



Behavioral Health Services — Adult and Older Adult Performance Objectives FY 2018-19

Performance Objectives Overview

Measuring client improvement and successful completion of target objectives is an important part of SFDPH contracting. The implementation of the Avatar Electronic Health Record in Fiscal Year 2010-2011 increased the ability to collect quality data on a client's presenting issues, demographics, interventions, symptom changes, and discharge status. The Performance Objectives developed for Fiscal Year 2018-2019 are designed to maximize the use of Avatar data entered by providers for client admission, assessment, treatment planning, services provided, updates and discharge information. BHS intends to reduce provider burden in determining objective compliance by using Avatar data to measure objectives - to the extent possible.

The Program Objectives detailed in this document have been carefully defined to measure important behavioral health processes and outcomes. Not all objectives apply to all programs. Providers should review the "AOA Performance Objectives Master List" to determine which objectives apply to each of their programs. Each program is identified with the corresponding set of objectives required, and this document is posted at: www.sfdph.org/cdta. NOTE: All references to number of days throughout this document mean "Calendar Days" as that is how Avatar is designed to measure days.

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

This document is comprised of the following tabs:

Tab 1: Objectives for *Outpatient Mental Health* programs

Tab 1A: Objectives for *Intensive Case Management & Full Service Partnership* programs

Tab 2: Objectives for *Residential Mental Health* programs

Tab 3: Objectives for *Outpatient Substance Use Disorder* programs

Tab 4: Objectives for *Residential Substance Use Disorder* programs

Tab 5: Objectives for *Vocational Rehabilitation* programs

Tab 6: Objectives for *Supportive Housing, SSI Advocacy, and Representative Payee* programs

Tab 7: Objectives for *HIV Set Aside and HIV Testing and Prevention* programs

Tab 8: Objectives for *Fiscal Intermediary* refers to **SFDPH wide Fiscal Intermediary** document and applicable objectives are listed in the contract narrative for most FI providers.

Tab 9: Objectives for *Individualized Program Specific Svcs*

Tab 10: Objectives for *Forensic Justice BHS* programs

The performance objectives listed for each type of program (i.e., Tabs 1 - 10) are organized into separate "Sections" as follows: A) Mental Health, B) Substance Abuse, C) Vocational Rehabilitation, D) Data Quality and Timeliness, G) Increase Stable Living Environment, H) Access to Service, I) Supportive Housing, J) SSI Advocacy/Benefits Counseling, K) Representative Payee, L) Community Based HIV Testing, M) Community Based Individual and/or Group HIV Education, N) Medical Setting HIV Testing, O) HIV Treatment Adherence / Prevention with Positives, P) Fiscal Intermediary. Of note, the objectives listed for each section may not be in strict sequential order since not all objectives apply to all programs. For example, Residential Mental Health programs are only responsible for mental health and data quality and timeliness outcomes.

Tabs 1 through 10 also provide additional detail about each performance objective. Next to each indicator are columns that describe the following:

- **Client Inclusion Criteria** - identifies which group of clients / programs are included in the measurement of the objective
- **Data Source / Compliance** - identifies the data source used to measure the objective and/or how compliance with the objective is documented and reported
- **Source of Requirement** - e.g., BHS policy, Affordable Care Act, Dept of Healthcare Services (DHCS), California Dept of Managed Health Care (DMHC), SAMHSA, etc.
- **Report Availability for Providers** - We recognize that Performance Objective Status Reports in Avatar are based on previous fiscal year calculations and that there have been some changes in percentages and scoring for FY 18-19; the decision has been made to remove these from Avatar until they can be updated with correct calculations in order to avoid confusion. The anticipated release date will be January 2019.

In several cases contractors are instructed to send an Annual Summary Report to the System of Care (SOC) Program Manager and the Business Office Contract Compliance (BOCC) Program Manager. Reports for BOCC should be sent by e-mail to: nick.hancock@sfdph.org. If unsure of the SOC Program Manager, contact your CDTA Program Manager for assistance.. The BOCC Scoring Guidelines for the Annual Monitoring Report are posted to the CDTA website at

<https://www.sfdph.org/dph/comupg/aboutdph/insideDept/CDTA/procedures.asp>

Special Note to Agencies/Programs receiving MHSA funding : Note to Agencies/Programs receiving MHSA funding: In the previous year, if your objectives were listed in the Appendix A, please refer to the document entitled 'MHSA FY18/19 Performance Objectives' hosted on the CDTA website at <https://www.sfdph.org/dph/comupg/aboutdph/insideDept/CDTA/documents.asp>

Tab 1-Output Mental Hlth

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Section A: Mental Health Outcomes					
A.1a At least 80% of psychiatric inpatient hospital discharges occurring in FY 18-19 will not be followed by a readmission within 90 days.	Outcome	Clients enrolled prior to the hospital admission date, and remaining in services during the 90 days post hospital discharge. Excludes: <i>Mobile Crisis, Progress Dore Urgent Care, any Ambulatory Outpatient RU connected to Residential Tx. programs, UC Citywide Linkage program, or any program with fewer than 5 clients with psychiatric inpatient hospitalizations during FY18-19</i>	Avatar - BOCC calculates	DHCSACA	QM Quarterly Report on SFDPH website, BHS/QM section
A.1b At least 80% of psychiatric emergency services (PES) episodes occurring in FY 18-19 will not be followed by a readmission to PES within 30 days.	Outcome	Clients with an open episode prior to the PES discharge, and open in the program during the 30 days post PES discharge. Excludes: <i>Mobile Crisis, Progress Dore Urgent Care, any Ambulatory Outpatient RU connected to Residential Tx. programs, UC Citywide Linkage program, or any program with fewer than 5 clients with psychiatric inpatient hospitalizations during FY18-19</i>	Avatar - BOCC calculates	BHS Policy	QM Quarterly Report on SFDPH website, BHS/QM section
A.2 Sixty percent (60%) of clients will improve on at least 30% of their actionable items on the ANSA.	Outcome	All clients with ≥ 2 ANSA assessments, most recent ANSA within FY 18-19. Items rated 2 or 3 are actionable. 30% of clients must improve for program to score any points on this objective. Excludes: <i>Citywide Linkage program.</i>	Avatar - QM calculates	BHS Policy ACA	QM Quarterly Report SFDPH website, BHS/QM section

Tab 1-Output Mental Hlth

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Section C: Meaningful Activity & Vocational Rehabilitation Outcomes					
<p>C.1 Programs will enter, into the Avatar Vocational/ Meaningful-Activities Enrollment screen, a total number of entries of client enrollments into vocational training, education, volunteer, paid employment and meaningful activities during the fiscal year, that is numerically equivalent to at least 40% of the program's unduplicated client count for the fiscal year. NOTE: Internal vocational enrollments qualify (clients in stipend positions from the clinic or engaging in clinic-based pre-vocational activities).</p>	<p>Outcome</p>	<p><u>Numerator:</u>* Total count of all entries of enrollments data-entered into the screen during FY18-19, to include all multiple entries for the same client, and regardless of whether or not a client already had a previous entry from the previous fiscal year. Note: All clients continuing to be engaged in vocational/ meaningful activities on July 1, 2018 from the previous FY 2017-18 should again be re-entered to be counted once again as one new entry each for each vocational/ meaningful activity maintained into the new Fiscal Year 2018-19.</p> <p><u>Denominator:</u> All clients enrolled in an AOA Mental Health Outpatient Treatment Program AOA MHOP anytime from 7/1/18 to 6/30/19.</p> <p>Excludes: Citywide Linkage program.</p>	<p>AVATAR Vocational/Meaningful Activities Enrollment screen (formerly Mental Health Vocational Program Referral and Enrollments screen); BHS computes</p> <p>Clinicians/Program Directors required to enter & update voc related enrollment data in AVATAR Admissions Screen (may occur any time during open episode) If AVATAR is not used, prog is required to track via log or database;</p> <p>Contractor prepares annual summary report documenting achievement for SOC Prog Mngr & BOCC by 9/1/19</p>	<p>BHS Policy MHS Wellness and Recovery</p>	<p>AOA Vocational Program Referrals & Enrollments Avatar Report Pending Revision: IT Dept will include Meaningful Activity option/s & further redefine this report to include old/previously enrolled clients.</p>

Tab 1-Outpt Mental Hlth

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<p>**Examples of meaningful (wellness) & vocational-related activities <u>include but are not exclusive to:</u></p> <ul style="list-style-type: none"> • Volunteer positions at library, clinics, hospitals, SPCA, etc., • Attends City College, SFSU, or other educational programs or participates in paid internships • Attends groups/activities at peer wellness center or other support groups (AA, NA) at least 2x a week • Helps prepare meals or other chores at home or residential facilities • Participates in any community based advisory groups and/or BHS Client Council, MHSA Advisory Groups, or other Stigma Buster related activities • Participates in clinic-based pre-vocational groups or activities, i.e., cooking, cleaning, co-facilitating meetings, etc., • Helps with caring for siblings, family members, or significant others. 		<p>Activity/Enrollment is defined as:</p> <ul style="list-style-type: none"> • Includes clients previously enrolled in vocational- related meaningful activity from previous fiscal year. Clinicians can re-enter the client into Avatar every July 1st if the client continues to receive support and service to continue working, volunteering, engaging in other internship or training programs, school, City College or other educational enrichment activities. • Clinicians making referrals to BHS Voc CO-OP's Access4Jobs (RAMS, Citywide, Caminar, Positive Resource Center, Occupational Therapy Training Program (OTTP-SF), and Toolworks are encouraged to keep in contact with the vocational program to know when the client is "enrolled". Vocational program staff will also inform the clinicians of when their clinicians are enrolled in service. • Enrollment is defined differently according to the component of vocational services. For instance, if client is interested in the RAMS or Citywide internship training programs, they are considered "enrolled" after they completed the intake and start the program. • Clients who want assistance finding a job in the competitive market are considered "enrolled" after they complete the intake with the vocational program and Dept of Rehab counselor, and their cases are authorized by the CA Department of Rehabilitation for Employment Services which includes employment preparation (resume building), job development and placement (finding the job and working with job coach if needed) and employment retention (support to retain the job). • BHS Vocational Manager will send clinic directors a list of clients who have been enrolled in the CO-OP on a quarterly basis so these information can be entered into Avatar. 			

