clients receiving TFC.	Compliance	All program clients	Program will submit an Annual Summary Report of achievement for CYF & BOCC by 9/15/26	CYF	N/A
2. AFS will obtain authorization prior to the delivery of any TFC services.	Compliance	All program clients	Program will submit an Annual Summary Report of achievement for CYF & BOCC by 9/15/26	CYF	N/A
3. AFS will finalize a client Treatment Plan within 60 days of the first service.	Compliance / Outcomes	All program clients	Program will submit an Annual Summary Report of achievement for CYF & BOCC by 9/15/26	CYF	N/A
<b>CBT for Anxiety Training and Consultation</b>					
1. Provide an annual foundational training for SFDPH BHS CYF clinicians in understanding, developing and practicing evidence based CBT with the children, youth, and families they serve who present primarily with anxiety. The program will complete 100% of planned training through duration of contract.	Compliance	N/A	Written summaries of each training session, accompanied by training materials, such as video, articles, and worksheets will be compiled and provided to clinicians and the CYF Program Manager. Trainer will also track attendance of participants and submit all attendance information to the CYF Program Manager by 9/15/2026.	CYF	N/A
2. Of the CYF clinicians who attend trainings and post-training consultations, at least 75% will report that the training or consultation was helpful for them to work with clients who present with anxiety.	Outcomes	N/A	This will be monitored by post-training and post-consultation surveys. A brief report on the aggregated results from the surveys will be submitted to the CYF Program Manager and/or BOCC by 9/15/2026.	CYF	N/A
<b>Edgewood -Crisis Stabilization Unit</b>					
1. At least 75% of clients served will be diverted from in-patient hospitalization.	Outcomes	All program clients	Discharge log; contractor prepares semi-annual report documenting achievement for CYF Program Manager; prepares Annual Summary Report of achievement for BOCC by 9/15/26.	CYF	N/A
2. Edgewood CSU to maintain log of all medi-cal referrals/walk-ins to CSU. Log to include who was accepted/served or who was denied placement and reason for denial, if applicable. Log to also include where client discharged (e.g., home/community, HD, inpatient psychiatric hospitalization, etc).	Process	All medi-cal clients	Edgewood to develop Referral Outcome Log and submit annually by 9/15/26.	CFY	N/A

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## Tab 4 Individualized Prog Obj

Edgewood - Hospital Diversion/PHP					
1. At least 60% of clients in HD will have either met their treatment goals or partially met their treatment goals as measured by discharge codes.	Compliance	All clients referred to Edgewood's Hospital Diversion Program by SF Behavioral Health and SF Human Service Agency.	Edgewood's Hospital Diversion Program HD log.	CYF	N/A See Log
2. At least 60% of clients in PHP will have either met their treatment goals or partially met their treatment goals as measured by discharge codes.	Compliance	All clients referred to Edgewood's Hospital Diversion Program by SF Behavioral Health and SF Human Service Agency.	Edgewood's Hospital Diversion Program HD log.	CYF	N/A See Log
3. Edgewood HD to maintain log of all referrals from Crisis & FMP. Log to include name of client/BIS, referral source, language need of client and caregiver, who was accepted/served, who was denied placement, reason for denial (if applicable). For those admitted log should include length of stay (admission and discharge dates). If length of stay is longer than 2 weeks, log should include reason for extension beyond two weeks.	Process	All clients	Edgewood to develop Referral Outcome Log (with DPH review/approval) and submit annually by 9/15/26	CFY	N/A
4. Edgewood PHP to maintain log of all HD clients that step down from HD to PHP. Log to include admission and discharge dates of PHP step down and reason for step-down.	Process	All clients	Edgewood to develop Referral Outcome Log (with DPH review/approval) and submit annually by 9/15/26	CFY	N/A
Families Rising (FaR)					
1. Families Rising Behavioral Health will submit an annual report by September 15, 2024 describing the mental health and consultation services.	Process	All program clients	Program will submit an Annual Summary Report of achievement for CYF & BOCC by 9/15/26	CYF	N/A
2. FaR BH will provide ongoing weekly/bi-monthly/monthly mental health consultation to CalWORKs Families Rising Parent Educators, supervisors, and manager during the contract year. At least 80% will report that the consultation was helpful for them to work with staff, FaR children and their caregivers/parents; and the consultant was knowledgeable and responsive.	Outcome	All program clients	Program will submit an Annual Summary Report of achievement for CYF & BOCC by 9/15/26	CYF	N/A
HCN Ma'at Program					
By June 30th, 2025, HCN staff will provide non-EPSDT services, including mental health services, group support, healing circles and/or case management services to 36 clients Black/African-American families referred under Ma'at.	Process	N/A	This outcome will be tracked with the "Ma'at non-EPSDT Client Service Form" and reported through year-end evaluation report to be submitted to CYF Manager by 9/15/26	CYF	N/A
2. By June 30th, 2025, HCN staff will provide eight community events and other community outreach activities to address community trauma by activating healing and resilience in a culturally responsive way for Black/African American community members across San Francisco.	Process	N/A	Documentation and number of attendees for these events will be tracked in the Ma'at Program binder and summarized in Ma'at year-end evaluation report to be submitted to CYF Manager by 9/15/26	CYF	N/A

