



SF HEALTH NETWORK  
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

HIV Health Services

Performance Objectives FY 21-22

## OVERVIEW - HIV HEALTH SERVICES PERFORMANCE OBJECTIVES FY 21-22

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

These performance objectives are effective on the first date of the contract year for 2021-22. For example, contracts with Ryan White Part A funding are required to begin using the new objectives on March 1, 2021, and contracts with General Fund dollars are required to begin using the new objectives on July 1, 2021. Contracts that contain more than one source of funding are required to begin using the new objectives on **whichever funding cycle is earliest**: in most cases this will be March 1, 2021. **If you are unsure as to when these objectives are effective for your program please call or e-mail HIV Health Services.**

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

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

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

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|   | A                         | B                                  | C                   | D                     | E               | F                   | G                | H                  | I                  | J                      | K        | L                    | M                       | N                    | O   | P                           | Q  | R                     | S  | T   |
|---|---------------------------|------------------------------------|---------------------|-----------------------|-----------------|---------------------|------------------|--------------------|--------------------|------------------------|----------|----------------------|-------------------------|----------------------|---|-----------------------------|--|-----------------------|--|---|
| 1 | <b>Service Categories</b> |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | <i>Note: Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.</i>                                  |                             |  |                       |  |   |
| 2 | <b>TYPE OF OBJECTIVE</b>  | Ambulatory Outpatient Medical Care | Benefits Counseling | Centers of Excellence | Dental Services | Facility Based Care | Hospice Services | Medical Case Mgmt. | Nutrition Services | Outpatient Mental Hlth | Outreach | Psychosocial Support | Residential Mental Hlth | Residential Subs Use | <b>Objectives</b><br><i>(Superscripts refer to corresponding number in the notes column)</i>  | <b>Client Inclusions</b>    | <b>Data Source (Compliance/ Program Review)</b>          | <b>Measure Period</b> | <b>BOCC Scoring</b><br><br>Yes = Partial Scoring of Objectives Nearly Met<br><br>No = 5 Points if met, 0 if not. | <b>NOTES</b>  |
| 3 | O                         | ✓                                  |                     | ✓                     |                 |                     |                  | ✓                  |                    |                        |          |                      |                         | ✓                    | 80% <sup>1</sup> of HIV+ clients (primary care documented in ARIES) will have had two or more medical visits during the year (one in the first half and the other in last half of the year). <sup>2</sup> | Clients Enrolled ≥ 6 months | ARIES report of required documentation in client records | Contract Year         | <b>YES</b>   | 1. Program may request lower % via email to HHS; if approved, shared with BOCC<br>2. Use appropriate ARIES Report functions as trained by HHS staff<br><b>NOTE: Objective not applicable to JHS-HIV-IS, City Clinic, and W86-HIVE</b> |
| 4 | O                         | ✓                                  |                     | ✓                     |                 | ✓                   |                  |                    |                    |                        |          |                      |                         |                      | 90% <sup>1</sup> of clients with HIV (Primary Care documented in ARIES) who received primary care services will have been prescribed ART. <sup>2</sup>  | Clients Enrolled ≥ 6 months | ARIES report of required documentation in client records | Contract Year         | <b>YES</b>   | 1. Program may request lower % via email to HHS; if approved, shared w BOCC.<br>2. Evaluation/Measure is "Medications" checkbox in STAR Report<br><b>NOTE: UC PHAST Program Goal = 75%</b>  |
| 5 | O                         | ✓                                  |                     | ✓                     |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | 90% <sup>1</sup> of clients with HIV who received primary care services (documented in ARIES) will have had at least one viral load test. <sup>2</sup>  | Clients Enrolled ≥ 6 months | ARIES report of required documentation in client records | Contract Year         | <b>YES</b>   | 1. Program may request lower % via email to HHS; if approved, shared w BOCC<br>2. Evaluation & Measure is "Viral Load Test Table" filtered by primary care services in ARIES STAR Report<br><b>NOTE: UC PHAST Program Goal = 80%</b>  |

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|---|---------------------------|------------------------------------|---------------------|-----------------------|-----------------|---------------------|------------------|--------------------|--------------------|------------------------|----------|----------------------|-------------------------|----------------------|--|--|--|-----------------------|--|--|
| 1 | <b>Service Categories</b> |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | <b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.             |  |  |                       |  |  |
| 2 | <b>TYPE OF OBJECTIVE</b>  | Ambulatory Outpatient Medical Care | Benefits Counseling | Centers of Excellence | Dental Services | Facility Based Care | Hospice Services | Medical Case Mgmt. | Nutrition Services | Outpatient Mental Hlth | Outreach | Psychosocial Support | Residential Mental Hlth | Residential Subs Use | <b>Objectives</b><br><i>(Superscripts refer to corresponding number in the notes column)</i>   | <b>Client Inclusions</b>                       | <b>Data Source (Compliance/ Program Review)</b>          | <b>Measure Period</b> | <b>BOCC Scoring</b><br><br>Yes = Partial Scoring of Objectives Nearly Met<br><br>No = 5 Points if met, 0 if not. | <b>NOTES</b>   |
| 6 | O                         | ✓                                  |                     | ✓                     |                 |                     |                  | ✓                  |                    |                        |          |                      |                         | ✓                    | 80% <sup>1, 2</sup> of clients (Primary Care documented in ARIES) will have a viral load < 200 copies/ml which will indicate viral suppression and treatment adherence. <sup>3</sup> | Clients Enrolled ≥ 6 months                    | ARIES report of required documentation in client records | Contract Year         | YES  | 1. Program may request lower % via email to HHS; if approved, shared w BOCC<br>2. For Medical Case Management rate is 75% of clients on HAART.<br>3. Evaluation & Measurement is the "Cross Tab Wizard" Report<br><b>NOTE: UC PHAST Program Goal = 60%</b>               |
| 7 | O                         | ✓                                  |                     | ✓                     |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | 85% of clients with HIV (Primary Care documented in ARIES) and a CD4 T-cell count ≤ 200 cells/mm <sup>3</sup> will be prescribed PCP prophylaxis. <sup>1</sup>                       | All Primary Care Clients w CD4 below threshold | ARIES report of required documentation in client records | Contract Year         | NO   | 1. Evaluate & Measurement is "Fix-It PCP Prophylaxis " Report<br><b>NOTE: Objective N/A to DPH-JHS-HIV-IS, PHD-City Clinic, and UC HIVE</b><br><b>NOTE: UC PHAST Program Goal = 75%</b>  |
| 8 | O                         | ✓                                  |                     | ✓                     |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | 80% <sup>1</sup> of clients with HIV who received primary care services (documented in ARIES) will be tested for syphilis, with results documented. <sup>2</sup>                     | Clients Enrolled ≥ 6 months                    | ARIES report of required documentation in client records | Contract Year         | YES  | 1. Program may request lower % via email to HHS; if approved, shared with BOCC<br>2. Evaluate & Measure is "STI / Hepatitis checkbox" in the STAR Report<br><b>NOTE: Objective N/A to UC Pediatric Immunology HIV Clinic</b><br><b>NOTE: UC PHAST Program Goal = 70%</b> |

