



Behavioral Health Services — Adult and Older Adult Performance Objectives FY 2021-2022

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 2021-22 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. 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 2: Objectives for *Intensive Case Management & Full Service Partnership* programs

Tab 3: Objectives for *Residential Mental Health* programs

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

Tab 5: Objectives for *Residential Substance Use Disorder* programs

Tab 6: Objectives for *Vocational Rehabilitation* programs

Tab 7: Objectives for *Supportive Housing, SSI Advocacy, and Representative Payee* programs

Tab 8: Objectives for *Individualized Program Specific Svcs*

Tabs 1 through 8 provide 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** - Some performance objectives have Avatar reports available for providers to check their progress. Please note that these are intended as a general guide and the BOCC calculates the final results separately.
- **Provider Data Submission** - In several cases contractors are instructed to send an Annual Summary Report to the System of Care (SOC) Program Manager and the Business Office Contract Compliance (BOCC) Program Manager. Reports for BOCC should be sent by e-mail to: bocc@sfdph.org. If unsure of the SOC Program Manager, contact your CDTA Program Manager for assistance. 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/documents-PO.asp>

FY21-22 BHS AOA MH Outpatient Objectives

Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
AOA-MH-OP-1: At least 80% of psychiatric inpatient hospital discharges occurring in FY21-22 will not be followed by a readmission within 90 days.	<p>Clients enrolled prior to the hospital admission date and remaining in services during the 90 days post hospital discharge.</p> <p>Excludes: Mobile Crisis, Progress Dore Urgent Care, any Ambulatory Outpatient RU connected to Residential Tx. programs, UC Citywide Linkage program codes, or any program with fewer than 5 clients with psychiatric inpatient hospitalizations during FY21-22</p>	Avatar - BOCC calculates	DHCS/ACA	QM Quarterly Report on SFDPH website, BHS/QM section
AOA-MH-OP-2: At least 80% of psychiatric emergency services (PES) episodes occurring in FY21-22 will not be followed by a readmission to PES within 30 days.	<p>Clients with an open episode prior to the PES discharge, and open in the program during the 30 days post PES discharge.</p> <p>Excludes: Mobile Crisis, Progress Dore Urgent Care, any Ambulatory Outpatient RU connected to Residential Tx. programs, UC Citywide Linkage program codes, or any program with fewer than 5 clients with psychiatric inpatient hospitalizations during FY21-22</p>	Avatar - BOCC calculates	BHS Policy	Pending
AOA-MH-OP-3: 60% of clients will improve on at least 30% of their actionable items on the ANSA.	<p>All clients with 5 or more services and ≥ 2 ANSA assessments, most recent ANSA within FY21-22. Items rated 2 or 3 are actionable. 30% of clients must improve for program to score any points on this objective.</p> <p>Excludes: <i>Citywide Linkage program codes.</i></p>	Avatar - QM calculates	BHS Policy/ACA	QM Quarterly Report SFDPH website, BHS/QM section
AOA-MH-OP-4: 100% of new referrals to a psychiatrist or nurse practitioner must have the referral date recorded in Avatar via the Psychiatric Referral Date form.	All clients with new episodes opened in FY21-22 and who received a service with a psychiatrist or nurse practitioner.	Avatar Psychiatric Referral Date form	DHCS	NA
AOA-MH-OP-5: 100% of new clients referred to a psychiatrist or nurse practitioner must receive a medication support service within 15 business days of the referral date.	All clients with new episodes opened in FY21-22 and who received a service with a psychiatrist or nurse practitioner.	Avatar Psychiatric Referral Date form	DHCS	NA