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<b>Psychological Assessment Services (PAS) Program (@ Mission MH)</b>					
1. Implement a satisfaction survey for a sample of stakeholders.	Compliance	N/A	Documentation maintained by program staff; program prepares year-end report with results .	CYF	N/A
2. Psychological assessment referrals assigned to full-time PAS civil service staff will be completed within an average of 90 days once necessary consent and ROIs are obtained, as evidenced by data tracked and provided in the year-end report.	Compliance	Excluding referrals that were rescinded and closed or rescinded and reassigned.	Spreadsheet maintained by PAS staff; program prepares year-end report by 9/15/2026.	CYF	N/A
3. PAS civil service staff will review psychological assessment reports referred through the juvenile justice and child welfare systems for quality assurance purposes, as evidenced by data tracked and provided in the year-end report.	Compliance	Excluding referrals to outside experts who are not contracted or paneled with CYF.	Spreadsheet maintained by PAS staff; program prepares year-end report by 9/15/2026.	CYF	N/A
<b>RAMS - Children's Wellness Center (includes Wellness Center, SUD &amp; MHSA PEI)</b>					
1. Goal Attainment Scale: RAMS will continue to implement Goal Attainment Scale(GAS) to collect clients' progress towards treatment. Cases opened for ≥ 6 sessions will be reviewed.100% of cases will be reviewed every 6 sessions	Compliance	Clients who have received ≥ 6 sessions of services	Contractor prepares Annual Summary Report of achievement for CYF Program Manager & BOCC	BHS - CYF SFUSD	N/A
2. RAMS will continue utilizing its tracking system for data collection of the annual GAS service plans & improvements in client symptoms.	Compliance	Clients who have received ≥ 6 sessions of services	Contractor will provide a mid-year update to CYF program manager by 01/15/2025. Contractor prepares Annual Summary Report of achievement for CYF Program Manager & BOCC	BHS - CYF SFUSD	N/A
3. Family Engagement: 100% cases with minor consent will be reviewed every 6 sessions to determine whether involving caregivers in treatment is appropriate.	Compliance	Clients who have received ≥ 6 sessions of services	Contractor prepares Annual Summary Report of achievement for CYF Program Manager & BOCC	BHS - CYF SFUSD	N/A
4. Maintain strong Trauma-Informed program by scheduling at least one training to staff on best trauma practices.	Compliance	Clients who have received ≥ 6 sessions of services	Contractor prepares Annual Summary Report of achievement for CYF Program Manager & BOCC	BHS - CYF SFUSD	N/A
5. RAMS will screen 100% of referred youth for Substance Use	Compliance	All completed referrals	Contractor provides quarterly updates to CYF SUD Program Manager	BHS - CYF SFUSD	N/A
6. RAMS will provide early intervention services for 100% youth identified as having Substance use issues	Compliance	All open cases identified with a SUD need	Contractor provides quarterly updates to CYF SUD Program Manager	BHS - CYF SFUSD	N/A
7. Schedule at least one training to staff on substance use related topic	Compliance	N/A	Contractor provides quarterly updates to CYF SUD Program Manager	BHS - CYF SFUSD	N/A
8. RAMS will refer 100% of youth needing services beyond early intervention to SUD SOC. In cases families decline, there needs to be a record of declination.	Compliance	All open cases identified with a SUD need	Contractor provides quarterly updates to CYF SUD Program Manager	BHS- CYF SFUSD	