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| 1  | <b>Service Categories</b> |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | <i>Note: Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.</i>   |   |   |                       |  |   |
| 2  | <b>TYPE OF OBJECTIVE</b>  | Ambulatory Outpatient Medical Care | Benefits Counseling | Centers of Excellence | Dental Services | Facility Based Care | Hospice Services | Medical Case Mgmt. | Nutrition Services | Outpatient Mental Hlth | Outreach | Psychosocial Support | Residential Mental Hlth | Residential Subs Use | <b>Objectives</b><br><i>(Superscripts refer to corresponding number in the notes column)</i>   | <b>Client Inclusions</b>  | <b>Data Source (Compliance/ Program Review)</b>             | <b>Measure Period</b> | <b>BOCC Scoring</b><br><br>Yes = Partial Scoring of Objectives Nearly Met<br><br>No = 5 Points if met, 0 if not. | <b>NOTES</b>  |
| 9  | O                         | ✓                                  |                     | ✓                     |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | 80% <sup>1</sup> of clients with HIV who received primary care services (documented in ARIES) will have been screened for Hepatitis C. <sup>2</sup>  | Clients Enrolled ≥ 6 mos., except those who previously tested HepC+ | ARIES report of required documentation in client records    | Contract Year         | YES  | 1. Program may request lower % via email to HHS; if approved, shared with BOCC<br>2. Use appropriate ARIES Report functions as trained by HHS staff<br><b>NOTE: UC PHAST Program Goal = 70%</b><br><b>NOTE: Objective N/A to UC Pediatric Immunology HIV Clinic</b> |
| 10 | O                         |                                    |                     |                       |                 |                     |                  | ✓                  |                    |                        | ✓        |                      | ✓                       |                      | 85% <sup>1</sup> of clients identified as out of care <sup>2</sup> will be linked to primary care (documented in ARIES) as measured by attendance at a medical appointment ≤ 30 days of being identified as out of care. | All clients who are out of care                                     | ARIES - Programs will provide a list of out of care clients | Contract Year         | YES  | 1. Program may request lower % via email to HHS; if approved, shared w BOCC<br>2. Out of Care = client hasn't had ≥ 2 primary care appts (one in the first 6 mos. and another in the second 6 mos. of the year).  |
| 11 | P                         |                                    |                     |                       |                 |                     |                  | ✓                  |                    |                        | ✓        |                      | ✓                       |                      | 90% of clients will be assessed for mental health and substance use treatment needs ≤ 30 days of program enrollment.   | All New Clients   | Agency Report of electronic or paper client files           | Contract Year         | YES  |   |

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| 12 | P                         |                                    |                     |                       |                 |                     |                  | ✓                  |                    | ✓                      |          |                      |                         | ✓                    | 90% of ISP <sup>1</sup> will be developed ≤ 90 days of initial client intake. <sup>2, 3</sup>  | All New Clients                         | Agency Report of client files, i.e. acuity scale, harm reduction, Tx Plan | Contract Year         | NO   | 1. Comprehensive ISP includes Mental Health and Substance Use assessment<br>2. Tx Plan signed by client and clinician<br>3. N/A for AHP; use row 127 instead  |
| 13 | P                         |                                    |                     |                       |                 |                     |                  | ✓                  |                    | ✓                      |          |                      |                         | ✓                    | 90% of ISP <sup>1</sup> will be updated at least every 6 mos. <sup>2</sup>   | All Clients                             | Agency Report of client files, i.e. acuity scale, harm reduction, Tx Plan | Contract Year         | NO   | 1. Comprehensive ISP includes Mental Health and Substance Use assessment<br>2. N/A for AHP; use row 128 instead   |
| 14 | O                         |                                    |                     |                       |                 | ✓                   | ✓                |                    |                    |                        |          |                      |                         |                      | 90% <sup>1</sup> of residents will be adherent to their treatment regimen.   | All Residents                           | Medication logs   | Contract Year         | YES  | 1. Program may request lower % via email to HHS; if approved, shared with BOCC.   |
| 15 | P                         |                                    |                     |                       |                 | ✓                   |                  |                    |                    |                        |          |                      |                         |                      | < 10% of residents will need a higher level of care in order to meet their needs.  | All Clients                             | Agency Report of electronic or paper client files                         | Contract Year         | YES  | Applicable to: <b>Catholic Charities - Peter Claver/Leland House &amp; Peter (02640) Dolores St. Comm. Svcs-Cohen House</b>   |
| 16 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    | ✓                      |          |                      |                         |                      | ≥ 80% of clients receiving mental health services for ≥ 6 months will be retained in care. <sup>1</sup>  | All Clients Receiving Services 6 Months | Agency Report of electronic or paper client files                         | Contract Year         | NO   | 1. Lost to follow-up = client that a program has been unable to contact or locate after several attempts (not clients who decline services in favor of others, relocate out of service area, or are deceased) |

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| 17 | P                         |                                    |                     |                       |                 |                     | ✓                |                    |                    |                        |          |                      |                         |  | ≥ 90% of residents will have an "End of Life Plan" and documentation will exist prominently in resident's chart.   | All Program Clients                          | Agency Report of electronic or paper client files                         | Contract Year         | NO   | Applicable to <b>Maitri AIDS Hospice</b>  |
| 18 | P                         |                                    |                     |                       |                 |                     | ✓                |                    |                    |                        |          |                      |                         |  | ≥ 90% of applicable resident records contain documentation that referral was made to the UC AHP Dementia Team for evaluation.  | Patients with Dementia Symptoms <sup>1</sup> | Agency Report of electronic or paper client files                         | Contract Year         | NO   | Applicable to <b>Maitri AIDS Hospice</b><br><br>1. Symptoms that impact physical or mental health, or pose a risk of falls or elopement   |
| 19 | O                         |                                    |                     |                       |                 |                     | ✓                |                    |                    |                        |          |                      |                         |  | ≥ 90% <sup>1</sup> of clients will experience a stabilization or decrease in pain resulting from implementation of the pain management plan. <sup>2</sup>  | All Clients Receiving Pain Meds              | Agency Report of electronic or paper client files, client self report     | Contract Year         | NO   | Applicable to <b>Maitri AIDS Hospice</b><br>1. Program may request lower % via email to HHS; if approved, shared w BOCC<br>2. Pain is assessed at entry to the program and at least every 60 days   |
| 20 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        | ✓        |                      |                         |  | ≥ 80% <sup>1</sup> of clients who agree to obtain medical care will receive a primary care evaluation visit within 4 weeks of testing positive, or being identified as "out-of-care". <sup>2</sup> | HIV+ Clients Out-of-Care                     | MNHC Client Data and ARIES - Program provides list of clients out of care | Contract Year         | NO   | Applicable to <b>MNHC HIV Treatment, Outreach and Linkage Program</b><br>1. Program may request lower % via email to HHS; if approved, shared w BOCC<br>2. A client identified as "out of care" is one who hasn't had at least 2 primary care appts (one in the first 6 mos. and another in the second 6 mos. of the year). |