FY21-22 BHS AOA MH Outpatient Objectives

Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<p>AOA-MH-OP-6: 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 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 align="center">Numerator: Total count of all entries of enrollments entered into the screen during FY21-22. 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 any vocational/meaningful activities from the previous FY should be re-entered as new entry into the new fiscal year. Denominator: All clients enrolled in an AOA Mental Health Outpatient Treatment Program anytime from 7/1/19 to 6/30/20.</p> <p>Excludes: Citywide Linkage program codes, SF START, A Woman's Place, Supportive Housing MH OP programs</p>	<p align="center">AVATAR Vocational/Meaningful Activities Enrollment screen. BOCC calculates. 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, program is required to track via log or database.</p>	<p align="center">BHS Policy/MHSA Wellness and Recovery</p>	<p align="center">Avatar Vocational/Meaningful Activities Report</p>
<p>AOA-MH-OP-7: 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>	<p>All clients with an initial Tx Plan of Care due during FY21-22 Excludes: Outpatient services provided within residential Tx settings</p>	<p align="center">Avatar - BOCC calculates</p>	<p align="center">BHS Policy/DHCS</p>	<p align="center">AOA Initial TPOC Status Report Avatar Report</p>
<p>AOA-MH-OP-8: On any date 100% of clients will have a current finalized annual Assessment in Avatar.</p>	<p>All clients with annual Assessment due in FY21-22 Excludes: Outpatient services provided in residential Tx settings & first 60 days for new clients and Citywide Linkage program codes.</p>	<p align="center">Avatar - BOCC calculates</p>	<p align="center">BHS Policy/DHCS</p>	<p align="center">AOA Annual Assessment Status Avatar Report</p>
<p>AOA-MH-OP-9: On any date 100% of clients will have a current finalized Treatment Plan of Care in Avatar.</p>	<p>All clients with annual Tx Plan of Care due in FY21-22; completed annually from anniversary date of opening episode of last completed Tx Plan of Care Excludes: Outpatient services provided within residential Tx settings & first 60 days for new</p>	<p align="center">Avatar - BOCC calculates</p>	<p align="center">BHS Policy/DHCS</p>	<p align="center">Adult TPOC Due by Program/Staff Report Avatar</p>

FY21-22 BHS AOA MH Outpatient Objectives

Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
AOA-MH-OP-10: 100% of clients will be offered an appointment within 10 business days of the initial request for services.	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: <i>ICM, FSP, supportive housing programs, & outpatient services provided in residential Tx settings</i>	Avatar - Dates of requests for services and offered appointment dates recorded in the Timely Access Log	BHS Policy	Timely Access Report (Program) Avatar Report
AOA-MH-OP-11: 100% of clients will have an initial Assessment finalized in Avatar within 60 days of episode opening.	All new clients with an episode of ≥ 60 days at some point during FY21-22. Excludes: Citywide Linkage program codes	Avatar - BOCC calculates	BHS Policy/ACA	AOA Comprehensive Report Due by Program

FY21-22 BHS AOA ICM FSP Objectives

Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
AOA-ICMFSP-1: At least 80% of psychiatric inpatient hospital discharges occurring in FY21-22 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: Mobile Crisis, Progress Dore Urgent Care, any Ambulatory Outpatient RU connected to Residential Tx. programs, UC Citywide Linkage program codes, or any program with fewer than 5 clients with psychiatric inpatient hospitalizations during FY21-22	Avatar - BOCC calculates	DHCS/ACA	QM Quarterly Report on SFDPH website, BHS/QM section
AOA-ICMFSP-2: At least 80% of psychiatric emergency services (PES) episodes occurring in FY21-22 will not be followed by a readmission to PES within 30 days.	Clients with an open episode prior to the PES discharge, and open in the program during the 30 days post PES discharge. Excludes: Mobile Crisis, Progress Dore Urgent Care, any Ambulatory Outpatient RU connected to Residential Tx. programs, UC Citywide Linkage program codes, or any program with fewer than 5 clients with psychiatric inpatient hospitalizations during FY21-22	Avatar - BOCC calculates	DHCS ACA	Pending
AOA-ICMFSP-3: Sixty percent (60%) of clients will improve on at least 30% of their actionable items on the ANSA.	All clients with 5 or more services and ≥ 2 ANSA assessments, most recent ANSA within FY21-22. Items rated 2 or 3 are actionable. 30% of clients must improve for program to score any points on this objective. Excludes: Citywide Linkage program codes	Avatar - QM calculates	BHS Policy/ACA	QM Quarterly Report SFDPH website, BHS/QM section
AOA-ICMFSP-4: 100% of new referrals to a psychiatrist or nurse practitioner must have the referral date recorded in Avatar via the Psychiatric Referral Date form.	All clients with new episodes opened in FY21-22 and who received a service with a psychiatrist or nurse practitioner.	Avatar Psychiatric Referral Date form	DHCS	Pending
AOA-ICMFSP-5: 100% of new clients referred to a psychiatrist or nurse practitioner must receive a service within 15 business days of the referral date.	All clients with new episodes opened in FY21-22 and who received a service with a psychiatrist or nurse practitioner.	Avatar Psychiatric Referral Date form	DHCS	Pending
AOA-ICMFSP-6: 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 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 align="center">Numerator:</p> Total count of all entries of enrollments entered into the screen during FY21-22. 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 any vocational/meaningful activities from the previous FY should be re-entered as new entry into the new fiscal year. <p align="center">Denominator:</p> All clients enrolled in an AOA Mental Health Outpatient Treatment Program anytime from 7/1/21 to 6/30/22. Excludes: Citywide Linkage program codes, SF START, A Woman's Place, Supportive Housing MH OP programs	AVATAR Vocational/Meaningful Activities Enrollment screen. BOCC calculates. 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, program is required to track via log or database.	BHS Policy/MHSA Wellness and Recovery	Avatar Vocational/Meaningful Activities Report

