



## HIV Health Services

# Performance Objectives FY 20-21

## OVERVIEW - HIV HEALTH SERVICES PERFORMANCE OBJECTIVES FY 2020-21

Measuring client improvement and successful completion of target objectives is an important part of SFDPH contracting. HIV Health Services (HHS) has created a group of performance objectives that are standardized across many service categories. The goal was to build from current objectives, and create meaningful, measurable, demonstrable objectives that will accurately reflect the good services that you provide to your clients, and will lead to a clearly understood and interpreted review of performance in meeting objectives.

These performance objectives are effective on the first date of the contract year for 2020-21. For example, contracts with Ryan White Part A funding are required to begin using the new objectives on March 1, 2020, and contracts with General Fund dollars are required to begin using the new objectives on July 1, 2020. Contracts that contain more than one source of funding are required to begin using the new objectives on **whichever funding cycle is earliest**: in most cases this will be March 1, 2020. **If you are unsure as to when these objectives are effective for your program please call or e-mail HIV Health Services.**

Not all objectives apply to all programs. **All contractors and applicable program staff should review this document carefully including how program objectives are to be measured. To help identify exactly which document rows are applicable to the funded program(s) at your agency, consult both of the "Mapping" tabs at the end of the workbook. One mapping tab is labelled Ryan White and the other is labelled General Fund. If you still have questions please contact HHS: [kevin.hutchcroft@sfdph.org](mailto:kevin.hutchcroft@sfdph.org), 628-206-7676**

**Contractors are responsible for compliance with all applicable items in the Performance Objectives and the Declaration of Compliance.**

All SFDPH Performance Objectives may be located at: <http://www.sfdph.org/dph/cdta>

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<b>Service Categories</b>													<b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.						
TYPE OF OBJECTIVE	Ambulatory Outpatient Medical Care	Benefits Counseling	Centers of Excellence	Dental Services	Facility Based Care	Hospice Services	Medical Case Mgmt.	Nutrition Services	Outpatient Mental Hlth	Outreach	Psychosocial Support	Residential Mental Hlth	Residential Subs Use	<b>Objectives</b> <i>(Superscripts refer to corresponding number in the notes column)</i>	<b>Client Inclusions</b>	<b>Data Source (Compliance/ Program Review)</b>	<b>Measure Period</b>	<u>BOCC Scoring</u>	<b>NOTES</b>
																		Yes = Partial Scoring of Objectives Nearly Met  No = 5 Points if met, 0 if not.	
O	✓		✓				✓					✓		80% <sup>1</sup> of HIV+ clients (primary care documented in ARIES) will have had two or more medical visits during the year (one in the first half and the other in last half of the year). <sup>2</sup>	Clients Enrolled ≥ 6 months	ARIES report of required documentation in client records	Contract Year	YES	1. Program may request lower % via email to HHS; if approved, shared with BOCC 2. Use appropriate ARIES Report functions as trained by HHS staff <b>NOTE: Objective not applicable to JHS-HIV-IS, City Clinic, and W86-HIVE</b>
O	✓		✓		✓									90% <sup>1</sup> of clients with HIV (Primary Care documented in ARIES) who received primary care services will have been prescribed ART. <sup>2</sup>	Clients Enrolled ≥ 6 months	ARIES report of required documentation in client records	Contract Year	YES	1. Program may request lower % via email to HHS; if approved, shared w BOCC. 2. Evaluation/Measure is "Medications" checkbox in STAR Report <b>NOTE: UC PHAST Program Goal = 75%</b>
O	✓		✓											90% <sup>1</sup> of clients with HIV who received primary care services (documented in ARIES) will have had at least one viral load test. <sup>2</sup>	Clients Enrolled ≥ 6 months	ARIES report of required documentation in client records	Contract Year	YES	1. Program may request lower % via email to HHS; if approved, shared w BOCC 2. Evaluation & Measure is "Viral Load Test Table" filtered by primary care services in ARIES STAR Report <b>NOTE: UC PHAST Program Goal = 80%</b>

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O	✓		✓				✓					✓		80% <sup>1, 2</sup> of clients (Primary Care documented in ARIES) will have a viral load < 200 copies/ml which will indicate viral suppression and treatment adherence. <sup>3</sup>	Clients Enrolled ≥ 6 months	ARIES report of required documentation in client records	Contract Year	YES	1. Program may request lower % via email to HHS; if approved, shared w BOCC 2. For Medical Case Management rate is 75% of clients on HAART. 3. Evaluation & Measurement is the "Cross Tab Wizard" Report <b>NOTE: UC PHAST Program Goal = 60%</b>
O	✓		✓											85% of clients with HIV (Primary Care documented in ARIES) and a CD4 T-cell count ≤ 200 cells/mm <sup>3</sup> will be prescribed PCP prophylaxis. <sup>1</sup>	All Primary Care Clients w CD4 below threshold	ARIES report of required documentation in client records	Contract Year	NO	1. Evaluate & Measurement is "Fix-It PCP Prophylaxis " Report <b>NOTE: Objective N/A to DPH-JHS-HIV-IS, PHD-City Clinic, and UC HIVE</b> <b>NOTE: UC PHAST Program Goal = 75%</b>
O	✓		✓											80% <sup>1</sup> of clients with HIV who received primary care services (documented in ARIES) will be tested for syphilis, with results documented. <sup>2</sup>	Clients Enrolled ≥ 6 months	ARIES report of required documentation in client records	Contract Year	YES	1. Program may request lower % via email to HHS; if approved, shared with BOCC 2. Evaluate & Measure is "STI / Hepatitis checkbox" in the STAR Report <b>NOTE: Objective N/A to UC Pediatric Immunology HIV Clinic</b> <b>NOTE: UC PHAST Program Goal = 70%</b>

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<b>O</b>	✓		✓											80% <sup>1</sup> of clients with HIV who received primary care services (documented in ARIES) will have been screened for Hepatitis C. <sup>2</sup>	Clients Enrolled ≥ 6 mos., except those who previously tested HepC+	ARIES report of required documentation in client records	Contract Year	<b>YES</b>	1. Program may request lower % via email to HHS; if approved, shared with BOCC 2. Use appropriate ARIES Report functions as trained by HHS staff <b>NOTE: UC PHAST Program Goal = 70%</b>
<b>O</b>							✓			✓		✓		85% <sup>1</sup> of clients identified as out of care <sup>2</sup> will be linked to primary care (documented in ARIES) as measured by attendance at a medical appointment ≤ 30 days of being identified as out of care.	All clients who are out of care	ARIES - Programs will provide a list of out of care clients	Contract Year	<b>YES</b>	1. Program may request lower % via email to HHS; if approved, shared w BOCC 2. Out of Care = client hasn't had ≥ 2 primary care appts (one in the first 6 mos. and another in the second 6 mos. of the year).
<b>P</b>							✓			✓		✓		90% of clients will be assessed for mental health and substance use treatment needs ≤ 30 days of program enrollment.	All New Clients	Agency Report of electronic or paper client files	Contract Year	<b>YES</b>	

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<b>P</b>							✓		✓			✓	✓	90% of ISP <sup>1</sup> will be developed ≤ 90 days of initial client intake. <sup>2, 3</sup>	All New Clients	Agency Report of client files, i.e. acuity scale, harm reduction, Tx Plan	Contract Year	<b>NO</b>	1. Comprehensive ISP includes Mental Health and Substance Use assessment 2. Tx Plan signed by client and clinician 3. N/A for AHP; use row 127 instead
<b>P</b>							✓		✓			✓	✓	90% of ISP <sup>1</sup> will be updated at least every 6 mos. <sup>2</sup>	All Clients	Agency Report of client files, i.e. acuity scale, harm reduction, Tx Plan	Contract Year	<b>NO</b>	1. Comprehensive ISP includes Mental Health and Substance Use assessment 2. N/A for AHP; use row 128 instead
<b>O</b>					✓	✓								90% <sup>1</sup> of residents will be adherent to their treatment regimen.	All Residents	Medication logs	Contract Year	<b>YES</b>	1. Program may request lower % via email to HHS; if approved, shared with BOCC.
<b>P</b>					✓									< 10% of residents will need a higher level of care in order to meet their needs.	All Clients	Agency Report of electronic or paper client files	Contract Year	<b>YES</b>	Applicable to: <b>Catholic Charities - Peter Claver/Leland House &amp; Peter (02640) Dolores St. Comm. Svcs-Cohen House</b>
<b>O</b>									✓					≥ 80% of clients receiving mental health services for ≥ 6 months will be retained in care. <sup>1</sup>	All Clients Receiving Services 6 Months	Agency Report of electronic or paper client files	Contract Year	<b>NO</b>	1. Lost to follow-up = client that a program has been unable to contact or locate after several attempts (not clients who decline services in favor of others, relocate out of service area, or are deceased)

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																		Yes = Partial Scoring of Objectives Nearly Met	No = 5 Points if met, 0 if not.	
<b>P</b>						✓								≥ 90% of residents will have an "End of Life Plan" and documentation will exist prominently in resident's chart.	All Program Clients	Agency Report of electronic or paper client files	Contract Year	<b>NO</b>		Applicable to <b><i>Maitri AIDS Hospice</i></b>
<b>P</b>						✓								≥ 90% of applicable resident records contain documentation that referral was made to the UC AHP Dementia Team for evaluation.	Patients with Dementia Symptoms <sup>1</sup>	Agency Report of electronic or paper client files	Contract Year	<b>NO</b>		Applicable to <b><i>Maitri AIDS Hospice</i></b>  1. Symptoms that impact physical or mental health, or pose a risk of falls or elopement
<b>O</b>						✓								≥ 90% <sup>1</sup> of clients will experience a stabilization or decrease in pain resulting from implementation of the pain management plan. <sup>2</sup>	All Clients Receiving Pain Meds	Agency Report of electronic or paper client files, client self report	Contract Year	<b>NO</b>		Applicable to <b><i>Maitri AIDS Hospice</i></b> 1. Program may request lower % via email to HHS; if approved, shared w BOCC 2. Pain is assessed at entry to the program and at least every 60 days

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<b>P</b>										✓				≥ 80% <sup>1</sup> of clients who agree to obtain medical care will receive a primary care evaluation visit within 4 weeks of testing positive, or being identified as "out-of-care". <sup>2</sup>	HIV+ Clients Out-of-Care	MNHC Client Data and ARIES - Program provides list of clients out of care	Contract Year	<b>NO</b>	Applicable to <b><i>MNHC HIV Treatment, Outreach and Linkage Program</i></b> 1. Program may request lower % via email to HHS; if approved, shared w BOCC 2. A client identified as "out of care" is one who hasn't had at least 2 primary care appts (one in the first 6 mos. and another in the second 6 mos. of the year).
<b>P</b>										✓				≥ 80% of clients who do not agree to obtain medical care will receive a follow-up contact ≤ 1 week; if client allows, follow-up continues monthly until client engages in medical care.	HIV+ UDC Out-of-Care & have not yet agreed to receive Med. Care	MNHC Client Charts and Data, and ARIES	Contract Year	<b>YES</b>	Applicable to <b><i>MNHC HIV Treatment, Outreach and Linkage Program</i></b>
<b>O</b>										✓				≥ 60% of clients that receive a primary care appt will remain engaged in primary care and will return for at least one follow-up primary care appointment.	HIV+ UDC Receiving Primary Care at MNHC	MNHC Client Charts and Data, and ARIES	Contract Year	<b>YES</b>	Applicable to <b><i>MNHC HIV Treatment, Outreach and Linkage Program</i></b>



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																		Yes = Partial Scoring of Objectives Nearly Met	No = 5 Points if met, 0 if not.	
O										✓				≥ 50% of clients accessing HIV Testing for whom a referral for medical, mental hlth, or substance use counseling services is indicated, and who are willing to accept referral, will have accessed service(s).	Program Clients that Obtain an HIV Test	Tracking Sheet or Summary of MNHC Client Follow-Up Notes	Contract Year	YES		Applicable to <b>MNHC HIV Treatment, Outreach and Linkage Program.</b>
O								✓						≥ 75% of HIV+ clients diagnosed with diabetes will achieve blood sugar control of ≤ 9 on Hemoglobin A1C test.	HIV+ Clients with Diabetes	Agency Report from Internal Database of A1C blood test	Contract Year	YES		Applicable to <b>MNHC Nutrition Services</b> and <b>UCSF 360 Positive Care Center Nutrition Services</b>
P		✓												≥ 90% of clients will develop an individual plan to access entitlement programs and other available resources.	All Program Clients	Agency Report of electronic or paper client files	Contract Year	NO		Applicable to <b>PRC Benefits Counseling</b> and <b>SFAF Benefits Counseling Programs</b> (NOTE: HRSA Categories are Non Medical Case Management & Referral for Healthcare and Supportive Services)
O													✓	≥ 60% of clients who complete the Satisfaction Survey report a decreased level of stress since attending/participating in the program.	Clients Completing Annual Survey	Agency Report on Responses of "Decreased – I Feel Less Stress Now"	Contract Year	NO		Applicable to <b>Shanti Emotional/Practical Support Prog &amp; UCSF 360 Positive Care African American HIV Men's Support Group</b> (this objective is in addition to other unique objectives for each prog)

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<b>O</b>				✓										≥ 95% of clients will exhibit an improvement of the dental condition due to the dental disease being managed.	Clients with procedure & Tx Plan complete	Agency Report of Randomly Audited paper or electronic Client Records <sup>1</sup>	Contract Year	<b>YES</b>		Applicable to <b><i>UOP Dental, DPH HIV Dental</i></b> <b>1.</b> Sample size = 110 or 10% of annual UDC, whichever is less; list of random UDC via ARIES or other process; clients tracked by anonymous, unique ID; report on meeting goal for each client
<b>P</b>				✓										≥ 80% of clients surveyed report "Ease of Scheduling My Appt" as rating ≥ 3, or as scored "Good" or "Excellent".	Clients with procedure & Tx Plan complete	Agency Report of Satisfaction Survey	Contract Year	<b>YES</b>		Applicable to: <b><i>UOP Dental DPH HIV Dental</i></b>
<b>P</b>				✓										≥ 80% of clients surveyed report "How My Proposed Treatment was Explained to Me" as rating ≥ 3, or as scored "Good" or "Excellent".	Clients with procedure & Tx Plan complete	Agency Report of Satisfaction Survey	Contract Year	<b>YES</b>		Applicable to: <b><i>UOP Dental DPH HIV Dental</i></b>
<b>O</b>				✓										≥ 80% of clients completing a survey will show improvement in oral health through an improvement in overall quality of life as rating ≥ 3, or as scored "Good" or "Excellent".	Clients with procedure & Tx Plan complete	Agency Report of Satisfaction Survey	Contract Year	<b>YES</b>		Applicable to: <b><i>UOP Dental DPH HIV Dental</i></b>

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<b>O</b>				✓										≥ 80% of clients completing a survey show improvement in oral health through a reduction or elimination of pain or discomfort as rating ≥ 3, or as scored "Good" or "Excellent".	Clients with procedure & Tx Plan complete	Agency Report of Satisfaction Survey	Contract Year	<b>YES</b>	Applicable to: <b><i>UOP Dental</i></b> <b><i>DPH HIV Dental</i></b>

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<b>UNIQUE PROGRAM OBJECTIVES</b>																			
P														ALRP will provide at minimum 8 legal trainings or seminars to pro-bono attorneys.	Pro-bono Attorneys	Agency Report of Training Logs	Contract Year	NO	Applicable to <b>ALRP HIV Legal Services</b>
P														ALRP maintains 380 active Panel Attorneys by recruiting ≥ 5% of its baseline to address attrition and expand capacity in areas of law with the greatest client demand for services.	Panel Attorneys	Agency Report	Contract Year	YES	Applicable to <b>ALRP HIV Legal Services</b>
P														ALRP will conduct ≥ 14 outreach presentations to community based organizations and client groups on rights of people with HIV/AIDS.	Community and Client Groups	Agency Report of Tracking Files	Contract Year	YES	Applicable to <b>ALRP HIV Legal Services</b>
P														≥ 90% of cases in which there is no legal remedy are referred for 2nd opinion and/or to an appropriate HIV/AIDS provider, or to another system of care to support the client through resolution of the issue.	Cases in which ALRP Determines No Legal Remedy	Agency Report of electronic or paper client files	Contract Year	YES	Applicable to <b>ALRP HIV Legal Services</b>

