



San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Behavioral Health Services - Substance Use Services

Performance Objectives FY 2025- 2026

Overview

Measuring client improvement and successful completion of target objectives is an important part of SFDPH contracting. 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 7 tabs:

- Tab 1:** Objectives for *SUS Adult Outpatient*
- Tab 2:** Objectives for *SUS Adult OTP*
- Tab 3:** Objectives for *SUS Adult Residential*
- Tab 4:** Objectives for *SUS CYF Outpatient*
- Tab 5:** Objectives for *SUS Adult Residential*
- Tab 6:** Objectives for *SUS CYF Prevention*
- Tab 7:** Objectives for *Individualized Objectives*

They all 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 If unsure of the SOC Program Manager, contact your CDTA Program Manager for assistance.

SUS Adult Outpatient

Indicator	Type of Objective	Client Inclusion / Exclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
SUS Adult-OP-1: At least 60% of clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by discharge codes. This includes clients who have successfully completed treatment with a referral (Code 1), successfully completed treatment without a referral (Code 2), left the program before completion but with satisfactory progress (Code 3), or left before completion with satisfactory progress under administrative discharge (Code 4).	Outcome	<p>All clients discharged in FY25-26 Excludes: Clients with < 3 visits in 60 day period</p> <p>Denominator: All clients discharged in the fiscal year (FY), who had at least 3 service dates within any 60-day period</p> <p>Numerator: Clients whose discharge status code is 1, 2, 3, or 4</p>	CalOMS Discharge Status Field.	ACA	CalOMS Discharge Status Report Avatar Report
SUS Adult-OP-2: At least 50% of clients will maintain abstinence or show a reduction of Primary Substance (Alcohol and Other Drug use) by at least 1 or more days less than reported at admission.	Outcome	Clients in Tx \geq 60 days and discharged, or for whom CalOMS data updated in FY25-26	CalOMS admission, Annual Update, and Discharge Data	ACA	BOCC report

SUS Adult Outpatient

SUS Adult-OP-3: 100% of initial requests for services (phone and walk-ins) will be recorded in the Avatar Timely Access Log.	Process	All initial requests for Services from new clients (without an open episode in the program) Number of entries in Timely Access Log should be \geq number of new episodes opened in	Avatar - BOCC calculates	BHS Policy/DHCS	Timely Access Log Report Dashboard Avatar Report
SUS Adult-OP-4: 90% of clients will be offered an appointment within 10 business days of the initial request for services.	Process	All clients with non-urgent needs beginning Tx with a new provider in FY25-26	Avatar - BOCC calculates	BHS Policy/DHCS	Timely Access Report (Program) Avatar Report
SUS Adult-OP-5: 100% of clients admitted will have a completed Cal-OMS Admissions.	Process	Clients admitted during FY25-26	CalOMS Program Audit Report	BHS Policy/DHCS	Avatar: CalOMS Admission Errors by Program Report
SUS Adult-OP-6: 100% of clients enrolled in program over 365 days will have a completed Cal-OMS Annual Update.	Process	Clients enrolled in program for 365 days or more during FY25-26.	CalOMS Program Audit Report	BHS Policy/DHCS	Avatar CalOMS Discharge Errors by Program Report
SUS Adult-OP-7: 100% of clients discharged will have the CalOMS Discharge form completed.	Process	Clients discharged during FY25-26	CalOMS Program Audit Report	BHS Policy/DHCS	CalOMS Discharge Timely Status Avatar Report

SUS Adult Outpatient

<p>SUS Adult-OP-8: At least 50% of clients newly admitted to SUS outpatient programs will receive a minimum of two services within 34 days of admission, demonstrating early engagement in treatment.</p>	<p>Outcome</p>	<p>Inclusion: Clients newly admitted to SUS Outpatient Programs during FY25-26.</p> <p>Exclusion: Any clients admitted 34 calendar days prior to the end of the FY.</p> <p>Clients served at OBIC (tracked separately due to unique dosing protocol). Excludes OBIC: These clients should be tracked separately, as their dosing protocol does not require monthly engagement.</p> <p>New Admission: Any admission recorded during the reporting period for that program.</p> <p>Engagement: Defined as two services following the admission date. The admission itself does not count.</p>	<p>Avatar - BOCC calculates</p> <p>Numerator: Number of clients who receive at least two services within 34 days after their admission date.</p> <p>Denominator: All clients with a new SUS outpatient admission during the FY (based on outpatient episodes).</p>	<p>Adapted from HEDIS IET Measure (Initiation and Engagement of SUS Treatment)</p>	<p>Currently unavailable</p>
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SUS Adult Outpatient

<p>SUS Adult-OP-9: At least 40% of episodes admitted to an Outpatient program will stay retained in treatment for 90 days.</p>	<p>Outcome</p>	<p>Inclusion: Clients admitted during FY 25-26.</p> <p>Exclusion: Clients admitted within 90 calendar days prior to the fiscal year end. Excludes Medication-Assisted Treatment (MAT) outpatient programs.</p> <p>Engagement is defined as participation in at least one service per month during the first 3 months (any service counts), and at least two billable services after day 90. There should be no gap greater than 31 days between services during the first 90 days. Any service code except an administrative code counts toward the service requirement.</p> <p>An admission is defined as any outpatient admission form submitted for that program during the review period.</p>	<p>Avatar - BOCC calculates</p> <p>Numerator: Episodes with no gap longer than 31 days between services during the first 120 days.</p> <p>Denominator: All newly opened episodes during the FY.</p>	<p>Clinic based adaptation of national standards for retention (NIDA's Principles of Drug Addiction Treatment)</p>	<p>Currently unavailable</p>
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SUS Adult Outpatient