FY21-22 BHS AOA ICM FSP Objectives

Indicator	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
AOA-ICMFSP-7: 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.	All clients with an initial Tx Plan of Care due during FY21-22 Excludes: Outpatient services provided within residential Tx settings	Avatar - BOCC calculates	BHS Policy/DHCS	AOA Initial TPOC Status Report Avatar Report
AOA-ICMFSP-8: On any date 100% of clients will have a current finalized annual Assessment in Avatar.	All clients with annual Assessment due in FY21-22 Excludes: Outpatient services provided in residential Tx settings & first 60 days for new clients and Citywide Linkage program codes.	Avatar - BOCC calculates	BHS Policy/DHCS	AOA Annual Assessment Status Avatar Report
AOA-ICMFSP-9: On any date 100% of clients will have a current finalized Treatment Plan of Care in Avatar.	All clients with annual Tx Plan of Care due in FY21-22; completed annually from anniversary date of opening episode of last completed Tx Plan of Care Excludes: Outpatient services provided within residential Tx settings & first 60 days for new clients	Avatar - BOCC calculates	HS Policy/DHCS	Adult TPOC Due by Program/Staff Report Avatar
AOA-ICMFSP-10: 100% of clients will have an initial Assessment finalized in Avatar within 60 days of episode opening.	All new clients with an episode of ≥ 60 days at some point during FY21-22. Excludes: Citywide Linkage program codes.	Avatar - BOCC calculates	BHS Policy/ACA	AOA Comprehensive Report Due by Program
AOA-ICMFSP-11: The program will achieve the required minimum number of new client episode openings for FY21-22, 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 FY21-22 as provided by System of Care	ACA MHS Wellness and Recovery	Contractor Self Computes

FY21-22 BHS AOA MH Residential Objectives

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
AOA-MH-RES-1: 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 FY21-22 Items rated 2 or 3 are actionable. 30% of clients must improve for program to score any points on objective. Applies to ADU & TRTP.	Avatar – QM calculates	BHS Policy ACA	QM Quarterly Report SFDPH website, BHS/QM section
AOA-MH-RES-2: Of those clients who remain in an Acute Diversion Unit (ADU) for a continuous 12 days or more, at least 80% will not be discharged to PES, psych inpatient, or Dore Urgent Care on the same or next day.	Outcome	All clients discharged from the ADU between 07/01/21 – 6/30/22 and who have been in the program for a continuous 12 days or more. Applies to ADU only.	Avatar - BOCC calculates	DHCS ACA	QM Quarterly Report sent directly to applicable Service Provider/Program Director
AOA-MH-RES-3: 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 behavioral health service prior to discharge.	Outcome	All clients discharged from the TRTP between 07/01/21 - 06/30/22 and who have been in the program for a continuous 60 days or more. Applies to TRTP only.	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 9/1/22	DHCS ACA	Programs Self Report
AOA-MH-RES-4: 100% of clients with an open episode will have the initial Treatment Plan of Care finalized in Avatar ≤ 3 days of episode opening.	Process	All clients with an initial Treatment Plan of Care due during FY21-22. Applies to ADU & TRTP.	Avatar - BOCC calculates	BHS Policy DHCS	AOA Residential Initial TPOC Status Avatar Report
AOA-MH-RES-5: On any date after the first 3 days for new clients, 100% of clients will have a current finalized Assessment in Avatar.	Process	All clients with an Assessment due in FY 21-22 Excludes: Outpatient services provided in residential Tx settings & first 3 days for new clients. Applies to ADU & TRTP.	Avatar - BOCC calculates	BHS Policy DHCS	AOA Annual Assessment Status Avatar Report
AOA-MH-RES-6: On any date after the first 3 days for new clients 100% of clients will have a current finalized Treatment Plan of Care in Avatar.	Process	All clients with Tx Plan of Care due in FY21-22; completed annually from anniversary date of opening episode of last completed Tx Plan of Care Excludes: Outpatient services provided within residential treatment settings & first 3 days for new clients. Applies to ADU & TRTP.	Avatar. BOCC calculates	BHS Policy DHCS	Adult TPOC Due by Program/Staff Report Avatar Report