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														O					
P													HCAP Attorney conducts ≥ 8 outreach presentations to consumers and ≥ 8 outreach presentations to HIV/AIDS service providers.	HIV Consumers and Providers	Agency Report of Outreach Logs	Contract Year	NO	Applicable to <b>ALRP HIV Consumer Advocacy Project (HCAP)</b>	
P													≥ 85% of consumers served are residents of SF; ≤ 15% may be residents of San Mateo or Marin.	HIV Consumers of Local EMA	Agency Report of Program Database	Contract Year	YES	Applicable to <b>ALRP HIV Consumer Advocacy Project (HCAP)</b>	
O													≥ 80% of provider attendees of HCAP outreach presentations will report that presentation was relevant and useful to work with clients.	Attendees at pre-sentations	Agency Attendance Lists and Survey Results	Contract Year	YES	Applicable to <b>ALRP HIV Consumer Advocacy Project (HCAP)</b>	
O													≥ 85% of respondents to the survey will report they were "satisfied with service received from the HCAP Attorney".	Consumer Survey Respondents	Agency Summary Report of Annual Survey	Contract Year	YES	Applicable to <b>ALRP HIV Consumer Advocacy Project (HCAP)</b>	

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<b>P</b>													100% of new subsidy clients will have a housing plan in place ≤ 1 month of receiving the subsidy.	All new clients	Agency Report of electronic or paper client files	Contract year	<b>YES</b>	Applicable to <b><i>Catholic Charities (CC) - Assisted Housing Program</i></b>		
<b>O</b>													The program will stabilize the housing situation of ≥ 80% of program participants ≤ 6 mos of receiving the initial subsidy.	All new clients	Agency Report of paper or electronic client files	Contract year	<b>YES</b>	Applicable to <b><i>CC - Assisted Housing Program</i></b>		
<b>O</b>													≥ 80% of subsidy recipients who have secured housing will have maintained housing or moved to a level of care more appropriate to their needs within 1 year.	All clients	Agency Report of electronic or paper client files	Contract year	<b>YES</b>	Applicable to <b><i>CC - Assisted Housing Program</i></b>		
<b>O</b>													≥ 75% of clients who exit housing will secure housing appropriate to needs (e.g., transition to different level of care, move-in with family or friends, independent or unsubsidized housing, etc.) <sup>1</sup> .	All clients who exit housing excluding deaths	Agency client files or database	Contract year	<b>YES</b>	Applicable to: <b><i>Rental Subsidies CC - Assisted Housing Program SF AIDS Foundation</i></b> 1. The discharge plan indicates the type of housing.		

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<b>TYPE OF OBJECTIVE</b>	Ambulatory Outpatient Medical Care	Benefits Counseling	Centers of Excellence	Dental Services	Facility Based Care	Hospice Services	Medical Case Mgmt.	Nutrition Services	Outpatient Mental Hlth	Outreach	Psychosocial Support	Residential Mental Hlth	Residential Subs Use	<b>Objectives</b> <i>(Superscripts refer to corresponding number in the notes column)</i>	<b>Client Inclusions</b>	<b>Data Source (Compliance/ Program Review)</b>	<b>Measure Period</b>	<u>BOCC Scoring</u>	<b>NOTES</b>
																		Yes = Partial Scoring of Objectives Nearly Met  No = 5 Points if met, 0 if not.	
<b>P</b>													100% of subsidy recipients have their eligibility recertified at least annually.	All clients	Agency Report of electronic or paper client files	Contract year	<b>YES</b>	Applicable to: <b>Rental Subsidies CC - Assisted Housing Program SF AIDS Fndtn-HIV Rental Subsidies</b>	
<b>P</b>													100% of clients have an ISP in place ≤ 90 days of enrollment.	All new clients	Agency Report of electronic or paper client files	Contract year	<b>YES</b>	Applicable to <b>CC - Peter Claver Community (PCC)</b>	
<b>P</b>													≥ 90% of clients will access primary care services at least once during the contract year.	All clients in svcs ≥ 60 days	Agency Report of electronic or paper client files	Contract year	<b>NO</b>	Applicable to: <b>CC-Rita daCascia/Hazel Betsey(RdC/Hazel), Derek Silva(Derek) HealthRight360 - Planetree Rafiki - Case Management</b>	
<b>P</b>													100% of new clients will have an ISP in place which addresses long term housing ≤ 30 days of initial assessment.	All New Clients	Agency Report of electronic or paper client files	Contract year	<b>YES</b>	Applicable to: <b>CC - RdC//Hazel, Derek HealthRight360 - Planetree Rafiki - Case Management Rafiki - Transitional Housing</b>	
<b>P</b>													100% of clients will be assessed for mental health and substance use treatment needs at least once per year.	All Clients	Agency Report of electronic or paper client files	Contract year	<b>NO</b>	Applicable to: <b>CC - RdC/Hazel, Derek HealthRight360 - Planetree Rafiki - Case Management Rafiki - Transitional Housing</b>	

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<b>Service Categories</b>														<b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.					
<b>TYPE OF OBJECTIVE</b>	Ambulatory Outpatient Medical Care	Benefits Counseling	Centers of Excellence	Dental Services	Facility Based Care	Hospice Services	Medical Case Mgmt.	Nutrition Services	Outpatient Mental Hlth	Outreach	Psychosocial Support	Residential Mental Hlth	Residential Subs Use	<b>Objectives</b> <i>(Superscripts refer to corresponding number in the notes column)</i>	<b>Client Inclusions</b>	<b>Data Source (Compliance/ Program Review)</b>	<b>Measure Period</b>	<b>BOCC Scoring</b>	<b>NOTES</b>
																		Yes = Partial Scoring of Objectives Nearly Met  No = 5 Points if met, 0 if not.	
<b>P</b>														≥ 90% of ISP will be updated at least every 6 months.	All Clients Housed for ≥ 6 months	Agency Report of electronic or paper client files	Contract year	<b>YES</b>	Applicable to: <b>CC - RdC/Hazel, Derek, Peter HealthRight360 - Planetree Rafiki - Case Management Rafiki - Transitional Housing</b>
<b>O</b>														≥ 80% of clients who participate in services will accomplish at least one goal established in their individualized services plan.	All Clients	Agency Report of electronic or paper client files	Contract year	<b>YES</b>	Applicable to: <b>CC - RdC/Hazel, Derek, Peter (Note: Peter's Goal = 75%) HealthRight360 - Planetree Rafiki - Case Management Rafiki - Transitional Housing</b>
<b>O</b>														≥ 75% of all clients referred for primary care, mental health and/or substance use services will be linked to those services.	All clients referred to services	Agency Report of electronic or paper client files	Contract year	<b>YES</b>	Applicable to: <b>CC - RdC/Hazel, Derek HealthRight360 - Planetree Rafiki - Case Management Rafiki - Transitional Housing</b>
<b>O</b>														100% of clients housed for ≥ 6 mos will have maximized income and benefits for which they are eligible, or are in the application process.	All Clients Housed for ≥ 6 mos	Agency client files or database.	Contract year	<b>NO</b>	Applicable to: <b>CC - RdC/Hazel, Derek, Peter (02640) HealthRight360 - Planetree Rafiki - Case Management Rafiki - Transitional Housing</b>



**HIV Health Services  
Performance Objectives FY 2020-21**

<b>Service Categories</b>													<b>Note: Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.</b>							
<b>TYPE OF OBJECTIVE</b>	Ambulatory Outpatient Medical Care	Benefits Counseling	Centers of Excellence	Dental Services	Facility Based Care	Hospice Services	Medical Case Mgmt.	Nutrition Services	Outpatient Mental Hlth	Outreach	Psychosocial Support	Residential Mental Hlth	Residential Subs Use	<b>Objectives</b> <i>(Superscripts refer to corresponding number in the notes column)</i>	<b>Client Inclusions</b>	<b>Data Source (Compliance/ Program Review)</b>	<b>Measure Period</b>	<b>BOCC Scoring</b>		<b>NOTES</b>
																		Yes = Partial Scoring of Objectives Nearly Met	No = 5 Points if met, 0 if not.	
<b>O</b>													≥ 80% of clients receiving money management will maintain stable housing for ≥ 6 mos.	Clients Enrolled ≥ 6 mos	Agency Report of electronic or paper client files	Contract Year	<b>YES</b>	Applicable to <b><i>Lutheran Social Services Money Management</i></b>		
<b>O</b>													≥ 90% of clients are able to retain housing due to guarantee that rent will be paid.	All Program Clients	Agency Report of electronic or paper client files	Contract Year	<b>NO</b>	Applicable to <b><i>Lutheran Social Services Money Management</i></b>		
<b>P</b>													≥ 90% of clients identified by a licensed mental hlth therapist as having severe impairment related to substance use and/or mental hlth history will be assessed for behavioral hlth needs and referred to MH Program ≤15 days of admission to residence.	All residents of Maitri	Agency Report of electronic or paper client files	Contract year	<b>NO</b>	Applicable to <b><i>Maitri Mental Health Program</i></b>		
<b>P</b>													100% of MH program clients will have ISP developed ≤ 2 weeks of program admission and will be evaluated weekly.	All MH program clients	Agency Report of electronic or paper client files	Contract year	<b>YES</b>	Applicable to <b><i>Maitri Mental Health Program</i></b>		

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<b>Service Categories</b>													<i><b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.</i>							
<b>TYPE OF OBJECTIVE</b>	Ambulatory Outpatient Medical Care	Benefits Counseling	Centers of Excellence	Dental Services	Facility Based Care	Hospice Services	Medical Case Mgmt.	Nutrition Services	Outpatient Mental Hlth	Outreach	Psychosocial Support	Residential Mental Hlth	Residential Subs Use	<b>Objectives</b> <i>(Superscripts refer to corresponding number in the notes column)</i>	<b>Client Inclusions</b>	<b>Data Source (Compliance/ Program Review)</b>	<b>Measure Period</b>	<b>BOCC Scoring</b>		<b>NOTES</b>
																		Yes = Partial Scoring of Objectives Nearly Met	No = 5 Points if met, 0 if not.	
O														100% of MH program clients will have comprehensive reevaluation every 3 mos. to assess crisis stabilization, minimization of psych/mental health symptoms and update the ISP as needed.	All MH program clients	Agency Report of electronic or paper client files	Contract year	YES		Applicable to <b><i>Maitri Mental Health Program</i></b>
O														All clients prescribed psychotropic meds will maintain 100% adherence with psych meds.	All MH program clients	Agency Report of electronic or paper client files	Contract year	YES		Applicable to <b><i>Maitri Mental Health Program</i></b>
O														≥ 55% of UDC referred by the DPH will respond to the annual client satisfaction survey.	All Program Clients	Agency Summary Report of Annual Survey	Contract Year	YES		Applicable to <b><i>Native American Hlth Center Dental Prog</i></b> (referrals from DPH dental svcs; objective is in place of other dentistry svcs standardized objectives)
P														≥ 75% of pts completing a survey will report dental issue they were referred for by DPH was addressed satisfactorily.	Clients Surveyed	Agency Summary Report of Annual Survey	Contract Year	YES		Applicable to <b><i>Native American Hlth Center Dental Prog</i></b> (referrals from DPH dental svcs; objective is in place of other dentistry svcs standardized objectives)

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<b>Service Categories</b>													<b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.							
<b>TYPE OF OBJECTIVE</b>	Ambulatory Outpatient Medical Care	Benefits Counseling	Centers of Excellence	Dental Services	Facility Based Care	Hospice Services	Medical Case Mgmt.	Nutrition Services	Outpatient Mental Hlth	Outreach	Psychosocial Support	Residential Mental Hlth	Residential Subs Use	<b>Objectives</b> <i>(Superscripts refer to corresponding number in the notes column)</i>	<b>Client Inclusions</b>	<b>Data Source (Compliance/ Program Review)</b>	<b>Measure Period</b>	<b>BOCC Scoring</b>		<b>NOTES</b>
																		Yes = Partial Scoring of Objectives Nearly Met	No = 5 Points if met, 0 if not.	
<b>P</b>													≥ 95% of valid client requests for Emergency Assistance payments to 3rd party vendors will be processed ≤ 10 business days after completion of client documentation.	All Clients	Agency Report of electronic or paper client files	Contract Year	<b>YES</b>			Applicable to <b>PRC AIDS Emergency Fund Program</b>
<b>P</b>													≥ 95% of valid client requests for Eviction Prevention payments to 3rd party vendors will be processed ≤ 5 business days after completion of client documentation.	All Clients	Agency Report of electronic or paper client files	Contract Year	<b>YES</b>			Applicable to <b>PRC AIDS Emergency Fund Program</b>
<b>O</b>													AEF services will prevent eviction of at least 40 clients.	All Clients	Agency Internal Monthly and Quarterly Reports	Contract Year	<b>YES</b>			Applicable to <b>PRC AIDS Emergency Fund Program</b>
<b>O</b>													AEF services will enable at least 40 clients to move into permanent affordable or subsidized housing.	All Clients	Agency Internal Monthly and Quarterly Reports	Contract Year	<b>YES</b>			Applicable to <b>PRC AIDS Emergency Fund Program</b>

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<b>Service Categories</b>													<b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.						
TYPE OF OBJECTIVE	Ambulatory Outpatient Medical Care	Benefits Counseling	Centers of Excellence	Dental Services	Facility Based Care	Hospice Services	Medical Case Mgmt.	Nutrition Services	Outpatient Mental Hlth	Outreach	Psychosocial Support	Residential Mental Hlth	Residential Subs Use	Objectives <i>(Superscripts refer to corresponding number in the notes column)</i>	Client Inclusions	Data Source (Compliance/ Program Review)	Measure Period	BOCC Scoring	NOTES
																		Yes = Partial Scoring of Objectives Nearly Met  No = 5 Points if met, 0 if not.	
O													≥ 85% of client cases in which claims for benefits have been filed and have been fully adjudicated by program representation will result in a favorable decision or an award.	Cases with Benefits Claims Filed which have been Fully Adjudicated	Annual Agency Report <sup>1</sup>	Contract Year	YES	Applicable to <b>PRC Benefits Counseling Program</b> 1. Includes % claims awarded at initial, reconsideration, Admin Law Hearing, or Appeals level; decisions at same levels, and for Continuing Disability Reviews; by proof of award-notice received from SSA, or documented in SSA or CalMED data	
O													≥ 85% of clients that receive an intake will obtain, retain, or increase access to health care coverage.	All clients that receive an intake	Agency Report of electronic or paper client files	Contract year	YES	Applicable to <b>PRC Equal Access to Healthcare Program</b>	
O													≥ 85% of training participants that complete questionnaires will respond that the training attended was "somewhat informative" or "very informative".	Survey Respondents	Agency Report of participants evaluations of sessions	Contract year	YES	Applicable to <b>PRC Equal Access to Healthcare Program</b>	