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<b>Seneca Center - Mobile Response Team (MRT)</b>					
1. For clients who are opened to Seneca MRT and do not have a current mental health provider, 60% will be linked to a CYF agency or program (i.e., outpatient, intensive outpatient, etc.).	Outcomes	All Referred Clients With No Existing SMHS Provider	Contractor provides annual report by 9/15/26	BHS	N/A
2. Seneca MRT will maintain a log of all Medi-Cal referrals to MRT. Log will include who was accepted/served or reason for denial, if applicable.	Process	All Referred Clients	Contractor provides annual report by 9/15/26	BHS	N/A
3. For at least 90% of crisis calls/referrals, Seneca MRT will respond in person within 60 minutes.	Outcomes / Compliance	All Referred Clients Deemed in Crisis and needing in person response	Contractor provides annual report by 9/15/26	BHS / DHCS (FURS)	N/A
<b>Special Programs for Youth (SPY)</b>					
1. During FY 2025-2026, SPY will facilitate two cycles of Aggression Replacement Training (ART) groups for clients committed to the Secure Track Youth Treatment Program at the Juvenile Justice Center	Compliance	All clients committed to Secure Track Treatment Program	Program will submit an Annual Summary Report of achievement for CYF & BOCC by 9/15/26	CYF	N/A
2. All clients scoring 37 or higher on the Adolescent Alcohol and Drug Involvement Scale (AADIS) will receive follow up from a clinician to provide psychoeducation on the effects of substance abuse and identify substance abuse treatment needs	Compliance	All program clients	This outcome will be monitored by AADIS log and clients EPIC progress notes. Program will submit an Annual Summary Report of achievement for CYF & BOCC by 9/15/26	CYF	N/A
<b>Special Service for Groups/Occupational Therapy Training Program-San Francisco (FMP Specific Services)</b>					
1. Therapist will build a positive and supportive relationship with youth clients.	Outcome	All program clients	Likert Scale that asks youth how supported they feel by their OTTP therapist	CYF	N/A
2. Youth will be engaged in therapeutic interventions to increase self-regulation, including identification of triggers and associated coping skills, to support their engagement in growth-promoting activities within the home, school and community environments.	Outcome	All program clients	Likert Scale to assess youth's perception of enhanced self-regulation skills	CYF	N/A
3. Youth will be supported in exploring 2-3 community resources aligned with their strengths and interests.	Outcome	All program clients	Tracking sheet to determine number of community resources youth connect to and engage in regularly	CYF	N/A
<b>StudentNest</b>					
1. A Growth Mindset/Self Efficacy questionnaire will be given to tutees and mentees at the start and end of service. This survey is designed to measure students' degree of resiliency and self-confidence when met with new challenges and unexpected situations. At least 80% of tutees will show an improvement in their scores, reflecting improved self-esteem and self-confidence, as well as reflecting overall improved social-emotional health and academic enhancement.	Outcomes	All clients	Spreadsheet maintained by staff; program prepares year-end report by 9/15/2026. Family Mosaic Project will keep a record of all completed surveys.	CYF	N/A
2. Client attendance rate tracking will be used as an indicator of service satisfaction with a 90% attendance rate as the goal. Staff will work closely with FMP in monitoring attendance rate.	Outcomes	All clients	Spreadsheet maintained by staff; program prepares year-end report by 9/15/2026. Family Mosaic Project will keep a record of all completed surveys.	CYF	N/A
3. An annual survey to be administered to guardians by either the tutor or the FMP case manager will be used to assess overall family satisfaction. Some of the markers on the survey will address consistency and punctuality, flexibility, knowledge of subject matter, and level of engagement. Goal will be to achieve an 85% satisfaction rate or greater.	Outcomes	All clients	Documentation maintained by staff; program prepares year-end report with results by 9/15/2026. Family Mosaic Project will keep a record of all completed surveys.	CYF	N/A