FY21-22 BHS AOA SUD Outpatient Objectives

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
AOA-SUD-OP-1: At least 80% of psychiatric inpatient hospital discharges occurring in FY21-22 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: Programs with fewer than 5 clients with psychiatric inpatient hospitalizations during FY21-22	Avatar -- BOCC calculates	DHCS/ACA	Pending
AOA-SUD-OP-2: At least 80% of psychiatric emergency services (PES) episodes occurring in FY21-22 will not be followed by a readmission to PES within 30 days.	Outcome	Clients enrolled prior to the PES admission date and remaining in services during the 30 days post PES discharge. Excludes: Programs with fewer than 5 clients with psychiatric inpatient hospitalizations during FY21-22	Avatar -- BOCC calculates	BHS Policy	Pending
AOA-SUD-OP-3: At least 60% of clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by discharge codes.	Outcome	All clients discharged in FY21-22 Excludes: Methadone, Buprenorphine, Detox program & clients with < 3 visits in 60 day period	CalOMS Discharge Status Field	ACA	CalOMS Discharge Status Report Avatar Report
AOA-SUD-OP-4: At least 70% of clients will maintain abstinence or show a reduction of Alcohol and Other Drug use.	Outcome	Clients in Tx ≥ 60 days and discharged, or for whom CalOMS data updated in FY21-22 Excludes: Methadone Programs and Residential Programs	CalOMS admission, Annual Update, and Discharge Data	ACA	QM Quarterly Report SFDPH website, BHS/QM section
AOA-SUD-OP-5: At least 70% of clients admitted to a methadone maintenance treatment program will stay in treatment ≥ 12 months.	Outcome	All clients admitted in FY21-22	Avatar episode opening & closing dates for discharged clients	ACA	Methadone Maintenance TX Duration Avatar Report
AOA-SUD-OP-6: 100% of initial requests for services (phone and walk-ins) will be recorded in the Avatar Timely Access Log.	Process	All initial requests for Services from new (non-registered) clients or clients registered in Avatar without an open episode in the program. Number of entries in Timely Access Log should be ≥ number of new episodes opened in FY21-22	Avatar - BOCC calculates	BHS Policy/DHCS	Timely Access Log Report Dashboard Avatar Report

FY21-22 BHS AOA SUD Outpatient Objectives

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
AOA-SUD-OP-7: 100% of clients admitted in FY 21-22 will have an accepted Cal-OMS Admissions by DHCS.	Process	Clients admitted during FY 21-22	Cal-OMS Accept and Reject Report	BHS Policy/DHCS	Avatar: CalOMS Admission Errors by Program Report DHCS: Accept and Reject Report
AOA-SUD-OP-8: 100% of clients discharged during FY21-22 will have the CalOMS Discharge Status field completed.	Process	Clients discharged during FY21-22	CalOMS Discharge Status Field	BHS Policy/DHCS	CalOMS Discharge Timely Status Avatar Report
AOA-SUD-OP-9: No more than 40% of clients will be coded as CalOMS Administrative Discharge during FY21-22. NOTE: Administrative discharge codes "4" and "6" only used when client interview not possible and full set of CalOMS items cannot be completed	Process	Applicable to all CalOMS programs with clients discharged in FY21-22 Excludes: Methadone Programs	CalOMS Discharge Status Field	BHS Policy/DHCS	CalOMS Administrative Discharge Status Report Avatar Report
AOA-SUD-OP-10: 100% of clients will be offered an appointment within 10 business days of the initial request for services.	Process	All clients with non-urgent needs beginning Tx with a new provider; 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 - BOCC calculates	BHS Policy/DHCS	Timely Access Report (Program) Avatar Report