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<b>Service Categories</b>													<b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.							
<b>TYPE OF OBJECTIVE</b>	Ambulatory Outpatient Medical Care	Benefits Counseling	Centers of Excellence	Dental Services	Facility Based Care	Hospice Services	Medical Case Mgmt.	Nutrition Services	Outpatient Mental Hlth	Outreach	Psychosocial Support	Residential Mental Hlth	Residential Subs Use	<b>Objectives</b> <i>(Superscripts refer to corresponding number in the notes column)</i>	<b>Client Inclusions</b>	<b>Data Source (Compliance/ Program Review)</b>	<b>Measure Period</b>	<b>BOCC Scoring</b>		<b>NOTES</b>
																		Yes = Partial Scoring of Objectives Nearly Met	No = 5 Points if met, 0 if not.	
<b>P</b>													PRC will track the presenting issues for each client that receives an intake to identify the top five presenting issues; using this information the program will design focused trainings on these issues for the following contract year. <sup>1</sup>	N/A	Agency Report of electronic or paper client files	Contract year	<b>NO</b>			Applicable to <b>PRC Equal Access to Healthcare Program</b>  1. Data on presenting issues collected from each year's clients is used to design training programs year-after-year.
<b>O</b>													≥ 30% of clients who develop an ISP will receive authorizations to work with a CA Dept. of Rehab (DOR) Vocational Counselor on an Employment Plan.	Clients Who Develop an ISP	Agency Report of Database Query of Client Records	Contract Year	<b>YES</b>			Applicable to <b>PRC Employment Services Program</b>
<b>P</b>													≥ 70% of clients who develop an ISP will enroll in single or multi-session trainings designed to increase capacity to become employed.	Clients Who Develop an ISP	Agency Report of Database Query of Client Records	Contract Year	<b>YES</b>			Applicable to <b>PRC Employment Services Program</b>

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<b>Service Categories</b>													<i><b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.</i>							
<b>TYPE OF OBJECTIVE</b>	Ambulatory Outpatient Medical Care	Benefits Counseling	Centers of Excellence	Dental Services	Facility Based Care	Hospice Services	Medical Case Mgmt.	Nutrition Services	Outpatient Mental Hlth	Outreach	Psychosocial Support	Residential Mental Hlth	Residential Subs Use	<b>Objectives</b> <i>(Superscripts refer to corresponding number in the notes column)</i>	<b>Client Inclusions</b>	<b>Data Source (Compliance/ Program Review)</b>	<b>Measure Period</b>	<b>BOCC Scoring</b>		<b>NOTES</b>
																		Yes = Partial Scoring of Objectives Nearly Met	No = 5 Points if met, 0 if not.	
<b>P</b>													≥ 25% of clients who develop an ISP will secure a permanent or temporary, full time or part-time job placement.	Clients Who Develop an ISP	Agency Report of Database Query of Client files, and client self report	Contract Year	<b>YES</b>			Applicable to <b><i>PRC Employment Services Program</i></b>
<b>O</b>													PRC tracks client income and benefits before and after clients secure a permanent placement to quantify the impact of employment for all clients that secure a placement.	Clients Who Secure a Permanent Placement	Agency Report of Database Query of Client Records	Contract Year	<b>YES</b>			Applicable to <b><i>PRC Employment Services Program</i></b>
<b>P</b>													100% of GTZ clients will complete an ISP within 30 days.	All GTZ Clients	Agency Report of Monthly Query of Client Records	Contract Year	<b>YES</b>			Applicable to <b><i>PRC Employment Svcs Getting To Zero (GTZ) Program</i></b>
<b>P</b>													≥ 90% of GTZ clients who complete an ISP will receive a vocational evaluation and career exploration appt. with a Vocational Counselor and/or Employment Specialist ≤ 90 days of intake.	All GTZ Clients	Agency Report of Monthly Database Query of Client Records	Contract Year	<b>YES</b>			Applicable to <b><i>PRC Employment Svcs Getting To Zero (GTZ) Program</i></b>

**HIV Health Services  
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<b>Service Categories</b>														<i><b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.</i>					
<b>TYPE OF OBJECTIVE</b>	Ambulatory Outpatient Medical Care	Benefits Counseling	Centers of Excellence	Dental Services	Facility Based Care	Hospice Services	Medical Case Mgmt.	Nutrition Services	Outpatient Mental Hlth	Outreach	Psychosocial Support	Residential Mental Hlth	Residential Subs Use	<b>Objectives</b> <i>(Superscripts refer to corresponding number in the notes column)</i>	<b>Client Inclusions</b>	<b>Data Source (Compliance/ Program Review)</b>	<b>Measure Period</b>	<u>BOCC Scoring</u>	<b>NOTES</b>
																		Yes = Partial Scoring of Objectives Nearly Met  No = 5 Points if met, 0 if not.	
O														≥ 45% of GTZ clients who complete an ISP will begin further education, training, or an "On the Job" training internship within 12 mos. of assessment.	All Clients Served for ≥ 12 months	Agency Report of Monthly Database Query of Client Records	12 mos. YTD from each client's assessment	YES	Applicable to <b><i>PRC Employment Svcs Getting To Zero (GTZ) Program</i></b>
O														≥ 60% of GTZ clients who complete an ISP will secure short or long-term employment (part time, full time, temporary or permanent) within 12 mos. of assessment.	All Clients Served for ≥ 12 months	Agency Report of Monthly Database Query of Client Records	12 mos. YTD from each client's assessment	YES	Applicable to <b><i>PRC Employment Svcs Getting To Zero (GTZ) Program</i></b>
O														≥ 25% of the above 60% of GTZ clients that secured short or long term employment will secure a permanent placement in competitive employment.	GTZ Clients referenced in previous Objective (row 80)	Agency Report of Monthly Database Query of Client Records	Contract Year	YES	Applicable to <b><i>PRC Employment Svcs Getting To Zero (GTZ) Program</i></b>

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<b>Service Categories</b>													<b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.							
<b>TYPE OF OBJECTIVE</b>	Ambulatory Outpatient Medical Care	Benefits Counseling	Centers of Excellence	Dental Services	Facility Based Care	Hospice Services	Medical Case Mgmt.	Nutrition Services	Outpatient Mental Hlth	Outreach	Psychosocial Support	Residential Mental Hlth	Residential Subs Use	<b>Objectives</b> <i>(Superscripts refer to corresponding number in the notes column)</i>	<b>Client Inclusions</b>	<b>Data Source (Compliance/ Program Review)</b>	<b>Measure Period</b>	<b>BOCC Scoring</b>		<b>NOTES</b>
																		Yes = Partial Scoring of Objectives Nearly Met	No = 5 Points if met, 0 if not.	
O													≥ 80% of GTZ clients who receive non-medical case mngt and complete a pre and post evaluation will report feeling more prepared for employment or vocational training at the time of referral to PRC.	All GTZ Clients	Agency Report of Monthly Evaluation Results	Contract Year	YES			Applicable to <b>PRC Employment Svcs GTZ Program</b>
O													≥ 80% of GTZ clients who participate in Employment Readiness Groups will show at least one new skill learned.	All GTZ Clients	Agency Report of Monthly Group Evaluation Results	Contract Year	YES			Applicable to <b>PRC Employment Svcs GTZ Program</b>
P													≥ 60% of GTZ clients who access services through SFCHC Employment Readiness and receive a referral to PRC Employment Svcs will complete an intake	GTZ Clients referred to PRC	Agency Report of Monthly Referrals from SFCHC to PRC and Database	Contract Year	YES			Applicable to <b>PRC Employment Svcs GTZ Program</b>



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<b>Service Categories</b>														<i><b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.</i>					
<b>TYPE OF OBJECTIVE</b>	Ambulatory Outpatient Medical Care	Benefits Counseling	Centers of Excellence	Dental Services	Facility Based Care	Hospice Services	Medical Case Mgmt.	Nutrition Services	Outpatient Mental Hlth	Outreach	Psychosocial Support	Residential Mental Hlth	Residential Subs Use	<b>Objectives</b> <i>(Superscripts refer to corresponding number in the notes column)</i>	<b>Client Inclusions</b>	<b>Data Source (Compliance/ Program Review)</b>	<b>Measure Period</b>	<u><b>BOCC Scoring</b></u>  Yes = Partial Scoring of Objectives Nearly Met  No = 5 Points if met, 0 if not.	<b>NOTES</b>
<b>O</b>														≥ 75% of training participants completing post training survey will indicate improved knowledge on the specific topic post training. <sup>1</sup>	Prior and post training survey respondents	Agency Report of Prior and Post Survey Results Analyzed	Contract Year	<b>YES</b>	Applicable to <b><i>PRC Frontline Organizing Group (FOG) - GTZ Program</i></b> 1. Survey asks for knowledge prior / post training on a 1 - 5 scale; improved knowledge indicated by higher rating post training as compared to prior to training
<b>O</b>														≥ 75% of training participants completing post training survey will indicate they know the meaning of Undetectable = Untransmittable (U = U).	Post training survey respondents	Agency Report of Post Survey Results Analyzed	Contract Year	<b>YES</b>	Applicable to <b><i>PRC Frontline Organizing Group (FOG) - GTZ Program</i></b>
<b>P</b>														All program clients will receive at least one nutrition education opportunity.	All HIV+ Clients	Agency Report of electronic or paper client files	Contract Year	<b>YES</b>	Applicable to <b><i>Project Open Hand (POH) HIV/AIDS Food and Nutrition Services</i></b>

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<b>Service Categories</b>													<b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.							
<b>TYPE OF OBJECTIVE</b>	Ambulatory Outpatient Medical Care	Benefits Counseling	Centers of Excellence	Dental Services	Facility Based Care	Hospice Services	Medical Case Mgmt.	Nutrition Services	Outpatient Mental Hlth	Outreach	Psychosocial Support	Residential Mental Hlth	Residential Subs Use	<b>Objectives</b> <i>(Superscripts refer to corresponding number in the notes column)</i>	<b>Client Inclusions</b>	<b>Data Source (Compliance/ Program Review)</b>	<b>Measure Period</b>	<b>BOCC Scoring</b>		<b>NOTES</b>
																		Yes = Partial Scoring of Objectives Nearly Met	No = 5 Points if met, 0 if not.	
<b>O</b>													≥ 90% of new clients that met with the RD and scored ≥ 6 on the Nutrition Risk Checklist with an adherence rate <sup>1</sup> to services of ≤ 25% will receive a face to face follow up assessment once a year to address any barriers to adherence.	All clients who receive ≥ 6 score on DETERMINE Nutrition Risk Checklist	Agency Report of electronic or paper client files	Contract Year	<b>YES</b>	Applicable to <b>POH HIV/AIDS Food and Nutrition Services</b> 1. Adherence rate defined as frequency UDC accesses service. If client is seen, on avg, ≤ once per mo. this is considered ≤ 25% of adherence, or high nutritional risk. (run report at start of each FY for all new UDC that met with RD and scored ≥ 6; compare with frequency of visits; select for UDC who visit ≤ 25%)		
<b>P</b>													≥ 75% of HIV+ survey respondents will report "program helps maintain or improve my health".	Clients Completing Annual Survey	Agency Report of Survey Results	Contract Year	<b>YES</b>	Applicable to <b>POH HIV/AIDS Food and Nutrition Services</b>		
<b>O</b>													≥ 75% of HIV+ survey respondents will report "nutrition education increased my knowledge of nutrition in addressing HIV and overall health".	Clients Completing Annual Survey	Agency Report of Survey Results	Contract Year	<b>YES</b>	Applicable to: <b>POH HIV/AIDS Food and Nutrition Services and GTZ Program</b>		

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<b>Service Categories</b>														<b>Note: Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.</b>					
<b>TYPE OF OBJECTIVE</b>	Ambulatory Outpatient Medical Care	Benefits Counseling	Centers of Excellence	Dental Services	Facility Based Care	Hospice Services	Medical Case Mgmt.	Nutrition Services	Outpatient Mental Hlth	Outreach	Psychosocial Support	Residential Mental Hlth	Residential Subs Use	<b>Objectives</b> <i>(Superscripts refer to corresponding number in the notes column)</i>	<b>Client Inclusions</b>	<b>Data Source (Compliance/ Program Review)</b>	<b>Measure Period</b>	<b>BOCC Scoring</b>	<b>NOTES</b>
																		Yes = Partial Scoring of Objectives Nearly Met  No = 5 Points if met, 0 if not.	
O														≥ 50% of GTZ clients will attest to increased med adherence as reported on the Survey	GTZ Clients	Agency Report of Survey Results	Contract Year	YES	Applicable to <b>POH HIV/AIDS Food and Nutrition Services - GTZ Program</b>
O														≥ 50% of GTZ clients will improve Activities of Daily Living or Quality of Life	GTZ Clients	Agency Report of Survey Results	Contract Year	YES	Applicable to <b>POH HIV/AIDS Food and Nutrition Services - GTZ Program</b>
P														≥ 25% of GTZ clients will receive food and nutrition services at least once a month for ≥ 6 months.	GTZ Clients	Agency Report of Database Query	Contract Year	YES	Applicable to <b>POH HIV/AIDS Food and Nutrition Services - GTZ Program</b>
O														≥ 75% of clients served with a comprehensive evaluation will demonstrate receipt of, or will be in process of receiving eligible benefits.	Clients Receiving Comp Evaluation	Agency Report of electronic or paper client files, client self report	Contract Year	YES	Applicable to <b>SFAF Non Medical Case Management &amp; Benefits Counseling Services</b>
NA														All Standardized (column C) CoE Objectives apply to this Ryan White Part C funded program.	N/A	N/A	N/A	N/A	Applicable to <b>APIWC &amp; Tom Waddell Hlth Center - TACE: EIS Program (Ryan White mapping tab)</b>

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Service Categories														<i>Note: Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.</i>					
TYPE OF OBJECTIVE	Ambulatory Outpatient Medical Care	Benefits Counseling	Centers of Excellence	Dental Services	Facility Based Care	Hospice Services	Medical Case Mgmt.	Nutrition Services	Outpatient Mental Hlth	Outreach	Psychosocial Support	Residential Mental Hlth	Residential Subs Use	Objectives <i>(Superscripts refer to corresponding number in the notes column)</i>	Client Inclusions	Data Source <b>(Compliance/ Program Review)</b>	Measure Period	BOCC Scoring	NOTES
																		Yes = Partial Scoring of Objectives Nearly Met  No = 5 Points if met, 0 if not.	
O														≥ 90% of patients will have a primary medical provider (MD/NP/PA) visit scheduled within 6 mos of starting care	Clients Enrolled ≥ 6 mos	Agency Report of patient records review of medical provider visits	Contract Year	YES	Applicable to <b>SFDPH Health at Home Services</b>
O														≥ 75% of patients will have a viral load < 200 copies/ml which will indicate viral suppression and treatment adherence.	Clients Enrolled ≥ 6 mos	Report of patient lab results documented in Epic	Contract Year	YES	Applicable to <b>SFDPH Health at Home Services</b>
P														≥ 90% of clients completing 3 mos. of service will have received basic HIV disease education regarding transmission and prevention.	Clients Enrolled ≥ 3 mos	Agency Report of chart audit of HIV care plan section in Encore and Epic	Contract Year	YES	Applicable to <b>SFDPH Health at Home Services</b>
P														≥ 90% of clients will be assessed for mental health and substance use treatment needs ≤ 30 days of program enrollment.	All New Clients	Agency Report of electronic or paper client files	Contract Year	YES	Applicable to <b>SFDPH Health at Home Services</b>