Tab 1-Outpt Mental Hlth

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<p>D.2 100% of clients with an open episode will have the initial Treatment Plan of Care finalized in Avatar within 60 days of episode opening but no later than the first planned service.</p>	Compliance	<p>All clients with an initial Tx Plan of Care due during FY 18-19 Excludes: <i>Outpatient services provided within residential Tx settings</i></p>	Avatar - BOCC calculates		AOA Initial TPOC Status Report Avatar Report
<p>D.6 100% of initial requests for services (phone and walk-ins) will be recorded in the Avatar Timely Access Log.</p>	Compliance	<p>All initial requests for services, from new (non-registered) clients, or clients registered in Avatar without an open episode in the program. Excludes: <i>ICM, FSP, Supportive Housing Program, Crisis Programs: Mobile Crisis, Dore Urgent Care, Westside Crisis, and Outpatient services provided within Residential Tx settings.</i></p>	Avatar - number of entries in Timely Access Log should be ≥ number of new episodes opened during FY 18-19.		Timely Access Log Report Dashboard
<p>D.7 On any date, 100% of clients will have a current finalized annual Assessment in Avatar. NOTE: Date to be determined by DPH-AOA</p>	Compliance	<p>All clients with annual Assessment due in FY 18-19 Excludes: <i>outpatient services provided in residential Tx settings & first 60 days for new clients and Citywide Linkage program.</i></p>	Avatar At random date chosen by BHS within 2nd half of FY, BOCC calculates.		AOA Annual Assessment Status Avatar Report
<p>D.8 On any date, 100% of clients will have a current finalized Treatment Plan of Care in Avatar. NOTE: Date to be determined by DPH-AOA</p>	Compliance	<p>All clients with annual Tx Plan of Care due in FY 18-19; completed annually from anniversary date of opening episode of last completed Tx Plan of Care Excludes: <i>outpatient services provided within residential Tx settings & first 60 days for new clients</i></p>	Avatar At random date chosen by BHS within 2nd half of FY, BOCC calculates program's score from Treatment Plan of Care/Reassessment.		Adult TPOC Due by Program/Staff Report Avatar
<p>D.9 100% of clients will have a closing ANSA completed no later than 120 days after the episode closing date.</p>	Compliance	<p>All clients discharged who were seen more than 5 times NOTE: <i>120 days is 30 days after the 90-day deadline to close inactive clients that allows programs to wait for no-show clients to re-engage in treatment before closing.</i></p>	Avatar – BOCC calculates		AOA Closing Summary Status Report Avatar Report

Tab 1-Outpt Mental Hlth

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
D.10 Record height, weight, and blood pressure using the new Avatar Vitals Entry Form for at least 50% of all clients who receive medication services in your program at least once during the fiscal year.	Compliance	Only clients who have received a medication service	Avatar Vitals Entry Form	BHS Policy ACA	Vitals Entry Status Avatar Report
D.17 100% of clients will be offered an appointment within 10 business days of the initial request for services.	Compliance	All clients with non-urgent needs beginning Tx with a new provider; extended wait times for app't. only approved & accepted if deemed clinically appropriate by qualified Behavioral Health practitioner & documented via attestation in Avatar Timely Access Log Excludes: ICM, FSP, supportive housing programs, & Outpatient services provided in residential Tx settings	Avatar - Dates of requests for services and offered appointment dates recorded in the Timely Access Log.		Timely Access Report (Program) Avatar Report
D. 21 One hundred percent of clients will have an initial ANSA finalized in Avatar ≤ 60 days of episode opening.	Compliance	All new clients with an episode of ≥ 60 days at some point during FY 18-19. Excludes: _ Citywide Linkage program.	Avatar - BOCC calculates	BHS Policy ACA	AOA Initial ANSA Assessment Status Avatar Report
D. 22 On any date, 100% of clients will have a current ANSA finalized in Avatar. NOTE: Date to be determined by DPH	Compliance	All clients with an annual ANSA due in FY 18-19 Excludes: outpatient services provided within residential treatment settings & first 60 days for new clients and Citywide Linkage program.	Avatar At random date chosen by BHS within 2nd half of FY BOCC calculates	BHS Policy ACA	AOA Annual ANSA Assessment Status Avatar Report
Section H: Access to Service					
H.2 100% of clients discharged from a psychiatric inpatient episode will have a minimum of 3 services, or service attempts, within the 30 days post hospital discharge.	Process/ Best Practice	Clients with an open episode prior to the inpatient discharge, and open in the program for the next 30 days. For outpatient episodes that were closed, the time-stamped date the episode was closed in Avatar will be used as the closing date.	Avatar. All service attempts as well as services delivered that are documented in Avatar will be counted	BHS Policy	QM Quarterly Report on SFDPH website, BHS/QM section
H.3. 100% of clients discharged from a psychiatric inpatient episode will receive a service within 5 business days of the discharge date.	Process/ Best Practice	Clients with an open episode prior to the inpatient discharge, and open in the program for the next 30 days. For outpatient episodes that were closed, the time-stamped date the episode was closed in Avatar will be used as the closing date. ADM00 (No Shows) will count as services.	All service attempts as well as services delivered that are documented in Avatar will be counted	BHS Policy	QM Quarterly Report on SFDPH website, BHS/QM section

Tab 1-Outpt Mental Hlth

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<p>H.4 PILOT OBJECTIVE: 100% of clients discharged from a psychiatric emergency services episode will have a minimum of 2 services, or service attempts, within the 30 days post hospital discharge.</p>	<p>Process/ Best Practice</p>	<p>Clients with an open episode prior to the PES discharge, and open in the program for the next 30 days. For outpatient episodes that were closed, the time-stamped date the episode was closed in Avatar will be used as the closing date.</p>	<p>Avatar. All service attempts as well as services delivered that are documented in Avatar will be counted</p>	<p>BHS Policy</p>	<p>QM Quarterly Report on SFDPH website, BHS/QM section</p>

Tab 1A- ICM & FSP

Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Section A: Mental Health Outcomes				
<p>A.1a At least 80% of psychiatric inpatient hospital discharges occurring in FY 18-19 will not be followed by a readmission within 90 days.</p>	<p>Clients enrolled prior to the hospital admission date, and remaining in services during the 90 days post hospital discharge. Excludes: <i>Mobile Crisis, Progress Dore Urgent Care, any Ambulatory Outpatient RU connected to Residential Tx. programs, UC Citywide Linkage program, or any program with fewer than 5 clients with psychiatric inpatient hospitalizations during FY18-19</i></p>	<p>Avatar - BOCC calculates</p>	<p>DHCS ACA</p>	<p>QM Quarterly Report on SFDPH website, BHS/QM section</p>
<p>A.1b At least 80% of psychiatric emergency services (PES) episodes occurring in FY 18-19 will not be followed by a readmission to PES within 30 days.</p>	<p>Clients with an open episode prior to the PES discharge, and open in the program during the 30 days post PES discharge. Excludes: <i>Mobile Crisis, Progress Dore Urgent Care, any Ambulatory Outpatient RU connected to Residential Tx. programs, UC Citywide Linkage program, or any program with fewer than 5 clients with psychiatric inpatient hospitalizations during FY18-19</i></p>	<p>Avatar - BOCC calculates</p>	<p>DHCS ACA</p>	<p>QM Quarterly Report on SFDPH website, BHS/QM section</p>
<p>A.2a Sixty percent (60%) of clients will improve on at least 30% of their actionable items on the ANSA.</p>	<p>All clients with ≥ 2 ANSA assessments, most recent ANSA within FY 18-19. Items rated 2 or 3 are actionable. 30% of clients must improve for program to score any points on this objective. Excludes: <i>Citywide Linkage program.</i></p>	<p>Avatar - QM calculates</p>	<p>BHS Policy ACA</p>	<p>QM Quarterly Report SFDPH website, BHS/QM section</p>

Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Section C: Meaningful Activity & Vocational Rehabilitation Outcomes				
<p>C.1 Programs will enter, into the Avatar Vocational/ Meaningful-Activities Enrollment screen, a total number of entries of client enrollments into vocational training, education, volunteer, paid employment and meaningful activities during the fiscal year, that is numerically equivalent to at least 40% of the program’s unduplicated client count for the fiscal year. NOTE: Internal vocational enrollments qualify (clients in stipend positions from the clinic or engaging in clinic-based pre-vocational activities).</p>	<p><u>Numerator:</u>* Total count of all entries of enrollments data-entered into the screen during FY18-19, to include all multiple entries for the same client, and regardless of whether or not a client already had a previous entry from the previous fiscal year. Note: All clients continuing to be engaged in vocational/ meaningful activities on July 1, 2018 from the previous FY 2017-18 should again be re-entered to be counted once again as one new entry each for each vocational/ meaningful activity maintained into the new Fiscal Year 2018-19.</p> <p><u>Denominator:</u> All clients enrolled in an AOA Mental Health Outpatient Treatment Program AOA MHOP anytime from 7/1/18 to 6/30/19.</p> <p>Excludes: <i>Citywide Linkage program.</i></p>	<p>AVATAR Vocational/Meaningful Activities Enrollment screen (formerly Mental Health Vocational Program Referral and Enrollments screen); BHS computes</p> <p>Clinicians/Program Directors required to enter & update voc related enrollment data in AVATAR Admissions Screen (may occur any time during open episode) If AVATAR is not used, prog is required to track via log or database;</p> <p>Contractor prepares annual summary report documenting achievement for SOC Prog Mngr & BOCC by 9/1/19</p>	<p>BHS Policy MHS Wellness and Recovery</p>	<p>AOA Vocational Program Referrals & Enrollments Avatar Report Pending Revision: IT Dept will include Meaningful Activity option/s & further redefine this report to include old/previously enrolled clients.</p>

Tab 1A- ICM & FSP

Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<p>**Examples of meaningful (wellness) & vocational-related activities <u>include but are not exclusive to</u>:</p> <ul style="list-style-type: none"> • Volunteer positions at library, clinics, hospitals, SPCA, etc., • Attends City College, SFSU, or other educational programs or participates in paid internships • Attends groups/activities at peer wellness center or other support groups (AA, NA) at least 2x a week • Helps prepare meals or other chores at home or residential facilities • Participates in any community based advisory groups and/or BHS Client Council, MHSA Advisory Groups, or other Stigma Buster related activities • Participates in clinic-based pre-vocational groups or activities, i.e., cooking, cleaning, co-facilitating meetings, etc., • Helps with caring for siblings, family members, or significant others. 	<p>Activity/Enrollment is defined as:</p> <ul style="list-style-type: none"> • Includes clients previously enrolled in vocational- related meaningful activity from previous fiscal year. Clinicians can re-enter the client into Avatar every July 1st if the client continues to receive support and service to continue working, volunteering, engaging in other internship or training programs, school, City College or other educational enrichment activities. • Clinicians making referrals to BHS Voc CO-OP's Access4Jobs (RAMS, Citywide, Caminar, Positive Resource Center, Occupational Therapy Training Program (OTTP-SF), and Toolworks are encouraged to keep in contact with the vocational program to know when the client is "enrolled". Vocational program staff will also inform the clinicians of when their clinicians are enrolled in service. • Enrollment is defined differently according to the component of vocational services. For instance, if client is interested in the RAMS or Citywide internship training programs, they are considered "enrolled" after they completed the intake and start the program. • Clients who want assistance finding a job in the competitive market are considered "enrolled" after they complete the intake with the vocational program and Dept of Rehab counselor, and their cases are authorized by the CA Department of Rehabilitation for Employment Services which includes employment preparation (resume building), job development and placement (finding the job and working with job coach if needed) and employment retention (support to retain the job). • BHS Vocational Manager will send clinic directors a list of clients who have been enrolled in the CO-OP on a quarterly basis so these information can be entered into 			
<p>D.2 One hundred percent of clients with an open episode will have the initial Treatment Plan of Care finalized in Avatar within 60 days of episode opening but no later than the first planned service.</p>	<p>All clients with an initial Tx Plan of Care due during FY 18-19</p> <p>Excludes: <i>Outpatient services provided within residential Tx settings</i></p>	<p>Avatar - BOCC calculates</p>	<p>BHS Policy DHCS</p>	<p>AOA Initial TPOC Status Report Avatar Report</p>
<p>D.7 On any date, 100% of clients will have a current finalized annual Assessment, in Avatar. NOTE: Date to be determined by DPH-AOA</p>	<p>All clients with annual Assessment due in FY 18-19</p> <p>Excludes: <i>outpatient services provided in residential Tx settings & first 60 days for new clients and Citywide Linkage program.</i></p>	<p>Avatar At random date chosen by BHS within 2nd half of FY, BOCC calculates.</p>	<p>BHS Policy DHCS</p>	<p>AOA Annual Assessment Status Avatar Report</p>