FY21-22 BHS AOA Residential SUD Objectives

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
AOA-SUD-RES-1: At least 60% of clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by discharge codes.	Outcome	All clients discharged in FY21-22 Excludes: Methadone, Buprenorphine, Detox programs and clients who stay < 3 days	CalOMS Discharge Status Field	ACA	CalOMS Discharge Timely Status Avatar Report
AOA-SUD-RES-2: At least 60% of clients will have left before completion with satisfactory progress as measured by discharge codes.	Outcome	All clients discharged in FY21-22 (Withdrawal Management Only)	CalOMS Discharge Status Field	ACA	CalOMS Discharge Timely Status Avatar Report
AOA-SUD-RES-3: 100% of initial requests for services (phone and walk-ins) will be recorded in the Avatar Timely Access Log.	Process	All initial requests for Services from new (non-registered) clients or clients registered in Avatar without an open episode in the program. Number of entries in Timely Access Log should be ≥ number of new episodes opened in FY21-22	Avatar - BOCC calculates	BHS Policy DHCS	Timely Access Log Report Dashboard Avatar Report
AOA-SUD-RES-4: 100% of clients admitted in FY21-22 will have an accepted Cal-OMS Admissions by DHCS.	Process	Clients admitted during FY21-22	Cal-OMS Accept and Reject Report	BHS Policy DHCS	Avatar: CalOMS Admission Errors by Program Report DHCS: Accept and Reject Report
AOD-SUD-RES-5: 100% of clients discharged during FY21-22 will have the CalOMS Discharge Status field completed.	Process	Clients discharged during FY21-22	CalOMS Discharge Status Field	BHS Policy DHCS	CalOMS Discharge Timely Status Avatar Report
AOD-SUD-RES-6: No more than 40% of clients will be coded as CalOMS Administrative Discharge during FY21-22. NOTE: Administrative discharge codes "4" and "6" only used when client interview not possible and full set of CalOMS items cannot be completed	Process	Applicable to all CalOMS programs with clients discharged in FY21-22 Excludes: Methadone Programs	CalOMS Discharge Status Field	BHS Policy DHCS	CalOMS Administrative Discharge Status Report Avatar Report
AOA-SUD-RES-7: 100% of discharged clients in FY21-22 will have an accepted Cal-OMS discharge by DHCS.	Process	Clients discharged during FY21-22	Cal-OMS Accept and Reject Report	BHS Policy DHCS	Avatar: CalOMS Discharge Errors by Program Report DHCS: Accept and Reject Report

FY21-22 BHS AOA Residential SUD Objectives

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
AOA-SUD-RES-8: 100% of clients in Residential Step-Down will have documented monthly verification of enrollment in an Outpatient treatment program (Outpatient, Intensive OP, NTP, Recovery Services).	Process	Clients in program ≥ 30 days	SUDS RSD Report of Client Connection to SUD Services or Internal Tracking Document	BHS Policy DHCS	NA
AOA-SUD-RES-9: Program will submit SUDS RSD Report of Client Connection to SUD Services monthly to DPH by the 15th of the following month.	Process	Residential Step-Down Only	SUDS RSD Report of Client Connection to SUD Services or Internal Tracking Document	BHS Policy DHCS	NA

FY21-22 BHS AOA Vocational Rehab Objectives

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<p>AOA-VOC-1: 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>	Outcome	<p>All time-limited vocational interns, trainees and volunteers graduating from a vocational training program in FY21-22</p> <p>Programs Included:</p> <ul style="list-style-type: none"> 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>Excludes: <i>clients enrolled in a long-term supported employment program</i></p>	<p>MHSA Year-end Program Reports FY21-22</p> <p>Contractor responsible for administering client self-report survey prior to graduation from time-limited program & before 6/30/21</p> <p>Contractor responsible for administering exit surveys, analyzing data, securely storing data, & reporting data to MHSA.</p> <p>Contractor prepares Annual Summary Report documenting achievement for MHSA Program Manager by 9/1/22</p>	BHS Policy MHSA Wellness and Recovery	N/A

