



Behavioral Health Services - Substance Use Services

Performance Objectives FY 2026- 2027

Overview

Measuring client improvement and successful completion of target objectives is an important part of SFDPH contracting. The Performance Objectives developed for Fiscal Year 2026-27 Health Services (BHS) intend 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 "Business 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 *SUS Adult & CYF Outpatient*

Tab 2: Objectives for *SUS Adult OTP*

Tab 3: Objectives for *SUS Adult & CYF Residential*

Tab 4: Objectives for *SUS CYF Primary Prevention*

Tab 5: Objectives for *Individualized Objectives (to be published on June 30th 2026)*

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.
- Report Availability for Provider- Epic Reports, Provider's own reports

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.

FY 2026-2027 Substance Use Services Performance Measures

Indicator	Type of Objective	Client Inclusion / Exclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<p>SUS CYF & 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).</p>	Outcome	<p>All clients discharged in FY26-27 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>	Epic CalOMS Discharge Status Field	ACA	TBD CalOMS Epic Report
<p>SUS CYF & 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.</p>	Outcome	Adult Clients in Tx ≥ 60 days and discharged, or for whom CalOMS data updated in FY26-27	Epic CalOMS Admission, Annual Update, and Discharge Data	ACA	TBD CalOMS Epic Report
<p>SUS CYF & SUS Adult-OP-3: 100% of initial requests for services (phone and walk-ins) will be recorded in the \Timely Access Log.</p>	Process	<p>All initial requests for Services from new clients (without an open episode in the program)</p> <p>Number of entries in Timely Access Log should be ≥ number of new episodes opened in</p>	<p>Epic Timely Access Flowsheet</p> <p>No. of entries recorded in Timely Access Log should be ≥ No. of new episodes opened in FY 26-27</p>	BHS Policy/DHCS	<p>TBD Timely Access Log Epic Report</p> <p>TBD Dashboard Epic Report</p>
<p>SUS CYF & SUS Adult-OP-4: 90% of clients will be offered an appointment within 10 business days of the initial request for services.</p>	Process	All clients with non-urgent needs beginning Tx with a new provider in FY26-27	Epic Timely Access Flowsheet	BHS Policy/DHCS	TBD Timely Access Epic Report
<p>SUS CYF & SUS Adult-OP-5: 100% of clients admitted will have a completed Cal-Oms Admissions.</p>	Process	All clients admitted during FY26-27	Epic CalOMS Admission Data	BHS Policy/DHCS	TBD CalOMS Epic Report

FY 2026-2027 Substance Use Services Performance Measures

Indicator	Type of Objective	Client Inclusion / Exclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
SUS CYF & SUS Adult-OP-6: 100% of clients enrolled in program over 365 days will have a completed Cal-OMS Annual Update.	Process	All clients enrolled in program for 365 days or more during FY26-27	Epic CalOMS Annual Update Data	BHS Policy/DHCS	TBD CalOMS Epic Report
SUS CYF & Adult-OP-7: 100% of clients discharged will have the CalOMS Discharge form completed.	Process	All clients discharged during FY26-27	Epic CalOMS Discharge Data	BHS Policy/DHCS	TBD CalOMS Epic Report
SUS CYF & Adult-OP-8: 100% of discharged clients in treatment will have a completed discharge process on Epic 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).	Epic Discharge Report	BHS Policy / DHCS	TBD Epic Discharge Report

FY 2026-2027 Substance Use Services Performance Measures

Indicator	Type of Objective	Client Inclusion / Exclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<p>SUS Adult-OP-9: At least 50% of clients newly admitted to SUD outpatient programs will receive a minimum of two services within 34 days of admission, demonstrating early engagement in treatment.</p>	<p align="center">Outcome</p>	<p>Inclusion: Adult clients newly admitted to SUD Outpatient Programs during FY26-27. Exclusion: Any adult clients admitted 34 calendar days prior to the end of the FY. 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. New Admission: Any adult admission recorded during the reporting period for that program. Engagement: Defined as two services following the admission date. The admission itself does not count.</p>	<p>Epic Billing Data</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 SUD outpatient admission during the FY (based on outpatient episodes).</p>	<p>Adapted from HEDIS IET Measure (Initiation and Engagement of SUD Treatment)</p>	<p align="center">TBD Epic Report</p>
<p>SUS Adult-OP-10: At least 40% of episodes admitted to an Outpatient program will stay retained in treatment for 90 days.</p>	<p align="center">Outcome</p>	<p>Inclusion: Adult clients admitted during FY 26-27. Exclusion: Adult clients admitted within 90 calendar days prior to the fiscal year end. Excludes Medication-Assisted Treatment (MAT) outpatient programs. Engagment 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. An admission is defined as any outpatient admission form submitted for that program during the review period.</p>	<p>Epic Billing Data</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 align="center">TBD Epic Report</p>