Tab 1A- ICM & FSP

Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<p>D.8 On any date, 100% of clients will have a current finalized Treatment Plan of Care in Avatar.</p> <p>NOTE: Date to be determined by DPH-AOA</p>	<p>All clients with annual Tx Plan of Care due in FY 18-19; completed annually from anniversary date of opening episode of last completed Tx Plan of Care</p> <p>Excludes: <i>outpatient services provided within residential Tx settings & first 60 days for new clients</i></p>	<p>Avatar</p> <p>At random date chosen by BHS within 2nd half of FY, BOCC calculates program's score from Treatment Plan of Care/Reassessment.</p>	<p>BHS Policy DHCS</p>	<p>Adult TPOC Due by Program/Staff Report Avatar</p>
<p>D.9 100% of clients will have a closing ANSA completed no later than 120 days after the episode closing date.</p>	<p>All clients discharged who were seen more than 5 times</p> <p>NOTE: <i>120 days is 30 days after the 90-day deadline to close inactive clients that allows programs to wait for no-show clients to re-engage in treatment before closing.</i></p>	<p>Avatar – BOCC calculates</p>	<p>BHS Policy DHCS</p>	<p>AOA Closing Summary Status Report Avatar Report</p>
<p>D.10 Record height, weight, and blood pressure using the new Avatar Vitals Entry Form for at least 50% of all clients who receive medication services in your program at least once during the fiscal year.</p>	<p>Only clients who have received a medication service</p>	<p>Avatar Vitals Entry Form</p>	<p>BHS Policy ACA</p>	<p>Vitals Entry Status Avatar Report</p>
<p>D.19 100% of clients will have all expected DCR quarterly reports completed.</p>	<p>All clients enrolled in an FSP program</p>	<p>DCR database shows evidence of completion by 3M "date collected"</p>	<p>MHSA</p>	<p><i>DCR 3M Field Level QA Report, client detail version. Report available at FSP DCR monthly Mtg, or upon request of DCR Workgroup (not available in Avatar)</i></p>
<p>D.20 100% of clients with an open episode in Avatar will be entered in the DCR within 90 days of the episode opening date</p>	<p>Clients enrolled ≥ 90 days in an FSP program</p>	<p>Avatar episode data and a completed Partnership Assessment Form (PAF) in the DCR database</p>	<p>DHCS</p>	<p>Avatar DCR Enrollment Report available at the monthly FSP-DCR mtg, or upon request of DCR Workgroup</p>

Tab 1A- ICM & FSP

Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
D.21 One hundred percent of clients will have an initial ANSA finalized in Avatar ≤ 60 days of episode opening.	All new clients with an episode of ≥ 60 days at some point during FY 18-19. Excludes: <i>Citywide Linkage program.</i>	Avatar - BOCC calculates	BHS Policy ACA	AOA Initial ANSA Assessment Status Avatar Report
D. 22 On any date, 100% of clients will have a current ANSA finalized in Avatar. NOTE: Date to be determined by DPH	All clients with an annual ANSA due in FY 18-19 Excludes: <i>outpatient services provided within residential treatment settings & first 60 days for new clients and Citywide Linkage program.</i>	Avatar At random date chosen by BHS within 2nd half of FY BOCC calculates	BHS Policy ACA	AOA Annual ANSA Assessment Status Avatar Report
Section H: Access to Service				
H.1 The program will achieve the required minimum number of new client episode openings for FY 18-19, which is equivalent to 20% of caseload.	Number of new episodes opened per ICM, FSP, & ACT programs (for selected time period)	All new unique client episode openings into the ICM, FSP, and ACT programs during FY 18-19 as provided by System of Care	ACA MHSA Wellness and Recovery	Contractor Self Computes
H.2 100% of clients discharged from a psychiatric inpatient episode will have a minimum of 3 services, or service attempts, within the 30 days post hospital discharge.	Clients with an open episode prior to the inpatient discharge, and open in the program for the next 30 days. For outpatient episodes that were closed, the time-stamped date the episode was closed in Avatar will be used as the closing date.	Avatar. All service attempts as well as services delivered that are documented in Avatar will be counted	BHS Policy	QM Quarterly Report on SFDPH website, BHS/QM section
H.3 100% of clients discharged from a psychiatric inpatient episode will receive a service within 5 business days of the discharge date.	Clients with an open episode prior to the inpatient discharge, and open in the program for the next 30 days. For outpatient episodes that were closed, the time-stamped date the episode was closed in Avatar will be used as the closing date. ADM00 (No Shows) will count as services.	All service attempts as well as services delivered that are documented in Avatar will be counted	BHS Policy	QM Quarterly Report on SFDPH website, BHS/QM section
H.4 PILOT OBJECTIVE: 100% of clients discharged from a psychiatric emergency services episode will have a minimum of 2 services, or service attempts, within the 30 days post hospital discharge.	Clients with an open episode prior to the PES discharge, and open in the program for the next 30 days. For outpatient episodes that were closed, the time-stamped date the episode was closed in Avatar will be used as the closing date.	Avatar. All service attempts as well as services delivered that are documented in Avatar will be counted	BHS Policy	QM Quarterly Report on SFDPH website, BHS/QM section

Tab 2-Resid Mental Hlth

Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Section A: Mental Health Outcomes				
<p>A.2 Sixty percent (60%) of clients will improve on at least 30% of their actionable items on the ANSA.</p>	<p>All clients with ≥ 2 ANSA assessments, most recent ANSA within FY 18-19. Items rated 2 or 3 are actionable. 30% of clients must improve for program to score any points on objective.</p>	<p>Avatar – QM calculates</p>	<p>BHS Policy ACA</p>	<p>QM Quarterly Report SFDPH website, BHS/QM section</p>
<p>A.3 Of those clients who remain in an Acute Diversion Unit (ADU) for a continuous 12 days or more, at least 80% will be discharged to a less restrictive level of care.</p> <p>Note: Less restrictive levels of care are any program other than PES, inpatient or long-term care.</p>	<p>All clients discharged from the ADU between 07/01/18 – 6/30/19 and who have been in the program for a continuous 12 days or more. <i>{Achievement calculated starting from the same dates as the discharge dates.}</i></p>	<p>Avatar - BOCC calculates</p>	<p>DHCS ACA</p>	<p>QM Quarterly Report sent directly to applicable Service Provider/Program Director</p>
<p>A.4 Of those clients who have been in a Transitional Residential Treatment Program (TRTP) for a continuous ≥ 60 days, 70% will have at least one outpatient (mode 15) service prior to discharge.</p>	<p>All clients discharged from the TRTP between 07/01/18 - 06/30/19 and who have been in the program for a continuous 60 days or more</p>	<p>Agency Self Report to provide information on client referrals & linkages made since all programs not in Avatar. Contractor prepares Annual Summary Report documenting achievement for SOC Program Manager & BOCC by 9/1/19</p>	<p>DHCS ACA</p>	<p>Programs Self Report</p>
Section D: Data Quality and Timeliness				
<p>D.2. 100% of clients with an open episode will have the initial Treatment Plan of Care finalized in Avatar ≤ 3 days of episode opening.</p>	<p>All clients with an initial Treatment Plan of Care due during FY 17-18</p>	<p>Avatar - BOCC calculates</p>	<p>BHS Policy DHCS</p>	<p>AOA Residential Initial TPOC Status Avatar Report</p>
<p>D.7 On any date, 100% of clients will have a current finalized annual Assessment, in Avatar.</p> <p>NOTE: Date to be determined by DPH</p>	<p>All clients with annual Assessment due in FY 17-18</p> <p>Excludes: <i>outpatient services provided in residential Tx settings & first 3 days for new clients.</i></p>	<p>Avatar At random date chosen by BHS within 2nd half of FY, BOCC calculates.</p>	<p>BHS Policy DHCS</p>	<p>AOA Annual Assessment Status Avatar Report</p>

Tab 2-Resid Mental Hlth

Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<p>D.8 On any date, 100% of clients will have a current finalized Treatment Plan of Care in Avatar.</p> <p>NOTE: Date to be determined by DPH</p>	<p>All clients with annual Tx Plan of Care due in FY 17-18; completed annually from anniversary date of opening episode of last completed Tx Plan of Care</p> <p>Excludes : <i>outpatient services provided within residential Tx settings & first 3</i></p>	<p>Avatar</p> <p>At random date chosen by BHS within 2nd half of FY, BOCC calculates program's score from Tx Plan of Care/Reassessment.</p>	<p>BHS Policy DHCS</p>	<p>Adult TPOC Due by Program/Staff Report Avatar Report</p>
<p>D.9 100% of clients will have a closing ANSA completed no later than 30 days after episode closing.</p>	<p>All clients who have a completed opening ANSA will have a closing ANSA 30 days after episode closing.</p>	<p>Avatar – BOCC calculates</p>	<p>BHS Policy DHCS</p>	<p>AOA Closing Summary Status Avatar Report</p>
<p>D.10 Record height, weight, and blood pressure using the new Avatar Vitals Entry Form for at least 50% of all clients who receive medication services in your program at least once during the fiscal year.</p>	<p>Only clients who have received a medication service</p>	<p>Avatar Vitals Entry Form</p>	<p>BHS Policy ACA</p>	<p>Vitals Entry Status Avatar Report</p>
<p>D.21 100% of clients will have an initial ANSA finalized in Avatar within 3 days of episode opening</p>	<p>All new clients with an episode of ≥ 3 days at some point during FY 18-19</p>	<p>BOCC calculates</p>	<p>BHS Policy ACA</p>	<p>AOA Residential Initial TPOC Status Avatar Report</p>
<p>D.22 On any date, 100% of clients will have a current ANSA finalized in Avatar.</p> <p>NOTE: Date to be determined by DPH</p>	<p>All clients with an annual ANSA due in FY 18-19</p> <p>Excludes : <i>outpatient services provided within residential treatment settings & first 3 days for new clients</i></p>	<p>Avatar-BOCC calculates</p>	<p>BHS Policy ACA</p>	<p>AOA Annual ANSA Assessment Status Avatar Report</p>

Tab 3-Outpt Subs Use Disorder

Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Section B: Substance Abuse Outcomes				
A.1a At least 80% of psychiatric inpatient hospital discharges occurring in FY 18-19 will not be followed by a readmission within 90 days.	Clients enrolled prior to the hospital admission date, and remaining in services during the 90 days post hospital discharge. Excludes: <i>programs with fewer than 5 clients with psychiatric inpatient hospitalizations during FY18-19</i>	Avatar - BOCC calculates	DHCS ACA	QM Quarterly Report SFDPH website, BHS/QM section
A.1b At least 80% of psychiatric emergency services (PES) episodes occurring in FY 18-19 will not be followed by a readmission to PES within 30 days.	Clients enrolled prior to the PES admission date, and remaining in services during the 30 days post PES discharge. Excludes: <i>programs with fewer than 5 clients with psychiatric inpatient hospitalizations during FY18-19</i>	Avatar -- BOCC calculates	BHS Policy	QM Quarterly Report SFDPH website, BHS/QM section
B.1 At least 60% of clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by discharge codes.	All clients discharged in FY 18-19 Excludes: Methadone, Buprenorphine, Detox program & clients with < 3 visits in 60 day period	CalOMS Discharge Status Field	ACA	CalOMS Discharge Status Report Avatar Report
B.2 At least 60% of clients will maintain abstinence or show a reduction of Alcohol and Other Drug use.	Clients in Tx ≥ 60 days and discharged, or for whom CalOMS data updated in FY 18-19 Excludes: Methadone Programs and Residential Programs	CalOMS admission, Annual Update, and Discharge Data	ACA	QM Quarterly Report SFDPH website, BHS/QM section

Tab 3-Output Subs Use Disorder

Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
B.3 At least 70% of clients admitted to a methadone maintenance treatment program will stay in treatment \geq 12 months.	All clients admitted in FY 18-19	Avatar episode opening & closing dates for discharged clients	ACA	Methadone Maintenance TX Duration Avatar Report

Tab 3-Output Subs Use Disorder

Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Section D: Data Quality and Timeliness				
D.6 One hundred percent of initial requests for services (phone and walk-ins) will be recorded in the Avatar Timely Access Log.	All initial requests for Services from new (non-registered) clients, or clients registered in Avatar without an open episode in the program.	Avatar number of entries in Timely Access Log should be ≥ number of new episodes opened in FY 18-19	BHS Policy DHCS	Timely Access Log Report Dashboard Avatar Report
D.11 100% of open clients will have zero errors on their CalOMS Admission Form.	All clients of CalOMS programs with an open episode in FY 18-19	CalOMS Admission Error Report	BHS Policy DHCS	CalOMS Admission Errors by Program Report Avatar Report
D.12 One hundred percent of clients discharged during FY 18-19 will have the CalOMS Discharge Status field completed no later than 30 days after episode closing is entered into Avatar.	Clients discharged during FY 18-19	CalOMS Discharge Status Field	BHS Policy DHCS	CalOMS Discharge Timely Status Avatar Report
D.16 No more than 40% of clients will be coded as CalOMS Administrative Discharge during FY 18-19. NOTE: Administrative discharge codes "4" and "6" only used when client interview not possible and full set of CalOMS items cannot be completed	Applicable to all CalOMS programs with clients discharged in FY 18-19 Excludes: Methadone Programs	CalOMS Discharge Status Field	BHS Policy DHCS	CalOMS Administrative Discharge Status Report Avatar Report
D.18 At least 90% of clients will have CalOMS data fields for Frequency of Use completed at admission and discharge.	Clients in treatment ≥ 60 days who were discharged, or for whom CalOMS data were updated in FY 18-19	CalOMS Admission, Annual Update, and Discharge Data	BHS Policy DHCS	CalOMS Frequency of Use Report Avatar Report