**HIV Health Services  
Performance Objectives FY 2020-21**

Service Categories													<b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.							
TYPE OF OBJECTIVE	Ambulatory Outpatient Medical Care	Benefits Counseling	Centers of Excellence	Dental Services	Facility Based Care	Hospice Services	Medical Case Mgmt.	Nutrition Services	Outpatient Mental Hlth	Outreach	Psychosocial Support	Residential Mental Hlth	Residential Subs Use	Objectives (Superscripts refer to corresponding number in the notes column)	Client Inclusions	Data Source (Compliance/ Program Review)	Measure Period	BOCC Scoring		NOTES
																		Yes = Partial Scoring of Objectives Nearly Met	No = 5 Points if met, 0 if not.	
O														≥ 90% of clients receiving Treatment Adherence Services will demonstrate adherence to the medication regimen prescribed.	All Tx Adherence Program Clients	Agency Report of Client Records-all Rx Meds Taken Documented	Contract Year	YES		Applicable to <b>SFDPH Health at Home Program</b>
O														≥ 60% of patients enrolled in navigation will attend a primary care visit within 90 days of enrollment.	All Program Clients	Agency Report of documentation in client ISCHTR and/or EPIC	Contract Year	YES		Applicable to <b>SFDPH Linkage, Integration, Navigation and Comprehensive Services (LINCS) Program</b>
O														≥ 10% of patients enrolled in navigation will have an increase in viral suppression 6 months after enrollment.	Clients Enrolled ≥ 6 mos	Agency Report of documentation per DPH HIV Surveillance	Contract Year	NO		Applicable to <b>SFDPH LINCS Program</b>
P														Lab staff will conduct initial screening and complete confirmatory HIV test <sup>1</sup> of specimens ≤ 5 working days.	Tests Performed	Agency Report of achievement utilizing lab database	Contract Year	YES		Applicable to <b>SFDPH Microbiology Lab 1</b> . Lab performs confirmatory testing on all preliminary positive test results
P														≥ 95% of HIV Viral Load specimens are processed, tested, results reviewed and reported by Microbiologist ≤ 7 business days from collection	Tests Performed	Agency Report of Testing Accuracy per Nat'l Proficiency Score ≥ 80%	Contract Year	YES		Applicable to <b>SFDPH Microbiology Lab</b>

**HIV Health Services  
Performance Objectives FY 2020-21**

<b>Service Categories</b>													<i><b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.</i>						
<b>TYPE OF OBJECTIVE</b>	Ambulatory Outpatient Medical Care	Benefits Counseling	Centers of Excellence	Dental Services	Facility Based Care	Hospice Services	Medical Case Mgmt.	Nutrition Services	Outpatient Mental Hlth	Outreach	Psychosocial Support	Residential Mental Hlth	Residential Subs Use	<b>Objectives</b> <i>(Superscripts refer to corresponding number in the notes column)</i>	<b>Client Inclusions</b>	<b>Data Source (Compliance/ Program Review)</b>	<b>Measure Period</b>	<u>BOCC Scoring</u>	<b>NOTES</b>
																		Yes = Partial Scoring of Objectives Nearly Met  No = 5 Points if met, 0 if not.	
O														80% <sup>1</sup> of HIV+ clients (primary care documented in ARIES) will have had two or more medical visits during the year (one in the first half and the other in last half	Clients Enrolled ≥ 6 months	ARIES report of required documentation in client records	Contract Year	YES	Applicable to <b>SFDPH Castro Mission Health Center (CMHC)</b>
O														≥ 85% of HIV clients who received primary care (documented in ARIES) will have had ≥ 1 viral load test. <sup>1</sup>	Clients Enrolled ≥ 6 mos	ARIES report of required documentation in client records	Contract Year	YES	Applicable to <b>SFDPH CMHC</b>  1. Use appropriate ARIES Report functions as trained by HHS staff.
O														≥ 70% of clients on ART (Primary Care documented in ARIES) will have a viral load ≤ 200 copies/ml which will indicate viral suppression and successful treatment adherence. <sup>1</sup>	Clients Enrolled ≥ 6 mos	ARIES report of required documentation in client records	Contract Year	YES	Applicable to <b>SFDPH CMHC</b>  1. Use appropriate ARIES Report functions as trained by HHS staff.
O														≥ 90% of pts will be assessed for mental health and substance use treatment needs ≤ 30 days of program enrollment.	All New Clients	Agency Report of electronic or paper client files	Contract Year	YES	Applicable to <b>SFDPH CMHC</b>

**HIV Health Services  
Performance Objectives FY 2020-21**

		<b>Service Categories</b>											<i><b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.</i>					
<b>TYPE OF OBJECTIVE</b>												<b>Objectives</b> <i>(Superscripts refer to corresponding number in the notes column)</i>	<b>Client Inclusions</b>	<b>Data Source (Compliance/ Program Review)</b>	<b>Measure Period</b>	<u>BOCC Scoring</u>		<b>NOTES</b>
	Ambulatory Outpatient Medical Care	Benefits Counseling	Centers of Excellence	Dental Services	Facility Based Care	Hospice Services	Medical Case Mgmt.	Nutrition Services	Outpatient Mental Hlth	Outreach	Psychosocial Support					Residential Mental Hlth	Residential Subs Use	
<b>O</b>												≥ 90% of pts assessed as eligible for SSI Disability will have SSI evaluation written ≤ 2 wks of the initial assessment.	Clients Eligible for SSI Disability	List of eligible clients & monthly stats form	Contract Year	<b>YES</b>		Applicable to <b>SFDPH South Van Ness Adult Behavioral Health Services (MOU 5 and MOU 6)</b>
<b>O</b>												SFFB will maintain an average product nutrition rating of 2.5 on a scale of 0-3 based on content provided by Nutrition Facts Label.	Inventory Available to Agencies Funded by HHS	Agency Report of nutrition eval tool: Choosing Healthy Eating Well (CHEW)	Contract Year	<b>YES</b>		Applicable to <b>SF Food Bank</b>
<b>P</b>												≥ 80% of HHS funded agencies will report food received helps clients meet nutritional needs in response to provider satisfaction survey.	HHS providers that receive SFFB Food	Agency Summary Report of Provider Satisfaction Survey	Contract Year	<b>YES</b>		Applicable to <b>SF Food Bank</b>
<b>P</b>												The AIDS/HIV Nightline will conduct outreach to ≥ 15 San Francisco service agencies doing HIV/AIDS work.	Not Applicable	Agency Report of documentation, i.e., sign-in logs, CBO letters demonstrating participation	Contract Year	<b>NO</b>		Applicable to <b>SF Suicide Prevention Nightline (in BHS Contract)</b>

**HIV Health Services  
Performance Objectives FY 2020-21**

		<b>Service Categories</b>													<i><b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.</i>					
<b>TYPE OF OBJECTIVE</b>	Ambulatory Outpatient Medical Care	Benefits Counseling	Centers of Excellence	Dental Services	Facility Based Care	Hospice Services	Medical Case Mgmt.	Nutrition Services	Outpatient Mental Hlth	Outreach	Psychosocial Support	Residential Mental Hlth	Residential Subs Use	<b>Objectives</b> <i>(Superscripts refer to corresponding number in the notes column)</i>	<b>Client Inclusions</b>	<b>Data Source (Compliance/ Program Review)</b>	<b>Measure Period</b>	<b>BOCC Scoring</b>		<b>NOTES</b>
																		Yes = Partial Scoring of Objectives Nearly Met	No = 5 Points if met, 0 if not.	
<b>P</b>														The AIDS/HIV Nightline will exhibit at or participate in ≥ 2 community events.	Not Applicable	Agency Report of documentation, i.e., sign-in logs, CBO letters demonstrating participation	Contract Year	<b>NO</b>		Applicable to <b>SF Suicide Prevention Nightline</b> (in BHS Contract)
<b>P</b>														The AIDS/HIV Nightline will respond to ≥ 1,025 calls from PLWH/A	Not Applicable	Agency Report of Call Logs	Contract Year	<b>YES</b>		Applicable to <b>SF Suicide Prevention Nightline</b> (in BHS Contract)
<b>P</b>														The AIDS/HIV Nightline will complete ≥ 2 volunteer training classes for each new volunteer to receive ≥ 60 hrs. of training	New Volunteers	Agency Report of Training Attendance Logs	Contract Year	<b>YES</b>		Applicable to <b>SF Suicide Prevention Nightline</b> (in BHS Contract)
<b>P</b>														≥ 80% of new clients seeking practical and/or emotional support are matched to staff or a volunteer ≤ 5 business days.	New Clients	Agency Report of electronic or paper client files	Contract Year	<b>YES</b>		Applicable to <b>Shanti Emotional and Practical Support</b>
<b>O</b>														≥ 70% of clients report a decreased level of isolation since being connected with program staff or volunteers.	Clients Completing Annual Survey	Agency Report of survey response: "I feel less isolated now"	Contract Year	<b>YES</b>		Applicable to <b>Shanti Emotional and Practical Support</b>



**HIV Health Services  
Performance Objectives FY 2020-21**

<b>Service Categories</b>														<b>Note: Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.</b>						
<b>TYPE OF OBJECTIVE</b>	Ambulatory Outpatient Medical Care	Benefits Counseling	Centers of Excellence	Dental Services	Facility Based Care	Hospice Services	Medical Case Mgmt.	Nutrition Services	Outpatient Mental Hlth	Outreach	Psychosocial Support	Residential Mental Hlth	Residential Subs Use	<b>Objectives</b> <i>(Superscripts refer to corresponding number in the notes column)</i>	<b>Client Inclusions</b>	<b>Data Source (Compliance/ Program Review)</b>	<b>Measure Period</b>	<b>BOCC Scoring</b>		<b>NOTES</b>
																		Yes = Partial Scoring of Objectives Nearly Met	No = 5 Points if met, 0 if not.	
O														≥ 60% of clients report an increased level of self sufficiency since being connected with program staff or volunteers.	Clients Completing Annual Survey	Agency Report of survey response: "I feel more self-sufficient now"	Contract Year	YES	Applicable to <b><i>Shanti Emotional and Practical Support</i></b>	
O														≥ 60% of clients report a decreased level of stress since engaging with the program.	Clients Completing Annual Survey	Agency Report of survey response: "I feel less stress now"	Contract Year	YES	Applicable to <b><i>Shanti Senior Survivor Support Program</i></b>	
O														≥ 70% of clients report a decreased level of isolation since being connected with program.	Clients Completing Annual Survey	Agency Report of survey response: "I feel less isolated now"	Contract Year	YES	Applicable to <b><i>Shanti Senior Survivor Support Program</i></b>	
O														≥ 60% of clients report an increased sense of community since being connected with program.	Clients Completing Annual Survey	Agency Report of survey response: "I feel more connected to community now"	Contract Year	YES	Applicable to <b><i>Shanti Senior Survivor Support Program</i></b>	

**HIV Health Services  
Performance Objectives FY 2020-21**

<b>Service Categories</b>													<i><b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.</i>							
<b>TYPE OF OBJECTIVE</b>	Ambulatory Outpatient Medical Care	Benefits Counseling	Centers of Excellence	Dental Services	Facility Based Care	Hospice Services	Medical Case Mgmt.	Nutrition Services	Outpatient Mental Hlth	Outreach	Psychosocial Support	Residential Mental Hlth	Residential Subs Use	<b>Objectives</b> <i>(Superscripts refer to corresponding number in the notes column)</i>	<b>Client Inclusions</b>	<b>Data Source (Compliance/ Program Review)</b>	<b>Measure Period</b>	<b>BOCC Scoring</b>		<b>NOTES</b>
																		Yes = Partial Scoring of Objectives Nearly Met	No = 5 Points if met, 0 if not.	
<b>P</b>													Program will generate and review a list of clients not engaged in Primary Care and will follow-up with the identified clients quarterly.	Clients not Engaged in Primary Care	Quarterly ARIES Report <sup>1</sup>	Contract Year	<b>NO</b>	Applicable to <b><i>Shanti Integrated Medical Case Management Program</i></b> 1. Prog must retain all quarterly ARIES reports for review by BOCC. <b>NOTE:</b> Case Manager coordinates with RN quarterly for follow up by Peer Advocate.		
<b>P</b>													The Director coordinates various presentations to the HCPC to ensure the materials and information reviewed fulfill all legislative requirements and council directives.	Not Applicable	Presentation Summary during Prioritization and Allocations Process	Contract Year	<b>YES</b>	Applicable to <b><i>Shanti HIV Community Planning Council (HCPC) Support</i></b>		
<b>P</b>													All new HCPC members are provided Orientation training upon beginning their terms; ≥ 3 additional skills-development trainings are provided to new and continuing members in subjects which may include, but are not limited to: <sup>1</sup>	HCPC Members	Program Documentation - Training Logs	Contract Year	<b>YES</b>	Applicable to <b><i>Shanti HCPC Support</i></b> 1. Roberts Rules of Order, Rules of Respectful Engagement, Privacy Rights, Cultural Humility, Chairing/Leading Meetings, other trainings identified by the PC Director.		

**HIV Health Services  
Performance Objectives FY 2020-21**

<b>Service Categories</b>													<b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.						
<b>TYPE OF OBJECTIVE</b>	Ambulatory Outpatient Medical Care	Benefits Counseling	Centers of Excellence	Dental Services	Facility Based Care	Hospice Services	Medical Case Mgmt.	Nutrition Services	Outpatient Mental Hlth	Outreach	Psychosocial Support	Residential Mental Hlth	Residential Subs Use	<b>Objectives</b> <i>(Superscripts refer to corresponding number in the notes column)</i>	<b>Client Inclusions</b>	<b>Data Source (Compliance/ Program Review)</b>	<b>Measure Period</b>	<u>BOCC Scoring</u>	<b>NOTES</b>
																		Yes = Partial Scoring of Objectives Nearly Met  No = 5 Points if met, 0 if not.	
<b>O</b>														The HCPC Director participates in the evaluation of success in meeting goals of the Comprehensive Plan and provides a written report to HCPC members each year.	HCPC Members	Program Report to Council <sup>1</sup>	Contract Year	<b>YES</b>	Applicable to <b><i>Shanti HCPC Support</i></b>
<b>O</b>														All HCPC members receive ongoing core competency training in areas identified by the Training Needs Analysis to be conducted and updated by the Training and Evaluation Coordinator.	HCPC Members	Program Documentation - Training Logs	Calendar Year	<b>YES</b>	Applicable to <b><i>Shanti HCPC Support</i></b>
<b>P</b>														≥ 80% of treatment plans are developed ≤ 90 days of client being assigned to a provider. <sup>1</sup>	As Defined by Agency Protocol	Agency Report of Client Records, Call Logs	Contract Year	<b>YES</b>	Applicable to <b><i>UCSF AHP Mental Hlth Svcs for HIV+ Workforce and Outpt Mental Hlth Svcs Program</i></b> <i>1. Replaces Row 12 for 2nd AHP contract</i>
<b>P</b>														≥ 80% of treatment plans are reviewed and updated for clients still engaged in care > 1 year. <sup>1</sup>	As Defined by Agency Protocol	Agency Report of Client Records, Call Logs	Contract Year	<b>NO</b>	Applicable to <b><i>UCSF AHP Mental Hlth Svcs for HIV+ Workforce and Outpt Mental Hlth Svcs Program</i></b> <i>1. Replaces Row 13 for 2nd AHP contract</i>

**HIV Health Services  
Performance Objectives FY 2020-21**

<b>Service Categories</b>													<i><b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.</i>							
<b>TYPE OF OBJECTIVE</b>	Ambulatory Outpatient Medical Care	Benefits Counseling	Centers of Excellence	Dental Services	Facility Based Care	Hospice Services	Medical Case Mgmt.	Nutrition Services	Outpatient Mental Hlth	Outreach	Psychosocial Support	Residential Mental Hlth	Residential Subs Use	<b>Objectives</b> <i>(Superscripts refer to corresponding number in the notes column)</i>	<b>Client Inclusions</b>	<b>Data Source (Compliance/ Program Review)</b>	<b>Measure Period</b>	<b>BOCC Scoring</b>		<b>NOTES</b>
																		Yes = Partial Scoring of Objectives Nearly Met	No = 5 Points if met, 0 if not.	
O													≥ 80% of neuropsychological testing findings will be reported to referring provider ≤ 3 weeks from completion of neuropsych testing.	As Defined by Agency Protocol	Agency Report of Client Records, Call Logs	Contract Year	<b>YES</b>	Applicable to <b><i>UCSF AHP Outpatient Mental Health Services Program</i></b>		
O													≥ 70% of clients who complete a pre- and post-test measurement and who identify problem areas on the pre-test, will improve in ≥ one of these areas on the post-test.	As Defined by Agency Protocol	Agency Report of pre and post test results	Contract Year	<b>NO</b>	Applicable to <b><i>UCSF AHP Outpatient Mental Health Services Program</i></b>		
O													<del>≥ 80% of clients will report the services received: a. "Helped a great deal" or "somewhat" to deal with concerns or problems. b. "Helped very much" or "somewhat" to protect them from HIV infection. c. "Helped very much" or "somewhat" to talk with partners about their HIV infection status.</del>	<del>Clients who complete a Client Satisfaction Survey</del>	<del>Agency Report of Client Records, Call Logs</del>	<del>Contract Year</del>	<b>YES</b>	<del>Not Applicable in FY 20-21 Applicable to <b><i>UCSF AHP Outpatient Mental Health Services Program</i></b></del>		