FY 2026-2027 Substance Use Services Performance Measures

Indicator	Type of Objective	Client Inclusion / Exclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<p>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).</p>	<p align="center">Outcome</p>	<p align="center">All clients discharged in FY25-26 Excludes: Clients with < 3 visits in 60 day period</p>	<p align="center">Epic CalOMS Discharge Status Field</p>	<p align="center">ACA</p>	<p align="center">TBD CalOMS Epic Report</p>
<p>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.</p>	<p align="center">Outcome</p>	<p align="center">Clients in Tx ≥ 60 days and discharged, or for whom CalOMS data updated in FY25-26</p>	<p align="center">Epic CalOMS Admission, Annual Update, and Discharge Data</p>	<p align="center">ACA</p>	<p align="center">TBD CalOMS Epic Report</p>

FY 2026-2027 Substance Use Services Performance Measures

Indicator	Type of Objective	Client Inclusion / Exclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<p>SUS Adult-OTP-3: 100% of initial requests for services (phone and walk-ins) will be recorded in the Timely Access Log.</p>	<p align="center">Process</p>	<p>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</p>	<p align="center">Epic Timely Access Flowsheet</p>	<p align="center">BHS Policy/DHCS</p>	<p align="center">TBD Timely Access Epic Report</p>
<p>SUS Adult-OTP-4: 100% of clients admitted will have a completed Cal-OMS Admissions.</p>	<p align="center">Process</p>	<p align="center">Clients admitted during FY25-26</p>	<p align="center">Epic CalOMS Admission Data</p>	<p align="center">BHS Policy/DHCS</p>	<p align="center">TBD CalOMS Epic Report</p>
<p>SUS Adult-OTP-5: 100% of clients enrolled in program over 365 days will have a completed Cal-OMS Annual Update.</p>	<p align="center">Process</p>	<p align="center">Clients enrolled in program for 365 days or more during FY25-26.</p>	<p align="center">Epic CalOMS Annual Update Data</p>	<p align="center">BHS Policy/DHCS</p>	<p align="center">TBD CalOMS Epic Report</p>
<p>SUS Adult-OTP-6: 100% of clients discharged will have the CalOMS Discharge Status field completed.</p>	<p align="center">Process</p>	<p align="center">Clients discharged during FY25-26</p>	<p align="center">Epic CalOMS Discharge Data</p>	<p align="center">BHS Policy/DHCS</p>	<p align="center">TBD CalOMS Epic Report</p>

FY 2026-2027 Substance Use Services Performance Measures

Indicator	Type of Objective	Client Inclusion / Exclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<p>SUS Adult-OTP-7: At least 20% 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 align="center">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 Epic. •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"> •Clients readmitted within the same FY (only first qualifying admission is counted). 	<p align="center">Billing Data</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 align="center">Clinic based adaptation of national standards for retention - HEDIS Measure - Pharmacotherapy for Opioid Use Disorder (POD)</p>	<p align="center">TBD Doses Report</p>

FY 2026-2027 Substance Use Services Performance Measures

Indicator	Type of Objective	Client Inclusion / Exclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<p>SUS Adult & CYF-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).</p>	Outcome	<p>All clients discharged in FY25-26 Excludes: Clients with < 3 visits in 60 day period</p>	Epic CalOMS Discharge Status Field	ACA	TBD CalOMS Epic Report
<p>SUS Adult & CYF-RES-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.</p>	Outcome	<p>All clients in Tx ≥ 60 days and discharged, or for whom CalOMS data updated in FY25-26</p>	Epic CalOMS Admission and CalOMS Discharge Data	ACA	TBD CalOMS Epic Report

FY 2026-2027 Substance Use Services Performance Measures

Indicator	Type of Objective	Client Inclusion / Exclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<p>SUS Adult & CYF-RES-3: 100% of initial requests for services (phone and walk-ins) will be recorded in the 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.</p>	Process	<p>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 FY25-26</p>	Epic Timely Access Flowsheet	BHS Policy/DHCS	TBD Timely Access Epic Report
<p>SUS Adult & CYF-RES-4: 100% of clients admitted will have a completed Cal-OMS Admission.</p>	Process	All clients admitted during FY25-26	Epic CalOMS Admission Data	BHS Policy/DHCS	TBD CalOMS Epic Report

FY 2026-2027 Substance Use Services Performance Measures

Indicator	Type of Objective	Client Inclusion / Exclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<p>SUS Adult & CYF-RES-5: 100% of clients discharged will have the CalOMS Discharge form completed.</p>	<p>Process</p>	<p>All clients discharged during FY25-26</p>	<p>Epic CalOMS Discharge Data</p>	<p>BHS Policy/DHCS</p>	<p>TBD CalOMS Epic Report</p>
<p>SUS Adult & CYF-RES-6: 75% of new clients will stay in residential treatment greater than 14 days.</p>	<p>Outcome</p>	<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>Epic Billing Data / Episode History</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>	<p>Evidence-based research on residential treatment early engagement.</p>	<p>TBD Epic Admission Report</p>