SUS Adult-Prop C-1: Programs will submit SUSS outpatient Prop C Case Managers/Navigators excel report or other internal tracking document of client’s link to services monthly by the 15 of the following month to SFDPH SUS System of Care (BHS-SUD@sfdph.org)	Process	Applicable to Programs receiving Prop C: Bayview Hunter's Point Foundation; Curry Senior Center; HR360-AAHC, Adapt, SF Adult OP; Mission Coucil-IOP, -OP; SFAF-Stonewall Project; The Latino Commission; UCSF Alliance Health Project	SUDS Outpatient Programs Navigators Report	BHS Policy	N/A
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SUS Adult OTP

Indicator	Type of Objective	Client Inclusion / Exclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
SUS Adult-OTP-1: At least 60% of clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by discharge codes.This includes clients who have successfully completed treatment with a referral (Code 1), successfully completed treatment without a referral (Code 2), left the program before completion but with satisfactory progress (Code 3), or left before completion with satisfactory progress under administrative discharge (Code 4).	Outcome	All clients discharged in FY25-26 Excludes: Clients with < 3 visits in 60 day period	CalOMS Discharge Status Field	ACA	CalOMS Discharge Status Report Avatar Report
SUS Adult-OTP-2: At least 50% of clients will maintain abstinence or show a reduction of Primary Substance (Alcohol and Other Drug use) by at least 1 or more days less than reported at admission.	Outcome	Clients in Tx ≥ 60 days and discharged, or for whom CalOMS data updated in FY25-26	CalOMS admission, Annual Update, and Discharge Data	ACA	BOCC Analysis

SUS Adult OTP

SUS Adult-OTP-3: 100% of initial requests for services (phone and walk-ins) will be recorded in the Avatar Timely Access Log.	Process	All initial requests for Services from new clients (without an open episode in the program) Number of entries in Timely Access Log should be ≥ number of new episodes opened in FY25-26	Avatar - BOCC calculates	BHS Policy/DHCS	Timely Access Log Report Dashboard Avatar Report
SUS Adult-OTP-4: 100% of clients admitted will have a completed Cal-OMS Admissions.	Process	Clients admitted during FY25-26	CalOMS Program Audit Report	BHS Policy/DHCS	Avatar: CalOMS Admission Errors by Program Report DHCS: Accept and Reject Report
SUS Adult-OTP-5: 100% of clients enrolled in program over 365 days will have a completed Cal-OMS Annual Update.	Process	Clients enrolled in program for 365 days or more during FY25-26.	CalOMS Program Audit Report	BHS Policy/DHCS	Avatar CalOMS Discharge Errors by Program Report DHCS: Accept and Reject Report
SUS Adult-OTP-6: 100% of clients discharged will have the CalOMS Discharge Status field completed.	Process	Clients discharged during FY25-26	CalOMS Program Audit Report	BHS Policy/DHCS	CalOMS Discharge Timely Status Avatar Report

SUS Adult OTP

<p>SUS Adult-OTP-7: At least 75% of new clients admitted to an opioid treatment program will have no more than 8 consecutive missed doses in first 30 days of treatment.</p>	<p>Outcome</p>	<p>Inclusion:</p> <ul style="list-style-type: none">•Client newly admitted to methadone or buprenorphine maintenance program during the fiscal year.•Admission must be recorded in Avatar.•Client must have at least 180 days of data following admission within the FY or up to the point of data extraction.•Client is only counted once per FY, at their first qualifying admission. <p>Exclusion: Exclude any clients admitted 34 calendar days prior to the end of the FY.</p>	<p>Avatar - BOCC calculates</p> <p>Numerator: Number of newly admitted clients who did not miss more than 8 consecutive methadone or buprenorphine doses during the first 34 days of treatment.</p> <p>Denominator: Total number of newly admitted clients to methadone maintanece or buprenorphine treatment during the fiscal year who meet the inclusion criteria.</p>	<p>Clinic based adaptation of national standards for early engagement - HEDIS Measures: Initiation and Engagement of Substance Use Disorder Treatment (IET), Pharmacotherapy for Opioid Use Disorder (POD)</p>	<p>Currently unavailable</p>
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SUS Adult OTP