**HIV Health Services  
Performance Objectives FY 2020-21**

<b>Service Categories</b>														<i><b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.</i>					
<b>TYPE OF OBJECTIVE</b>	Ambulatory Outpatient Medical Care	Benefits Counseling	Centers of Excellence	Dental Services	Facility Based Care	Hospice Services	Medical Case Mgmt.	Nutrition Services	Outpatient Mental Hlth	Outreach	Psychosocial Support	Residential Mental Hlth	Residential Subs Use	<b>Objectives</b> <i>(Superscripts refer to corresponding number in the notes column)</i>	<b>Client Inclusions</b>	<b>Data Source (Compliance/ Program Review)</b>	<b>Measure Period</b>	<b>BOCC Scoring</b>  Yes = Partial Scoring of Objectives Nearly Met  No = 5 Points if met, 0 if not.	<b>NOTES</b>
<b>O</b>														≥ 50% of HIV+ clients (primary care documented in ARIES) will have two or more medical visits during the year (one in the first half and the other in last half of the year). <sup>1</sup>	Clients Enrolled ≥ 6 mos	ARIES Report of Documentation in Client Records, or Agency Report of Internal Database	Contract Year	<b>YES</b>	Applicable to <b>UCSF AHP and APIWC-SFCHC Intensive Case Management (ICM) GTZ Programs</b>  1. Use appropriate ARIES Report functions as trained by HHS staff
<b>O</b>														≥ 50% of clients (Primary Care documented in ARIES) will have a viral load < 200 copies/ml which will indicate viral suppression and treatment adherence. <sup>1</sup>	Clients Enrolled ≥ 6 mos	ARIES Report of Documentation in Client Records, or Agency Report of Internal Database	Contract Year	<b>YES</b>	Applicable to <b>UC AHP ICM GTZ and APIWC-SFCHC ICM GTZ Programs</b>  1. Evaluation & Measurement is the "Cross Tab Wizard" Report
<b>P</b>														≥ 75% of ISP <sup>1</sup> will be developed ≤ <sub>2</sub> 90 days of initial client intake.	All Clients	Agency Report of client files-include acuity scale, harm reduction, Tx plan	Contract Year	<b>NO</b>	Applicable to <b>UC AHP ICM GTZ and APIWC-SFCHC ICM GTZ Programs</b> 1. Comprehensive ISP includes Mental Health and Substance Use Assessment 2. Tx plan signed by client and clinician

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		<b>Service Categories</b>											<b>Note: Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.</b>				
<b>TYPE OF OBJECTIVE</b>	Ambulatory Outpatient Medical Care Benefits Counseling Centers of Excellence Dental Services Facility Based Care Hospice Services Medical Case Mgmt. Nutrition Services Outpatient Mental Hlth Outreach Psychosocial Support Residential Mental Hlth Residential Subs Use	<b>Objectives</b> <i>(Superscripts refer to corresponding number in the notes column)</i>	<b>Client Inclusions</b>	<b>Data Source (Compliance/ Program Review)</b>	<b>Measure Period</b>	<b>BOCC Scoring</b>		<b>NOTES</b>									
						Yes = Partial Scoring of Objectives Nearly Met	No = 5 Points if met, 0 if not.										
<b>P</b>		≥ 80% of treatment plans <sup>1</sup> will be reviewed and updated for clients still engaged in care ≥ 1 year.	All Clients	Agency Report of client files-include acuity scale, harm reduction, Tx plan	Contract Year	<b>NO</b>		Applicable to <b>UC AHP ICM GTZ and APIWC-SFCHC ICM GTZ Programs</b> 1. Comprehensive ISP includes Mental Health and Substance Use Assessment									
<b>O</b>		≤ 50% will remain "street homeless", and ≥ 50% will maintain housing, or become housed at some level.	All Clients	Agency Report of electronic or paper client files	Contract Year	<b>YES</b>		Applicable to <b>UC AHP ICM GTZ and APIWC-SFCHC ICM GTZ Programs</b>									
<b>O</b>		≥ 60% of those assessed as needing Psychiatric services will be linked.	All Clients	Agency Report of electronic or paper client files	Contract Year	<b>YES</b>		Applicable to <b>UC AHP ICM GTZ and APIWC-SFCHC ICM GTZ Programs</b>									
<b>O</b>		≥ 90% of clients completing 3 mos. of service will have received basic HIV disease education from a Nurse Practitioner or RN.	Clients Completing 3 mos. of Service	Agency Report of electronic or paper client files	Contract Year	<b>YES</b>		Applicable to <b>UCSF/DSAAM W93 OTOP Methadone Maintenance Program</b>									

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Service Categories													<i>Note: Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.</i>							
TYPE OF OBJECTIVE	Ambulatory Outpatient Medical Care	Benefits Counseling	Centers of Excellence	Dental Services	Facility Based Care	Hospice Services	Medical Case Mgmt.	Nutrition Services	Outpatient Mental Hlth	Outreach	Psychosocial Support	Residential Mental Hlth	Residential Subs Use	Objectives <i>(Superscripts refer to corresponding number in the notes column)</i>	Client Inclusions	Data Source (Compliance/ Program Review)	Measure Period	BOCC Scoring		NOTES
																		Yes = Partial Scoring of Objectives Nearly Met	No = 5 Points if met, 0 if not.	
O													≥ 70% of clients with inconsistent or no primary care will have met with a primary care provider at least once within 3 mos. of initiating substance use treatment.	Referred UDC w/o Consistent Primary Care	Agency Report of electronic or paper client files	Contract Year	YES		Applicable to <b>UCSF/DSAAM W93 OTOP Methadone Maintenance Program</b>	
O													≥ 80% of clients (Primary Care documented in ARIES) will have a viral load < 200 copies/ml which will indicate viral suppression and treatment adherence. <sup>1</sup>	Clients Enrolled ≥ 6 mos	ARIES report of required documentation in client records	Contract Year	YES		Applicable to <b>UCSF/DSAAM W93 OTOP Methadone Maintenance Program</b>  1. Evaluation & Measurement is the "Cross Tab Wizard" Report	
O													≥ 70% of pts identified as needing a mental health assessment will have had a psych evaluation ≤ 6 mos. of initiating substance abuse treatment.	Clients needing a Mental Hlth Assess.	Agency Report of electronic or paper client files	Contract Year	YES		Applicable to <b>UCSF/DSAAM W93 OTOP Methadone Maintenance Program</b>	
O													≥ 90% of pts are screened for HCV annually to create a registry of patients with HCV/HIV co-infection.	All OTOP Patients	Agency Report of electronic or paper client files	Contract Year	YES		Applicable to <b>UCSF/DSAAM W93 OTOP Methadone Maintenance Program</b>	

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<b>Service Categories</b>													<b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.							
<b>TYPE OF OBJECTIVE</b>	Ambulatory Outpatient Medical Care	Benefits Counseling	Centers of Excellence	Dental Services	Facility Based Care	Hospice Services	Medical Case Mgmt.	Nutrition Services	Outpatient Mental Hlth	Outreach	Psychosocial Support	Residential Mental Hlth	Residential Subs Use	<b>Objectives</b> <i>(Superscripts refer to corresponding number in the notes column)</i>	<b>Client Inclusions</b>	<b>Data Source (Compliance/ Program Review)</b>	<b>Measure Period</b>	<b>BOCC Scoring</b>		<b>NOTES</b>
																		Yes = Partial Scoring of Objectives Nearly Met	No = 5 Points if met, 0 if not.	
<b>P</b>													≥ 80 % of pts with HIV/HCV co-infection are given information on treatment options for HCV.	OTOP pts with HIV/HCV	Agency Report of electronic or paper client files	Contract Year	<b>YES</b>	Applicable to <b>UCSF/DSAAM W93 OTOP Methadone Maintenance Program</b>		
<b>O</b>													≥ 60% of pts will report an increased level of understanding of HIV treatments and importance of remaining engaged in medical care.	Annual Survey Respondents	Agency Report of 2 responses: <sup>1</sup>	Contract Year	<b>YES</b>	Applicable to <b>UCSF 360 Positive Care Center African American HIV Men's Support Group</b> 1. "Increased Understanding" of HIV Care and Tx; "Important to see Dr. regularly"		
<b>P</b>													A system will be developed to track clients on wait list for duration on list, primary care status, and linkage to primary care; ≥ 70% of UDC on the list referred for primary care will be linked to a provider	Clients on the Wait List	Agency Report of Data on Excel Spreadsheet	Contract Year	<b>NO</b>	Applicable to <b>Westside HIV/AIDS Case Management Program</b>		
<b>P</b>													≥ 90% of pts will be assessed for mental health and substance use treatment needs ≤ 30 days of prog enrollment	All Clients	ARIES or Agency Report of documentation in client records	Contract Year	<b>NO</b>	Applicable to <b>Westside HIV/AIDS Case Management Program</b>		



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<b>Service Categories</b>													<i><b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.</i>							
<b>TYPE OF OBJECTIVE</b>	Ambulatory Outpatient Medical Care	Benefits Counseling	Centers of Excellence	Dental Services	Facility Based Care	Hospice Services	Medical Case Mgmt.	Nutrition Services	Outpatient Mental Hlth	Outreach	Psychosocial Support	Residential Mental Hlth	Residential Subs Use	<b>Objectives</b> <i>(Superscripts refer to corresponding number in the notes column)</i>	<b>Client Inclusions</b>	<b>Data Source (Compliance/ Program Review)</b>	<b>Measure Period</b>	<b>BOCC Scoring</b>		<b>NOTES</b>
																		Yes = Partial Scoring of Objectives Nearly Met	No = 5 Points if met, 0 if not.	
<b>P</b>													≥ 90% of ISP will be developed ≤ 90 days of initial client intake.	All New Clients	ARIES or Agency Report of documentation in client records	Contract Year	<b>NO</b>	Applicable to <b>Westside HIV/AIDS Case Management Program</b>		
<b>P</b>													≥ 90% of ISP will be updated every 3 months	All Clients	ARIES or Agency Report of documentation in client records	Contract Year	<b>NO</b>	Applicable to <b>Westside HIV/AIDS Case Management Program</b>		
<b>O</b>													≥ 80% of HIV+ clients (primary care documented in ARIES) will have had 2 or more medical visits during the year (one in the first half and the other in last half of the year). <sup>1</sup>	Clients Enrolled ≥ 6 months	ARIES report of documentation in client records	Contract Year	<b>YES</b>	Applicable to <b>Westside HIV/AIDS Case Management Program</b> 1. Use appropriate ARIES Report functions as trained by HHS staff		
<b>O</b>													≥ 80% <sup>1</sup> of clients (Primary Care documented in ARIES) will have a viral load < 200 copies/ml which will indicate viral suppression and treatment adherence.	Clients Enrolled ≥ 6 months	ARIES report of documentation in client records	Contract Year	<b>YES</b>	Applicable to <b>Westside HIV/AIDS Case Management Program</b> 1. Use appropriate ARIES Report functions as trained by HHS staff		

**HIV Health Services  
Performance Objectives FY 2020-21**

		<b>Service Categories</b>													<i>Note: Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.</i>					
<b>TYPE OF OBJECTIVE</b>	Ambulatory Outpatient Medical Care	Benefits Counseling	Centers of Excellence	Dental Services	Facility Based Care	Hospice Services	Medical Case Mgmt.	Nutrition Services	Outpatient Mental Hlth	Outreach	Psychosocial Support	Residential Mental Hlth	Residential Subs Use	<b>Objectives</b> <i>(Superscripts refer to corresponding number in the notes column)</i>	<b>Client Inclusions</b>	<b>Data Source (Compliance/ Program Review)</b>	<b>Measure Period</b>	<b>BOCC Scoring</b>		<b>NOTES</b>
																		Yes = Partial Scoring of Objectives Nearly Met	No = 5 Points if met, 0 if not.	
<b>P</b>														All clients are assessed for Dementia and other cognitive impairments every 60 days.	All Clients	Agency Report of Chart Review (Psychosocial, Nursing Assess, ISP, Prog Notes)	Contract Year	<b>YES</b>		Applicable to <b>Westside HIV/AIDS Case Management Program</b>
<b>O</b>														100% of clients exhibiting signs and symptoms of substance abuse or mental illness are referred to a provider best suited to their needs.	All Program Clients	Agency Report of electronic or paper client files	Contract Year	<b>YES</b>		Applicable to <b>Westside HIV/AIDS Case Management Program</b>
<b>O</b>														≥ 75% of clients served for ≥ 120 days will report improved quality of life since the inception of Attendant Care or Homemaker Services. <sup>1</sup>	Clients Served ≥ 120 days	Agency Report of electronic or paper client files, client self report	Contract Year	<b>NO</b>		Applicable to <b>Westside Home Attendant Care Program</b> 1. RN/SW observation of client and/or client self report in improvement on ability to maintain independent living
<b>O</b>														All clients served for ≥ 90 days will demonstrate an improved home environment.	UDC served ≥ 90 days with ≥ 2 home assessments	Agency Report of Home Environment Assessment Tool <sup>1</sup>	Contract Year	<b>YES</b>		Applicable to <b>Westside Home Attendant Care Program</b> 1. Assess for safety, etc.; problems identified & efforts to improve documented by Social Worker in subsequent assessments

**HIV Health Services  
Performance Objectives FY 2020-21**

<b>Service Categories</b>														<i><b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.</i>					
<b>TYPE OF OBJECTIVE</b>	Ambulatory Outpatient Medical Care	Benefits Counseling	Centers of Excellence	Dental Services	Facility Based Care	Hospice Services	Medical Case Mgmt.	Nutrition Services	Outpatient Mental Hlth	Outreach	Psychosocial Support	Residential Mental Hlth	Residential Subs Use	<b>Objectives</b> <i>(Superscripts refer to corresponding number in the notes column)</i>	<b>Client Inclusions</b>	<b>Data Source (Compliance/ Program Review)</b>	<b>Measure Period</b>	<u>BOCC Scoring</u>	<b>NOTES</b>
																		Yes = Partial Scoring of Objectives Nearly Met  No = 5 Points if met, 0 if not.	
<b>P</b>														Contractor meets with staff of HHS, individually and in group sessions, to discuss proposal-related tasks and responsibilities and prepare preliminary timelines.	N/A	Contractor Submits Annual Report	Contract Year	<b>NO</b>	Applicable to <b><i>Robert Whirry Consulting</i></b>
<b>P</b>														Contractor meets with members of the HCPC and relevant committees as needed to discuss proposal related tasks and responsibilities.	N/A	Contractor Submits Annual Report	Contract Year	<b>NO</b>	Applicable to <b><i>Robert Whirry Consulting</i></b>
<b>P</b>														Contractor communicates with representatives of San Mateo and Marin to obtain necessary epidemiological and background information, and to prepare summaries of priority-setting and allocation activities.	N/A	Contractor Submits Annual Report	Contract Year	<b>NO</b>	Applicable to <b><i>Robert Whirry Consulting</i></b>