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<b>UCSF CAS</b>					
1. CAS Psychological Testing Services: For psychological assessment referrals: Services will begin within 2 weeks of a client being linked to a program for psychological assessment services.	Outcome	All program clients	Avatar. BOCC calculates	CYF	N/A
2. CAS Psychological Testing Services: Psychological evaluations will be completed within an average of 90 days from Episode Opening.	Outcome	All program clients	Avatar. BOCC calculates	CYF	N/A
<b>UCSF CAS-MATCH</b>					
1. By June 30, 2026, 100% of MATCH-ADTC trainees will complete the required 5-day foundational training, structured consultation sessions, and fidelity assessments, as measured by attendance, supervision logs, and certification records.	Compliance	N/A	Written summaries of each training session, attendance logs, supervision records, and fidelity assessment documentation will be compiled and submitted to the CYF Program Manager. Trainer will also track certification progress and a report will be submitted on completion rates by 9/15/2026.	CYF	N/A
2. By June 30, 2026, at least 85% of MATCH-ADTC trainees will demonstrate increased knowledge and skill in applying modular interventions for anxiety, depression, trauma, and conduct problems, as evidenced by improved pre- and post-training self-ratings and competency assessments.	Outcomes	N/A	This will be monitored through post-training surveys. Aggregated results will be compiled into a report and submitted to the CYF Program Manager and/or BOCC by 9/15/2026.	CYF	N/A
3. By June 30, 2026, at least 80% of MATCH-ADTC trainees will report increased confidence in delivering MATCH interventions effectively with their children/youth clients, as measured by structured consultation surveys on confidence, usefulness, and skill integration.	Outcomes	N/A	This will be monitored by ongoing post-consultation surveys. Aggregated results from these surveys will be summarized in a brief report and submitted to the CYF Program Manager and/or BOCC by 9/15/2026.	CYF	N/A
<b>UCSF CAS-PCIT</b>					
1. By June 30, 2026, 100% of CYF providers enrolled in the PCIT training cohorts will complete all required foundational training sessions, clinical supervision hours, and fidelity assessments, as documented by attendance logs, certification checklists, and program records.	Compliance	N/A	Written summaries of each training session, attendance logs, and fidelity records will be compiled and submitted to the CYF Program Manager. Trainer will track trainee progress toward certification and submit a report on completion by 9/15/2026.	CYF	N/A
2. By June 30, 2026, at least 85% of PCIT trainees will report increased familiarity and competence with foundational PCIT skills, including PRIDE coaching, DPICS coding, and cultural adaptations, demonstrated by improvement between pre- and post-training survey scores on knowledge and confidence measures.	Outcomes	N/A	This will be monitored by post-training surveys and competency assessments. Aggregated survey results will be compiled into a report and submitted to the CYF Program Manager and/or BOCC by 9/15/2026.	CYF	N/A
3. By June 30, 2026, at least 80% of PCIT trainees will report an increase in confidence in applying PCIT strategies with their current cases, as measured by monthly consultation surveys on confidence, usefulness, and skill application.	Outcomes	N/A	This will be monitored by structured post-consultation surveys. Aggregated results from the surveys will be summarized in a report and submitted to the CYF Program Manager and/or BOCC by 9/15/2026.	CYF	N/A
<b>UCSF Child Trauma Research Program</b>					
1. The program will provide Child-Parent Psychotherapy (CPP) training to CYF agencies and/or providers/clinicians during the contract year	Compliance	N/A	This will be monitored by log of training schedule and sign-in sheets submitted to the CYF Program Manager .	CYF	N/A
2. The program will provide ongoing CPP consultation to Human Services Agency (HSA) providers during the contract year. Of the providers who attend consultation, at least 75% will report that the consultation was helpful for them to work with children and their caregivers/parents; and the consultant was knowledgeable and responsive.	Compliance	N/A	This will be monitored by a survey conducted. A brief report on the aggregated results from the survey will be submitted to the CYF Program Manager and/or BOCC .	CYF	N/A