<p>SUS Adult-OTP-8: At least 30% of new clients admitted to an opioid treatment program will have no more than 8 consecutive missed doses in first 180 days of treatment.</p>	<p>Outcome</p>	<p>Inclusion:</p> <ul style="list-style-type: none">•Client newly admitted to a methadone or buprenorphine maintenance program during the fiscal year.•Admission must be recorded in Avatar.•Client must have at least 180 days of data following admission within the FY or up to the point of data extraction.•Client is only counted once per FY, at their first qualifying admission. <p>Exclusion:</p> <ul style="list-style-type: none">•Cleints readmitted within the same FY (only first qualifying admission is	<p>Avatar - BOCC calculates</p> <p>Numerator: Number of newly admitted clients who did not miss more than 8 consecutive methadone or buprenorphine doses during the first 180 days of treatment.</p> <p>Denominator: Total number of newly admitted clients to methadone or buprenorphine maintenance treatment during the fiscal year who meet the inclusion criteria.</p>	<p>Clinic based adaptation of national standards for retention - HEDIS Measure - Pharmacotherapy for Opioid Use Disorder (POD)</p>	<p>Currently unavailable</p>
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SUS Adult Residential

Indicator	Type of Objective	Client Inclusion / Exclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
SUS Adult-RES-1: At least 60% of clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by discharge codes. This includes clients who have successfully completed treatment with a referral (Code 1), successfully completed treatment without a referral (Code 2), left the program before completion but with satisfactory progress (Code 3), or left before completion with satisfactory progress under administrative discharge (Code 4).	Outcome	All clients discharged in FY25-26 Excludes: Clients with < 3 visits in 60 day period	CalOMS Discharge Status Field	ACA	CalOMS Discharge Status Report Avatar Report
SUS Adult-RES-2: At least 50% of clients will maintain abstinence or show a reduction of Primary Substance (Alcohol and Other Drug use for at least 1 or more days less than reported at admission	Outcome	Clients in Tx ≥ 60 days and discharged, or for whom CalOMS data updated in FY25-26	CalOMS admission, Annual Update, and Discharge Data	ACA	BOCC Analysis
SUS Adult-RES-3: 100% of initial requests for services (phone and walk-ins) will be recorded in the Avatar Timely Access Log. Note: A timely access log entry is required when a client transitions from Withdrawal Management to Residential services, even if the transition occurs within the same agency.	Process	All initial requests for Services from new clients (without an open episode in the program) Number of entries in Timely Access Log should be ≥ number of new episodes opened in FY25-26	Avatar - BOCC calculates	BHS Policy/DHCS	NA
SUS Adult-RES-4: 100% of clients admitted will have a completed Cal-OMS Admission.	Process	Clients admitted during FY25-26	CalOMS Program Audit Report	BHS Policy/DHCS	Avatar: CalOMS Admission Errors by Program Report DHCS: Accept and Reject Report
SUS Adult-RES-5: 100% of clients discharged will have the CalOMS Discharge Status field completed.	Process	Clients discharged during FY25-26	CalOMS Program Audit Report	BHS Policy/DHCS	CalOMS Discharge Timely Status Avatar Report

SUS Adult Residential

<p>SUS Adult-RES-6: 75% of new clients will stay in residential treatment greater than 14 days.</p>	Outcome	<p>Inclusion:</p> <ul style="list-style-type: none"> •New adult SUD Residential episodes (first admission or readmission after discharge). •Admission occurs during the reporting FY. •Clients with an authorized LOC assessment. <p>Exclusion:</p> <ul style="list-style-type: none"> •Clients whose episode is not yet 14 days old at the time of reporting. •Clients whose LOC assessment is denied or transitioned to an appropriate level of care. •Exclude Withdrawal Management clients. 	<p>Avatar - BOCC calculates</p> <p>Numerator: Number of new clients who remain in residential treatment for more than 14 consecutive days.</p> <p>Denominator: Total number of new clients admitted to residential treatment during the reporting period.</p>	Evidence-based research on residential treatment early engagement.	Currently unavailable
<p>SUS-RSD-1: 100% of clients in Residential Step-Down will have documented monthly verification of enrollment in an Outpatient treatment program (Outpatient, Intensive OP, NTP, Recovery Services).</p>	Process	Clients in program ≥ 30 days	SUDS RSD Report of Client Connection to SUD Services or Internal Tracking Document	BHS Policy DHCS	NA
<p>SUS-RSD-2: Program will submit SUDS RSD Report of Client Connection to SUS Services monthly to DPH by the 15th of the following month.</p>	Process	Residential Step-Down Only	SUDS RSD Report of Client Connection to SUD Services or Internal Tracking Document	BHS Policy DHCS	NA

SUS Adult Residential

<p>SUS-RSD-3: 100% of clients will connect to outpatient treatment within 10 days of admission to Residential Step-Down.</p>	<p>Outcome</p>	<p>Inclusion:</p> <ul style="list-style-type: none">•Clients admitted to Residential Step-Down.•Clients with a documented referral to outpatient treatment.•Connection is defined as enrolled in an outpatient program by 10 days of admission to RSD. <p>Exclusion:</p> <ul style="list-style-type: none">•Clients who decline outpatient services.	<p>SUDS RSD Report of Client Connection to SUD Services or Internal Tracking Document</p> <p>Numerator: Number of clients who attended at least one outpatient treatment session within 7 calendar days of admission to Residential Step-Down.</p> <p>Denominator: Total number of clients admitted to Residential Step-Down during the measurement period.</p>	<p>Adapted from HEDIS Measure - Follow-Up After High-Intensity Care for Substance Use Disorder (FUI) & SUBG Guidelines</p>	<p>Currently unavailable</p>
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SUS CYF Outpatient