Tab 4-Resid Subs Use Disorder

Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Section B: Substance Abuse Outcomes				
B.1 At least 60% of clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by discharge codes.	All clients discharged in FY 18-19 Excludes: Methadone, Buprenorphine, Detox programs and clients who stay < 3 days	CalOMS Discharge Status Field	ACA	CalOMS Discharge Timely Status Avatar Report
Section D: Data Quality and Timeliness				
D.12 100% of clients discharged during FY 18-19 will have the CalOMS Discharge Status field completed no later than 30 days after episode closing is entered into Avatar.	Clients discharged during FY 18-19	CalOMS Discharge Status Field	BHS Policy DHCS	CalOMS Discharge Timely Status Avatar Report
D.16 No more than 40% of clients will be coded as CalOMS Administrative Discharge during FY 18-19 NOTE: Administrative discharge codes "4" and "6" only used when client interview not possible and full set of CalOMS items cannot be completed	Applicable to all CalOMS programs with clients discharged in FY 18-19 Excludes: Methadone Programs	CalOMS Discharge Status Field	BHS Policy DHCS	CalOMS Administrative Discharge Status Avatar Report
D.18 At least 90% of clients will have CalOMS data fields for Frequency of Use completed at admission and discharge.	Clients in treatment ≥ 60 days who were discharged, or for whom CalOMS data were updated in FY 18-19	CalOMS Admission, Annual Update, and Discharge Data	BHS Policy DHCS	CalOMS Frequency of Use Report Avatar Report

Tab 5-Vocational Rehab

Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Section C: Vocational Rehabilitation Outcome				
<p>C.3 At least 75% of clients graduating from an intern, trainee or volunteer vocational program will indicate, on an exit survey, an increase in readiness for additional meaningful activities related to vocational services.</p> <p>NOTE: Vocational related Meaningful activities may include an educational program, advanced internship, advanced training program, employment, etc.</p>	<p>All time-limited vocational interns, trainees and volunteers graduating from a vocational training program in FY 18-19 Programs Included: RAMS Clerical and Mailroom Services RAMS TAY Vocational Services RAMS Janitorial Services RAMS Information Technology Services UCSF Citywide Basic Construction and Remodeling Program UCSF Food and Catering Services UCSF Citywide Landscaping Program</p> <p>Excludes: clients enrolled in a long-term supported employment program</p>	<p>BHS provides standardized exit survey and education on use of evaluation tool for programs</p> <p>Contractor responsible for administering client self-report survey prior to graduation from time-limited program & before 6/30/19</p> <p>Contractor responsible for administering exit surveys, analyzing data, securely storing data, & reporting data to BOCC</p> <p>Contractor prepares Annual Summary Report documenting achievement for SOC Program Manager & BOCC by 9/1/19</p>	<p>BHS Policy MHSA Wellness and Recovery</p>	<p>N/A</p>

Indicator	Client Inclusion Criteria	Data Source/Compliance	Source of Requirement	Report Availability for Providers
Section I: Supportive Housing Program Outcomes				
I.1 No more than 10% of clients will experience a psychiatric hospitalization.	All clients who have been in the program for at least 60 continuous days. Only hospitalizations occurring more than 60 days after the episode opening date are counted.	Avatar -BOCC calculates	ACA	MHS 140 Report
Section J: SSI Advocacy / Benefits Counseling Program Outcomes				
J.1 At least 85% of the client cases in which claims for benefits have been filed and that have been fully adjudicated by program representation during the contract period will result in a favorable decision or an award for the client.	Clients who filed claims for benefits which have been fully adjudicated by representation from the Homeless Advocacy Project or Positive Resource Center between 7/1/18 – 6/30/19	Contractor collects data, including % of claims awarded at initial, reconsideration, Admin Law Hearing, or Appeals Council levels. Decisions for clients at any level, & Continuing Disability Reviews measured by receipt of proof of award e.g., SSA Notice of Awards, other documentation received from SSA, or documented in SSA or CalMED database. Contractor prepares Annual Summary Report documenting achievement for SOC Program Manager & BOCC by 9/1/19	BHS Policy	N/A
Section K: Representative Payee Program Outcomes				
K.1 100% of authorized rent payments will be disbursed within two business days of date benefit checks are received.	All clients enrolled in Conard and HealthRight 360 Rep. Payee programs during FY 18-19	Contractors collect data routinely & conduct annual internal audit; contractor prepares Annual Summary Report documenting achievement for SOC Program Manager & BOCC by 9/1/19	BHS Policy	N/A
K.2 At least 75% of clients receiving money management services will maintain stability in housing for a period of at least six months.	All clients enrolled for ≥ 6 months in Conard or HealthRight 360 Rep. Payee programs during FY 18-19	Contractors audit client files (physical or electronic); contractor prepares Annual Summary Report documenting achievement for SOC Program Manager and BOCC by 9/1/19	BHS Policy	N/A

Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Section L: Community-Based HIV Testing Program Outcomes				
L.2 All clients that test HIV/HCV positive will be offered appropriate linkage services for treatment.	All Clients Testing HIV+ or HCV+ in FY 18-19	Evaluation Web; contractor prepares Annual Summary documenting achievement for SOC Program Manager & BOCC by 9/1/19	SAMHSA-SAPT	Quarterly Evaluation Web Report
L.3 70% of PWID clients that test for HIV will also be tested for HCV.	All Clients Testing in FY 18-19	Evaluation Web; contractor prepares Annual Summary documenting achievement for SOC Program Manager & BOCC by 9/1/19	SAMHSA-SAPT	Quarterly Evaluation Web Report
Section M: Community-Based Individual and/or Group HIV Education Program Outcomes				
M.1 All HIV-negative/unknown status clients will be offered an HIV test.	HIV-/Unknown Status Clients Receiving Individual or Grp Education in FY 18-19	Contractor prepares Annual Summary documenting achievement for SOC Program Manager & BOCC by 9/1/19	SAMHSA-SAPT	Quarterly Reports
M.2 At least 70% of HIV negative/unknown status clients of supported programs will report having had an HIV test in the prior 6 months, as measured by self-report and data on linkage to testing.	HIV-/Unknown Status Clients Receiving Individual or Grp Education in FY 18-19	Contractor prepares Annual Summary documenting achievement for SOC Program Manager & BOCC by 9/1/19	SAMHSA-SAPT	Quarterly Reports
M.3 At least 70% of HCV negative/unknown status clients of supported programs will report having had an HCV test in the prior 6 months, as measured by self-report and data on linkage to testing.	HCV-/Unknown Status Clients Receiving Individual or Grp Education in FY 18-19	Contractor prepares Annual Summary documenting achievement for SOC Program Manager & BOCC by 9/1/19	SAMHSA-SAPT	Quarterly Reports
Section N: Medical Setting HIV Testing (Methadone Clinics and Jails) Program Outcomes				
N.2 The program will have an HIV/HCV test planned and/or performed on all HIV/HCV negative/unknown status clients.	HIV or HCV Neg/Unknown Status Clients Seen in FY 18-19	MethaSoft; contractor prepares Annual Summary documenting achievement for SOC Program Manager & BOCC by 9/1/19	SAMHSA-SAPT	Quarterly MethaSoft Reports
N.3 The program will offer appropriate linkage to care and partner services to all clients testing positive.	All Clients Testing HIV+ or HCV+ in FY 18-19	Link to Care & Partner Svcs forms; contractor prepares Annual Summary documenting achievement for SOC Program Manager & BOCC by 9/1/19	SAMHSA-SAPT	Linkage to Care and Partner Services Forms Quarterly Reports

Tab 7-HIV Testing & Prevention

Section O: HIV Treatment Adherence / Prevention with Positives (OTOP) Program Outcomes				
O.1 90% of HIV positive clients who have not seen an HIV primary care provider in the prior 6 months will be offered linkage to care.	All Clients Testing HIV+ in FY 18-19	Electronic or paper client files; contractor prepares Annual Summary documenting achievement for SOC Program Manager & BOCC by 9/1/19	SAMHSA-SAPT	Chart Review Quarterly Reports
O.2 70% of HIV positive clients will have had at least 2 HIV primary medical care visits in the prior 12 months, at least 3 months apart.	All Clients Testing HIV+ in FY 18-19	Electronic or paper client files; contractor prepares Annual Summary documenting achievement for SOC Program Manager & BOCC by 9/1/19	SAMHSA-SAPT	Chart Review Quarterly Reports
O.3 All clients with unsuppressed viral load will receive at least one treatment adherence intervention.	HIV+ Clients with unsuppressed Viral Load in FY 18-19	Electronic or paper client files; contractor prepares Annual Summary documenting achievement for SOC Program Manager & BOCC by 9/1/19	SAMHSA-SAPT	Chart Review Quarterly Reports
O.4 70% of HIV positive clients taking HIV medications will have suppressed viral load by the end of the fiscal year.	HIV+ clients taking HIV meds in FY 18-19	Electronic or paper client files; contractor prepares Annual Summary documenting achievement for SOC Program Manager & BOCC by 9/1/19	SAMHSA-SAPT	Chart Review Quarterly Reports
O.5 80% of all patients who have unsuppressed/detectable viral loads will be evaluated for receiving Directly Observed Therapy along with methadone at OTOP	HIV+ Clients with Unsuppressed Viral Load in FY 18-19	MethaSoft, client list; contractor prepares Annual Summary documenting achievement for SOC Program Manager & BOCC by 9/1/19	SAMHSA-SAPT	Quarterly MethaSoft Reports

Fiscal Intermediary Programs

Indicator	Agency Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Section P: Fiscal Intermediary Program Outcomes				

Please refer to SFDPH Fiscal Intermediary (FI) Objectives contained in the agency's contract narrative and/or the posted FI Objectives document on the CDTA website.