**HIV Health Services  
Performance Objectives FY 2020-21**

		<b>Service Categories</b>												<i><b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.</i>						
<b>TYPE OF OBJECTIVE</b>														<b>Objectives</b> <i>(Superscripts refer to corresponding number in the notes column)</i>	<b>Client Inclusions</b>	<b>Data Source (Compliance/ Program Review)</b>	<b>Measure Period</b>	<u><b>BOCC Scoring</b></u>		<b>NOTES</b>
	Ambulatory Outpatient Medical Care	Benefits Counseling	Centers of Excellence	Dental Services	Facility Based Care	Hospice Services	Medical Case Mgmt.	Nutrition Services	Outpatient Mental Hlth	Outreach	Psychosocial Support	Residential Mental Hlth	Residential Subs Use					Yes = Partial Scoring of Objectives Nearly Met	No = 5 Points if met, 0 if not.	
<b>O</b>														Contactors prepares comprehensive proposal checklists and timelines upon HRSA release of each FY application guidance, and meets with HHS to review and finalize checklists, to be continually updated throughout the process.	N/A	Contractor Submits Annual Report	Contract Year	<b>NO</b>	Applicable to <b><i>Robert Whirry Consulting</i></b>	
<b>P</b>														Contractor conducts research related to all application background and informational needs, including through meetings with key informants in the EMA.	N/A	Contractor Submits Annual Report	Contract Year	<b>NO</b>	Applicable to <b><i>Robert Whirry Consulting</i></b>	
<b>P</b>														Contractor participates in HRSA sponsored conference calls to obtain updated information on the Part A application.	N/A	Contractor Submits Annual Report	Contract Year	<b>NO</b>	Applicable to <b><i>Robert Whirry Consulting</i></b>	

**HIV Health Services  
Performance Objectives FY 2020-21**

<b>Service Categories</b>													<i><b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.</i>						
<b>TYPE OF OBJECTIVE</b>	Ambulatory Outpatient Medical Care	Benefits Counseling	Centers of Excellence	Dental Services	Facility Based Care	Hospice Services	Medical Case Mgmt.	Nutrition Services	Outpatient Mental Hlth	Outreach	Psychosocial Support	Residential Mental Hlth	Residential Subs Use	<b>Objectives</b> <i>(Superscripts refer to corresponding number in the notes column)</i>	<b>Client Inclusions</b>	<b>Data Source (Compliance/ Program Review)</b>	<b>Measure Period</b>	<u>BOCC Scoring</u>	<b>NOTES</b>
																		Yes = Partial Scoring of Objectives Nearly Met  No = 5 Points if met, 0 if not.	
O													Contractor tracks elements of applications being prepared by other individuals and offices, and follows-up to ensure timely submission of proposal components.	N/A	Contractor Submits Annual Report	Contract Year	<b>NO</b>	Applicable to <b><i>Robert Whirry Consulting</i></b>	
O													Contractor ensures timely submission of a competitive Part A application prior to each annual published HRSA deadline, following all instructions and guidelines established by HRSA.	N/A	Contractor Submits Annual Report	Contract Year	<b>NO</b>	Applicable to <b><i>Robert Whirry Consulting</i></b>	

**HIV Health Services  
Performance Objectives FY 2020-21**

<b>Service Categories</b>													<i><b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.</i>							
<b>TYPE OF OBJECTIVE</b>	Ambulatory Outpatient Medical Care	Benefits Counseling	Centers of Excellence	Dental Services	Facility Based Care	Hospice Services	Medical Case Mgmt.	Nutrition Services	Outpatient Mental Hlth	Outreach	Psychosocial Support	Residential Mental Hlth	Residential Subs Use	<b>Objectives</b> <i>(Superscripts refer to corresponding number in the notes column)</i>	<b>Client Inclusions</b>	<b>Data Source (Compliance/ Program Review)</b>	<b>Measure Period</b>	<b>BOCC Scoring</b>		<b>NOTES</b>
																		Yes = Partial Scoring of Objectives Nearly Met	No = 5 Points if met, 0 if not.	
O													≥ 80% of clients will complete an OJT through supervised barista and café operations training, or PRC OJT.	All Program Clients	Contractor Submits Annual Report	Contract Year	YES			Applicable to <b><i>PRC Employment Services On The Job Training at CCC</i></b>
O													≥ 80% of clients will complete job search activities such as resume and/or cover letter; and/or submit job application(s); complete mock job interview(s); complete job interview(s); other job search competencies	All Program Clients	Contractor Submits Annual Report	Contract Year	YES			Applicable to <b><i>PRC Employment Services On The Job Training at CCC</i></b>
O													≥ 50% of clients will achieve a job placement with an established employer who covers all employment costs at or above minimum wage (part- or full-time, temporary or regular, with 30% of those placed retaining employment for 90 days or more.	All Program Clients	Contractor Submits Annual Report	Contract Year	YES			Applicable to <b><i>PRC Employment Services On The Job Training at CCC</i></b>

## 20-21 HHS Performance Objectives Mapping Document

<b>Programs with Objectives for BOCC Monitoring - Ryan White Cycle</b> <i>(Fiscal Terms: Part A - Mar thru Feb, Part B - April thru Mar, Part C - May thru April)</i>											
<b>Contractor Name</b>	<b>Program Name</b>	<b>Fund Source</b>	<b>CID #</b>	<b>Program Street Address</b>	<b>City</b>	<b>Zip</b>	<b>Program Contacts</b>	<b>Phone</b>	<b>Program Contact E-mail</b>	<b>Applicable Standardized Objectives</b>	<b>Individualized Objectives in Addition to Or in place of</b>
AIDS Legal Referral Panel (ALRP)	HIV Legal Services	RWPA	13028	1663 Mission St, Ste 500	SF	94103	Bill Hirsh	415-701-1200	<a href="mailto:bill@alrp.org">bill@alrp.org</a>	N/A	Five: Row 33 - 37
AIDS Legal Referral Panel (ALRP)	HIV Consumer Advocacy Project	RWPA	13141	1663 Mission St, Ste 500	SF	94103	Bill Hirsh Stephen Spano	415-701-1200 415-701-1200	<a href="mailto:bill@alrp.org">bill@alrp.org</a> <a href="mailto:stephen@alrp.org">stephen@alrp.org</a>	N/A	Four: Row 38 - 41
Catholic Charities	Rita daCascia and Hazel Betsey Houses	RWPA	20832	Rita-1652 Eddy Hazel-3554 17th	SF	105110	Ellen Hammerle Stephanie Godt	415-205-3479 415-202-0940	<a href="mailto:ehammerle@catholiccharitiessf.org">ehammerle@catholiccharitiessf.org</a> <a href="mailto:sgodt@catholiccharitiessf.org">sgodt@catholiccharitiessf.org</a>	N/A	Seven: Row 50 - 56
Catholic Charities	Derek Silva Community	RWPA	20831	20 Franklin Street	SF	94121	Ellen Hammerle Kevin Fauteux	415-205-3479 415-575-3830	<a href="mailto:ehammerle@catholiccharitiessf.org">ehammerle@catholiccharitiessf.org</a> <a href="mailto:kfauteux@catholiccharitiessf.org">kfauteux@catholiccharitiessf.org</a>	N/A	Seven: Row 50 - 56
Catholic Charities	Leland House Attendant Care	RWPA PWPB	17197	141 Leland Avenue	SF	94134	Ellen Hammerle Tonja Sagun	415-205-3479 415-405-2056	<a href="mailto:ehammerle@catholiccharitiessf.org">ehammerle@catholiccharitiessf.org</a> <a href="mailto:tsagun@catholiccharitiessf.org">tsagun@catholiccharitiessf.org</a>	Facility Based Care Three: Row 4, 14 - 15	N/A
Catholic Charities	Peter Claver Community	RWPA PWPB	17198	1340 Golden Gate Avenue	SF	94115	Ellen Hammerle Tonja Sagun	415-205-3479 415-749-3807	<a href="mailto:ehammerle@catholiccharitiessf.org">ehammerle@catholiccharitiessf.org</a> <a href="mailto:tsagun@catholiccharitiessf.org">tsagun@catholiccharitiessf.org</a>	Facility Based Care Three: Row 4, 14 - 15	N/A
CATS dba Community Forward SF	A Woman's Place HIV Women's Residential Prog	RWPA	02678	1171 Mission St	SF	94102	Kara Zordel Felicia Houston	415-241-1199 415-420-1420	<a href="mailto:kara.zordel@communityforwardsf.org">kara.zordel@communityforwardsf.org</a> <a href="mailto:felicia.houston@communityforwardsf.org">felicia.houston@communityforwardsf.org</a>	Residential Mental Hlth Six: Row 3, 6, 10 - 13	N/A
Dignity Health dba St. Mary's Med Center	Integrated HIV Health Services	RWPA	07805	450 Stanyan St	SF	94117	Amanda Aparadian Mel Carnay	415-750-5909 415-750-5923	<a href="mailto:amanda.aparadian@dignityhealth.org">amanda.aparadian@dignityhealth.org</a> <a href="mailto:mel.carnay@dignityhealth.org">mel.carnay@dignityhealth.org</a>	Outpt Medical Care Seven: Row 3 - 9	N/A
Dolores St Commun Svcs (DSCS)	Richard M. Cohen Residence	RWPA RWPB	02482	938 Valencia St	SF	94103	Laura Valdez Enrique Roldan Anthony Albanese	415-282-6209 415-558-0503 973-986-1817	<a href="mailto:laura@dscs.org">laura@dscs.org</a> <a href="mailto:enrique@dscs.org">enrique@dscs.org</a> <a href="mailto:anthony@dscs.org">anthony@dscs.org</a>	Facility Based Care Three: Row 4, 14 - 15	N/A
Health Right 360	Planetree Housing	RWPA	02508	154 Coleridge St	SF	94110	Denise Williams Candy Coleman	415-762-3712 415-420-7478	<a href="mailto:dwilliams@healthright360.org">dwilliams@healthright360.org</a> <a href="mailto:ccoleman@healthright360.org">ccoleman@healthright360.org</a>	N/A	Seven: Row 50 - 56
Instituto Familiar De La Raza, Inc. (IFR)	HIV Mental Health Services	RWPA	09028	2919 Mission St	SF	94110	Gloria Romero G Walteros Claudia Cabrera Luis Perez Ramírez	650-201-8220 415-229-0564 415-240-4104 415-229-0500	<a href="mailto:gloria.romero@ifrsf.org">gloria.romero@ifrsf.org</a> <a href="mailto:german.walteros@ifrsf.org">german.walteros@ifrsf.org</a> <a href="mailto:claudia.cabrera@ifrsf.org">claudia.cabrera@ifrsf.org</a> <a href="mailto:luis.perez@ifrsf.org">luis.perez@ifrsf.org</a>	Outpt Mental Hlth Three: Row 12, 13, 16	N/A

## 20-21 HHS Performance Objectives Mapping Document

<b>Programs with Objectives for BOCC Monitoring - Ryan White Cycle</b> (Fiscal Terms: Part A - Mar thru Feb, Part B - April thru Mar, Part C - May thru April)											
<b>Contractor Name</b>	<b>Program Name</b>	<b>Fund Source</b>	<b>CID #</b>	<b>Program Street Address</b>	<b>City</b>	<b>Zip</b>	<b>Program Contacts</b>	<b>Phone</b>	<b>Program Contact E-mail</b>	<b>Applicable Standardized Objectives</b>	<b>Individualized Objectives in Addition to Or in place of</b>
Instituto Familiar De La Raza, Inc. (IFR)	IFR Latino Medical Case Management	RWPA	08117	2919 Mission St	SF	94110	Gloria Romero G Walteros Claudia Cabrera Luis Perez Ramírez	650-201-8220 415-229-0564 415-240-4104 415-229-0500	<a href="mailto:gloria.romero@ifrsf.org">gloria.romero@ifrsf.org</a> <a href="mailto:german.walteros@ifrsf.org">german.walteros@ifrsf.org</a> <a href="mailto:claudia.cabrera@ifrsf.org">claudia.cabrera@ifrsf.org</a> <a href="mailto:luis.perez@ifrsf.org">luis.perez@ifrsf.org</a>	Med Case Mngt Six: Row 3, 6, 10 - 13	N/A
Lutheran Social Svcs of No CA (LSS)	Money Mngt and Representative Payee	RWPA	02604	191 Golden Gate Ave	SF	94102	Nancy Nielsen John Paul Soto	415-581-0891 415-581-0891	<a href="mailto:nnielsen@lssnorcal.org">nnielsen@lssnorcal.org</a> <a href="mailto:dsoto@lssnorcal.org">dsoto@lssnorcal.org</a>	N/A	Two: Row 57 - 8
Maitri AIDS Hospice	Maitri Compassionate Care	RWPA PWPB	06124	401 Duboce Ave	SF	94117	Rusty Smith Molly Herzig	415-558-3001 415-558-3006	<a href="mailto:rsmith@maitrisf.org">rsmith@maitrisf.org</a> <a href="mailto:molly.herzig@maitrisf.org">molly.herzig@maitrisf.org</a>	Hospice Four: Row 14, 17-19	N/A
Maitri AIDS Hospice	Mental Health Program	RWPB X08	06124	401 Duboce Ave	SF	94117	Rusty Smith Molly Herzig	415-558-3001 415-558-3006	<a href="mailto:rsmith@maitrisf.org">rsmith@maitrisf.org</a> <a href="mailto:molly.herzig@maitrisf.org">molly.herzig@maitrisf.org</a>	N/A	Four: Row 59 - 62
Marin County Dept of Health & Human Svcs	HIV Services	RWPA	10921	899 Northgate Dr, Ste # 415	San Rafael	94903	Cicily Emerson Nga Le	415-473-3373 415-473-3037	<a href="mailto:cemerson@marincounty.org">cemerson@marincounty.org</a> <a href="mailto:nle@marincounty.org">nle@marincounty.org</a>	N/A	N/A
Mission Neighborhood Health Center (MNHC)	HIV Treatment, Outreach, & Linkage Services	RWPA	02674	240 Shotwell St	SF	94110	F Gomez-Benitez Alison Wakefield	415-552-1013 415-552-1013	<a href="mailto:fernandogomez-benitez@mnhc.org">fernandogomez-benitez@mnhc.org</a> <a href="mailto:alisonwakefield@mnhc.org">alisonwakefield@mnhc.org</a>	Outreach Four: Row 20 - 23	N/A
Mission Neighborhood Health Center (MNHC)	Integrated Medical Case Management (IMCM)	RWPA	05867	240 Shotwell St	SF	94110	F Gomez-Benitez Alison Wakefield	415-552-1013 415-552-1013	<a href="mailto:fernandogomez-benitez@mnhc.org">fernandogomez-benitez@mnhc.org</a> <a href="mailto:alisonwakefield@mnhc.org">alisonwakefield@mnhc.org</a>	Med Case Mngt Six: Row 3, 6, 10 - 13, <b>AND</b> Nutrition Svcs One: Row 24	N/A
Mission Neighborhood Health Center (MNHC)	Mission CoE Integrated Primary Care, CM, MH, SA	RWPA	17218	240 Shotwell St	SF	94110	F Gomez-Benitez Alison Wakefield	415-552-1013 415-552-1013	<a href="mailto:fernandogomez-benitez@mnhc.org">fernandogomez-benitez@mnhc.org</a> <a href="mailto:alisonwakefield@mnhc.org">alisonwakefield@mnhc.org</a>	Centers of Excellence Seven: Row 3 - 9	N/A
Native American Health Center (NAHC)	HIV Dental Program (only clients referred by DPH Dental)	RWPA	02560	160 Capp St	SF	94110	Ana Noriega Chirag Patel Laura Harding	415-417-3597 510-485-5904 510-747-3048	<a href="mailto:anan@nativehealth.org">anan@nativehealth.org</a> <a href="mailto:chiragp@nativehealth.org">chiragp@nativehealth.org</a> <a href="mailto:laurah@nativehealth.org">laurah@nativehealth.org</a>	N/A	Two: Row 63 - 64