Indicator	Type of Objective	Client Inclusion & Exclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
CYF-SA-OP-1: At least 60% of clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by discharge codes. This includes clients who have successfully completed treatment with a referral (Code 1), successfully completed treatment without a referral (Code 2), left the program before completion but with satisfactory progress (Code 3), or left before completion with satisfactory progress under administrative discharge (Code 4).	Outcome	<p>All clients discharged in FY25-26 Excludes: Clients with < 3 visits in 60 day period</p> <p>Denominator: All clients discharged in the fiscal year (FY), who had at least 3 service dates within any 60-day period</p> <p>Numerator: Clients whose discharge status code is 1, 2, 3, or 4</p>	CalOMS Discharge Status Field	Affordable Care Act (ACA)	CalOMS Discharge Status Report
CYF-SA-OP-2: 100% of initial requests for services (phone and walk-ins) will be recorded in the Avatar Timely Access Log.	Compliance	All initial requests for services, from new (non-registered) clients, or clients registered in Avatar w/o an open episode in program	<p>1. Avatar No. of entries recorded in Timely Access Log should be ≥ No. of new episodes opened in FY 24-25</p> <p>2. CYF SUD Program Manager</p>	BHS Policy/DCHS	Timely Access Report (Program) Avatar Report
CYF-SA-OP-3: 100% of clients must be offered an appointment within 10 business days of the initial request for services.	Compliance	All clients with non-urgent needs opening an episode with the provider	Timely Access Log records, extended wait times for appt documented via attestation in Avatar Timely Access Log	BHS Policy/DCHS	Timely Access Report (Program) Avatar Report
CYF-SA-OP-4: 100% of discharged clients in treatment will have a completed discharge process on AVATAR no later than 30 days after episode closing.	Compliance	All clients whose case has been opened for more than 30 days after completion of the assessment (initial or annual).	AVATAR Discharge Report	BHS Policy/DCHS	AVATAR Discharge Report
CYF-SUD-OP-5: 100% of clients admitted in FY 25-26 will have a completed Cal-OMS Admission form.	Process	Clients admitted during FY 25-26	CalOMS Program Audit Report	BHS Policy/DHCS	CalOMS Program Audit Report
CYF-SUD-OP-6: 100% of clients discharged in FY 25-26 will have a completed CalOMS Discharge form.	Process	Clients discharged during FY 25-26	CalOMS Program Audit Report	BHS Policy/DHCS	CalOMS Program Audit Report

SUS CYF Prevention

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
CYF-SAPP-1: Program will achieve positive program effect, as measured through the Ahearn Green Evaluation, in the parent cluster scale.	Outcome	* Parents/Caregivers attending 13th or 14th session * All programs	Program Sign-in/Attendance sheets; Admissible Retro-Post tests administered at 13th session; Ahearn Green Associates will provide the analyzed data and results to SOC, which will provide the data to BOCC	SUBG	Outcome Evaluation Report from Ahearn Green Associates
CYF-SAPP-2: Program will achieve positive program effect, as measured through the Ahearn Green Evaluation, in the child cluster scale.	Outcome	* Parents/Caregivers attending 13th or 14th session * All programs	Program Sign-in/Attendance sheets; Admissible Retro-Post tests administered at 13th session; Ahearn Green Associates will provide the analyzed data and results to SOC, which will provide the data to BOCC	SUBG	Outcome Evaluation Report from Ahearn Green Associates
CYF-SAPP-3: Program will achieve positive program effect, as measured through the Ahearn Green Evaluation, in the family cluster scale.	Outcome	* Parents/Caregivers attending 13th or 14th session * All programs	Program Sign-in/Attendance sheets; Admissible Retro-Post tests administered at 13th session; Ahearn Green Associates will provide the analyzed data and results to SOC, which will provide the data to BOCC	SUBG	Outcome Evaluation Report from Ahearn Green Associates
CYF-SAPP-4: Agencies will meet 60% fidelity to the evidenced-based model Strengthening Families Program	Outcome	* Group Leaders and sessions that are observed. * Parents/Caregivers attending the observed session * All programs	Group Leader Surveys; Site visit observations and analysis; parent satisfaction surveys; Ahearn Green Associates will provide the analyzed data and results to SOC, which will provide the data to BOCC.	SUBG	Fidelity Evaluation Report from Ahearn Green Associates
CYF-SAPP-5: SFP will graduate 1 cycle of 8-12 unduplicated families with elementary school children	Compliance	*Elementary school children and their Parents/Caregivers * 85% attendance rate *Only Jamestown, Youth Leadership Institute, Urban YMCA, & JCYC	Program Sign-in/Attendance sheets. Annual report submitted to SOC Program Manager. Program Data submitted to State database ECCO. SOC Program Manager will provide the analyzed data and results to BOCC	SUBG	N/A
CYF-SAPP-6: SFP will graduate 1 cycle of 8-12 unduplicated families with middle school youth	Compliance	*Middle school youth and their Parents/Caregivers * 85% attendance rate *Only Jamestown, Youth Leadership Institute, Urban YMCA	Program Sign-in/Attendance sheets. Annual report submitted to SOC Program Manager. Program Data submitted to State database ECCO. SOC Program Manager will provide the analyzed data and results to BOCC	SUBG	N/A