Tab 9-Individualized Obj

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Baker Places Process (CMS 7751) -Ferguson Place (MH & SA) and Baker Supportive Living Program/Residential Subsidies (HIV Res. Subsidies & Residential Subsidies)					
1. 90% of residents will retain their housing by the end of the contract year.	Outcome	All clients housed at beginning of each contract fiscal year.	Agency client files or database, including ARIES. Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC PM by 9/1/19	Formerly HUH SOC Outcome Performance Objective	N/A
2. 80% of clients who participate in services will accomplish at least one goal established in their individualized services plan.	Outcome	All HIV support services & medical case management clients; all clients for Residential Treatment each contract fiscal year.	Agency client files or database. Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC PM by 9/1/19	Formerly HUH SOC Outcome Performance Objective	N/A
3. 75% of clients who exit housing will secure housing appropriate to their needs (e.g., independent/unsubsidized housing, move-in with family or friends, transition to level of care appropriate for their needs, etc.).	Outcome	Clients exiting program housing	Agency client files or database. Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC PM by 9/1/19	Formerly HUH SOC Outcome Performance Objective	N/A
4. 75% of all referrals for primary care, mental health and/or substance use services will be linked to those services.	Outcome	All HIV support services & medical case management clients referred to services each contract fiscal year.	Agency client files or database, including ARIES. Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC PM by 9/1/19	Formerly HUH SOC Outcome Performance Objective	N/A
5. 100% of clients housed for at least six months will have maximized their income and benefits for which they are eligible, or are in the application process.	Outcome	All clients housed for 6 months or more each contract fiscal year.	Agency client files or database. Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC PM by 9/1/19	Formerly HUH SOC Outcome Performance Objective	N/A
6. 100% of new clients will have a individualized service plan in place within 30 days of initial assessment.	Compliance	All new HIV support services & medical case management clients; all new clients for Residential Treatment each contract fiscal year	Agency client files or database. Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC PM by 9/1/19	Formerly HUH SOC Process Performance Objective	N/A
7. 80% of individualized service plans will be updated at least every six (6) months.	Compliance	All clients housed for 6 months or more each contract fiscal year	Agency client files or database. Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC PM by 9/1/19	Formerly HUH SOC Process Performance	N/A

Tab 9-Individualized Obj

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
8. 100% of clients will be assessed for benefits within 30 days of service enrollment.	Best Practice Compliance	All HIV support services & medical case management clients each contract fiscal year	Agency client files or database. Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC PM by 9/1/19	Formerly HUH SOC Process Performance	N/A
9. 100% of clients will be assessed at least once a year for primary medical care and medical case management service needs.	Best Practice Compliance	All HIV support services & medical case management clients; all clients for Residential Treatment each contract fiscal year	Agency client files or database. Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC PM by 9/1/19	Formerly HUH SOC Process Performance Objective	N/A
10. 100% of clients will be assessed for mental health and substance use treatment needs at least once per year.	Best Practice	All HIV support services & medical case management clients; all clients for Residential Treatment each contract fiscal year	Agency client files or database. Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC PM by 9/1/19	Formerly HUH SOC Process Performance Objective	N/A
11. 100% of subsidy recipients will have their Eligibility recertified at least annually.	Compliance	All subsidy clients each contract fiscal year	Agency client files or database. Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC PM by 9/1/19	Formerly HUH SOC Process Performance	N/A

Tab 9-Individualized Obj

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
CATS: A Women's Place, AWP Drop-In & Over Night Partial Day (ONPD) SA Funded Services at AWP, AWP Shelter and AWP Drop-In					
Goal: Women are engaged in increased levels of care, from low-threshold drop-in to more intensive, sustained care through outreach from a case Manager/peer counselor. 1. At least 85% of clients who access the Drop-In Center will have contact with a Case Manager/Peer Counselor who will initiate a needs assessment.	Best Practice	Based upon an annual unduplicated client (UDC) count in FY 18-19	Sign-in sheets, Peer Counselor logs, Case Manager logs & client files; performance tracked quarterly for SOC Program Manager; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
Goal: Increased client engagement in formal Tx process. 2. At least 20% of clients accessing the Drop-In Center will be placed in AWP's Shelter Case Management, Transitional Housing, HIV Transitional Housing or Substance Abuse Program provided by CATS or other qualified service agencies.	Best Practice	Based upon an annual UDC count in FY 18-19	Sign-in sheets, Peer Counselor logs, Case Manager logs & client files; performance tracked quarterly for SOC Program Manager; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
Goal: Increased client linkages to needed services by becoming engaged in case management services. 3. At least 20% of clients accessing the Drop in Center will engage in Case Management.	Best Practice	Based upon an annual UDC count in FY 18-19	Sign-in sheets, Peer Counselor logs, Case Manager logs & client files; performance tracked quarterly for SOC Program Manager; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A

Tab 9-Individualized Obj

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
CATS: Medical Respite & Medical Respite Expansion					
<p>By September 30, 2017, the end of the first quarter of FY17/18, CATS will have secured DPH signed approval of jointly revised/developed Medical Respite, Sobering Center, and Medical Respite Expansion programs policies and procedures for:</p> <ol style="list-style-type: none"> 1. Emergency/Disaster Preparedness & Building Security: fire/earthquake, safety standards & key distribution/access, etc.; 2. Transportation: shuttle priorities for clients/other programs, van operating schedule & taxi script usage; 3. Food: stock rotation, menu planning & nutritional standards; and 4. Facilities Maintenance: cleanliness & maintenance schedules (daily, weekly, monthly, annually etc.). 	Compliance	N/A	Copies of the final signed & dated approved programs' policies and procedures; Contractor prepares Annual Summary of achievement for COPC Program Manager, BHS Program Manager and BOCC by 9/1/19	COPC Admin	N/A
City College of San Francisco Drug & Alcohol Studies Program					
<ol style="list-style-type: none"> 1. By June 30, 2019, 70% (21 of 25) of enrolled cohort students will be provided with academic support and/or advising as evidenced by tracking logs and spreadsheets kept in the program office. 	Process	All BHS Cohort students in FY 18-19	Program documentation of communication with students & Peer Care Managers; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS-AOA Admin	N/A
<ol style="list-style-type: none"> 2. By June 30, 2019, four presentations will have been conducted to community based agencies, as evidenced by a spreadsheet kept in the program office. 					
<ol style="list-style-type: none"> 3. By June 30, 2019, the Annual Student Survey will be administered anonymously to 25 Cohort students (which consists of students entering into Health 100 during the summer, and tracked through Health 30 and Health 78) and upper division students (those students that are in their final tier which include students taking Health 73, Health 86, Health 79A and Health 79B) and analyzed for satisfaction rates, as evidenced by the client satisfaction report kept in the program's office. 					
<ol style="list-style-type: none"> 4. By June 30, 2019, results from the Annual Student Survey will be shared with the program's Community Advisory Board for quality assurance. 					

Tab 9-Individualized Obj

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<p>5. By June 30, 2019 at least 70% (21 of 25) Drug & Alcohol Studies Certificate (DASC) students will successfully complete their internship fieldwork as evidenced by the program's internship binder and spreadsheet kept in the program's office.</p>					
<p>6. By June 30, 2019, at least 70% (21 of 25) students will be eligible to petition for the Drug & Alcohol Studies Certificate program from City College of San Francisco, as evidenced by the Argos student tracking system and spreadsheets kept in the program's office.</p>					

Tab 9-Individualized Obj

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
FELTON INSTITUTE - LEAD					
1. By the end of the fiscal year, 100% of LEAD participants that complete an assessment with Felton will have an individually tailored community care plan, as measured by copies of the plans to be developed and maintained through joint data collection efforts between DPH, HTA, and Felton Institute.	Compliance	LEAD participants that complete an assessment with Felton.	Felton will copy and share all community care plans with HTA within one week of the end of each quarter.	BHC LEAD Grant	N/A
2. By the end of the fiscal year, 75% of participants will be enrolled in MediCal, as measured by MEDS.	Outcome	LEAD participants with more than one contact with Felton	Felton Institute will be responsible for tracking enrollment in MediCal and assessing quality of data by cross referencing with the data report provided by BOCC. Each quarter Felton Institute will be responsible for providing a list of individuals who they have had more than one contact with to the BOCC who will in turn provide Felton Institute with data regarding active MediCal. All data will be collected on a quarterly basis by HTA for evaluation purposes.	BHC LEAD Grant	BOCC will provide a report to Felton Institute on a quarterly basis
3. By the end of the fiscal year, 80% of participants with a substance use treatment needs will be enrolled in SUD treatment, as measured by enrollment services documented by joint data collection efforts between DPH, HTA, and Felton Institute	Best Practice	Services that LEAD participants are connected to by their case manager.	: Felton will enter data into a tracking system that indicates the presence of SUD treatment needs as well as referral data (including date of referral and date of enrollment) that will be shared with HTA within one week of the end of each quarter.	BHC LEAD Grant	N/A
4. By the end of the fiscal year, 80% of participants with mental health needs will be enrolled in mental health treatment, as measured by enrollment services documented by joint data collection efforts between DPH, HTA, and Felton Institute	Best Practice	Services that LEAD participants are connected to by their case manager.	Services that LEAD participants are connected to by their case manager.	BHC LEAD Grant	N/A

Tab 9-Individualized Obj

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
FELTON INSTITUTE - PRSPR					
<p>1. By the end of the fiscal year, at least 50% of TAY participants enrolled in residential SUD treatment will complete a minimum of 3 months of residential treatment as measured by program enrollment and length of stay data documented by joint data collection efforts between DPH, HTA, and Felton Institute.</p>	Best Practice	Participants between the ages of 18-25 who are admitted into residential treatment.	Felton Institute will be responsible for tracking enrollment in residential treatment and reporting data to HTA within one week of the end of each quarter.	BHC Prop 47 Grant	N/A
<p>2. By the end of the fiscal year, 90% of TAY participants that successfully complete residential treatment will be enrolled in MediCal, as measured by MEDS.</p>	Best Practice	Participants between the ages of 18-25 who are admitted into residential treatment.	<p>Felton Institute will be responsible for tracking enrollment in MediCal and assessing quality of data by cross referencing with the data report provided by BOCC. Each quarter Felton Institute will be responsible for providing a list of individuals age 18-25 who successfully completed treatment to the BOCC who will in turn provide Felton Institute with data regarding active MediCal. All data will be collected on a quarterly basis by HTA for evaluation purposes.</p>	BHC Prop 47 Grant	BOCC will provide a report to Felton Institute on a quarterly basis

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Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
GLIDE- LEAD					
<p>1. By the end of the fiscal year, 100% of LEAD participants that complete an assessment with Glide Foundation will have an individually tailored community care plan, as measured by copies of the plans to be developed and maintained through joint data collection efforts between DPH, HTA, and Glide Foundation.</p>	Best Practice	LEAD participants that complete an assessment with Glide Foundation.	Glide Foundation will copy and share all community care plans with HTA within one week of the end of each quarter.	BHC LEAD Grant	N/A
<p>2. By the end of the fiscal year, 75% of participants will be enrolled in MediCal, as measured by MEDS</p>	Outcome	LEAD participants with more than one contact with Felton	Glide Foundation will be responsible for tracking enrollment in MediCal and assessing quality of data by cross referencing with the data report provided by BOCC. Each quarter Glide Foundation will be responsible for providing a list of individuals who they have had more than one contact with to the BOCC who will in turn provide Glide Foundation with data regarding active MediCal. All data will be collected on a quarterly basis by HTA for evaluation purposes..	BHC LEAD Grant	BOCC will provide a report to Glide Foundation on a quarterly basis
<p>3. By the end of the fiscal year, 80% of participants with a substance use treatment needs will be enrolled in SUD treatment, as measured by enrollment services documented by joint data collection efforts between DPH, HTA, and Glide Foundation.</p>	Process	Services that LEAD participants are connected to by their case manager.	Glide Foundation will enter data into a tracking system that indicates the presence of SUD treatment needs as well as referral data (including date of referral and date of enrollment) that will be shared with HTA within one week of the end of each quarter.	BHC LEAD Grant	N/A

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Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Harm Reduction Coalition - Drug Overdose Prevention (DOPE)					
1. At least 520 unduplicated IDUs/other opioid users will receive an overdose prevention training at needle exchange and other community-based sites as specified in the UOS definition for each modality.	Contract Requirement	Past 30 day drug use hx, overdose risk, and hx of experiencing and witnessing overdose in FY 18-19	Program records, i.e. sign-in sheets, clinical registration forms, quarterly performance reports; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
2. At least 520 previously trained IDUs/other opioid users will have a follow-up meeting with DOPE staff for a naloxone refill, to report using naloxone, or for a refresher training at needle exchange sites as specified in the UOS definition for each modality.	Contract Requirement	Past 30 day drug use hx, overdose risk, and hx of experiencing and witnessing overdose in FY 18-19	Program records, i.e. sign-in sheets, refill forms, quarterly performance reports; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
3. At least 208 IDUs/other opioid users will participate in overdose prevention and response trainings at SROs, SF Jails or other community-based settings as specified in the UOS definition for each modality.	Contract Requirement	Past 30 day drug use hx, overdose risk, and hx of experiencing and witnessing overdose in FY 18-19	Program records, i.e., sign-in sheets, quarterly performance reports; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
4. At least 1,040 unduplicated IDUs/other opioid users will be contacted ≥ 4 times per year during outreach at needle exchange and other community-based sites during outreach/recruitment for DOPE trainings as specified in the UOS definition for each modality.	Contract Requirement	Past 30 day drug use hx, overdose risk, and hx of experiencing and witnessing overdose in FY 18-19	Program records, i.e., outreach log, quarterly performance reports; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS-AOA Admin	N/A
5. At least 260 unduplicated service providers will participate in overdose prevention and response trainings in order to better incorporate overdose prevention into their work with high-risk populations as specified in the UOS definition for each modality.	Contract Requirement	Past 30 day drug use hx, overdose risk, and hx of experiencing and witnessing overdose in FY 18-19	Program records, i.e., outreach log, quarterly performance reports; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A