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<b>UCSF DBT Training and Consultation</b>					
1. Of the Seneca DBT clinicians who attend consultation, 75% will report that the consultation was helpful for them to implement DBT-A.	Outcomes	N/A	This will be monitored by a survey conducted every 6 months. A brief report on the aggregated results from the survey will be submitted to the CYF Program Manager and/or BOCC by 9/15/26	CYF	N/A
2. Of the TAY clinicians who attend consultation, 75% will report that the consultation was helpful for them to implement DBT-A.	Outcomes	N/A	This will be monitored by a survey conducted every 6 months. A brief report on the aggregated results from the survey will be submitted to the CYF Program Manager and/or BOCC by 9/15/26	CYF	N/A
3. Of the CYF clinicians who attend the DBT-informed training and/or consultations, 75% will rate the training as "very good."	Outcomes	N/A	This will be monitored through a post-training and post-consultation surveys. Aggregated results from the survey will be submitted to the CYF Program Manager and/or BOCC by 9/15/26	CYF	N/A
<b>WestCoast - Psychological Testing Services</b>					
1. For psychological assessment referrals, services will begin within 2 weeks of a client being linked to a program for psychological assessment services.	Outcome	All program clients	Avatar. BOCC calculates	CYF	N/A
2. Psychological evaluations will be completed within an average of 90 days from Episode Opening.	Outcome	All program clients	Avatar. BOCC calculates	CYF	N/A
<b>Westside Ajani</b>					
1. 100% of new clients enrolled in the program during FY25-26 will have a completed intake form that states the reason for the referral and specifies the recommended service(s) that will benefit the client and resolve the identified concern(s).	Process	All referred clients in FY25-26	Contractor prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/15/26	CYF	N/A
2. 80% of clients enrolled in the program referred by SFUSD will have resolved the reason(s) for the referral by end of the current school year.	Outcomes	All clients referred by SFUSD in FY 25-26	Contractor prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/15/26	CYF	N/A
3. 100% of all clients enrolled in the program will have documented evidence of benefits or progress being made by the services they are receiving.	Process	All referred clients in FY25-26	Contractor prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/15/26	CYF	N/A
4. By September 15, 2026, Westside will submit a year-end summary of the Ajani program that includes: a) findings/results of Objectives 1 - 3; b) client testimonials regarding their satisfaction with services received; c) identified gaps and/or challenges experienced in service delivery during FY25-26, d) overall reflections and ideas to maintain current successes and resolve any identified gaps/challenges.	Process	All referred clients in FY25-26	Contractor prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/15/26	CYF	N/A

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Tab 5 - BHSa

Agency	Program Name	BHSA Year End Report Expected?	Priority Population	Type of PO	Performance Objective (PO)
<b>BAYVIEW HUNTER'S POINT FOUNDATION- Trauma &amp; Recovery/ School based</b>					
BAYVIEW HUNTER'S POINT FOUNDATION	School based- Trauma & Recovery Services	Yes	At-risk and Truant High School students and their families at SFUSD	Process	By June 30, 2026, the BVHPF will reach out to 30 children (ages 5 and up referred by SFUSD staff or BVHPF clinicians) &/or their families, who may be eligible for this program's services, which will be evidenced by a weekly log of outreach activities stored confidentially in a logbook of outreach activities.
				Process	By June 30, 2026, the BVHPF will assess 25 children for mental health needs, which will be evidenced by clinical documentation that is stored in clinical chart records that are stored & kept confidential.
				Outcome	By June 30, 2026, the BVHPF will engage 25 children (ages 5 and up referred by SFUSD staff or BVHPF clinicians) &/or their families, who may be eligible for this program's services, which will be evidenced by the creation of clinical chart records that are stored & kept confidential
				Process	By June 30, 2026, 20 program eligible children will participate in wellness activities (e.g. after school programming), which will be evidenced by documentation in progress notes stored in clinical chart records that are stored & kept confidential.
				Outcome	By June 30, 2026, 15 BVHPF program child clients who participate in wellness activities will return to school for 60% of the school week, which is evidenced by clinical chart records that are stored & kept confidential.
				Process	By June 30, 2026, the 20 program eligible children will participate in individual counseling services/therapy, which will be evidenced by documentation in clinical chart records that are stored & kept confidential.
				Outcome	By June 30, 2026, 10 BVHPF program child clients who participate in individual counseling/therapy, will return to school for 60% of the school week, which is evidenced by clinical chart records that are stored & kept confidential.
				Process	By June 30, 2026, 20 children will be referred to wellness promotion activities &/or counseling/therapy to support recovery from mental health challenges, which will be documented by clinical chart records that are stored & kept confidential.