## 20-21 HHS Performance Objectives Mapping Document

<b>Programs with Objectives for BOCC Monitoring - Ryan White Cycle</b> (Fiscal Terms: Part A - Mar thru Feb, Part B - April thru Mar, Part C - May thru April)											
<b>Contractor Name</b>	<b>Program Name</b>	<b>Fund Source</b>	<b>CID #</b>	<b>Program Street Address</b>	<b>City</b>	<b>Zip</b>	<b>Program Contacts</b>	<b>Phone</b>	<b>Program Contact E-mail</b>	<b>Applicable Standardized Objectives</b>	<b>Individualized Objectives in Addition to Or in place of</b>
PRC - AEF	AIDS Emergency Fund Program (AEF)	RWPA	09024	170 - 9th St	SF	94103	Chuan Teng Lee Harrington	415-972-0821 415-558-6999	<a href="mailto:chuan.teng@prcsf.org">chuan.teng@prcsf.org</a> <a href="mailto:leeha@aef-sf.org">leeha@aef-sf.org</a>	N/A	Four: Row 65 - 68
PRC - EAHP	Equal Access to Hlthcare Prog (EAHP)	RWPA	10913	170 - 9th St	SF	94103	Brett Andrews Chuan Teng	415-967-6444 415-972-0821	<a href="mailto:brett.andrews@prcsf.org">brett.andrews@prcsf.org</a> <a href="mailto:chuan.teng@prcsf.org">chuan.teng@prcsf.org</a>	N/A	Three: Row 70 - 72
Project Open Hand	Food and Nutrition Services	RWPB	02671	730 Polk St	SF	94109	Ana Ayala Serena Ng Holly Calhoun	415-447-2330 415-447-2462 415-447-2415	<a href="mailto:aayala@openhand.org">aayala@openhand.org</a> <a href="mailto:sgo@openhand.org">sgo@openhand.org</a> <a href="mailto:hcalhoun@openhand.org">hcalhoun@openhand.org</a>	N/A	Four: Row 87 - 90
Rafiki Coalition for Health & Wellness	Rafiki Case Management	RWPA	20911	601 Cesar Chavez	SF	94124	Monique LeSarre La Monica Hopkins Francis Broome	415-660-2913 707-563-9887 415-615-9945	<a href="mailto:mlesarre@rafikicoalition.org">mlesarre@rafikicoalition.org</a> <a href="mailto:lamonica@rafikicoalition.org">lamonica@rafikicoalition.org</a> <a href="mailto:fbroome@rafikicoalition.org">fbroome@rafikicoalition.org</a>	N/A	Seven: Row 50 - 56
Rafiki Coalition for Health & Wellness	Brandy Moore Transitional Housing	RWPA	20911	1761 Turk Street	SF	94115	Monique LeSarre La Monica Hopkins Francis Broome	415-660-2913 707-563-9887 415-615-9945	<a href="mailto:mlesarre@rafikicoalition.org">mlesarre@rafikicoalition.org</a> <a href="mailto:lamonica@rafikicoalition.org">lamonica@rafikicoalition.org</a> <a href="mailto:fbroome@rafikicoalition.org">fbroome@rafikicoalition.org</a>	N/A	Six: Row 51 - 56
San Mateo Co. Dept. of Health Svcs.	HIV Health Services in San Mateo Co.	RWPA	10920	227 West 37th Ave	San Mateo	94403	Matthew Geltmaker Marissa Wagner	650-573-2077 650-573-2799	<a href="mailto:mgeltmaker@smcgov.org">mgeltmaker@smcgov.org</a> <a href="mailto:mlwagner@sfmtgov.org">mlwagner@sfmtgov.org</a>	N/A	N/A
SF AIDS Foundation	Mobile Contingency Mgmt	RWPA	20773	1035 Market St, 4th Floor	SF	94103	Seghel Yohannes Richard Hill Ro Giuliano	415-203-9799 415-487-8042 415-837-8175	<a href="mailto:syohannes@sfaf.org">syohannes@sfaf.org</a> <a href="mailto:rhill@sfsf.org">rhill@sfsf.org</a> <a href="mailto:rgiuliano@sfaf.org">rgiuliano@sfaf.org</a>	N/A 1st yr - new program	N/A 1st yr - new prog
<b>Conduct one site visit for each SFCHC program on the rows below; write one report for each program to capture different UOS/UDC and Objectives, and to meet requirements of federal funders (RWPA/RWPC)</b>											
SF Community Hlth Center (formerly API)	HHOME / Trans Access	RWPA	02676	730 Polk Street, 4th Floor	SF	94109	K. Gunhouse-Vigil Nikki Calma	415-292-3420 415-292-3420	<a href="mailto:kristina@sfccommunityhealth.org">kristina@sfccommunityhealth.org</a> <a href="mailto:titaaida@sfccommunityhealth.org">titaaida@sfccommunityhealth.org</a>	Med Case Mngt Six: Row 3, 6, 10 - 13	N/A
SF Community Hlth Center (formerly API)	Integrated Medical Case Mngt (IMCM)	RWPA	02676	730 Polk Street, 4th Floor	SF	94109	K. Gunhouse-Vigil Nikki Calma	415-292-3420 415-292-3420	<a href="mailto:kristina@sfccommunityhealth.org">kristina@sfccommunityhealth.org</a> <a href="mailto:titaaida@sfccommunityhealth.org">titaaida@sfccommunityhealth.org</a>	Med Case Mngt Six: Row 3, 6, 10 - 13	N/A
SF Community Hlth Center (formerly API)	Tenderloin Area CoE (TACE)	RWPA	02676	730 Polk Street, 4th Floor	SF	94109	K. Gunhouse-Vigil Nikki Calma	415-292-3420 415-292-3420	<a href="mailto:kristina@sfccommunityhealth.org">kristina@sfccommunityhealth.org</a> <a href="mailto:titaaida@sfccommunityhealth.org">titaaida@sfccommunityhealth.org</a>	Centers of Excellence Seven: Row 3 - 9	N/A
SF Community Hlth Center (formerly API)	HIV Early Intervention Services	RWPC	02677	730 Polk Street, 4th Floor	SF	94109	K. Gunhouse-Vigil Nikki Calma	415-292-3420 415-292-3420	<a href="mailto:kristina@sfccommunityhealth.org">kristina@sfccommunityhealth.org</a> <a href="mailto:titaaida@sfccommunityhealth.org">titaaida@sfccommunityhealth.org</a>	Centers of Excellence Seven: Row 3 - 9	N/A

## 20-21 HHS Performance Objectives Mapping Document

<b>Programs with Objectives for BOCC Monitoring - Ryan White Cycle</b> (Fiscal Terms: Part A - Mar thru Feb, Part B - April thru Mar, Part C - May thru April)											
<b>Contractor Name</b>	<b>Program Name</b>	<b>Fund Source</b>	<b>CID #</b>	<b>Program Street Address</b>	<b>City</b>	<b>Zip</b>	<b>Program Contacts</b>	<b>Phone</b>	<b>Program Contact E-mail</b>	<b>Applicable Standardized Objectives</b>	<b>Individualized Objectives in Addition to Or in place of</b>
SFDPH - DPC	LINCS	RWPB	MOU 34	356 - 7th Street	SF	94103	Erin Antunez Midori Hiyagon	415 487 5506 415-487-5520	<a href="mailto:erin.antunez@sfdph.org">erin.antunez@sfdph.org</a> <a href="mailto:midori.hiyagon@sfdph.org">midori.hiyagon@sfdph.org</a>	N/A	Two: Row 103 - 104
Shanti Project	Emotional and Practical Support Program	RWPA	02517	730 Polk Street, 3rd Floor	SF	94109	Kaushik Roy Eric Sutter	415-674-4722 415-674-4760	<a href="mailto:kroy@shanti.org">kroy@shanti.org</a> <a href="mailto:esutter@shanti.org">esutter@shanti.org</a>	N/A	Three: Row 118 - 120
Shanti Project	Senior Support Survivor Program	RWPA	02517	730 Polk Street, 3rd Floor	SF	94109	Kaushik Roy Eric Sutter	415-674-4722 415-674-4760	<a href="mailto:kroy@shanti.org">kroy@shanti.org</a> <a href="mailto:esutter@shanti.org">esutter@shanti.org</a>	N/A	Three: Row 121 - 123
Shanti Project	Integrated Medical Case Mngt Program	RWPA	06123	730 Polk Street, 3rd Floor	SF	94109	Kaushik Roy Eric Sutter	415-674-4722 415-674-4760	<a href="mailto:kroy@shanti.org">kroy@shanti.org</a> <a href="mailto:esutter@shanti.org">esutter@shanti.org</a>	Med Case Mngt Six: Row 3, 6, 10 - 13	One: Row 124
Shanti Project	HIV Comm Planning Council Supp (HCPC)	RWPA	02473	730 Polk Street, 3rd Floor	SF	94109	Kaushik Roy Mark Molnar	415-674-4722 415-674-4726	<a href="mailto:kroy@shanti.org">kroy@shanti.org</a> <a href="mailto:mmolnar@shanti.org">mmolnar@shanti.org</a>	N/A	Four: Row 125 - 128
UCSF - AHP	Alliance Health Project (AHP) HIV+ Workforce	RWPA	06129	1930 Market St	SF	94102	Lori Thoemmes	415-476-3951	<a href="mailto:lori.thoemmes@ucsf.edu">lori.thoemmes@ucsf.edu</a>	Outpt Mental Hlth Only One: Row 16	Two: Row 129 - 130
UCSF - AHP	AHP HIV Outpt Mental Health	RWPA PWPB	08646	1930 Market St	SF	94102	Lori Thoemmes Ramon Matos	415-476-3951 415-476-3990	<a href="mailto:lori.thoemmes@ucsf.edu">lori.thoemmes@ucsf.edu</a> <a href="mailto:ramon.matos@ucsf.edu">ramon.matos@ucsf.edu</a>	Outpt Mental Hlth Only One: Row 16	Five: Row 129 - 131, 133 - 134
UCSF - DSAAM	HIV Med/Psych Clinic - Ward 93 - OTOP	RWPA	08790	1001 Potrero Ave	SF	94110	David "Andy" Tompkins Remy Hammel	415-206-3645 415-206-8797	<a href="mailto:david.tompkins@ucsf.edu">david.tompkins@ucsf.edu</a> <a href="mailto:remy.hammel@ucsf.edu">remy.hammel@ucsf.edu</a>	N/A	Six: Row 141 - 146
UCSF-360 / Positive Care Center / Men of Color Prog (MOCP)	MOCP Integrated Medical Case Management (IMCM)	RWPA	06126	350 Parnassus Ave, Rm. 908	SF	94143	Malcolm John Allan Paschke	415-353-2406 415-353-2503	<a href="mailto:malcolm.john@ucsfmedctr.org">malcolm.john@ucsfmedctr.org</a> <a href="mailto:allan.paschke@ucsf.edu">allan.paschke@ucsf.edu</a>	Med Case Mngt Six: Row 3, 6, 10 - 13, <b>AND</b> Nutrition Svcs One: Row 24	N/A
UCSF - Dept of Pediatrics	HIV Pediatric Immunology Program	RWPA	02490	Children's Hosp 1825 - 4th St, 6th Fl	SF	94158	Theodore Ruel Xin-Hua Chen	415-476-9197 415-514-2947	<a href="mailto:theodore.ruel@ucsf.edu">theodore.ruel@ucsf.edu</a> <a href="mailto:xin-hua.chen@ucsf.edu">xin-hua.chen@ucsf.edu</a>	Outpt Medical Care Only Six: Row 3 - 7, 9 (Syphilis, Row 8: N/A)	N/A
UOP Dugoni School of Dentistry	HIV Dental Clinic	RWPA	02475	155 Fifth Street	SF	94103	Robert Trezia Cheryl Flores	415-929-6672 415-351-7189	<a href="mailto:rtrezia@pacific.edu">rtrezia@pacific.edu</a> <a href="mailto:cflores1@pacific.edu">cflores1@pacific.edu</a>	Dental Services Five: Row 27 - 31	N/A
Whirry, Robert	R. Whirry Consulting and Grant Writing	RWPA	09136	4470 W. Sunset Blvd, # 144	LA	90027	Robert Whirry	415-515-5567	<a href="mailto:roblink@aol.com">roblink@aol.com</a>	N/A	Eight: Row 158 - 165

## 20-21 HHS Performance Objectives Mapping Document

### Programs with Objectives for BOCC Monitoring - General Fund Cycle (primary fiscal term - July through June)

Contractor Name	Program Name	Fund Source	CID #	Program Street Address	City	Zip	Program Contacts	Phone	Program Contact E-mail	Applicable Standardized Objectives	Individualized Objectives in addition to Or in place of Standardized
Catholic Charities	Peter Claver	GF	02640	1340 Golden Gate Avenue	SF	94115	Ellen Hammerle Tonja Sagun	415-205-3479 415-749-3807	<a href="mailto:ehammerle@catholiccharitiessf.org">ehammerle@catholiccharitiessf.org</a> <a href="mailto:tsagun@catholiccharitiessf.org">tsagun@catholiccharitiessf.org</a>	Facility Based Care One: Row 15	Four: Row 47, 53-54, 56
Catholic Charities	Assisted Housing Program	GF	20913	810 Avenue D, Bungalow #2 (Treasure Isle)	SF	94130	Ellen Hammerle Erick Brown Lucia Lopez	415-205-3479 415-430-6320 415-972-1235	<a href="mailto:ehammerle@catholiccharitiessf.org">ehammerle@catholiccharitiessf.org</a> <a href="mailto:ebrown@catholiccharitiessf.org">ebrown@catholiccharitiessf.org</a> <a href="mailto:llopez@catholiccharitiessf.org">llopez@catholiccharitiessf.org</a>	N/A	Five: Row 42 - 46
HHS Benefits Counseling funds for the next program are included in a BHS (AOA) contract, but each program has separate UOS/UDC although the same objectives apply. A separate HHS report is required.											
PRC	HHS Benefits Cnslng	GF	03034	170 - 9th St	SF	94103	Chuan Teng Beth Mazie	415-972-0821 415-972-0826	<a href="mailto:chuan.teng@prcsf.org">chuan.teng@prcsf.org</a> <a href="mailto:beth.mazie@prcsf.org">beth.mazie@prcsf.org</a>	Benefits Counseling One: Row 25	One: Row 69
PRC	HIV Employment Svcs	GF	02521	170 - 9th St	SF	94103	Chuan Teng J Ramirez-Forcier	415-972-0821 415-972-0831	<a href="mailto:chuan.teng@prcsf.org">chuan.teng@prcsf.org</a> <a href="mailto:joe.ramirezforcier@prcsf.org">joe.ramirezforcier@prcsf.org</a>	N/A	Four: Row 73 - 76
PRC	HIV Employment Svcs GTZ Prog	GF GTZ	02521	170 - 9th St	SF	94103	Chuan Teng J Ramirez-Forcier	415-972-0821 415-972-0831	<a href="mailto:chuan.teng@prcsf.org">chuan.teng@prcsf.org</a> <a href="mailto:joe.ramirezforcier@prcsf.org">joe.ramirezforcier@prcsf.org</a>	N/A	Five: Row 77 - 81 <u>Subcontractor: SFCHC</u> Three: Row 82 - 84
PRC	Castro Country Club On the Job Training	GF WO	02521	170 - 9th St	SF	94103	Chuan Teng J Ramirez-Forcier	415-972-0821 415-972-0831	<a href="mailto:chuan.teng@prcsf.org">chuan.teng@prcsf.org</a> <a href="mailto:joe.ramirezforcier@prcsf.org">joe.ramirezforcier@prcsf.org</a>	N/A	Three: Row 166 - 168
PRC	Frontline Organizing Group (FOG) GTZ Prog	GF GTZ	02658	170 - 9th St	SF	94103	Chuan Teng Beth Mazie	415-972-0821 415-972-0826	<a href="mailto:chuan.teng@prcsf.org">chuan.teng@prcsf.org</a> <a href="mailto:beth.mazie@prcsf.org">beth.mazie@prcsf.org</a>	N/A	Two: Row 85 - 86
Project Open Hand	Food and Nutrition Svcs GTZ Prog	GF GTZ	02671	730 Polk St, 4th Floor	SF	94109	Ana Ayala Serena Ng Holly Calhoun	415-447-2330 415-447-2462 415-447-2415	<a href="mailto:aayala@openhand.org">aayala@openhand.org</a> <a href="mailto:sngo@openhand.org">sngo@openhand.org</a> <a href="mailto:hcalhoun@openhand.org">hcalhoun@openhand.org</a>	N/A	Four: Row 90 - 93
SF AIDS Foundation	Non-Medical Case Mngt. Benefits Counseling	GF	02644	1035 Market St, 4th Floor	SF	94103	Seghel Yohannes Richard Hill Jesus Moreno	415-203-9799 415-487-8042 415-487-8091	<a href="mailto:syohannes@sfaf.org">syohannes@sfaf.org</a> <a href="mailto:rhill@sfsf.org">rhill@sfsf.org</a> <a href="mailto:jmoreno@sfaf.org">jmoreno@sfaf.org</a>	Benefits Counseling One: Row 25	One: Row 94
SF AIDS Foundation	Rental Subsidies (formerly HUH contract)	GF	02496	1035 Market St, 4th Floor	SF	94103	Seghel Yohannes Richard Hill Jesus Moreno	415-203-9799 415-487-8042 415-487-8091	<a href="mailto:syohannes@sfaf.org">syohannes@sfaf.org</a> <a href="mailto:rhill@sfsf.org">rhill@sfsf.org</a> <a href="mailto:jmoreno@sfaf.org">jmoreno@sfaf.org</a>	N/A	Two: Row 45 - 46
SF Community Hlth Center (SFCHC)	Intensive Case Mngt GTZ Program	GF GTZ	02668	730 Polk St, 4th Floor	SF	94109	K. Gunhouse-Vigil Nikki Calma	415-292-3420 415-292-3420	<a href="mailto:kristina@sfcommunityhealth.org">kristina@sfcommunityhealth.org</a> <a href="mailto:titaaida@sfcommunityhealth.org">titaaida@sfcommunityhealth.org</a>	N/A	Six: Row 135 - 140