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Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Health Right 360 dba AARS - Comprehensive Outreach Program for Pacific Islander and Asian Substance Abusers (COPASSA)					
1. All attendees will complete Pre/post test forms at all educational presentations.	Process	Attendees at educational presentations in FY 18-19	SOC Program Manager receives completed pre/post tests from presentations & attendance info; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
Health Right 360 - Buprenorphine Medical Monitoring Program					
1. The Buprenorphine Medical Monitoring Program will directly enroll or accept referrals of at least 50 clients per fiscal year from the Office-based Buprenorphine Induction Clinic (OBIC).	Contract Requirement	OBIC clients referred to HR 360 for buprenorphine services in FY 18-19	BHS Pharmacy Infoscribe Buprenorphine client list compared to OBIC's client referrals to HR 360; OBIC Program Director prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
Health Right 360 - IPO Healthy Changes Program					
1. One hundred percent of IPO clients referred for self-care groups will receive an assessment.	Best Practice	All FY 18-19 program clients	HR 360 Electronic Health Record system, client files; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
Health Right 360 - Residential Step-Down Program					
1. 100% of Residential Step-down (RSD) clients in residence for 30 days or longer will be enrolled in outpatient SUD treatment, as evidenced by at least one billable service entered into Avatar for SUD outpatient, SUD intensive outpatient, or NTP treatment in each month of residence.	Compliance	All FY 18-19 program clients	Avatar -- BOCC calculates	Drug Medi-Cal ODS Continuum of Care and SAPT	N/A
Health Right 360 - Satellite ONPD Residential Program					
1. At least 90% of clients who complete the program are linked to an appropriate level of continuing care and support.	Best Practice	All clients that complete program in FY 18-19	HR 360 data system, client files; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
2. At least 90% of clients who complete the program are linked to a Twelve Step program and/or support groups.	Best Practice	All clients that complete the program in FY 18-19	HR 360 data system, client files; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
Instituto Familiar de la Raza, Inc. - Behavioral Health Primary Care Integration Program (with MNHC)					

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Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<p>1. The Psychological Screening Instrument for Depression (PQH9) will be administered by the IFR Behavioral Health Specialist (Behaviorist) to all clients referred for Specialty Mental Health services during the first two sessions and at discharge (for those clients who complete course of treatment) to determine rate of improvement, assess progress toward client's objectives and inform a referral to another level of care.</p>	Compliance	All discharged clients referred for Specialty Mental Health from Behaviorist who have completed PHQ9 during the first two sessions and at discharge in FY 18-19	Monitored by SOC Program Manager; % of clients completed pre/post-Tx PHQ9 compared to total clients treated; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
<p>2. The Behavioral Health Primary Care Integration Program's Annual Summary of achievement report will contain analysis of the following categories: a) the total number of unduplicated clients served during the FY; b) the number & percentage of clients who remain in treatment for the FY; c) the number & percentage of clients who completed treatment for the FY; and d) the number & percentage of clients who dropped out of treatment for the FY.</p>	Process	All clients receiving behavioral health intervention from Behaviorist in FY 18-19	Monitored by SOC Program Manager; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
Jelani Family Program - Residential Step-Down Program					
<p>1. 100% of Residential Step-down (RSD) clients in residence for 30 days or longer will be enrolled in outpatient SUD treatment, as evidenced by at least one billable service entered into Avatar for SUD outpatient, SUD intensive outpatient, or NTP treatment in each month of residence.</p>	Compliance	All FY 18-19 program clients	Avatar -- BOCC calculates ?	Drug Medi-Cal ODS Continuum of Care and SAPT	N/A

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Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Larkin Street Youth Services - Homeless Youth Outreach Project (Substance Use Primary Prevention)					
1. At least 70% (525/750) of UDC who participate in brief street outreach assessments will successfully complete an intake assessment at Haight St. Referral Center (HSRC).	Process	All eligible homeless youth	Intake assessments recorded in LSYS database; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
2. At least 50% (263/525) of UDC who engage in HSRC site based services (determined by completion of intake assessments) will engage in the LSYS continuum of care by participating in ≥ 1 LSYS program (i.e., shelter, transitional housing, case mgmt., employment/education services).	Process	All eligible homeless youth who complete intake assessment	Individual & group svc forms reported to LSYS Research & Eval Dept; reports of client services accessed with intake/assess on record; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
NICOS Chinese Health - CLAS ACT (Culturally and Linguistically Appropriate Services Advocacy, Consultation and Training) Project					
1. Post-test forms completed by 50% of all attendees at NICOS CLAS ACT educational presentations.	Process	Attendees at CLAS ACT educational presentations on cultural and linguistic competence during FY17-18	Monitored by SOC Program Manager via completed test forms on presentations; evaluated based on % of presentations with completed tests forms during FY 18-19; contractor prepares Annual Summary Report documenting achievement of objective for SOC Program Manager and BOCC by 9/1/19	BHS Policy	N/A
NICOS Chinese Health - Chinese Community Gambling Problem Project					
1. Post- test forms completed by 50% of all attendees at NICOS educational presentations on problem gambling.	Process	Attendees at educational presentations on problem gambling in FY 18-19	Monitored by SOC Program Manager via completed test forms on presentations; evaluate based on % of presentations with completed tests; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19.	BHS Policy	N/A

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Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Progress Foundation - Dore Clinic - Crisis Stabilization Program					
1. At least 70% of clients will be discharged to a service other than Psych Emergency Services or inpatient psychiatric units.	Outcome	All clients admitted & discharged at Dore Urgent Care in FY 18-19	Avatar / BOCC calculates	BHS Policy	MHS 140 Report
Progress Foundation - Rypins Day Treatment Program					
1. 100% of the weekly day treatment program schedules submitted monthly to the AOA Program Manager will meet Medi-Cal compliance.	Compliance	All program clients scheduled	Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
2. The program will provide the day treatment schedule to the AOA Program Manager at the end of each month for the following month.	Compliance	All program clients scheduled	Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
3. The program will keep a log on site with the daily client sign-in for every group attended by clients of the day treatment program.	Compliance	All program clients that attend a group	Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A

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Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
RAMS- PRSPR					
<p>1. By the end of the fiscal year, RAMS Peer Navigators will have at least one contact with 100% of PRSPR clients who complete residential treatment as measured by documentation completed by RAMS and a joint data collection effort with DPH and HTA.</p>	Process	<p>Participants enrolled in treatment at Salvation Army that have successfully completed treatment (i.e. have a planned exit from treatment where they are not being asked to leave the program for behavioral and/or rule violations).</p>	<p>RAMS will retain Peer Navigator engagement data. All data will be collected on a quarterly basis by HTA for evaluation purposes.</p>	BHS Prop 47 Grant	N/A
<p>2. By the end of the fiscal year, 50% of participants that successfully complete residential treatment will be engaged with peer services for a minimum of 30 days as measured by documentation completed by RAMS and a joint data collection effort with DPH and HTA.</p>	Process	<p>Participants enrolled in treatment at Salvation Army that have successfully completed treatment (i.e. have a planned exit from treatment where they are not being asked to leave the program for behavioral and/or rule violations). This data will look at the time period between the first and last contact with participants.</p>	<p>RAMS will retain Peer Navigator engagement data. All data will be collected on a quarterly basis by HTA for evaluation purposes. Source of Requirement: BHC Prop 47 Grant</p>	BHS Prop 47 Grant	N/A

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Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Salvation Army - PRSPR					
1. By the end of the fiscal year, Salvation Army will have enrolled at least 64 individuals in residential treatment, as measured by program enrollment data documented by joint data collection efforts between DPH, HTA and Salvation Army and stored in Avatar.	Contract Requirement	Participants enrolled in treatment at Salvation Army.	Program enrollment data will be entered into Avatar. Salvation Army will provide a report of this data to HTA within one week of the end of each quarter.	BHC Prop 47 Grant	N/A
2. By the end of the fiscal year, Salvation Army will have achieved at least a 90% occupancy rate in their residential program that will be maintained throughout the project, as measured by program enrollment data documented by joint data collection efforts between DPH, HTA and Salvation Army and stored in Avatar.	Contract Requirement	Participants enrolled in treatment at Salvation Army. For fiscal year 17/18 this objective will only apply for the last 6 months of the fiscal year (January 1, 2018- June 30, 2018).	Salvation Army will enter program enrollment data into Avatar. Salvation Army will provide a report of this data to HTA within one week of the end of each quarter.	BHC Prop 47 Grant	N/A
3. By the end of the fiscal year, at least 50% of participants will have completed a minimum of 3 months of residential treatment as measured by program enrollment and length of treatment data documented by joint data collection efforts between DPH, HTA and Salvation Army and Felton Institute and stored in Avatar.	Process	Participants enrolled in treatment at Salvation Army. For each fiscal year participants will have to be enrolled in treatment by March 31st to be included in the data set	Salvation Army will enter program enrollment and discharge data into Avatar. Salvation Army will provide a report of this data to HTA within one week of the end of each quarter.	BHC Prop 47 Grant	N/A
4. By the end of the fiscal year, 100% of participants that successfully complete residential treatment will have an individually tailored community care plan, as measured by copies of the plans to be developed and maintained through joint data collection efforts between DPH, HTA, Salvation Army, and Felton Institute.	Process	Participants enrolled in treatment at Salvation Army that have successfully completed treatment (i.e. have a planned exit from treatment where they are not being asked to leave the program for behavioral and/or rule violations).	Salvation Army will copy and share all community care plans from each quarter with HTA within one week of the end of each quarter.	Prop 47 Grant	N/A

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Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<p>5. By the end of the fiscal year, 90% of participants that successfully complete residential treatment will be enrolled in MediCal, as measured by MEDS</p>	<p>Outcome</p>	<p>Participants enrolled in treatment at Salvation Army that have successfully completed treatment (i.e. have a planned exit from treatment where they are not being asked to leave the program for behavioral and/or rule violations).</p>	<p>Salvation Army will be responsible for tracking enrollment in MediCal and assessing quality of data by cross referencing with the data report provided by BOCC. Each quarter Salvation Army will be responsible for providing a list of individuals who successfully completed treatment to the BOCC who will in turn provide Salvation Army with data regarding active MediCal. All data will be collected on a quarterly basis by HTA for evaluation purposes.</p>	<p>BHC Prop 47 Grant</p>	<p>BOCC will provide a report to Salvation Army on a quarterly basis</p>