FY 2026-2027 Substance Use Services Performance Measures

Indicator	Type of Objective	Client Inclusion / Exclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<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>	<p>Process</p>	<p>Clients in program ≥ 30 days</p>	<p>SUS RSD Report of Client Connection to SUD Services or Internal Tracking Document</p>	<p>BHS Policy/ DHCS</p>	<p>Program Submission</p>
<p>SUS-RSD-2: Program will submit SUS RSD Report of Client Connection to SUS Services monthly to DPH by the 15th of the following month.</p>	<p>Process</p>	<p>Residential Step-Down Only</p>	<p>SUS RSD Report of Client Connection to SUD Services or Internal Tracking Document</p>	<p>BHS Policy/ DHCS</p>	<p>Program Submission</p>

FY 2026-2027 Substance Use Services Performance Measures

Indicator	Type of Objective	Client Inclusion / Exclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<p>SUS-RSD-3: 100% of clients will connect to outpatient treatment within 10 calendar days of admission to Residential Step-Down.</p>	Outcome	<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>SUS 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>	Adapted from HEDIS Measure - Follow-Up After High-Intensity Care for Substance Use Disorder (FUI) & SUBG Guidelines	Program Submission
<p>SUS-RSD-4: 100% of clients will have a documented discharge destination in the Epic Care Plan at the time of discharge.</p>	Process	<p>Inclusion: All Residential Step-Down clients who are discharged.</p>	<p>Epic Care Plan Data</p> <p>Numerator: Number of discharged clients who have a documented discharge destination in the Epic Care Plan.</p> <p>Denominator: Total number of discharged clients.</p>	BHS Policy/DHCS	TBD Epic Report

FY 2026-2027 Substance Use Services Performance Measures

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	<ul style="list-style-type: none"> •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	<ul style="list-style-type: none"> •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	<ul style="list-style-type: none"> •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

FY 2026-2027 Substance Use Services Performance Measures

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
CYF-SAPP-4: Agencies will meet 60% fidelity to the evidenced-based model Strengthening Families Program	Outcome	<ul style="list-style-type: none"> •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 middle school youth	Compliance	<ul style="list-style-type: none"> •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

FY 2026-2027 Substance Use Services Performance Measures

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
CYF-SAPP-6: SFP will graduate 2 cycles of 8-12 unduplicated families with elementary school children	Compliance	<ul style="list-style-type: none"> •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
CYF-SAPP-7: SFP will graduate 2 cycles of 8-12 unduplicated families with middle school age youth	Compliance	<ul style="list-style-type: none"> •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-8: 100% of Youth graduates of the CMCA program will show positive effects in their perception of alcohol, drugs, and other substances on retro-post tests	Outcome	<ul style="list-style-type: none"> •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

FY 2026-2027 Substance Use Services Performance Measures

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
CYF-SAPP-9: CMCA program will graduate 20 unduplicated high school youth	Outcome	<ul style="list-style-type: none"> •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-10: CMCA program will graduate 30 unduplicated high school youth	Compliance	<ul style="list-style-type: none"> •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-11: 100% of Youth graduates of the YAPC program will show positive effects in their perception of alcohol, drugs, and other substances on retro-post tests	Outcome	<ul style="list-style-type: none"> * 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

FY 2026-2027 Substance Use Services Performance Measures

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
CYF-SAPP-12: DPH Youth Alcohol Prevention Coalition will graduate 3 high school youth.	Compliance	<ul style="list-style-type: none"> * 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
CYF-SAPP-13: 100% of Children graduates of the Botvin Life Skills Training will show an 80% improvement between pre- and post-tests.	Outcome	<ul style="list-style-type: none"> * 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-14: Botvin Life Skills Training will graduate 48 unduplicated youth from elementary school	Compliance	<ul style="list-style-type: none"> •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

FY 2026-2027 Substance Use Services Performance Measures

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
CYF-SAPP-15: Botvin Life Skills Training will graduate 72 unduplicated youth from elementary school	Compliance	<ul style="list-style-type: none"> •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-16: Botvin Life Skills Training will graduate 96 unduplicated youth from elementary school	Compliance	<ul style="list-style-type: none"> •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-17: Botvin Life Skills Training will graduate 24 unduplicated youth from middle school	Compliance	<ul style="list-style-type: none"> •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

FY 2026-2027 Substance Use Services Performance Measures

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
CYF-SAPP-18: Botvin Life Skills Training will graduate 48 unduplicated youth from middle school	Compliance	<ul style="list-style-type: none"> •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-19: Botvin Life Skills Training will graduate 24 unduplicated youth from high school	Compliance	<ul style="list-style-type: none"> •High School Children •85% attendance rate •Only applies to 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-20: 100% of required ECCO data will be submitted for the fiscal year.	Compliance	•All SUS Primary Prevention Programs	<ul style="list-style-type: none"> •DHCS ECCO Process Activity Report •DHCS ECCO IP Report 	SUBG	<ul style="list-style-type: none"> •DHCS ECCO Process Activity Report •DHCS ECCO IP Report