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| 1  | <b>Service Categories</b> |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | <b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.                                       |   |  |                       |  |  |
| 2  | <b>TYPE OF OBJECTIVE</b>  | Ambulatory Outpatient Medical Care | Benefits Counseling | Centers of Excellence | Dental Services | Facility Based Care | Hospice Services | Medical Case Mgmt. | Nutrition Services | Outpatient Mental Hlth | Outreach | Psychosocial Support | Residential Mental Hlth | Residential Subs Use | <b>Objectives</b><br><i>(Superscripts refer to corresponding number in the notes column)</i>   | <b>Client Inclusions</b>  | <b>Data Source (Compliance/ Program Review)</b>          | <b>Measure Period</b> | <b>BOCC Scoring</b><br><br>Yes = Partial Scoring of Objectives Nearly Met<br><br>No = 5 Points if met, 0 if not. | <b>NOTES</b>   |
| 21 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        | ✓        |                      |                         |                      | ≥ 80% of clients who do not agree to obtain medical care will receive a follow-up contact ≤ 1 week; if client allows, follow-up continues monthly until client engages in medical care.                        | HIV+ UDC Out-of-Care & have not yet agreed to receive Med. Care | MNHC Client Charts and Data, and ARIES                   | Contract Year         | YES  | Applicable to <b><i>MNHC HIV Treatment, Outreach and Linkage Program</i></b>   |
| 22 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        | ✓        |                      |                         |                      | ≥ 60% of clients that receive a primary care appt will remain engaged in primary care and will return for at least one follow-up primary care appointment.   | HIV+ UDC Receiving Primary Care at MNHC                         | MNHC Client Charts and Data, and ARIES                   | Contract Year         | YES  | Applicable to <b><i>MNHC HIV Treatment, Outreach and Linkage Program</i></b>   |
| 23 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        | ✓        |                      |                         |                      | ≥ 50% of clients accessing HIV Testing for whom a referral for medical, mental hlth, or substance use counseling services is indicated, and who are willing to accept referral, will have accessed service(s). | Program Clients that Obtain an HIV Test                         | Tracking Sheet or Summary of MNHC Client Follow-Up Notes | Contract Year         | YES  | Applicable to <b><i>MNHC HIV Treatment, Outreach and Linkage Program.</i></b>  |
| 24 | O                         |                                    |                     |                       |                 |                     |                  |                    | ✓                  |                        |          |                      |                         |                      | ≥ 75% of HIV+ clients diagnosed with diabetes will achieve blood sugar control of ≤ 9 on Hemoglobin A1C test.  | HIV+ Clients with Diabetes                                      | Agency Report from Internal Database of A1C blood test   | Contract Year         | YES  | Applicable to <b><i>MNHC Nutrition Services</i></b> and <b><i>UCSF 360 Positive Care Center Nutrition Services</i></b> |



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| 25 | P                         |                                    | ✓                   |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |  | ≥ 90% of clients will develop an individual plan to access entitlement programs and other available resources.                         | All Program Clients                       | Agency Report of electronic or paper client files                                 | Contract Year         | NO   | Applicable to <b>PRC Benefits Counseling and SFAF Benefits Counseling Programs</b> (NOTE: HRSA Categories are Non Medical Case Management & Referral for Healthcare and Supportive Services)  |
| 26 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          | ✓                    |                         |  | ≥ 60% of clients who complete the Satisfaction Survey report a decreased level of stress since attending/participating in the program. | Clients Completing Annual Survey          | Agency Report on Responses of "Decreased – I Feel Less Stress Now"                | Contract Year         | NO   | Applicable to <b>Shanti Emotional/Practical Support Prog &amp; UCSF 360 Positive Care African American HIV Men's Support Group</b> (this objective is in addition to other unique objectives for each prog)                                   |
| 27 | O                         |                                    |                     |                       | ✓               |                     |                  |                    |                    |                        |          |                      |                         |  | ≥ 95% of clients will exhibit an improvement of the dental condition due to the dental disease being managed.                          | Clients with procedure & Tx Plan complete | Agency Report of Randomly Audited paper or electronic Client Records <sup>1</sup> | Contract Year         | YES  | Applicable to <b>UOP Dental, DPH HIV Dental 1</b> . Sample size = 110 or 10% of annual UDC, whichever is less; list of random UDC via ARIES or other process; clients tracked by anonymous, unique ID; report on meeting goal for each client |
| 28 | P                         |                                    |                     |                       | ✓               |                     |                  |                    |                    |                        |          |                      |                         |  | ≥ 80% of clients surveyed report "Ease of Scheduling My Appt" as rating ≥ 3, or as scored "Good" or "Excellent".                       | Clients with procedure & Tx Plan complete | Agency Report of Satisfaction Survey  | Contract Year         | YES  | Applicable to:<br><b>UOP Dental<br/>DPH HIV Dental</b>  |

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| 29 | P                         |                                    |                     |                       | ✓               |                     |                  |                    |                    |                        |          |                      |                         |                      | ≥ 80% of clients surveyed report "How My Proposed Treatment was Explained to Me" as rating ≥ 3, or as scored "Good" or "Excellent".  | Clients with procedure & Tx Plan complete | Agency Report of Satisfaction Survey            | Contract Year         | YES  | Applicable to:<br><b>UOP Dental</b><br><b>DPH HIV Dental</b> |
| 30 | O                         |                                    |                     |                       | ✓               |                     |                  |                    |                    |                        |          |                      |                         |                      | ≥ 80% of clients completing a survey will show improvement in oral health through an improvement in overall quality of life as rating ≥ 3, or as scored "Good" or "Excellent".   | Clients with procedure & Tx Plan complete | Agency Report of Satisfaction Survey            | Contract Year         | YES  | Applicable to:<br><b>UOP Dental</b><br><b>DPH HIV Dental</b> |
| 31 | O                         |                                    |                     |                       | ✓               |                     |                  |                    |                    |                        |          |                      |                         |                      | ≥ 80% of clients completing a survey show improvement in oral health through a reduction or elimination of pain or discomfort as rating ≥ 3, or as scored "Good" or "Excellent". | Clients with procedure & Tx Plan complete | Agency Report of Satisfaction Survey            | Contract Year         | YES  | Applicable to:<br><b>UOP Dental</b><br><b>DPH HIV Dental</b> |

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|----|----------------------------------|------------------------------------|---------------------|-----------------------|-----------------|---------------------|------------------|--------------------|--------------------|------------------------|----------|----------------------|-------------------------|----------------------|--|---|---|---|--|--------------|--|
| 1  | <b>Service Categories</b>        |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | <b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized. |   |   |   |  |              |  |
| 2  | <b>TYPE OF OBJECTIVE</b>         | Ambulatory Outpatient Medical Care | Benefits Counseling | Centers of Excellence | Dental Services | Facility Based Care | Hospice Services | Medical Case Mgmt. | Nutrition Services | Outpatient Mental Hlth | Outreach | Psychosocial Support | Residential Mental Hlth | Residential Subs Use | <b>Objectives</b><br><i>(Superscripts refer to corresponding number in the notes column)</i>   | <b>Client Inclusions</b>  | <b>Data Source (Compliance/ Program Review)</b> | <b>Measure Period</b>                             | <b>BOCC Scoring</b><br><br>Yes = Partial Scoring of Objectives Nearly Met<br><br>No = 5 Points if met, 0 if not. | <b>NOTES</b> |  |
| 32 | <b>UNIQUE PROGRAM OBJECTIVES</b> |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  |   |   |   |  |              |  |
| 33 | <b>P</b>                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ALRP will provide at minimum 8 legal trainings or seminars to pro-bono attorneys.   | Pro-bono Attorneys                              | Agency Report of Training Logs                    | Contract Year  | <b>NO</b>    | Applicable to <b>ALRP HIV Legal Services</b> |
| 34 | <b>P</b>                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ALRP maintains 380 active Panel Attorneys by recruiting ≥ 5% of its baseline to address attrition and expand capacity in areas of law with the greatest client demand for services.                           | Panel Attorneys                                 | Agency Report                                     | Contract Year  | <b>YES</b>   | Applicable to <b>ALRP HIV Legal Services</b> |
| 35 | <b>P</b>                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ALRP will conduct ≥ 14 outreach presentations to community based organizations and client groups on rights of people with HIV/AIDS.   | Community and Client Groups                     | Agency Report of Tracking Files                   | Contract Year  | <b>YES</b>   | Applicable to <b>ALRP HIV Legal Services</b> |
| 36 | <b>P</b>                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 90% of cases in which there is no legal remedy are referred for 2nd opinion and/or to an appropriate HIV/AIDS provider, or to another system of care to support the client through resolution of the issue. | Cases in which ALRP Determines No Legal Remedy  | Agency Report of electronic or paper client files | Contract Year  | <b>YES</b>   | Applicable to <b>ALRP HIV Legal Services</b> |