EDGEWOOD CENTER FOR CHILDREN AND FAMILIES- Edgewood MHSA School-Based Behavioral Health Service					
EDGEWOOD CENTER FOR CHILDREN AND FAMILIES	Edgewood MHSA School-Based Behavioral Health Service	Yes	School Staff and students at Charles Drew ES	Outcome	By June 30, 2026, 7 (75% of) classroom teachers at Dr. Charles R. Drew College Preparatory Academy will report feeling the desire to continue working as a teacher in the school, as measured by Edgewood's Year-end Client (School Staff) Satisfaction Survey.
				Process	The program will engage 9 Dr. Charles R. Drew College Preparatory Academy teachers to support their overall wellness and morale, evidenced by Edgewood's Year-end Client (School Staff) Satisfaction Survey.
				Outcome	By June 30, 2026, 7 (75% of) classroom teachers will report feeling more successful (from beginning to the end of the year) in dealing with challenging student behaviors, as measured by Edgewood's Client (School Staff) Satisfaction Survey.
				Process	The program will engage 9 Dr. Charles R. Drew College Preparatory Academy teachers to support their capacity to effectively support their students' behavioral needs and will measure participation through a daily log of interventions (to be completed by Edgewood staff).
				Outcome	By June 30, 2026, 9 (60% of) students served individually and/or in small groups for Behavior Coaching will show a cumulative increase (in total score) from pre- to post-services in peer-preferred, teacher-preferred, and school-adjustment behaviors, as measured by the teacher-completed WMS (Walker-McConnell Scale). 7 youth will receive individual behavior coaching support and 8 youth will receive group behavior coaching support.
				Process	By June 30, 2026, 15 students will receive individualized and/or small group support through Behavior Coaching and 10 students will receive small group support through Youth & Family Advocate services. This will be evidenced by student demographic data logs, tracked by Edgewood staff.
				Outcome	By June 30, 2026 will attend family community-building, celebrations, and/or parent and family support events.
				Process	There will be 3 community-building & celebrations and 5 parent support events, all of which will be organized and implemented by the Youth & Family Advocate in collaboration with the school's Community Liaison, school administration, and other school support staff, as needed.  This will be evidenced by sign-in sheets for all events.

Tab 5 - BHSA

HCN PEI					
Homeless Children Network PEI	HCN PEI	Yes	Open to all with a particular focus on Black/AA and LGBTQ+ populations and communities	Outcome	By June 30, 2026, will strengthen an Afri-Centric whole-person wellness model by increasing cross-referrals to 3 new sites and expanding access to mental health support for underserved groups—including but not limited to Black/African American communities, the Black LGBTQ+ community, and families with children ages 0–5—through consistent community engagement and partnership.
				Outcome	By June 30, 2026, improve community mental health and wellness by developing and implementing 6 new wellness groups and activities in a variety of community settings including permanent supportive housing sites.
				Outcome	By June 30, 2026, enhance the mental health and wellness of children, youth, families, and community members by providing Afri-centric hybrid services (in-person, phone, and video) to at least 30 clients per year, with the outcome that at least 75% of participants report improved coping skills, increased access to support, or greater capacity to address the mental health needs of youth and families.
				Outcome	By June 30, 2026, strengthen the mental health and wellness of the LGBTQ+ community by providing Afri-centric services to at least 40 individuals or families per year with the outcome that at least 70% of participants and partners report increased access to resources, stronger community connections, and improved capacity to address mental health needs.