FY21-22 BHS AOA Supportive Housing, SSI Advocacy, Rep Payee Objectives

Indicator	Type of Objective	Client Inclusion Criteria	Data Source/Compliance	Source of Requirement	Report Availability for Providers
Section I: Supportive Housing Program Outcomes					
AOA-SUPHSG-1: No more than 10% of clients will experience a psychiatric hospitalization.	Outcome	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					
AOA-SSIBEN-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.	Process	Clients who filed claims for benefits which have been fully adjudicated by representation from the Homeless Advocacy Project or Positive Resource Center between 7/1/21 – 6/30/22	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 9/1/22	BHS Policy	N/A
Section K: Representative Payee Program Outcomes					
AOA-REPPAY-1: 100% of authorized rent payments will be disbursed within two business days of date benefit checks are received.	Process	All clients enrolled in Conard and HealthRight 360 Rep. Payee programs during FY21-22	Contractors collect data routinely & conduct annual internal audit; contractor prepares Annual Summary Report documenting achievement for SOC Program Manager & BOCC by 9/1/22	BHS Policy	N/A
AOA-REPPAY-2: At least 75% of clients receiving money management services will maintain stability in housing for a period of at least six months.	Outcome	All clients enrolled for ≥ 6 months in Conard or HealthRight 360 Rep. Payee programs during FY21-22	Contractors audit client files (physical or electronic); contractor prepares Annual Summary Report documenting achievement for SOC Program Manager and BOCC by 9/1/22	BHS Policy	N/A

FY21-22 BHS AOA Individual Program Objectives

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					
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.	Process	Based upon an annual unduplicated client (UDC) count in FY21-22	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 9/1/22	BHS	N/A
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.	Process	Based upon an annual UDC count in FY21-22	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 9/1/22	BHS	N/A
CATS: Medical Respite & Medical Respite Expansion					
<p>1. Emergency/Disaster Preparedness & Building Security: fire/earthquake, safety standards & key distribution/access, etc.;</p> <p>2. Transportation: shuttle priorities for clients/other programs, van operating schedule & taxi script usage;</p> <p>3. Food: stock rotation, menu planning & nutritional standards; and</p> <p>4. Facilities Maintenance: cleanliness & maintenance schedules (daily, weekly, monthly, annually etc.).</p>	Process	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 9/1/22	COPC Admin	N/A

FY21-22 BHS AOA Individual Program Objectives

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
City College of San Francisco Drug & Alcohol Studies Program					
1. By June 30, 2022, 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 FY21-22	Program documentation of communication with students & Peer Care Managers; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/22	BHS-AOA Admin	N/A
2. By June 30, 2022, four presentations will have been conducted to community based agencies, as evidenced by a spreadsheet kept in the program office.	Process	All BHS Cohort students in FY21-22	Program documentation of communication with students & Peer Care Managers; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/22	BHS-AOA Admin	N/A
3. By June 30, 2022, 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.	Process	All BHS Cohort students in FY21-22	Program documentation of communication with students & Peer Care Managers; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/22	BHS-AOA Admin	N/A
4. By June 30, 2022, results from the Annual Student Survey will be shared with the program's Community Advisory Board for quality assurance.	Process	All BHS Cohort students in FY21-22	Program documentation of communication with students & Peer Care Managers; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/22	BHS-AOA Admin	N/A
5. By June 30, 2022 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.	Process	All BHS Cohort students in FY21-22	Program documentation of communication with students & Peer Care Managers; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/22	BHS-AOA Admin	N/A
6. By June 30, 2022, 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.	Process	All BHS Cohort students in FY21-22	Program documentation of communication with students & Peer Care Managers; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/22	BHS-AOA Admin	N/A