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|    | A                         | B                                  | C                   | D                     | E               | F                   | G                | H                  | I                  | J                      | K        | L                    | M                       | N                    | O  | P  | Q   | R   | S  | T            |  |
|----|---------------------------|------------------------------------|---------------------|-----------------------|-----------------|---------------------|------------------|--------------------|--------------------|------------------------|----------|----------------------|-------------------------|----------------------|--|--|---|---|--|--------------|--|
| 1  | <b>Service Categories</b> |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | <b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized. |  |   |   |  |              |  |
| 2  | <b>TYPE OF OBJECTIVE</b>  | Ambulatory Outpatient Medical Care | Benefits Counseling | Centers of Excellence | Dental Services | Facility Based Care | Hospice Services | Medical Case Mgmt. | Nutrition Services | Outpatient Mental Hlth | Outreach | Psychosocial Support | Residential Mental Hlth | Residential Subs Use | <b>Objectives</b><br><i>(Superscripts refer to corresponding number in the notes column)</i>   | <b>Client Inclusions</b>   | <b>Data Source (Compliance/ Program Review)</b> | <b>Measure Period</b>                                       | <b>BOCC Scoring</b><br><br>Yes = Partial Scoring of Objectives Nearly Met<br><br>No = 5 Points if met, 0 if not. | <b>NOTES</b> |  |
| 37 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 85% of closed cases will be successfully resolved. <sup>1</sup>  | All Closed Client Cases                         | Agency Report on Review of 100 Cases from Logs and Database | Contract Year  | YES          | Applicable to <b>ALRP HIV Legal Services</b>                   |
| 38 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | HCAP Attorney conducts ≥ 8 outreach presentations to consumers and ≥ 8 outreach presentations to HIV/AIDS service providers.           | HIV Consumers and Providers                     | Agency Report of Outreach Logs                              | Contract Year  | NO           | Applicable to <b>ALRP HIV Consumer Advocacy Project (HCAP)</b> |
| 39 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 85% of consumers served are residents of SF; ≤ 15% may be residents of San Mateo or Marin.   | HIV Consumers of Local EMA                      | Agency Report of Program Database                           | Contract Year  | YES          | Applicable to <b>ALRP HIV Consumer Advocacy Project (HCAP)</b> |
| 40 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 80% of provider attendees of HCAP outreach presentations will report that presentation was relevant and useful to work with clients. | Attendees at pre-sentations                     | Agency Attendance Lists and Survey Results                  | Contract Year  | YES          | Applicable to <b>ALRP HIV Consumer Advocacy Project (HCAP)</b> |
| 41 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 85% of respondents to the survey will report they were "satisfied with service received from the HCAP Attorney".                     | Consumer Survey Respondents                     | Agency Summary Report of Annual Survey                      | Contract Year  | YES          | Applicable to <b>ALRP HIV Consumer Advocacy Project (HCAP)</b> |

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|----|---------------------------|------------------------------------|---------------------|-----------------------|-----------------|---------------------|------------------|--------------------|--------------------|------------------------|----------|----------------------|-------------------------|----------------------|--|--|---|---|--|--------------|---|
| 1  | <b>Service Categories</b> |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | <b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized. |  |   |   |  |              |   |
| 2  | <b>TYPE OF OBJECTIVE</b>  | Ambulatory Outpatient Medical Care | Benefits Counseling | Centers of Excellence | Dental Services | Facility Based Care | Hospice Services | Medical Case Mgmt. | Nutrition Services | Outpatient Mental Hlth | Outreach | Psychosocial Support | Residential Mental Hlth | Residential Subs Use | <b>Objectives</b><br><i>(Superscripts refer to corresponding number in the notes column)</i>   | <b>Client Inclusions</b>   | <b>Data Source (Compliance/ Program Review)</b> | <b>Measure Period</b>                             | <b>BOCC Scoring</b><br><br>Yes = Partial Scoring of Objectives Nearly Met<br><br>No = 5 Points if met, 0 if not. | <b>NOTES</b> |   |
| 42 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | 100% of new subsidy clients will have a housing plan in place ≤ 1 month of receiving the subsidy.  | All new clients                                 | Agency Report of electronic or paper client files | Contract year  | YES          | Applicable to <b>Catholic Charities (CC) - Assisted Housing Program</b>   |
| 43 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | The program will stabilize the housing situation of ≥ 80% of program participants ≤ 6 mos. of receiving the initial subsidy.   | All new clients                                 | Agency Report of paper or electronic client files | Contract year  | YES          | Applicable to <b>CC - Assisted Housing Program</b>  |
| 44 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 80% of subsidy recipients who have secured housing will have maintained housing or moved to a level of care more appropriate to their needs within 1 year.   | All clients                                     | Agency Report of electronic or paper client files | Contract year  | YES          | Applicable to <b>CC - Assisted Housing Program</b>  |
| 45 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 75% of clients who exit housing will secure housing appropriate to needs (e.g., transition to different level of care, move-in with family or friends, independent or unsubsidized housing, etc.) <sup>1</sup> . | All clients who exit housing excluding deaths   | Agency client files or database                   | Contract year  | YES          | Applicable to: <b>Rental Subsidies CC - Assisted Housing Program SF AIDS Foundation</b><br>1. The discharge plan indicates the type of housing. |

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|----|---------------------------|------------------------------------|---------------------|-----------------------|-----------------|---------------------|------------------|--------------------|--------------------|------------------------|----------|----------------------|-------------------------|----------------------|--|--|---|---|--|--------------|--|
| 1  | <b>Service Categories</b> |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | <b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized. |  |   |   |  |              |  |
| 2  | <b>TYPE OF OBJECTIVE</b>  | Ambulatory Outpatient Medical Care | Benefits Counseling | Centers of Excellence | Dental Services | Facility Based Care | Hospice Services | Medical Case Mgmt. | Nutrition Services | Outpatient Mental Hlth | Outreach | Psychosocial Support | Residential Mental Hlth | Residential Subs Use | <b>Objectives</b><br><i>(Superscripts refer to corresponding number in the notes column)</i>   | <b>Client Inclusions</b>   | <b>Data Source (Compliance/ Program Review)</b> | <b>Measure Period</b>                             | <b>BOCC Scoring</b><br><br>Yes = Partial Scoring of Objectives Nearly Met<br><br>No = 5 Points if met, 0 if not. | <b>NOTES</b> |  |
| 46 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | 100% of subsidy recipients have their eligibility recertified at least annually.                                 | All clients                                     | Agency Report of electronic or paper client files | Contract year  | YES          | Applicable to: <b>Rental Subsidies CC - Assisted Housing Program SF AIDS Fndtn-HIV Rental Subsidies</b>                                |
| 47 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | 100% of clients have an ISP in place ≤ 90 days of enrollment.  | All new clients                                 | Agency Report of electronic or paper client files | Contract year  | YES          | Applicable to <b>CC - Peter Claver Community (PCC)</b>   |
| 50 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 90% of clients will access primary care services at least once during the contract year.                       | All clients in Svcs ≥ 60 days                   | Agency Report of electronic or paper client files | Contract year  | NO           | Applicable to: <b>CC-Rita daCascia/Hazel Betsey(RdC/Hazel), Derek Silva(Derek) HealthRight360 - Planetree Rafiki - Case Management</b> |
| 51 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | 100% of new clients will have an ISP in place which addresses long term housing ≤ 30 days of initial assessment. | All New Clients                                 | Agency Report of electronic or paper client files | Contract year  | YES          | Applicable to: <b>CC - RdC//Hazel, Derek HealthRight360 - Planetree Rafiki - Case Management Rafiki - Transitional Housing</b>         |
| 52 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | 100% of clients will be assessed for mental health and substance use treatment needs at least once per year.     | All Clients                                     | Agency Report of electronic or paper client files | Contract year  | NO           | Applicable to: <b>CC - RdC/Hazel, Derek HealthRight360 - Planetree Rafiki - Case Management Rafiki - Transitional Housing</b>          |