SUS CYF Prevention

CYF-SAPP-7: SFP will graduate 2 cycles of 8-12 unduplicated families with elementary school children	Compliance	*Elementary school children and their Parents/Caregivers * 85% attendance rate *Only Horizons	Program Sign-in/Attendance sheets. Annual report submitted to SOC Program Manager. Program Data submitted to State database ECCO. SOC Program Manager will provide the analyzed data and results to BOCC	SUBG	N/A
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SUS CYF Prevention

CYF-SAPP-8: SFP will graduate 2 cycles of 8-12 unduplicated families with middle school age youth	Compliance	*Middle school youth and their Parents/Caregivers * 85% attendance rate *Only Horizons and JCYC	Program Sign-in/Attendance sheets. Annual report submitted to SOC Program Manager. Program Data submitted to State database ECCO. SOC Program Manager will provide the analyzed data and results to BOCC	SUBG	N/A
CYF-SAPP-9: 100% of Youth graduates of the CMCA program will show postive effects in their perception of alcohol, drugs, and other substances on retro-post tests	Outcome	*High school youth *85% attendance rate * All programs	Program Sign-in/Attendance Sheet; admissible CMCA Retro-Posttests administered at end of programming. Youth Leadership Institute will provide analyzed data and results to SOC, which will provide the data to BOCC	SUBG	Annual Evaluation Report from Youth Leadership Institute
CYF-SAPP-10: CMCA program will graduate 20 unduplicated high school youth	Outcome	*High school youth *85% attendance rate *only applies to Jamestown, YMCA Urban Services & Youth Leadership Institute	Program Sign-in/Attendance sheets. Annual report submitted to SOC Program Manager. Program Data submitted to State database ECCO. SOC Program Manager will provide the analyzed data and results to BOCC	SUBG	N/A
CYF-SAPP-11: CMCA program will graduate 30 unduplicated high school youth	Compliance	* High school youth * 85% attendance rate *only applies to Horizons & JCYC	Program Sign-in/Attendance sheets. Annual report submitted to SOC Program Manager. Program Data submitted to State database ECCO. SOC Program Manager will provide the analyzed data and results	SUBG	N/A
CYF-SAPP-12: 100% of Youth graduates of the YAPC program will show postive effects in their perception of alcohol, drugs, and other substances on retro-post tests	Outcome	* High school youth who have graduated from prior year CMCA Program * 85% attendance rate * All programs	Program Sign-in/Attendance Sheet; admissible YAPC Retro-Posttests administered at end of programming. Youth Leadership Institute will provide analyzed data and results to SOC, which will provide the data to BOCC	SUBG	Annual Evaluation Report from Youth Leadership Institute
CYF-SAPP-13: DPH Youth Alcohol Prevention Coalition will graduate 3 high school youth.	Compliance	* High school youth who have graduated from prior year CMCA Program * 85% attendance rate * All programs	Program Sign-in/Attendance sheets. Annual report submitted to SOC Program Manager. Program Data submitted to State database ECCO. SOC Program Manager will provide the analyzed data and results to BOCC	SUBG	N/A

SUS CYF Prevention

CYF-SAPP-14: 100% of Children graduates of the Botvin Life Skills Training will show an 80% improvement between pre- and post-tests.	Outcome	* 85% attendance rate * All programs	Program Sign-in/Attendance sheets; admissible Pre-test & Post-test administered at enrollment & graduation to SOC, which will analyze the data and provide the results to BOCC.	SUBG	N/A
CYF-SAPP-15: Botvin Life Skills Training will graduate 48 unduplicated youth from elementary school	Compliance	* Elementary School children * 85% attendance rate *only applies to Youth Leadership Institute and YMCA	Program Sign-in/Attendance sheets. Annual report submitted to SOC Program Manager. Program Data submitted to State database ECCO. SOC Program Manager will provide the analyzed data and results to BOCC	SUBG	N/A
CYF-SAPP-16: Botvin Life Skills Training will graduate 72 unduplicated youth from elementary school	Compliance	* Elementary School children * 85% attendance rate *only applies to Horizons and Jamestown	Program Sign-in/Attendance sheets. Annual report submitted to SOC Program Manager. Program Data submitted to State database ECCO. SOC Program Manager will provide the analyzed data and results to BOCC	SUBG	N/A
CYF-SAPP-17: Botvin Life Skills Training will graduate 96 unduplicated youth from elementary school	Compliance	* Elementary School children * 85% attendance rate *only applies to JCYC	Program Sign-in/Attendance sheets. Annual report submitted to SOC Program Manager. Program Data submitted to State database ECCO. SOC Program Manager will provide the analyzed data and results to BOCC	SUBG	N/A
CYF-SAPP-18: Botvin Life Skills Training will graduate 24 unduplicated youth from middle school	Compliance	* Middle School Children * 85% attendance rate * Only applies to Horizons, JCYC and Jamestown	Program Sign-in/Attendance sheets. Annual report submitted to SOC Program Manager. Program Data submitted to State database ECCO. SOC Program Manager will provide the analyzed data and results to BOCC	SUBG	N/A
CYF-SAPP-19: Botvin Life Skills Training will graduate 48 unduplicated youth from middle school	Compliance	* Middle School Children * 85% attendance rate * Only applies to YMCA	Program Sign-in/Attendance sheets. Annual report submitted to SOC Program Manager. Program Data submitted to State database ECCO. SOC Program Manager will provide the analyzed data and results to BOCC	SUBG	N/A
CYF-SAPP-20: Botvin Life Skills Training will graduate 24 unduplicated youth from high school	Compliance	* High School Children * 85% attendance rate * Only applies to Youth	Program Sign-in/Attendance sheets. Annual report submitted to SOC Program Manager. Program Data submitted to State database	SUBG	N/A