IFR- Sana Sana program PEI School based consultation					
IFR	Sana Sana program PEI School based consultation	Yes	Students and school staff at Cesar Chavez ES, and Bryant ES	Process	By June 30,2026 10 staff at Cesar Chavez and 10 staff at Bryant will receive at least (1) consultation from the Mental Health Consultant to support them to respond to stressors in the school, which will be evidenced by the Sana Sana log that tracks unduplicated count for staff participation in consultation services.
				Outcome	By June 30,2026 , of those staff who received consultation services and responded to the survey, 75% will report that they are satisfied with the services they've received from the consultant. This will be measured in a client satisfaction survey administered in May 2026.
				Outcome	By June 30, 2026, of those staff who responded to the program survey, 75% will report that the consultant helped increase their understanding of mental health and socio-emotional needs of the student & their family, which will be measured in a client satisfaction survey administered in May 2026.
				Process	By June 30,2026, Bryant and Cesar Chavez Mental Health Consultants will collaborate with wellness teams, made up of at least 3 staff (including school social workers, administrative and support staff) in identifying students with emerging mental health needs and make appropriate linkages. This will be reported through referral tracking logs, which track successful linkages to mental health resources.
				Outcome	By June 30, 2026, 6 students from Bryant Elementary School and 6 students from Chavez Elementary School will receive onsite therapeutic services and collaterals (meetings with important adults' in a client's life, ie. caregivers, teachers) in order to gather more information regarding case or provide support that will enhance client care). Services and collaterals will be documented in the clients' clinical chart's outpatient service tracking form.
				Outcome	During academic year by June 30, 2026 50% of school staff will report feeling more equipped to respond to the emerging needs of students and families following consultation with the consultant. This will be measured in a teacher satisfaction survey administered in May 2026 targeting a minimum of 10 staff responding to survey per school site.
				Process	By June 30, 2026 the Mental Health Consultant will participate in the weekly CARE/CCT/SAP meeting in order to support thinking of students, family and school climate needs, this will be reported through our internal Sana Sana tracking log that documents weekly meetings and number of staff participating.
				Process	By the end of June 30, 2026, the mental health consultant from Bryant Elementary School and the mental health consultant from Cesar Chavez Elementary School will partner with the wellness team made up of at least 3 support staff to identify students with mental health needs & who may benefit from short-term therapy that will be 6-8 months long. Each individual student will be seen weekly
				Process	During the academic year 2025-2026 Bryant and Cesar Chavez Mental Health consultants will partner with the wellness team to identify students with mental health needs that would benefit from short term therapy. 6 students will receive on site therapeutic services and collaterals with families

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Rafiki Coalition for Health and Wellness- School Based Centers (Balboa)					
Rakiki Coalition for Health and Wellness	School Based Centers (Balboa)	Yes	Students at Balboa HS	Process	By June 30, 2026, clinicians will complete 85 behavioral health assessments with Balboa High School students, as evidenced by entries in AZZLY EHR and the program tracking log.
				Outcome	By June 30, 2026, 40 students will be referred for ongoing mental or behavioral health services (e.g., individual therapy, group therapy, psychiatric evaluation, SUD treatment), as evidenced by documented referrals in AZZLY/SharePoint referral logs.
				Outcome	By June 30, 2026, 10 students will engage in linked services (e.g., completing an initial appointment or documented service contact), as evidenced by case notes and referral follow-up documentation stored in AZZLY/SharePoint.
				Process	100% of students who complete an intake assessment by a Rafiki clinician will also receive a CRAFFT substance use disorder assessment (CRAFFT = Car, Relax, Alone, Forget, Friends, Trouble), as evidenced by the completed CRAFFT in the student record.
				Outcome	100% of students who screen positive on CRAFFT will receive a documented referral to the appropriate level of SUD care (e.g., brief intervention, school-based counseling, community SUD program), with referral follow-up attempts recorded in the student record.
				Process	In Fall 2025 and Spring 2026, Rafiki will deliver 3 harm-reduction and mental-healthawareness educational workshops each semester at Balboa High School to 30 students total as evidenced by attendance logs and session summaries stored in SharePoint.
				Outcome	By June 30, 2026, at least 70% of Balboa High School students who participate in Rafiki's harm-reduction and mental-health-awareness workshops will report increased knowledge of substance use risks and/or improved awareness of mental health resources, as measured by pre/post surveys.