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|----|---------------------------|------------------------------------|---------------------|-----------------------|-----------------|---------------------|------------------|--------------------|--------------------|------------------------|----------|----------------------|-------------------------|----------------------|--|---|---|---|--|--------------|--|
| 1  | <b>Service Categories</b> |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | <b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized. |   |   |   |  |              |  |
| 2  | <b>TYPE OF OBJECTIVE</b>  | Ambulatory Outpatient Medical Care | Benefits Counseling | Centers of Excellence | Dental Services | Facility Based Care | Hospice Services | Medical Case Mgmt. | Nutrition Services | Outpatient Mental Hlth | Outreach | Psychosocial Support | Residential Mental Hlth | Residential Subs Use | <b>Objectives</b><br><i>(Superscripts refer to corresponding number in the notes column)</i>   | <b>Client Inclusions</b>  | <b>Data Source (Compliance/ Program Review)</b> | <b>Measure Period</b>                             | <b>BOCC Scoring</b><br><br>Yes = Partial Scoring of Objectives Nearly Met<br><br>No = 5 Points if met, 0 if not. | <b>NOTES</b> |  |
| 53 | <b>P</b>                  |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 90% of ISP will be updated at least every 6 months.   | All Clients Housed for ≥ 6 months               | Agency Report of electronic or paper client files | Contract year  | <b>YES</b>   | Applicable to:<br><b>CC - RdC/Hazel, Derek, Peter HealthRight360 - Planetree Rafiki - Case Management Rafiki - Transitional Housing</b>                            |
| 54 | <b>O</b>                  |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 80% of clients who participate in services will accomplish at least one goal established in their individualized services plan.           | All Clients                                     | Agency Report of electronic or paper client files | Contract year  | <b>YES</b>   | Applicable to:<br><b>CC - RdC/Hazel, Derek, Peter (Note: Peter's Goal = 75%) HealthRight360 - Planetree Rafiki - Case Management Rafiki - Transitional Housing</b> |
| 55 | <b>O</b>                  |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 75% of all clients referred for primary care, mental health and/or substance use services will be linked to those services.               | All clients referred to services                | Agency Report of electronic or paper client files | Contract year  | <b>YES</b>   | Applicable to:<br><b>CC - RdC/Hazel, Derek HealthRight360 - Planetree Rafiki - Case Management Rafiki - Transitional Housing</b>                                   |
| 56 | <b>O</b>                  |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | 100% of clients housed for ≥ 6 mos. will have maximized income and benefits for which they are eligible, or are in the application process. | All Clients Housed for ≥ 6 mos.                 | Agency client files or database.                  | Contract year  | <b>NO</b>    | Applicable to:<br><b>CC - RdC/Hazel, Derek, Peter (02640) HealthRight360 - Planetree Rafiki - Case Management Rafiki - Transitional Housing</b>                    |

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|----|---------------------------|------------------------------------|---------------------|-----------------------|-----------------|---------------------|------------------|--------------------|--------------------|------------------------|----------|----------------------|-------------------------|----------------------|--|---|---|---|--|--------------|--|
| 1  | <b>Service Categories</b> |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | <b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized. |   |   |   |  |              |  |
| 2  | <b>TYPE OF OBJECTIVE</b>  | Ambulatory Outpatient Medical Care | Benefits Counseling | Centers of Excellence | Dental Services | Facility Based Care | Hospice Services | Medical Case Mgmt. | Nutrition Services | Outpatient Mental Hlth | Outreach | Psychosocial Support | Residential Mental Hlth | Residential Subs Use | <b>Objectives</b><br><i>(Superscripts refer to corresponding number in the notes column)</i>   | <b>Client Inclusions</b>  | <b>Data Source (Compliance/ Program Review)</b> | <b>Measure Period</b>                             | <b>BOCC Scoring</b><br><br>Yes = Partial Scoring of Objectives Nearly Met<br><br>No = 5 Points if met, 0 if not. | <b>NOTES</b> |  |
| 57 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 80% of clients receiving money management will maintain stable housing for ≥ 6 mos.   | Clients Enrolled ≥ 6 mos.                       | Agency Report of electronic or paper client files | Contract Year  | <b>YES</b>   | Applicable to <b>Lutheran Social Services Money Management</b> |
| 58 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 90% of clients are able to retain housing due to guarantee that rent will be paid.  | All Program Clients                             | Agency Report of electronic or paper client files | Contract Year  | <b>NO</b>    | Applicable to <b>Lutheran Social Services Money Management</b> |
| 59 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 90% of clients identified by a licensed mental hlth therapist as having severe impairment related to substance use and/or mental hlth history will be assessed for behavioral hlth needs and referred to MH Program ≤15 days of admission to residence. | All residents of Maitri                         | Agency Report of electronic or paper client files | Contract year  | <b>NO</b>    | Applicable to <b>Maitri Mental Health Program</b>              |
| 60 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | 100% of MH program clients will have ISP developed ≤ 2 weeks of program admission and will be evaluated weekly.   | All MH program clients                          | Agency Report of electronic or paper client files | Contract year  | <b>YES</b>   | Applicable to <b>Maitri Mental Health Program</b>              |



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|----|---------------------------|------------------------------------|---------------------|-----------------------|-----------------|---------------------|------------------|--------------------|--------------------|------------------------|----------|----------------------|-------------------------|----------------------|--|---|---|---|--|--------------|--|
| 1  | <b>Service Categories</b> |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | <b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized. |   |   |   |  |              |  |
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| 61 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | 100% of MH program clients will have comprehensive reevaluation every 3 mos. to assess crisis stabilization, minimization of psych/mental health symptoms and update the ISP as needed. | All MH program clients                          | Agency Report of electronic or paper client files | Contract year  | YES          | Applicable to <b>Maitri Mental Health Program</b>  |
| 62 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | All clients prescribed psychotropic meds will maintain 100% adherence with psych meds.  | All MH program clients                          | Agency Report of electronic or paper client files | Contract year  | YES          | Applicable to <b>Maitri Mental Health Program</b>  |
| 63 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 55% of UDC referred by the DPH will respond to the annual client satisfaction survey.   | All Program Clients                             | Agency Summary Report of Annual Survey            | Contract Year  | YES          | Applicable to <b>Native American Hlth Center Dental Prog</b> (referrals from DPH dental Svcs; objective is in place of other dentistry Svcs standardized objectives) |
| 64 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 75% of pts completing a survey will report dental issue they were referred for by DPH was addressed satisfactorily.   | Clients Surveyed                                | Agency Summary Report of Annual Survey            | Contract Year  | YES          | Applicable to <b>Native American Hlth Center Dental Prog</b> (referrals from DPH dental Svcs; objective is in place of other dentistry Svcs standardized objectives) |

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|----|---------------------------|------------------------------------|---------------------|-----------------------|-----------------|---------------------|------------------|--------------------|--------------------|------------------------|----------|----------------------|-------------------------|--|--|--------------------------|---|-----------------------|--|--|
| 1  | <b>Service Categories</b> |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         | <i>Note: Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.</i> |  |                          |   |                       |  |  |
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| 65 | <b>P</b>                  |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |  | ≥ 95% of valid client requests for Emergency Assistance payments to 3rd party vendors will be processed ≤ 10 business days after completion of client documentation. | All Clients              | Agency Report of electronic or paper client files | Contract Year         | <b>YES</b>   | Applicable to <b>PRC AIDS Emergency Fund Program</b> |
| 66 | <b>P</b>                  |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |  | ≥ 95% of valid client requests for Eviction Prevention payments to 3rd party vendors will be processed ≤ 5 business days after completion of client documentation.   | All Clients              | Agency Report of electronic or paper client files | Contract Year         | <b>YES</b>   | Applicable to <b>PRC AIDS Emergency Fund Program</b> |
| 67 | <b>O</b>                  |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |  | AEF services will prevent eviction of at least 40 clients.   | All Clients              | Agency Internal Monthly and Quarterly Reports     | Contract Year         | <b>YES</b>   | Applicable to <b>PRC AIDS Emergency Fund Program</b> |
| 68 | <b>O</b>                  |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |  | AEF services will enable at least 40 clients to move into permanent affordable or subsidized housing.  | All Clients              | Agency Internal Monthly and Quarterly Reports     | Contract Year         | <b>YES</b>   | Applicable to <b>PRC AIDS Emergency Fund Program</b> |