Individualized Objectives

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Baker / PRC CID: 1000021574, Appendix A-1, Ferguson Place					
1. 80% of clients who participate in services at Ferguson Place will accomplish at least one goal established in their individualized services plan.	Outcome	Based upon an annual unduplicated client (UDC) count in the fiscal year.	Internal contractor program data reported quarterly to DPH (BOCC and SOC) and at annual monitoring.	BHS	N/A
2. 75% of clients who exit Ferguson Place program will secure housing appropriate to their needs (e.g. independent/unsubsidized housing, move-in with family or friends, transition to level of care appropriate for their needs, etc.).	Outcome	Based upon an annual unduplicated client (UDC) count in the fiscal year.	Internal contractor program data reported quarterly to DPH (BOCC and SOC) and at annual monitoring.	BHS	N/A
3. 100% of new Ferguson Place clients will have an individualized service plan in place within 14 days of initial assessment.	Process	Based upon an annual unduplicated client (UDC) count in the fiscal year.	Internal contractor program data reported quarterly to DPH (BOCC and SOC) and at annual monitoring.	BHS	N/A

Individualized Objectives

Baker / PRC CID: 1000021574, Appendix A-2, BSLP & Rental Subsidies					
1. 80% of clients who participate in services in BSLP will accomplish at least one goal established in their individualized services plan.	Outcome	Based upon an annual unduplicated client (UDC) count in the fiscal year.	Internal contractor program data reported quarterly to DPH (BOCC and SOC) and at annual monitoring.	BHS	N/A
2. 75% of clients who exit BSLP program will secure housing appropriate to their needs.	Outcome	Based upon an annual unduplicated client (UDC) count in the fiscal year.	Internal contractor program data reported quarterly to DPH (BOCC and SOC) and at annual monitoring.	BHS	N/A
3. 100% of new clients in BSLP will have an individualized service plan in place within 14 days of initial assessment.	Process	Based upon an annual unduplicated client (UDC) count in the fiscal year.	Internal contractor program data reported quarterly to DPH (BOCC and SOC) and at annual monitoring.	BHS	N/A
Community Forward SF - CID: 1000010020, Appendix A-1, A Women's Place SA					
1. 80% of clients will attend at least one Substance Use related group per week.	Process	Based upon an annual unduplicated client (UDC) count in the fiscal year.	Internal contractor program data reported quarterly to DPH (BOCC and SOC) and at annual monitoring.	BHS	N/A
2. 80% of clients will meet with a clinician at least twice a month.	Process	Based upon an annual unduplicated client (UDC) count in the fiscal year.	Internal contractor program data reported quarterly to DPH (BOCC and SOC) and at annual monitoring.	BHS	N/A
3. 80% of the clients will have an existing medical provider or will be referred to DPH onsite medical.	Process	Based upon an annual unduplicated client (UDC) count in the fiscal year.	Internal contractor program data reported quarterly to DPH (BOCC and SOC) and at annual monitoring.	BHS	N/A

Individualized Objectives

Community Forward SF - CID: 1000010020, Appendix A-3, A Women's Place (AWP) Drop-In					
1. 85% of clients who access the Drop-In Center will have contact with a Case Manager/Peer Counselor who will initiate a needs assessment.	Process	Based upon an annual unduplicated client (UDC) count in the fiscal year.	Internal contractor program data reported quarterly to DPH (BOCC and SOC) and at annual monitoring.	BHS	N/A
2. 20% of clients accessing the Drop-In Center will be placed in AWP's Shelter Case Management, Transitional Housing, HIV Transitional Housing or Substance Abuse Program provided by CATS or other qualified service agencies.	Outcome	Based upon an annual unduplicated client (UDC) count in the fiscal year.	Internal contractor program data reported quarterly to DPH (BOCC and SOC) and at annual monitoring.	BHS	N/A
City College of San Francisco Addiction & Recovery Counseling - CID: 1000032802 A-1					
1. By June 30, 2026, ARC will outreach and recruit 50 new student for the HLTH 100 cohort class, ARC website and events, listservs, and community referrals as is evidence from contact records and registration applications to CCSF	Process	All BHS Cohort students in FY25-26	Program documentation of communication with students & Peer Care Managers; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS-AOA Admin	N/A
2. By June 30, 2026, 35 students will be engaged and enroll into HLTH 100, as evidenced by student enrollment census sheets kept in locked files.	Outcome	All BHS Cohort students in FY25-26	Program documentation of communication with students & Peer Care Managers; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS-AOA Admin	N/A