## 20-21 HHS Performance Objectives Mapping Document

### Programs with Objectives for BOCC Monitoring - General Fund Cycle (primary fiscal term - July through June)

Contractor Name	Program Name	Fund Source	CID #	Program Street Address	City	Zip	Program Contacts	Phone	Program Contact E-mail	Applicable Standardized Objectives	Individualized Objectives in addition to Or in place of Standardized
SFDPH - SFHN	Castro Mission Health Center HIV Program	GF	MOU 7	3850-17th St	SF	94114	Cedric Jackson, Jr. Carlos Valdovinos	415-934-7711 415-934-7735	<a href="mailto:cedric.jackson.jr@sfdph.org">cedric.jackson.jr@sfdph.org</a> <a href="mailto:carlos.valdovinos@sfdph.org">carlos.valdovinos@sfdph.org</a>	N/A	Four: Row 107 - 110
SFDPH - PHD	City Clinic Early Care Program	GF RWPA	MOU 20	356 7th St	SF	94103	Stephanie Cohen Andy Scheer	415-487-5506 415-487-5511	<a href="mailto:stephanie.cohen@sfdph.org">stephanie.cohen@sfdph.org</a> <a href="mailto:andy.scheer@sfdph.org">andy.scheer@sfdph.org</a>	Outpatient Medical Care Only Five: Row 4 - 6, 8 - 9 NOTE: Row 3, 7 are N/A	N/A
SFDPH	Health at Home	GF RWPA	MOU 4	375 Laguna Honda Blvd	SF	94116	David Snyder Idy Chan, RN Lily Ng	415-682-5728 415- 759-4783 415-759-4782	<a href="mailto:david.synder@sfdph.org">david.synder@sfdph.org</a> <a href="mailto:idy.chan@sfdph.orh">idy.chan@sfdph.orh</a> <a href="mailto:lily.x.ng@sfdph.org">lily.x.ng@sfdph.org</a>	N/A	Five: Row 96 - 98, 100, 102
SFDPH - JHS	HIV and Integrated Services (HIV-IS) CoE	GF RWPA	MOU 12	798 Brannan St	SF	94103	Angelo "Asa" Clemenzi-Allen Irma Parada	415-539-9266 415-581-3141	<a href="mailto:angelo.clemenzi-alle@sfdph.org">angelo.clemenzi-alle@sfdph.org</a> <a href="mailto:irma.parada@sfdph.org">irma.parada@sfdph.org</a>	Centers of Excellence Only Five: Row 4 - 6, 8 - 9 NOTE: Row 3, 7 are N/A	N/A
SFDPH - PHD	Public Hlth Lab Therapeutic Monitoring Program	GF	MOU 14	101 Grove St, 4th Floor	SF	94102	Susan Philip Godfred Masinde	415-355-2007 415-554-2685	<a href="mailto:susan.philip@sfdph.org">susan.philip@sfdph.org</a> <a href="mailto:godfred.masinde@sfdph.org">godfred.masinde@sfdph.org</a>	N/A	Two: Row 105- 106
SFDPH - COPC	Southeast Hlth Center / HIV EIP for African Americans	GF RWPB	MOU 9	2401 Keith	SF	94124	Keith Seidel Gwen Smith	415-671-7056 415-671-7057	<a href="mailto:keith.seidel@sfdph.org">keith.seidel@sfdph.org</a> <a href="mailto:gwen.smith@sfdph.org">gwen.smith@sfdph.org</a>	Outpatient Medical Care Seven: Row 3 - 9	Two: Row 10 - 11
SFDPH - BHS	So V Ness Adult BHS / HIV MH Case Mngt	GF	MOU 5	755 So. Van Ness	SF	94110	Melissa Friedman	415-642-4523	<a href="mailto:melissa.friedman@sfdph.org">melissa.friedman@sfdph.org</a>	Outpatient Mental Health Three: Row 12, 13, 16	One: Row 111
SFDPH - BHS	So V Ness Adult BHS / HIV MH Case Mngt Women's CoE	GF	MOU 6	755 So. Van Ness	SF	94110	Melissa Friedman	415-642-4523	<a href="mailto:melissa.friedman@sfdph.org">melissa.friedman@sfdph.org</a>	Outpatient Mental Health Three: Row 12, 13, 16	One: Row 111
SFDPH - COPC	TWHC Primary Care and Case Management	GF	MOU 8	230 Golden Gate Ave	SF	94102	Joseph Pace Charles Fann	415-674-6313 415-674-6374	<a href="mailto:joseph.pace@sfdph.org">joseph.pace@sfdph.org</a> <a href="mailto:charles.fann@sfdph.org">charles.fann@sfdph.org</a>	Outpatient Medical Care Seven: Row 3 - 9	N/A

## 20-21 HHS Performance Objectives Mapping Document

### Programs with Objectives for BOCC Monitoring - General Fund Cycle (primary fiscal term - July through June)

Contractor Name	Program Name	Fund Source	CID #	Program Street Address	City	Zip	Program Contacts	Phone	Program Contact E-mail	Applicable Standardized Objectives	Individualized Objectives in addition to Or in place of Standardized
SFDPH - COPC	TWHC Tenderloin Area CoE (TACE)	GF	MOU 28	230 Golden Gate Ave	SF	94012	Joseph Pace Charles Fann	415-674-6313 415-674-6374	<a href="mailto:joseph.pace@sfdph.org">joseph.pace@sfdph.org</a> <a href="mailto:charles.fann@sfdph.org">charles.fann@sfdph.org</a>	Centers of Excellence Seven: Row 3 - 9	N/A
<b>Please conduct 1 visit for the programs immediately above and below this row, but write 2 reports to capture the different UOS/JDC and Objectives, and to meet requirements of the federal funder.</b>											
SFDPH - COPC	TWHC: HIV Early Intervention Svcs	GF RWPC	MOU 28	230 Golden Gate Ave	SF	94012	Joseph Pace Charles Fann	415-674-6313 415-674-6374	<a href="mailto:joseph.pace@sfdph.org">joseph.pace@sfdph.org</a> <a href="mailto:charles.fann@sfdph.org">charles.fann@sfdph.org</a>	Centers of Excellence Seven: Row 3 - 9	N/A
SFDPH - COPC	TWHC Dental Services PLWH/A	GF RWPA	MOU 26	50 Ivy St	SF	94102	Evan Filler Michelle Lingle	415-355-7528 415-355-7527	<a href="mailto:evan.filler@sfdph.org">evan.filler@sfdph.org</a> <a href="mailto:michelle.p.lingle@sfdph.org">michelle.p.lingle@sfdph.org</a>	Dental Services Five: Row 27 - 31	N/A
SFDPH - SFGH - UCSF	Ward 86 / PHAST	GF	MOU 17	995 Potrero, W 86	SF	94110	Monica Gandhi Mary Shiels Lizzie Lynch	415-476-4082 628-206-2431 415-206-2458	<a href="mailto:monica.gandhi@ucsf.edu">monica.gandhi@ucsf.edu</a> <a href="mailto:Mary.Shiels@ucsf.edu">Mary.Shiels@ucsf.edu</a> <a href="mailto:elizabeth.lynch@ucsf.edu">elizabeth.lynch@ucsf.edu</a>	Outpatient Medical Care Seven: Row 3 - 9 <b>Note:</b> Row 4 - 9 = lower %	N/A
SFDPH - SFGH - UCSF	W 86 Outpatient Services	GF	MOU 18	995 Potrero, W 86	SF	94110	Monica Gandhi Mary Shiels H.Sigvaldadottir	415-476-4082 628-206-2431 415-305-4882	<a href="mailto:monica.gandhi@ucsf.edu">monica.gandhi@ucsf.edu</a> <a href="mailto:mary.shiels@ucsf.edu">mary.shiels@ucsf.edu</a> <a href="mailto:helga.sigvaldadottir@ucsf.edu">helga.sigvaldadottir@ucsf.edu</a>	Outpatient Medical Care Seven: Row 3 - 9	N/A
SFDPH - SFGH - UCSF	HIVE Perinatal AIDS Svcs	GF	MOU 18	1001 Potrero Ave, Rm 6D33	SF	94110	Deborah Cohan Cynthia Gutierrez	628-206-3658 415-609-4384	<a href="mailto:deborah.cohan@ucsf.edu">deborah.cohan@ucsf.edu</a> <a href="mailto:cynthia.gutierrez@ucsf.edu">cynthia.gutierrez@ucsf.edu</a>	Outpatient Medical Care Only Five: Row 4 - 6, 8 - 9 <b>NOTE:</b> Row 3, 7 are N/A	N/A
SF Food Bank	Food Solicitation	GF	02654	900 Pennsylvania Ave	SF	94107	Tanis Crosby Sheila Kopf Michael Braude	415-282-1900 415-282-1900 415-282-1900	<a href="mailto:tcrosby@sffmfoodbank.org">tcrosby@sffmfoodbank.org</a> <a href="mailto:skopf@sffb.org">skopf@sffb.org</a> <a href="mailto:mbraude@sffb.org">mbraude@sffb.org</a>	N/A	Two: Row 112 - 113
SF Suicide Prevention, Inc.	HIV Nightline Crisis Hotline	GF	08032	P.O. Box 191350	SF	94119	Lina Sheth	415-984-1900	<a href="mailto:linas@sfsuicide.org">linas@sfsuicide.org</a>	<b>NOTE:</b> Funding moved to BHS contract	Four: Row 114 - 117
UCSF - Alliance Health Proj (AHP)	AHP Intensive Case Mngt - GTZ Prog	GF GTZ	02669	1930 Market St	SF	94102	Lori Thoemmes Braulio Garcia	415-476-3951 415-476-7842	<a href="mailto:lori.thoemmes@ucsf.edu">lori.thoemmes@ucsf.edu</a> <a href="mailto:braulio.garcia@ucsf.edu">braulio.garcia@ucsf.edu</a>	N/A	Six: Row 135 - 140
UCSF - 360 Positive Care Center	Support Group Heterosexual ID HIV	GF	08725	350 Parnassus, Rm. 908	SF	94143	Malcolm John Allan Paschke	415-353-2406 415-353-2503	<a href="mailto:malcolm.john@ucsfmedctr.org">malcolm.john@ucsfmedctr.org</a> <a href="mailto:allan.paschke@ucsf.edu">allan.paschke@ucsf.edu</a>	Psychosocial Support One: Row 26	One: Row 147

**20-21 HHS Performance Objectives Mapping Document**

***Programs with Objectives for BOCC Monitoring - General Fund Cycle (primary fiscal term - July through June)***

<b>Contractor Name</b>	<b>Program Name</b>	<b>Fund Source</b>	<b>CID #</b>	<b>Program Street Address</b>	<b>City</b>	<b>Zip</b>	<b>Program Contacts</b>	<b>Phone</b>	<b>Program Contact E-mail</b>	<b>Applicable Standardized Objectives</b>	<b>Individualized Objectives in addition to Or in place of Standardized</b>
UCSF - PHP	Black Health Center of Excellence	GF	02489	995 Potrero, W 82, rm 230	SF	94110	Monica Gandhi Mary Shiels H. Sigvaldadottir	415-476-4082 628-206-2431 415-305-4882	<a href="mailto:monica.gandhi@ucsf.edu">monica.gandhi@ucsf.edu</a> <a href="mailto:mary.shiels@ucsf.edu">mary.shiels@ucsf.edu</a> <a href="mailto:helga.sigvaldadottir@ucsf.edu">helga.sigvaldadottir@ucsf.edu</a>	Centers of Excellence Seven: Row 3 - 9	N/A
UCSF - PHP	HALT Center of Excellence	GF	02581	995 Potrero, W 82, rm 230	SF	94110	Monica Gandhi Mary Shiels H. Sigvaldadottir	415-476-4082 628-206-2431 415-305-4882	<a href="mailto:monica.gandhi@ucsf.edu">monica.gandhi@ucsf.edu</a> <a href="mailto:mary.shiels@ucsf.edu">mary.shiels@ucsf.edu</a> <a href="mailto:helga.sigvaldadottir@ucsf.edu">helga.sigvaldadottir@ucsf.edu</a>	Centers of Excellence Seven: Row 3 - 9	N/A
UCSF - PHP	Women's Center of Excellence Program	GF	02487	995 Potrero, W 82, Box 0874	SF	94110	Monica Gandhi Mary Shiels Alex Monk	415-476-4082 415-206-2454 415-206-2436	<a href="mailto:monica.gandhi@ucsf.edu">monica.gandhi@ucsf.edu</a> <a href="mailto:mary.shiels@ucsf.edu">mary.shiels@ucsf.edu</a> <a href="mailto:alexandra.monk@ucsf.edu">alexandra.monk@ucsf.edu</a>	Centers of Excellence Seven: Row 3 - 9	N/A
Westside Commun Svcs, Inc.	AIDS Case Mngmnt Prog	GF	02481	1153 Oak St	SF	94117	Mary Ann Jones Erica Conners	415-431-9000 415-431-9000	<a href="mailto:mjones@westside-health.org">mjones@westside-health.org</a> <a href="mailto:econners@westside-health.org">econners@westside-health.org</a>	N/A	Eight: Row 148 - 155
Westside Commun Svcs, Inc.	HIV Home Care Attendant Program	GF	02481	1153 Oak St	SF	94117	Mary Ann Jones Erica Conners	415-431-9000 415-431-9000	<a href="mailto:mjones@westside-health.org">mjones@westside-health.org</a> <a href="mailto:econners@westside-health.org">econners@westside-health.org</a>	N/A	Two: Row 156 - 157