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| 1  | <b>Service Categories</b> |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | <i><b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.</i> |  |   |                       |  |   |
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| 69 |                           |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | ≥ 85% of client cases in which claims for benefits have been filed and have been fully adjudicated by program representation will result in a favorable decision or an award.   | Cases with Benefits Claims Filed which have been Fully Adjudicated | Annual Agency Report <sup>1</sup>                     | Contract Year         | <b>YES</b>   | Applicable to <b><i>PRC Benefits Counseling Program</i></b><br><b>1.</b> Includes % claims awarded at initial, reconsideration, Admin Law Hearing, or Appeals level; decisions at same levels, and for Continuing Disability Reviews; by proof of award-notice received from SSA, or documented in SSA or CalMED data |
| 70 |                           |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | ≥ 85% of clients that receive an intake will obtain, retain, or increase access to health care coverage.  | All clients that receive an intake                                 | Agency Report of electronic or paper client files     | Contract year         | <b>YES</b>   | Applicable to <b><i>PRC Equal Access to Healthcare Program</i></b>  |
| 71 |                           |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | ≥ 85% of training participants that complete questionnaires will respond that the training attended was "somewhat informative" or "very informative".                           | Survey Respondents   | Agency Report of participants evaluations of sessions | Contract year         | <b>YES</b>   | Applicable to <b><i>PRC Equal Access to Healthcare Program</i></b>  |

**HIV Health Services  
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|    | A                         | B                                  | C                   | D                     | E               | F                   | G                | H                  | I                  | J                      | K        | L                    | M                       | N                    | O  | P   | Q   | R   | S  | T            |   |
|----|---------------------------|------------------------------------|---------------------|-----------------------|-----------------|---------------------|------------------|--------------------|--------------------|------------------------|----------|----------------------|-------------------------|----------------------|--|---|---|---|--|--------------|---|
| 1  | <b>Service Categories</b> |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | <b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized. |   |   |   |  |              |   |
| 2  | <b>TYPE OF OBJECTIVE</b>  | Ambulatory Outpatient Medical Care | Benefits Counseling | Centers of Excellence | Dental Services | Facility Based Care | Hospice Services | Medical Case Mgmt. | Nutrition Services | Outpatient Mental Hlth | Outreach | Psychosocial Support | Residential Mental Hlth | Residential Subs Use | <b>Objectives</b><br><i>(Superscripts refer to corresponding number in the notes column)</i>   | <b>Client Inclusions</b>  | <b>Data Source (Compliance/ Program Review)</b> | <b>Measure Period</b>   | <b>BOCC Scoring</b><br><br>Yes = Partial Scoring of Objectives Nearly Met<br><br>No = 5 Points if met, 0 if not. | <b>NOTES</b> |   |
| 72 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | PRC will track the presenting issues for each client that receives an intake to identify the top five presenting issues; using this information the program will design focused trainings on these issues for the following contract year. <sup>1</sup> | N/A   | Agency Report of electronic or paper client files                       | Contract year  | NO           | Applicable to <b>PRC Equal Access to Healthcare Program</b><br><br>1. Data on presenting issues collected from each year's clients is used to design training programs year-after-year. |
| 73 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 30% of clients who develop an ISP will receive authorizations to work with a CA Dept. of Rehab (DOR) Vocational Counselor on an Employment Plan.  | Clients Who Develop an ISP                      | Agency Report of Database Query of Client Records                       | Contract Year  | YES          | Applicable to <b>PRC Employment Services Program</b>  |
| 74 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 70% of clients who develop an ISP will enroll in single or multi-session trainings designed to increase capacity to become employed.  | Clients Who Develop an ISP                      | Agency Report of Database Query of Client Records                       | Contract Year  | YES          | Applicable to <b>PRC Employment Services Program</b>  |
| 75 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 25% of clients who develop an ISP will secure a permanent or temporary, full time or part-time job placement.   | Clients Who Develop an ISP                      | Agency Report of Database Query of Client files, and client self report | Contract Year  | YES          | Applicable to <b>PRC Employment Services Program</b>  |

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|    | A                         | B                                  | C                   | D                     | E               | F                   | G                | H                  | I                  | J                      | K        | L                    | M                       | N                    | O  | P  | Q   | R   | S  | T            |  |
|----|---------------------------|------------------------------------|---------------------|-----------------------|-----------------|---------------------|------------------|--------------------|--------------------|------------------------|----------|----------------------|-------------------------|----------------------|--|--|---|---|--|--------------|--|
| 1  | <b>Service Categories</b> |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | <b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized. |  |   |   |  |              |  |
| 2  | <b>TYPE OF OBJECTIVE</b>  | Ambulatory Outpatient Medical Care | Benefits Counseling | Centers of Excellence | Dental Services | Facility Based Care | Hospice Services | Medical Case Mgmt. | Nutrition Services | Outpatient Mental Hlth | Outreach | Psychosocial Support | Residential Mental Hlth | Residential Subs Use | <b>Objectives</b><br><i>(Superscripts refer to corresponding number in the notes column)</i>   | <b>Client Inclusions</b>   | <b>Data Source (Compliance/ Program Review)</b> | <b>Measure Period</b>                                     | <u>BOCC Scoring</u><br><br>Yes = Partial Scoring of Objectives Nearly Met<br><br>No = 5 Points if met, 0 if not. | <b>NOTES</b> |  |
| 76 | <b>O</b>                  |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | PRC tracks client income and benefits before and after clients secure a permanent placement to quantify the impact of employment for all clients that secure a placement.                | Clients Who Secure a Permanent Placement        | Agency Report of Database Query of Client Records         | Contract Year  | <b>YES</b>   | Applicable to <b>PRC Employment Services Program</b>                   |
| 77 | <b>P</b>                  |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | 100% of GTZ clients will complete an ISP within 30 days.   | All GTZ Clients                                 | Agency Report of Monthly Query of Client Records          | Contract Year  | <b>YES</b>   | Applicable to <b>PRC Employment Svcs Getting To Zero (GTZ) Program</b> |
| 78 | <b>P</b>                  |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 90% of GTZ clients who complete an ISP will receive a vocational evaluation and career exploration appt. with a Vocational Counselor and/or Employment Specialist ≤ 90 days of intake. | All GTZ Clients                                 | Agency Report of Monthly Database Query of Client Records | Contract Year  | <b>YES</b>   | Applicable to <b>PRC Employment Svcs Getting To Zero (GTZ) Program</b> |
| 79 | <b>O</b>                  |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 45% of GTZ clients who complete an ISP will begin further education, training, or an "On the Job" training internship within 12 mos. of assessment.                                    | All Clients Served for ≥ 12 months              | Agency Report of Monthly Database Query of Client Records | 12 mos. YTD from each client's assessment  | <b>YES</b>   | Applicable to <b>PRC Employment Svcs Getting To Zero (GTZ) Program</b> |