FY21-22 BHS AOA Individual Program Objectives

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. 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.	Process	Past 30 day drug use hx, overdose risk, and hx of experiencing and witnessing overdose in FY21-22	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 9/1/22	BHS	N/A
2. 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.	Process	Past 30 day drug use hx, overdose risk, and hx of experiencing and witnessing overdose in FY21-22	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 9/1/22	BHS	N/A
3. 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.	Process	Past 30 day drug use hx, overdose risk, and hx of experiencing and witnessing overdose in FY21-22	Program records, i.e., outreach log, quarterly performance reports; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/22	BHS-AOA Admin	N/A
4. 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.	Process	Past 30 day drug use hx, overdose risk, and hx of experiencing and witnessing overdose in FY21-22	Program records, i.e., outreach log, quarterly performance reports; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/22	BHS	N/A

FY21-22 BHS AOA Individual Program Objectives

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Instituto Familiar de la Raza, Inc. - Behavioral Health Primary Care Integration Program (with MNHC)					
1. Clients assessed and found to meet medical necessity will have an initial ANSA and receive Mental Health services at MNHC.	Outcome	All clients of Instituto Familiar de la Raza's Behavioral Health Primary Care Integration Program at Mission Neighborhood Health Center who are assessed and found to meet medical necessity.	IFR Mental Health section of MNHC Medical Record of the patient, specifically Assessment and ANSA .	BHS	Program self-report
2. For those clients who remain in services for at least 12 sessions, a closing ANSA will be administered at the completion of treatment, and if necessary clients will be referred to community services.	Process	All clients of Instituto Familiar de la Raza's Behavioral Health Primary Care Integration Program at Mission Neighborhood Health Center who have completed 12 sessions	IFR Mental Health section of MNHC Medical Record of the patients who have completed 12 sessions.	BHS	Program self-report
3. The Behavioral Health Primary Care Integration Program will present an annual report containing an analysis of the following categories: 1) Total number of unduplicated clients served during the FY; 2) the number of clients found to meet medical necessity; 3) the number and percentage of clients who remain in services for a least 12 sessions; 4) the number and percentage of clients with a closing ANSA; 5) the number and percentage of clients who dropped out of treatment; 6) a summary of the ANSA progress results.	Process	All clients of Instituto Familiar de la Raza's Behavioral Health Primary Care Integration Program at Mission Neighborhood Health Center	IFR Behaviorist will keep record and count of each : This info will be sourced from Mental Health section of the Medical Records of MNHC patients who have come into contact with the IFR Behaviorist at MNHC.	BHS	Program self-report
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 FY21-22	Monitored by SOC Program Manager via completed test forms on presentations; evaluated based on % of presentations with completed tests forms during FY19-20; Contractor prepares Annual Summary Report documenting achievement of objective for SOC Program Manager and BOCC by 9/1/22	BHS	N/A

FY21-22 BHS AOA Individual Program Objectives

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
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 FY21-22	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 9/1/22.	BHS	N/A
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 FY21-22	Avatar / BOCC calculates	BHS	MHS 140 Report
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 9/1/22	BHS	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 9/1/22	BHS	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 9/1/22	BHS	N/A
SFDPH/BHS: Comprehensive Crisis Services					
1. Less than 30% of clients seen in the Crisis Clinic will be seen at PES or hospitalized on the same day.	Outcome	Clients seen at BHS Crisis in FY21-22	Avatar Billing Information System - BOCC will compute	BHS	MHS 140 Report
2. At least 60% of BHS Crisis client episode lengths will be < 60 days.	Process	Client episodes closed in FY21-22 and clients open on 6/30/21	Avatar Billing Information System - BOCC will compute	BHS	N/A

FY21-22 BHS AOA Individual Program Objectives

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.	Process	During FY21-22	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 9/1/22	BHS	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 FY21-22	Documented by posting to the MHB website; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/22	BHS	N/A
3. The SFMHB shall hold one annual hearing on updates to the Mental Health Services Act Plan.	Process	During FY21-22	Documented by written recommendations to BHS and public hearing; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/22	BHS	N/A
4. SFMHB shall complete 5 visits to BHS programs.	Process	During FY21-22	Documented by agency written report; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/22	BHS	N/A
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 FY21-22	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 9/1/22.	BHS	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 FY21-22	Outreach logs, MHCRA Director's monthly, quarterly, and year-end reports; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/22	BHS	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 FY21-22	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 9/1/22	BHS	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 FY21-22	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 9/1/22	BHS	N/A