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Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
San Francisco AIDS Foundation (SFAF) / Stonewall Program - Positive Reinforcement Opportunity Project (PROP)					
1. At least 70% of clients who complete at least 8 weeks of the program “agree” that they learned new skills to address their substance use goals while enrolled in the PROP program.	Outcome	Clients who have completed at least 8 weeks of the program.	Self-Report Exit Survey. Clients who “agree” with this item. Contractor offers survey to participants 8 to 10 weeks into program, compiles data and prepares Annual Summary for AOA Program Manager and BOCC by 9/16/18	BHS Policy	N/A
2. At least 60% of clients who complete at least 8 weeks of the program “agree” that they either stopped or reduced their use of stimulants (methamphetamine/cocaine) while in the PROP program.	Outcome	Clients who have completed at least 8 weeks of the program.	Self-Report Exit Survey. Clients who “agree” with this item. Contractor offers survey to participants 8 to 10 weeks into program, compiles data and prepares Annual Summary for AOA Program Manager and BOCC by 9/16/18	BHS Policy	N/A
3. At least 90% of the clients who self-report having stopped or reduced their use of stimulants (from question 2), will have negative U/A toxicology results or clinical notes that will be verified by the PROP Program Director validating the reduction or abstinence in the use of stimulants.	Outcome	Clients who have completed at least 8 weeks of the program who report having stopped or reduced stimulant use on their Exit Survey.	Program Director review of urine toxicology screen results (UAs) and clinical notes from each visit. Contractor offers survey to participants 8 to 10 weeks into program, compiles data and prepares Annual Summary for AOA Program Manager and BOCC by 9/16/18	BHS Policy	N/A
SFDPH/BHS: Comprehensive Crisis Services					
1. Less than 30% of clients seen in the Crisis Clinic will be sent to PES or hospitalized on the same day.	Outcome	Clients seen at BHS Crisis in FY 18-19	Avatar Billing Information System - BOCC will compute	BHS Policy	MHS 140 Report
2. At least 60% of BHS Crisis client episode lengths will be < 60 days.	Compliance	Client episodes closed in FY 18-19 and clients open on 6/30/18	Avatar Billing Information System - BOCC will compute	BHS Policy	N/A

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Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
San Francisco Mental Health Education Fund - SF Mental Health Board Management					
1. The SFMHB will develop three detailed resolutions on key issues, such as City budget for behavioral health services, and forward resolutions to the Board of Supervisors, Health Commission, and Mayor's Office.		During FY 18-19	Measured by resolutions posted on the MHB website; documented in MHB minutes; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
2. The SFMHB shall provide an annual report to the Board of Supervisors on the needs and performance of the San Francisco Behavioral Health system.	Process	During FY 18-19	Documented by posting to the MHB website; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
3. The SFMHB shall hold at least one annual hearing on updates to the Mental Health Services Act Plan.	Process	During FY 18-19	Documented by written recommendations to BHS and public hearing; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
4. SFMHB shall complete at least 5 visits to BHS programs.	Process	During FY 18-19	Documented by agency written report; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A

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Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
San Francisco Study Center - SF Mental Health Clients' Rights Advocates (SFMHCRA)					
1. SF MHCRA will resolve at least 515 cases regarding Patients' Rights issues.	Process	All BHS clients who contact the program directly, through family, or other concerned party via phone, email, fax, or in person in FY 18-19	MHCRA Database, Director's monthly, quarterly, and year-end reports; contractor prepares staff report, documented in the client database Apricot Community Techknowledge and evaluated by the AOA Program Manager and BOCC by 9/1/19.	BHS Policy	N/A
2. SF MHCRA staff will review at least 4 behavioral health facilities for compliance with Patients' Rights issues selected by MHCRA based on complaints collected, reporting of rights data, and/or changes in the law.	Process	During FY 18-19	Outreach logs, MHCRA Director's monthly, quarterly, and year-end reports; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
3. SF MHCRA will conduct 6 Patients' Rights checklist reviews for compliance with CCR Title 9 and W & I Code 5235 and W & I Code 5331, as required by BHS.	Process	During FY 18-19	Outreach logs, client database, MHCRA Director's monthly, quarterly, and year-end reports; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
4. At least 75% of the participants at any of the 12 educational outreach activities conducted by MHCRA staff will report an increase in knowledge regarding Patients' Rights among consumers in licensed facilities.	Outcome	All BHS clients enrolled in licensed facilities that participate in training presentations in FY 18-19	Outreach logs, client database, client report, outreach survey, Director's monthly, quarterly and year-end reports; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A

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Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
San Francisco Suicide Prevention - Access Off-Hours Program					
1. For FY17-18, the SFSP Access Off-Hours Program Coordinator and the DPH Access Program Coordinator will phone conference/meet no less than twelve (12) times for training and coordination purposes, as indicated by meeting minutes.		N/A	Training and coordination meeting minutes; program prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/1/19	BHS Policy	N/A
2. For FY17-18, the SFSP Access Off-Hours Program Coordinator will test or monitor at least 2 random Access Line calls each week and review the related logs to maintain the highest quality standards across all operators, as indicated in supervision logs.		N/A	Supervision logs; program prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/1/19	BHS Policy	N/A
3. For FY17-18, the SFSP Access Off-Hours program will score no less than an average of 97% compliance rate on all DPH-conducted Test Calls as indicated by DPH scoring materials.		N/A	DPH-conducted Test Calls & scoring reports; program prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/1/19	BHS Policy	N/A
4. For FY17-18, the SFSP Access Off-Hours program will score no less than an average of 97% compliance rate on all DPH-reviewed call logs as indicated by DPH scoring materials.		N/A	DPH-reviewed call logs & scoring reports; program prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/1/19	BHS Policy	N/A

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Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
San Francisco Suicide Prevention - HIV Nightline					
1. By the end of the Fiscal Year, the AIDS/HIV Nightline will conduct outreach to at least 15 San Francisco service agencies doing HIV/AIDS work, as shown in appropriate documentation such as sign-in sheets, letters from the agencies confirming the visits, or other documentation to show participation.		N/A	Outreach sign-in sheets, letters from the agencies confirming the visits, or other documentation to show participation; program prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/1/19	BHS Policy	N/A
2. By the end of the Fiscal Year, the AIDS/HIV Nightline will exhibit/participate at least two community events as shown in appropriate documentation such as sign-in sheets, fliers, or other documentation to show participation.		N/A	Attendee sign-in sheets, fliers, or other documentation to show participation; program prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/1/19	BHS Policy	N/A
3. By the end of the Fiscal Year, the AIDS/HIV Nightline will respond to ≥ 1,025 calls from callers living with HIV as shown in appropriate documentation such as call logs.		N/A	Call logs & other appropriate documentation; program prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/1/19	BHS Policy	N/A
4. Nightline will complete at least 2 volunteer training classes assuring that each new volunteer receives at least 60 hrs of training as shown in appropriate documentation such as sign-in sheets.		N/A	Volunteer Training sign-in sheets & other appropriate documentation; program prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/1/19	BHS Policy	N/A

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Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
St. Francis Memorial Hospital (Dignity Health) - Safe Havens / Supervised Visitation and Safe Exchange Program					
1. The program staff will provide safe exchange and supervised visitation services to 100% of the families referred by the court.		Families referred by court for supervised visits in the period funded: 10/01/17- 09/30/18	Documented and reported on Office of Violence Against Women (OVW) semi-annual reports; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 12/31/18	BHS Policy	N/A
2. The contractor submits semi-annual progress reports of data describing project activities no later than 30 days after the end of each 6 month reporting period (Jan-June and July-Dec).		Families referred by court for supervised visits in the period funded: 10/01/17- 09/30/18	Semi-annual reporting required by funder; reports due 30 days after period ends; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 12/31/18	BHS Policy	N/A
St. James Infirmary					
1. 100% of the program's clients will be entered into the Avatar electronic health record no later than 06/30/19.		All clients of program in FY 18-19	Evidence in Avatar will indicate all FY 18-19 program clients entered into the database	BHS Policy	N/A

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Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Self Help for the Elderly (CMS# 7328)- Autumn Glow					
1. 80% of Autumn Glow residents will show decreased signs of decline as a result of participating in daily exercises and activities, as measured by the Activities of Daily Living (ADL) assessment.		All residents for each contract FY	Agency client files or database. Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC PM by 9/1/19	Formerly HUH SOC Outcome Performance Objective	N/A
2. 70% of Autumn Glow residents will be able to maintain overall cognitive functioning, as measured by the results of the Standardized Memory Test twice per year.		All residents for each contract FY	Agency client files/database; baseline at entry and follow up ADL assessments. Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC PM by 9/1/19	Formerly HUH SOC Outcome Performance Objective	N/A
3. 100% of Autumn Glow residents who are clinically assessed as required for more intensive level of care will be referred to an appropriate higher medical care program as measured by the quarterly assessment and recommendation by the primary physicians.		All residents for each contract FY	Agency client files or database. Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC PM by 9/1/19.	Formerly HUH SOC Outcome Performance Objective	N/A
4. 100% of Autumn Glow residents will have an individualized service plan/care plan no later than 30 days after admission.		All residents for each contract FY	Agency client files or database. Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC PM by 9/1/19	Formerly HUH SOC Process Performance	N/A
5. 100% of Autumn Glow residents' individualized service plans/care plans will be updated every three months or more frequently as the resident's condition warrants.		All residents for each contract FY	Agency client files or database. Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC PM by 9/1/19	Formerly HUH SOC Process Performance	N/A

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Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Swords to Plowshares					
1. At least 75% of clients who are employment capable will be enrolled in employment and training services.		All clients assessed for job readiness in FY 18-19	Case Mgmt. contacts, client files, Efforts To Outcomes (ETO) Database and Avatar assessments and Tx plans; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
2. At least 80% of clients who are employment capable will engage in some form of classroom training.		All clients assessed for job readiness in FY 18-19	Case mgmt. contacts, client files, ETO Database and Avatar assessments and Tx plans; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
3. At least 60% of clients who are employment capable will obtain job placement.		All clients assessed for job readiness in FY 18-19	Case mgmt. contacts, client files, ETO Database and Avatar assessments and Tx plans; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A

Tab 9-Individualized Obj

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
UCSF Citywide Case Management (CWCM)- NOVA - OP MH Sheriff's Dept					
1. The program will maintain a daily census of ≥ 27 active CWCM - NOVA therapy clients.	Compliance	All program clients	Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/19	BHS Policy	N/A
Westside Community Mental Health Center - Crisis Intervention (WSC)					
1. Less than 30% of clients seen in the Crisis Clinic will be sent to PES or hospitalized on the same day.	Outcome	Clients seen at Westside Crisis in FY 18-19	Avatar Billing Information System - BOCC will compute	BHS Policy	MHS 140 Report
2. At least 60% of Westside Crisis client episode lengths will be < 60 days.	Compliance	Client episodes closed in FY 18-19 and clients open on 6/30/18	Avatar Billing Information System - BOCC will compute	BHS Policy	N/A
3. At least 60% of unduplicated clients at Westside Crisis during FY 18-19 will not have had a previous episode at WSC since FY 10-11 (year Avatar implemented).	Compliance	Unduplicated program clients in FY 18-19	Avatar Billing Information System - BOCC will compute	BHS Policy	MHS 140 Report

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Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Civil Service - Drug Court Treatment Center				
1. At least 60% of clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by discharge codes.	All clients discharged in FY 18-19	CalOMS Discharge Status Field	ACA	CalOMS Discharge Status Report Avatar Report
2. 100% of open clients will have a signed consent and authorization forms.	All clients with an episode opened in FY 18-19	Drug Court Database	BHS Policy	Drug Court Database Report
3. 100% of open clients will have zero errors on their CalOMS Admission Form.	All clients of CalOMS programs with an open episode in FY 18-19	CalOMS Admission Error Report	BHS Policy Dept of Health Care Svcs (DHCS)	CalOMS Admission Errors by Program Report Avatar Report
4. 60% of open clients will have a level of care assessment completed no later than 30 days after admission opening is entered into Avatar.	All clients with an episode opened in FY 18-19 (Beginning January 2019)	SUD -LOC	Drug Court Procedures	Avatar Report
5. 100% of clients discharged during FY 18-19 will have the CalOMS Discharge Status field completed no later than 30 days after episode closing is entered into Avatar.	Clients discharged during FY 18-19	CalOMS Discharge Status Field	BHS Policy DHCS	CalOMS Discharge Timely Status Avatar Report
Civil Service - Community Justice Center				
1. At least 60% of clients will have successfully completed the program or will have left before completion with satisfactory progress as measured by discharge codes.	All clients discharged in FY 18-19	CJC Court Database	CJC Procedures	CJC Database Report
2. 100% of open clients will have a signed consent and authorization forms.	All clients with an episode opened in FY 18-19	CJC Court Database	BHS Policy	CJC Database Report
3. 60% of open clients will have an ANSA completed no later than 30 days after admission to the court.	All clients with an episode opened in FY 18-19 (beginning September 2018)	CJC Court Database	CJC Procedures	CJC Database Report
4. 80% percent of clients discharged during FY 18-19 will have their file closed within 30 days.	Clients discharged during FY 18-19	CJC Court Database	CJC Procedures	CJC Database Report
Civil Service - Law Enforcement Assisted Diversion				
1. 100% of open clients will have a signed consent and authorization forms.	All clients with an episode opened in FY 18-19	LEAD Database	BHS Policy	LEAD Database