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|    | A                         | B                                  | C                   | D                     | E               | F                   | G                | H                  | I                  | J                      | K        | L                    | M                       | N                    | O  | P  | Q   | R   | S  | T            |  |
|----|---------------------------|------------------------------------|---------------------|-----------------------|-----------------|---------------------|------------------|--------------------|--------------------|------------------------|----------|----------------------|-------------------------|----------------------|--|--|---|---|--|--------------|--|
| 1  | <b>Service Categories</b> |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | <i>Note: Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.</i> |  |   |   |  |              |  |
| 2  | <b>TYPE OF OBJECTIVE</b>  | Ambulatory Outpatient Medical Care | Benefits Counseling | Centers of Excellence | Dental Services | Facility Based Care | Hospice Services | Medical Case Mgmt. | Nutrition Services | Outpatient Mental Hlth | Outreach | Psychosocial Support | Residential Mental Hlth | Residential Subs Use | <b>Objectives</b><br><i>(Superscripts refer to corresponding number in the notes column)</i>   | <b>Client Inclusions</b>   | <b>Data Source (Compliance/ Program Review)</b>       | <b>Measure Period</b>                                     | <u>BOCC Scoring</u><br><br>Yes = Partial Scoring of Objectives Nearly Met<br><br>No = 5 Points if met, 0 if not. | <b>NOTES</b> |  |
| 80 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 60% of GTZ clients who complete an ISP will secure short or long-term employment (part time, full time, temporary or permanent) within 12 mos. of assessment.  | All Clients Served for ≥ 12 months                    | Agency Report of Monthly Database Query of Client Records | 12 mos. YTD from each client's assessment  | YES          | Applicable to <b>PRC Employment Svcs Getting To Zero (GTZ) Program</b> |
| 81 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 25% of the above 60% of GTZ clients that secured short or long term employment will secure a permanent placement in competitive employment.  | GTZ Clients referenced in previous Objective (row 80) | Agency Report of Monthly Database Query of Client Records | Contract Year  | YES          | Applicable to <b>PRC Employment Svcs Getting To Zero (GTZ) Program</b> |
| 82 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 80% of GTZ clients who receive non-medical case mgmt. and complete a pre and post evaluation will report feeling more prepared for employment or vocational training at the time of referral to PRC. | All GTZ Clients                                       | Agency Report of Monthly Evaluation Results               | Contract Year  | YES          | Applicable to <b>PRC Employment Svcs GTZ Program</b>                   |
| 83 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 80% of GTZ clients who participate in Employment Readiness Groups will show at least one new skill learned.  | All GTZ Clients                                       | Agency Report of Monthly Group Evaluation Results         | Contract Year  | YES          | Applicable to <b>PRC Employment Svcs GTZ Program</b>                   |

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|    | A                         | B                                  | C                   | D                     | E               | F                   | G                | H                  | I                  | J                      | K        | L                    | M                       | N                    | O  | P   | Q   | R   | S  | T            |  |
|----|---------------------------|------------------------------------|---------------------|-----------------------|-----------------|---------------------|------------------|--------------------|--------------------|------------------------|----------|----------------------|-------------------------|----------------------|--|---|---|---|--|--------------|--|
| 1  | <b>Service Categories</b> |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | <b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized. |   |   |   |  |              |  |
| 2  | <b>TYPE OF OBJECTIVE</b>  | Ambulatory Outpatient Medical Care | Benefits Counseling | Centers of Excellence | Dental Services | Facility Based Care | Hospice Services | Medical Case Mgmt. | Nutrition Services | Outpatient Mental Hlth | Outreach | Psychosocial Support | Residential Mental Hlth | Residential Subs Use | <b>Objectives</b><br><i>(Superscripts refer to corresponding number in the notes column)</i>   | <b>Client Inclusions</b>  | <b>Data Source (Compliance/ Program Review)</b> | <b>Measure Period</b>   | <b>BOCC Scoring</b><br><br>Yes = Partial Scoring of Objectives Nearly Met<br><br>No = 5 Points if met, 0 if not. | <b>NOTES</b> |  |
| 84 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 60% of GTZ clients who access services through SFCHC Employment Readiness and receive a referral to PRC Employment Svcs will complete an intake | GTZ Clients referred to PRC                     | Agency Report of Monthly Referrals from SFCHC to PRC and Database | Contract Year  | YES          | Applicable to <b>PRC Employment Svcs GTZ Program</b>   |
| 85 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 75% of training participants completing post training survey will indicate improved knowledge on the specific topic post training. <sup>1</sup> | Prior and post training survey respondents      | Agency Report of Prior and Post Survey Results Analyzed           | Contract Year  | YES          | Applicable to <b>PRC Frontline Organizing Group (FOG) - GTZ Program</b><br>1. Survey asks for knowledge prior / post training on a 1 - 5 scale; improved knowledge indicated by higher rating post training as compared to prior to training |
| 86 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 75% of training participants completing post training survey will indicate they know the meaning of Undetectable = Untransmittable (U = U).     | Post training survey respondents                | Agency Report of Post Survey Results Analyzed                     | Contract Year  | YES          | Applicable to <b>PRC Frontline Organizing Group (FOG) - GTZ Program</b>  |
| 87 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | All program clients will receive at least one nutrition education opportunity.  | All HIV+ Clients                                | Agency Report of electronic or paper client files                 | Contract Year  | YES          | Applicable to <b>Project Open Hand (POH) HIV/AIDS Food and Nutrition Services</b>  |

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|    | A                         | B                                  | C                   | D                     | E               | F                   | G                | H                  | I                  | J                      | K        | L                    | M                       | N                    | O  | P  | Q   | R   | S  | T            |   |
|----|---------------------------|------------------------------------|---------------------|-----------------------|-----------------|---------------------|------------------|--------------------|--------------------|------------------------|----------|----------------------|-------------------------|----------------------|--|--|---|---|--|--------------|---|
| 1  | <b>Service Categories</b> |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | <b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized. |  |   |   |  |              |   |
| 2  | <b>TYPE OF OBJECTIVE</b>  | Ambulatory Outpatient Medical Care | Benefits Counseling | Centers of Excellence | Dental Services | Facility Based Care | Hospice Services | Medical Case Mgmt. | Nutrition Services | Outpatient Mental Hlth | Outreach | Psychosocial Support | Residential Mental Hlth | Residential Subs Use | <b>Objectives</b><br><i>(Superscripts refer to corresponding number in the notes column)</i>   | <b>Client Inclusions</b>   | <b>Data Source (Compliance/ Program Review)</b>                         | <b>Measure Period</b>                             | <b>BOCC Scoring</b><br><br>Yes = Partial Scoring of Objectives Nearly Met<br><br>No = 5 Points if met, 0 if not. | <b>NOTES</b> |   |
| 88 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 90% of new clients that met with the RD and scored ≥ 6 on the Nutrition Risk Checklist with an adherence rate <sup>1</sup> to services of ≤ 25% will receive a face to face follow up assessment once a year to address any barriers to adherence. | All clients who receive ≥ 6 score on DETERMINE Nutrition Risk Checklist | Agency Report of electronic or paper client files | Contract Year  | YES          | Applicable to <b>POH HIV/AIDS Food and Nutrition Services</b><br>1. Adherence rate defined as frequency UDC accesses service. If client is seen, on avg, ≤ once per mo. this is considered ≤ 25% of adherence, or high nutritional risk. (run report at start of each FY for all new UDC that met with RD and scored ≥ 6; compare with frequency of visits; select for UDC who visit ≤ 25%) |
| 89 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 75% of HIV+ survey respondents will report "program helps maintain or improve my health".  | Clients Completing Annual Survey  | Agency Report of Survey Results                   | Contract Year  | YES          | Applicable to <b>POH HIV/AIDS Food and Nutrition Services</b>   |
| 90 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 75% of HIV+ survey respondents will report "nutrition education increased my knowledge of nutrition in addressing HIV and overall health".   | Clients Completing Annual Survey  | Agency Report of Survey Results                   | Contract Year  | YES          | Applicable to: <b>POH HIV/AIDS Food and Nutrition Services and GTZ Program</b>  |
| 91 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 50% of GTZ clients will attest to increased med adherence as reported on the Survey  | GTZ Clients   | Agency Report of Survey Results                   | Contract Year  | YES          | Applicable to <b>POH HIV/AIDS Food and Nutrition Services - GTZ Program</b>   |