Individualized Objectives

3. By June 30, 2026, 80% (20 of 25) students will successfully complete the program requirements of the first three courses (HLTH 100, HLTH 70, HLTH 49), as evidenced by Argos tracking system.	Outcome	All BHS Cohort students in FY25-26	Program documentation of communication with students & Peer Care Managers; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS-AOA Admin	N/A
4. By June 30, 2026, 80% (25 of 25) of ARC students will successfully complete their internship fieldwork (250 hours over 2 semesters), as evidenced by the program's internship records and timesheets.	Outcome	All BHS Cohort students in FY25-26	Program documentation of communication with students & Peer Care Managers; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS-AOA Admin	N/A
5. By June 30, 2026, 80% (25 of 25) of ARC students will be eligible to petitions for their CCSF, ARC certificate as is evidenced by certificate application submissions and Argos student tracking system.	Outcome	All BHS Cohort students in FY25-26	Program documentation of communication with students & Peer Care Managers; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS-AOA Admin	N/A
6. By June 30, 2026, one in person ARC course will be developed as an online/hybrid course.	Process	All BHS Cohort students in FY25-26	Program documentation of communication with students & Peer Care Managers; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS-AOA Admin	N/A

Individualized Objectives

HealthRIGHT360 - CID: 1000017171 1000032806, Appendix A-1, Drug Sobering Center SoMa RISE					
1. At least 25% of all encounters will result in a referral to a community or treatment resource.	Process	All encounters during the FY.	Epic	BHS	CalAIM SoMa RISE Epic Report
2. At least 8% of all encounters will result in discharge to a treatment program (including, but not limited to, SUD treatment).	Outcome	All encounters during the FY.	Epic	BHS	CalAIM SoMa RISE Epic Report
San Francisco AIDS Foundation (SFAF) / Stonewall Program - Positive Reinforcement Opportunity Project (PROP) - CID: 1000011493 A-2					
1. 70% of clients who complete at least 8 weeks of the program “agree” that they learned new skills to address their substance use goals while enrolled in the PROP program.	Outcome	Clients who have completed at least 8 weeks of the program.	Self-Report Exit Survey. Clients who “agree” with this item. Contractor offers survey to participants 8 to 10 weeks into program, compiles data and prepares Annual Summary for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS	N/A
2. 60% of clients who complete at least 8 weeks of the program “agree” that they either stopped or reduced their use of stimulants (methamphetamine/cocaine) while in the PROP program.	Outcome	Clients who have completed at least 8 weeks of the program.	Self-Report Exit Survey. Clients who “agree” with this item. Contractor offers survey to participants 8 to 10 weeks into program, compiles data and prepares Annual Summary for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS	N/A

Individualized Objectives

3. 80% of the clients who self-report having stopped or reduced their use of stimulants (from question 2), will have negative U/A toxicology results or clinical notes that will be verified by the PROP Program Director validating the reduction or abstinence in the use of stimulants.	Outcome	Clients who have completed at least 8 weeks of the program who report having stopped or reduced stimulant use on their Exit Survey.	Program Director review of urine toxicology screen results (UAs) and clinical notes from each visit. Contractor offers survey to participants 8 to 10 weeks into program, compiles data and prepares Annual Summary for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS	N/A
4. In FY 25-26, 50% of clients will complete 8 weeks of the program.	Outcome	Inclusion Criteria: All clients admitted to the program during FY 25-26. Numerator: Number of clients who completed the 8 weeks program during FY 25-26 Denominator: Number of clients enrolled in the program during FY 25-26.	Self-Report Exit Survey. Contractor offers survey to participants 8 to 10 weeks into program, compiles data and prepares Annual Summary for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS	N/A

Individualized Objectives

The Salvation Army - CID: 1000035740, Appendix A-1, Marina Inn Transitional Housing					
1. Once fully operational, the program will achieve an annual average occupancy rate of at least 85% across its 62 beds which on an annual basis will reduce homelessness by 19,235 bed-days.	Process	All clients admitted after January 1, 2026	Epic Beds Report and validation with invoice templates Note: Beginning to utilize Epic in December 2025	BHS	Epic Beds Report
2. 75% participants will successfully completes the program defined. A successful completion is when an individual exits to: 1) permanent or stable housing, 2)is employed, volunteering, or in school, and 3) and not using drugs or alcohol	Outcome	All clients admitted to the program Numerator: Clients with successful exit at program completion Denominator: All clients admitted to program	Provider quarterly data report	BHS	N/A
3. A minimum of 75% of participants who complete the Bi-Annual Satisfaction Survey shall rate the program as good or excellent.	Outcome	All clients admitted to the program	Provider quarterly data report	BHS	N/A
4. On a quarterly basis submit: Number of clients, demographics, referral source, length of stay, participation in services, connection to school / job training / employment, program completion rate, discharge reasons, discharge destination.	Process	All clients admitted to the program	Provider quarterly data report	BHS	N/A