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Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
2. 50% of referred clients will have a completed Initial Screening and Assessment within 30 days of referrals	All clients with an episode opened in FY 18-19	LEAD Database	LEAD Procedures/Le gislation	LEAD Database
3. 100% of active clients will be referred to case management services within 72 hours of assessment	All clients with an episode opened in FY 18-19	LEAD Database	LEAD Procedures	LEAD Database
Felton Institute - Law Enforcement Assisted Diversion				
1. By the end of the fiscal year, 100% of LEAD participants that complete an assessment with Felton Institute will have an individually tailored community care plan.	LEAD participants that complete an assessment with Felton Institute.	Felton Institute will copy and share all community care plans with HTA within one week of the end of each grant quarter.	LEAD Grant	N/A
2. By the end of the fiscal year, 75% of participants will be enrolled in MediCal.	LEAD participants with more than one contact with staff.	Felton Institute will be responsible for tracking enrollment in MediCal and assessing quality of data by cross referencing with the data report provided by LEAD Program Manager. Each quarter Felton Institute will be responsible for providing a list of individuals who they have had more than one contact with to the LEAD Program manager who will in turn provide Felton Institute with data regarding active MediCal. All data will be collected on a quarterly basis by HTA for evaluation	LEAD Grant	LEAD Program Manager will provide a report to Glide on a quarterly basis
3. By the end of the fiscal year, 80% of participants with substance use treatment needs will be enrolled in SUD treatment, as measured by enrollment services documented by joint data collection efforts between DPH, HTA, and Felton Institute.	LEAD participants with more than one contact with staff.	Felton Institute will enter data into a tracking system that indicates the presence of SUD treatment needs as well as referral data (including date of referral and date of enrollment) that will be shared with HTA within one week of the end of each quarter.	LEAD Grant	N/A

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Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<p>4. By the end of the fiscal year, 80% of participants with mental health needs will be enrolled in mental health treatment, as measured by enrollment services documented by joint data collection efforts between DPH, HTA, and Felton Institute</p>	<p>LEAD participants with more than one contact with staff.</p>	<p>Felton will enter data into a tracking system that indicates the presence of mental health treatment needs as well as referral data (including date of referral and date of enrollment) that will be shared with HTA within one week of the end of each quarter. Felton will also assess the quality of data by cross referencing with Avatar admissions.</p>	<p>LEAD Grant</p>	<p>N/A</p>
<p>Glide Harm Reduction - Law Enforcement Assisted Diversion</p>				
<p>1. By the end of the fiscal year, 100% of LEAD participants that complete an assessment with Glide Foundation will have an individually tailored community care plan.</p>	<p>LEAD participants that complete an assessment with Glide Foundation.</p>	<p>Glide Foundation will copy and share all community care plans with HTA within one week of the end of each grant quarter.</p>	<p>LEAD Grant</p>	<p>N/A</p>

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Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<p>2. By the end of the fiscal year, 75% of participants will be enrolled in MediCal.</p>	<p>LEAD participants with more than one contact with staff.</p>	<p>Glide Foundation will be responsible for tracking enrollment in MediCal and assessing quality of data by cross referencing with the data report provided by LEAD Program Manager. Each quarter Glide Foundation will be responsible for providing a list of individuals who they have had more than one contact with to the LEAD Program manager who will in turn provide Glide Foundation with data regarding active MediCal. All data will be collected on a quarterly basis by HTA for evaluation purposes.</p>	<p>LEAD Grant</p>	<p>LEAD Program Manager will provide a report to Glide on a quarterly basis</p>
<p>3. By the end of the fiscal year, 80% of participants with substance use treatment needs will be enrolled in SUD treatment, as measured by enrollment services documented by joint data collection efforts between DPH, HTA, and Glide Foundation.</p>	<p>LEAD participants with more than one contact with staff.</p>	<p>Glide Foundation will enter data into a tracking system that indicates the presence of SUD treatment needs as well as referral data (including date of referral and date of enrollment) that will be shared with HTA within one week of the end of each quarter.</p>	<p>LEAD Grant</p>	<p>N/A</p>
<p>Salvation Army - PRSPR</p>				
<p>1. By the end of the fiscal year, Salvation Army will have enrolled at least 64 individuals in residential treatment, as measured by program enrollment data documented by joint data collection efforts between DPH, HTA and Salvation Army and stored in Avatar</p>	<p>All clients with an episode opened in FY 18-19</p>	<p>Avatar Episode</p>	<p>PRSPR Grant</p>	<p>Batch File Episode Report</p>

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Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<p>2. By the end of the fiscal year, Salvation Army will have achieved at least a 90% occupancy rate in their residential program that will be maintained throughout the project, as measured by program enrollment data documented by joint data collection efforts between DPH, HTA and Salvation Army and stored in Avatar.</p>	<p>All clients with an episode opened in FY 18-19</p>	<p>Avatar Episode</p>	<p>PRSPR Grant</p>	<p>Batch File Episode Report</p>
<p>3. By the end of the fiscal year, 100% of participants that successfully complete residential treatment will have an individually tailored community care plan, as measured by copies of the plans to be developed and maintained through joint data collection efforts between DPH, HTA, Salvation Army, and Felton Institute.</p>	<p>All clients with an episode opened in FY 18-19 with a planned exit</p>	<p>Salvation Army and HTA Data Collection</p>	<p>PRSPR Grant</p>	<p>N/A</p>
<p>4. 100% of open clients will have zero errors on their CalOMS Admission Form.</p>	<p>All clients of CalOMS programs with an open episode in FY 18-19</p>	<p>CalOMS Admission Error Report</p>	<p>BHS Policy Dept of Health Care Svcs (DHCS)</p>	<p>CalOMS Admission Errors by Program Report Avatar Report</p>
<p>5. 100% of clients discharged during FY 18-19 will have the CalOMS Discharge Status field completed no later than 30 days after episode closing is entered into Avatar.</p>	<p>Clients discharged during FY 18-19</p>	<p>CalOMS Discharge Status Field</p>	<p>BHS Policy Dept of Health Care Svcs (DHCS)</p>	<p>CalOMS Discharge Timely Status Avatar Report</p>

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Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<p>6. By the end of the fiscal year, 90% of participants that successfully complete residential treatment will be enrolled in MediCal.</p>	<p>Clients discharged during FY 18-19 with a planned exit</p>	<p>Salvation Army will be responsible for tracking enrollment in MediCal and assessing quality of data by cross referencing with the data report provided by BOCC. Each quarter Salvation Army will be responsible for providing a list of individuals who successfully completed treatment to the BOCC who will in turn provide Salvation Army with data regarding active MediCal. All data will be collected on a quarterly basis by HTA for</p>	<p>PRSPR Grant</p>	<p>N/A</p>
<p>7. By the end of the fiscal year, at least 50% of participants will have completed a minimum of 3 months of residential treatment.</p>	<p>All clients with an episode opened in FY 18-19</p>	<p>Avatar Episode</p>	<p>PRSPR Grant</p>	<p>Batch File Episode Report</p>
<p>Felton Institute - PRSPR</p>				
<p>1. 50% of TAY participants enrolled in PRSPR residential SUD treatment will complete a minimum of 3 months of residential treatment.</p>	<p>Participants between the ages of 18-25 who are admitted into residential treatment during FY 18-19.</p>	<p>Felton Institute will be responsible for tracking enrollment in residential treatment and reporting data to HTA within one week of the end of each quarter.</p>	<p>PRSPR Grant</p>	<p>N/A</p>

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Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<p>2. 90% of TAY participants that successfully complete PRSPR residential treatment will be enrolled in MediCal.</p>	<p>Participants between the ages of 18-25 who have a planned discharge from PRSPR residential treatment during FY 18-19.</p>	<p>Felton Institute will be responsible for tracking enrollment in MediCal and assessing quality of data by cross referencing with the data report provided by BOCC. Each quarter Felton Institute will be responsible for providing a list of individuals age 18-25 who successfully completed treatment to the BOCC who will in turn provide Felton Institute with data regarding active MediCal. All data will be collected on a quarterly basis by HTA for evaluation purposes.</p>	<p>PRSPR Grant</p>	<p>N/A</p>
Richmond Area Multi Services - PRSPR				
<p>1. 100% of PRSPR clients who complete residential treatment will have a minimum of one contact with a peer navigator.</p>	<p>Clients discharged during FY 18-19 with a planned exit</p>	<p>RAMS will retain Peer Navigator engagement data. All data will be collected on a quarterly basis by HTA for evaluation purposes.</p>	<p>PRSPR Grant</p>	<p>N/A</p>
<p>2. 50% of PRSPR participants that successfully complete residential treatment will be engaged with peer services for a minimum of 30 days.</p>	<p>Clients discharged during FY 18-19 with a planned exit</p>	<p>RAMS will retain Peer Navigator engagement data. All data will be collected on a quarterly basis by HTA for evaluation purposes.</p>	<p>PRSPR Grant</p>	<p>N/A</p>
Civil Service - Assisted Outpatient Treatment				
<p>1. 60% of clients that meet AOT criteria and that the AOT Care Team has contact with will engage in voluntary services.</p>	<p>Individuals referred in FY18/19</p>	<p>AOT Database</p>	<p>AOT Procedures</p>	<p>N/A</p>
<p>2. In an effort to inform the community regarding AOT, the program will conduct a minimum of 10 presentations a year.</p>	<p>Presentations in FY 18/19</p>	<p>AOT Data</p>	<p>AOT Procedures</p>	<p>N/A</p>
<p>3. AOT will submit an annual report to the State Department of Mental Health in compliance with WIC 5348(d), which will be posted on the AOT website.</p>	<p>Annual Report</p>	<p>AOT Website</p>	<p>AOT Procedures</p>	<p>N/A</p>

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Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
UCSF Citywide - Assisted Outpatient Treatment				
<p>1. Participants enrolled in the Assisted Outpatient Treatment Program will have a 10% reduction in psychiatric crisis contacts compared to the previous fiscal year, as measured by Psychiatric Emergency Services (PES) contacts.</p>	<p>All clients with an episode opened in FY 18-19</p>	<p>Avatar as well as a joint data collection effort between UCSF and DPH's AOT Care Team.</p>	<p>AOT Procedures</p>	<p>N/A</p>
<p>2. Participants enrolled in the Assisted Outpatient Treatment Program will have a 10% reduction in total number of incarcerations compared to the previous fiscal year, as measured by number of jail contacts with the San Francisco County Jail.</p>	<p>All clients with an episode opened in FY 18-19</p>	<p>Jail Information Management (JIM) as well as a joint data collection effort between UCSF and DPH's AOT Care Team.</p>	<p>AOT Procedures</p>	<p>N/A</p>
<p>3. Participants enrolled in the Assisted Outpatient Treatment Program will have a 5% reduction in total admissions to an inpatient psychiatric unit compared to the previous fiscal year, as measured by number of number of readmissions.</p>	<p>All clients with an episode opened in FY 18-19</p>	<p>Avatar as well as a joint data collection effort between UCSF and DPH's AOT Care Team</p>	<p>AOT Procedures</p>	<p>N/A</p>
<p>4. 50% of participants discharged from the Assisted Outpatient Treatment Program will be connected to another Behavioral Health provider within the System of Care.</p>	<p>All clients with closing in FY 18-19</p>	<p>Avatar as well as a joint data collection effort between UCSF and DPH's AOT Care Team.</p>	<p>AOT Procedures</p>	<p>N/A</p>