REGENTS OF UC - UCSF Child & Adolescent Services (CAS) SFGH					
REGENTS OF UC - UCSF	UCSF Child & Adolescent Services (CAS) SFGH Psychiatry-Fuerte	Yes	Newcomer Latinx immigrant youth	Process	These efforts will be evidenced by attendance logs and session summaries.
				Process	Outreach and Engagement: By June 30, 2026, 100 students will be enrolled in the Fuerte program as evidenced by group participant logs.
				Process	Screening and Assessment: By June 30, 2026, 100% of students enrolled in Fuerte will be screened for behavioral health concerns using the PSC-35.
				Process	Service Linkage: By June 30, 2026, 100% of students who were identified by the PSC-35 as being at risk for behavioral health concerns will be referred to specialty mental health services as evidenced by student referral logs.
				Process	Individual and Group Therapeutic Services: By June 30, 2026, 70% of students enrolled in Fuerte will have attended at least three Fuerte group sessions.
				Process	Staffing: By June 30, 2026, we will hire a social worker to lead training and consultation initiatives, as well as oversee group facilitation.
				Process	Program Adaptation: By June 30, 2026, we will have developed a version of the Fuerte curriculum adapted for elementary school children.
				Process	Program Adaptation: By June 30, 2026, we will have completed a pilot of the Fuerte curriculum for elementary school children that will include 4 students and their 4 caregivers at one elementary school.
				Process	Program Adaptation: By June 30, 2026, we will have completed gathering feedback from newcomer Chinese immigrant youth at 1 SFUSD high school on adapting the program for newcomer Chinese middle and high school students.
				Process	Individual and Group Therapeutic Services: By June 30, 2026, 70% of Fuerte participants in the intervention group who attend at least three Fuerte group sessions will show an increase in their social connectedness as demonstrated by the Social Connectedness measures or focus group data.
				Process	Individual and Group Therapeutic Services: By June 30, 2026, 70% of Fuerte participants in the intervention group who attend at least three Fuerte group sessions will show an increase in their mental health literacy using our measure of Mental Health Literacy or focus group data.

RAMS - Wellness MHSA (as part of RAMS High School Wellness Initiative)					
RAMS	SOTA and School-Based Wellness Expansion	Yes	High school students in SFUSD	Process	BHSA Service Category: Screening & Assessment By June 30, 2026, 80 youth will be assessed for mental health needs. Staff will document and store assessment records in RAMS HIPAA-compliant electronic health record database.
				Process	BHSA Service Category: Individual & Group Therapeutic Services Individual Therapeutic Services. By June 30, 2026, 60 youth will receive individual therapeutic services (e.g. brief, short-term therapy, one-on-one interventions, crisis response, clinical case management, collateral service with family members) to address mental health needs. Records will be documented and stored in RAMS HIPAA-compliant electronic health record database.
				Process	BHSA Service Category: Individual & Group Therapeutic Services Group Therapeutic Services. By June 30, 2026, 40 youth will receive group therapeutic services (e.g. brief or short-term activities in a group setting of three or more youth) to address mental health needs and build coping skills. Records will be documented and stored in RAMS HIPAA-compliant electronic health record database.
				Outcome	By June 30, 2026, upon case closure, 75% of youth aged 14-17 who received services and completed a survey, will report that they have met their treatment goals, which are collaboratively developed between the provider and youth; this will be evidenced by case closing surveys.
				Outcome	By June 30, 2026, upon case closure, 75% of youth aged 14-17 who received services and completed a survey, will self-report improvements to their coping abilities; this will be evidenced by case closing surveys.
				Outcome	By June 30, 2026, 85% of youth aged 14-17 who received services and completed a survey upon case closure, will express overall satisfaction with services; this will be evidenced by case closing surveys.
DPH BHS CYF- L.E.G.A.C.Y. (Lifting and Empowering Generations of Adults, Children, and Youth)					
San Francisco Department of Public Health (SFPDH)	Lifting and Empowering Generations of Adults, Children, and Youth (LEGACY)	Yes	Peers, Consumers and their Families/Parents	Process	By June 30, 2026, 85% of consumers identified as seeking services will be screened to receive culturally and linguistically appropriate services through one-on-one, peer-to-peer support to address their and/or their children's mental health needs. This information will be stored in the LEGACY database.
				Outcome	By June 30, 2026, 65% of consumers will have successfully completed two self-identified goals as evidenced by the LEGACY Goal Outcome log.
				Outcome	By June 30, 2026, 75% of consumers who complete the Annual Client Satisfaction Survey will report that as a result of being a client at LEGACY, they are better able to advocate for their needs.
				Process	By June 30, 2026, 80% of LEGACY DPH staff, who directly work with clients, will help facilitate at least one Support Group. This will be evidenced by the LEGACY shared drive.
				Process	By June 30, 2026, LEGACY Family Specialists will have referred at least 75% of their clients to at least two community resources. This will be evidenced by the Resource Referral Log located in each client's chart.