FY21-22 BHS AOA Individual Program Objectives

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 FY19-20 the SFSP Access Off-Hours Program Coordinator and the DPH Access Program Coordinator will phone conference/meet twelve (12) times for training and coordination purposes, as indicated by meeting minutes.	Process	N/A	Training and coordination meeting minutes; program prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/1/22	BHS	N/A
2. For FY19-20 the SFSP Access Off-Hours Program Coordinator will test or monitor 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.	Process	N/A	Supervision logs; program prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/1/22	BHS	N/A
3. For FY19-20 the SFSP Access Off-Hours program will score an average of 97% compliance rate on all DPH-conducted Test Calls as indicated by DPH scoring materials.	Process	N/A	DPH-conducted Test Calls & scoring reports; program prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/1/22	BHS	N/A
4. For FY19-20 the SFSP Access Off-Hours program will score an average of 97% compliance rate on all DPH-reviewed call logs as indicated by DPH scoring materials.	Process	N/A	DPH-reviewed call logs & scoring reports; program prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/1/22	BHS	N/A
San Francisco Suicide Prevention - HIV Nightline					
1. By the end of the Fiscal Year the AIDS/HIV Nightline will conduct outreach to 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.	Process	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 9/1/22	BHS	N/A
2. By the end of the Fiscal Year the AIDS/HIV Nightline will exhibit/participate two community events as shown in appropriate documentation such as sign-in sheets, fliers, or other documentation to show participation.	Process	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 9/1/22	BHS	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.	Process	N/A	Call logs & other appropriate documentation; program prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/1/22	BHS	N/A
4. Nightline will complete 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.	Process	N/A	Volunteer Training sign-in sheets & other appropriate documentation; program prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/1/22	BHS	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.	Process	All clients of program in FY21-22	Evidence in Avatar will indicate all FY21-22 program clients entered into the database	BHS	N/A

FY21-22 BHS AOA Individual Program Objectives

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Swords to Plowshares					
1. 75% of clients who are employment capable will be enrolled in employment and training services.	Process	All clients assessed for job readiness in FY21-22	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 9/1/22	BHS	N/A
2. 80% of clients who are employment capable will engage in some form of classroom training.	Process	All clients assessed for job readiness in FY21-22	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 9/1/22	BHS	N/A
3. 60% of clients who are employment capable will obtain job placement.	Process	All clients assessed for job readiness in FY21-22	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 9/1/22	BHS	N/A
The Salvation Army Harbor Lights					
1. Per our contract, by the end of the fiscal year, The Salvation Army (TSA) will have enrolled at least 30 individuals in residential treatment, and 60 individuals in RWS (detox) as measured by program enrollment data documented between APD and SA and stored in Avatar.	Process	All program clients	Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/22	BHS	N/A
2. By the end of the fiscal year, at least 50% of participants will have completed a minimum of 180 days of residential treatment as measured by program enrollment and length of treatment data documented by APD and TSA and stored in Avatar and/or Tracking Log.	Process	All program clients	Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/22	BHS	N/A
3. By the end of the fiscal year, TSA will have achieved at least a 70% occupancy rate in their residential program that will be maintained throughout the project, as measured by program enrollment data documented APD and TSA and stored in Avatar and/or Tracking Log.	Process	All program clients	Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/22	BHS	N/A
4. Participants enrolled in treatment at The Salvation Army, for fiscal year 21/22, this objective will only apply for the last 6 months of the fiscal year (July 1, 2021- June 30, 2022).	Process	All program clients	Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/23	BHS	N/A
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.	Process	All program clients	Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC by 9/1/22	BHS	N/A

FY21-22 BHS AOA Individual Program Objectives

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Westside Community Mental Health Center - Crisis Intervention (WSC)					
1. Less than 30% of clients seen in the Crisis Clinic will be seen at PES or hospitalized on the same day.	Process	Clients seen at Westside Crisis in FY21-22	Avatar Billing Information System - BOCC will compute	BHS	MHS 140 Report
2. At least 60% of Westside Crisis client episode lengths will be < 60 days.	Process	Client episodes closed in FY21-22 and clients open on 6/30/22	Avatar Billing Information System - BOCC will compute	BHS	N/A