Individualized Objectives

The Salvation Army - CID: 1000027656, Appendix A-1, Supporting Treatment and Reducing Recidivism					
1. Maintain 90% occupancy rate for withdrawal management/residential treatment beds.	Process	Based upon an annual unduplicated client (UDC) count in the fiscal year.	Avatar Episode	STARR Grant	Batch File Episode Report
2. 50% of participants enrolled in withdrawal management will successfully complete their treatment by meeting their individualized treatment goals	Outcome	Based upon an annual unduplicated client (UDC) count in the fiscal year.	Salvation Army and HTA Data Collection	STARR Grant	N/A
UCSF Citywide (Sobering Center) ICM SUD Engagement - 3832ANC CID: 1000035380					
1. 20% of clients admitted FY25-26 with ED visits in 3 months prior to opening will have fewer ED visits in subsequent 3 months.	Outcome	Clients admitted to the program during FY 25-26	Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS - SUD Admin	Provider pulls from Epic or other databases.
2. 60% clients who have been placed in housing or shelter in FY 25-26, will maintain good standing with shelter or housing for 14 consecutive days.	Outcome	Of FY25-26 UDC, the number placed in shelter/housing during the FY. Objective not rated if this is fewer than 5 clients.	Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS - SUD Admin	Provider outcomes database.
3. In FY25-26, 60% of clients will attend one or more outpatient medical visits.	Outcome	All UDC counted in FY25-26	Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS - SUD Admin	Provider pulls from Epic or other databases.

Individualized Objectives

RAMS - Children's Wellness Center (Also listed under CYF SOC)					
1. RAMS will screen 100% of referred youth for Substance Use	Compliance	All completed referrals	Contractor provides quarterly updates to CYF SUD Program Manager, who will provide analyzed data and results to BOCC	BHS - CYF SFUSD	N/A
1. 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, who will provide analyzed data and results to BOCC	BHS - CYF SFUSD	N/A
3. Schedule at least one training to school staff on substance use related topic	Compliance	N/A	Contractor provides quarterly updates to CYF SUD Program Manager, who will provide analyzed data and results to BOCC	BHS - CYF SFUSD	N/A
4. 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 completed referrals	Contractor provides quarterly updates to CYF SUD Program Manager, who will provide analyzed data and results to BOCC	BHS - CYF SFUSD	N/A

Individualized Objectives

Youth Leadership Institute (YLI)					
1. YLI will provide a minimum of one day official CMCA training on the CMCA model and programming for the fiscal year to other CYF prevention provider agencies	Compliance	All CYF Prevention Providers (Horizons Unlimited, Jamestown Community Center, JCYC, Youth Leadership Institute, YMCA, and SEADC)	Program Sign-in/Attendance sheets. SOC Program Manager will provide the analyzed data and results to BOCC.	SUD CYF	N/A
2. YLI will provide a minimum of one day official YAPC orientation on the YAPC model and programming for fiscal year to other CYF prevention provider agencies	Compliance	All CYF Prevention Providers (Horizons Unlimited, Jamestown Community Center, JCYC, Youth Leadership Institute, YMCA, and SEADC)	Program Sign-in/Attendance sheets. SOC Program Manager will provide the analyzed data and results to BOCC.	SUD CYF	N/A
3. YLI will create and provide an adult/youth leadership activities curriculum for CMCA program consistent with the county's associated strategic objectives	Compliance	All CYF Prevention Providers (Horizons Unlimited, Jamestown Community Center, JCYC, Youth Leadership Institute, YMCA, and SEADC)	Copy of activity guide, proof of activity guide being shared with the prevention agencies. SOC Program Manager will confirm completion to BOCC	SUD CYF	N/A
4. YLI will create and provide an adult/youth leadership activities curriculum for YAPC program consistent with the county's associated strategic objectives	Compliance	All CYF Prevention Providers (Horizons Unlimited, Jamestown Community Center, JCYC, Youth Leadership Institute, YMCA, and SEADC)	Copy of activity guide, proof of activity guide being shared with the prevention agencies. SOC Program Manager will confirm completion to BOCC	SUD CYF	N/A

Individualized Objectives

5. YLI will offer monthly trainings focused on technical assistance and coaching on CMCA to prevention provider agencies	Compliance	All CYF Prevention Providers (Horizons Unlimited, Jamestown Community Center, JCYC, Youth Leadership Institute, YMCA, and SEADC)	Program Sign-in/Attendance sheets. SOC Program Manager will provide the analyzed data and results to BOCC.	SUD CYF	N/A
7. YLI will offer monthly check-ins for YAPC adult allies of the prevention provider agencies	Compliance	All CYF Prevention Providers (Horizons Unlimited, Jamestown Community Center, JCYC, Youth Leadership Institute, YMCA, and SEADC)	Program Sign-in/Attendance sheets. SOC Program Manager will provide the analyzed data and results to BOCC.	SUD CYF	N/A
8. YLI will conduct CMCA model fidelity site-visits with each CYF prevention provider agency to ensure CMCA framework is done to fidelity	Compliance	All CYF Prevention Providers (Horizons Unlimited, Jamestown Community Center, JCYC, Youth Leadership Institute, YMCA, and SEADC)	Reports on model fidelity site-visits. SOC Program Manager will confirm completion to BOCC.	SUD CYF	Model Fidelity Site-Visit report from Youth Leadership Institute
9. 100% of the YLI formal training sessions will include a satisfaction survey	Compliance	All CYF Prevention Providers (Horizons Unlimited, Jamestown Community Center, JCYC, Youth Leadership Institute, YMCA, and SEADC)	Evaluation/satisfaction surveys. SOC Program Manager will provide the analyzed data and results to BOCC.	SUD CYF	Satisfaction Report from Youth Leadership Institute