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|    | A                         | B                                  | C                   | D                     | E               | F                   | G                | H                  | I                  | J                      | K        | L                    | M                       | N                    | O  | P  | Q   | R   | S  | T            |   |
|----|---------------------------|------------------------------------|---------------------|-----------------------|-----------------|---------------------|------------------|--------------------|--------------------|------------------------|----------|----------------------|-------------------------|----------------------|--|--|---|---|--|--------------|---|
| 1  | <b>Service Categories</b> |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | <b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized. |  |   |   |  |              |   |
| 2  | <b>TYPE OF OBJECTIVE</b>  | Ambulatory Outpatient Medical Care | Benefits Counseling | Centers of Excellence | Dental Services | Facility Based Care | Hospice Services | Medical Case Mgmt. | Nutrition Services | Outpatient Mental Hlth | Outreach | Psychosocial Support | Residential Mental Hlth | Residential Subs Use | <b>Objectives</b><br><i>(Superscripts refer to corresponding number in the notes column)</i>   | <b>Client Inclusions</b>   | <b>Data Source (Compliance/ Program Review)</b> | <b>Measure Period</b>   | <b>BOCC Scoring</b><br><br>Yes = Partial Scoring of Objectives Nearly Met<br><br>No = 5 Points if met, 0 if not. | <b>NOTES</b> |   |
| 92 | <b>O</b>                  |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 50% of GTZ clients will improve Activities of Daily Living or Quality of Life  | GTZ Clients                                     | Agency Report of Survey Results                                       | Contract Year  | <b>YES</b>   | Applicable to <b>POH HIV/AIDS Food and Nutrition Services - GTZ Program</b>                           |
| 93 | <b>P</b>                  |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 25% of GTZ clients will receive food and nutrition services at least once a month for ≥ 6 months.  | GTZ Clients                                     | Agency Report of Database Query                                       | Contract Year  | <b>YES</b>   | Applicable to <b>POH HIV/AIDS Food and Nutrition Services - GTZ Program</b>                           |
| 94 | <b>O</b>                  |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 75% of clients served with a comprehensive evaluation will demonstrate receipt of, or will be in process of receiving eligible benefits. | Clients Receiving Comp Evaluation               | Agency Report of electronic or paper client files, client self report | Contract Year  | <b>YES</b>   | Applicable to <b>SFAF Non Medical Case Management &amp; Benefits Counseling Services</b>              |
| 95 | <b>NA</b>                 |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | All Standardized (column C) CoE Objectives apply to this Ryan White Part C funded program.   | N/A   | N/A   | N/A  | N/A          | Applicable to <b>APIWC &amp; Tom Waddell Hlth Center - TACE: EIS Program (Ryan White mapping tab)</b> |

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|    | A                         | B                                  | C                   | D                     | E               | F                   | G                | H                  | I                  | J                      | K        | L                    | M                       | N                    | O  | P                         | Q  | R                     | S  | T  |
|----|---------------------------|------------------------------------|---------------------|-----------------------|-----------------|---------------------|------------------|--------------------|--------------------|------------------------|----------|----------------------|-------------------------|----------------------|--|---------------------------|--|-----------------------|--|--|
| 1  | <b>Service Categories</b> |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | <b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.   |                           |  |                       |  |  |
| 2  | <b>TYPE OF OBJECTIVE</b>  | Ambulatory Outpatient Medical Care | Benefits Counseling | Centers of Excellence | Dental Services | Facility Based Care | Hospice Services | Medical Case Mgmt. | Nutrition Services | Outpatient Mental Hlth | Outreach | Psychosocial Support | Residential Mental Hlth | Residential Subs Use | <b>Objectives</b><br><i>(Superscripts refer to corresponding number in the notes column)</i>   | <b>Client Inclusions</b>  | <b>Data Source (Compliance/ Program Review)</b>  | <b>Measure Period</b> | <b>BOCC Scoring</b><br><br>Yes = Partial Scoring of Objectives Nearly Met<br><br>No = 5 Points if met, 0 if not. | <b>NOTES</b>                                       |
| 96 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | ≥ 90% of Health at Home patients will have a primary medical provider (MD/NP/PA) visit scheduled. New clients will have a primary medical provider visit within six months of starting care. All continuing clients will have at least one primary medical care provider within the 12 month term of review. | All enrolled clients      | Agency Report of patient records review of medical provider visits   | Contract Year         | YES  | Applicable to <b>SFDPH Health at Home Services</b> |
| 97 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | ≥ 75% of patients will have a viral load < 200 copies/ml which will indicate viral suppression and treatment adherence.  | Clients Enrolled ≥ 6 mos. | Report of patient lab results documented in Epic, or ARIES Performance Objectives (or other) client data report. | Contract Year         | YES  | Applicable to <b>SFDPH Health at Home Services</b> |

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|     | A                         | B                                  | C                   | D                     | E               | F                   | G                | H                  | I                  | J                      | K        | L                    | M                       | N                    | O  | P  | Q   | R  | S  | T            |  |
|-----|---------------------------|------------------------------------|---------------------|-----------------------|-----------------|---------------------|------------------|--------------------|--------------------|------------------------|----------|----------------------|-------------------------|----------------------|--|--|---|--|--|--------------|--|
| 1   | <b>Service Categories</b> |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | <b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized. |  |   |  |  |              |  |
| 2   | <b>TYPE OF OBJECTIVE</b>  | Ambulatory Outpatient Medical Care | Benefits Counseling | Centers of Excellence | Dental Services | Facility Based Care | Hospice Services | Medical Case Mgmt. | Nutrition Services | Outpatient Mental Hlth | Outreach | Psychosocial Support | Residential Mental Hlth | Residential Subs Use | <b>Objectives</b><br><i>(Superscripts refer to corresponding number in the notes column)</i>   | <b>Client Inclusions</b>   | <b>Data Source (Compliance/ Program Review)</b> | <b>Measure Period</b>  | <b>BOCC Scoring</b><br><br>Yes = Partial Scoring of Objectives Nearly Met<br><br>No = 5 Points if met, 0 if not. | <b>NOTES</b> |  |
| 98  | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 90% of clients completing 3 mos. of service will have received basic HIV disease education regarding transmission and prevention. Continuing clients served for more than 12 months will have received basic HIV disease process education regarding transmission and prevention at least once annually. | Clients Enrolled ≥ 3 mos.                       | Agency Report of chart audit of HIV care plan section in Encore and Epic | Contract Year  | YES          | Applicable to <b>SFDPH Health at Home Services</b>   |
| 100 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | All clients will be assessed for mental health and substance use treatment needs ≤ 30 days of program enrollment.  | All New Clients                                 | Agency Report of electronic or paper client files                        | Contract Year  | YES          | Applicable to <b>SFDPH Health at Home Services</b>   |
| 103 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 60% of patients enrolled in navigation will attend a primary care visit within 90 days of enrollment.  | All Program Clients                             | Agency Report of documentation in client ISCHTR and/or EPIC              | Contract Year  | YES          | Applicable to <b>SFDPH Linkage, Integration, Navigation and Comprehensive Services (LINCS) Program</b> |
| 104 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 10% of patients enrolled in navigation will have an increase in viral suppression 6 months after enrollment.   | Clients Enrolled ≥ 6 mos.                       | Agency Report of documentation per DPH HIV Surveillance                  | Contract Year  | NO           | Applicable to <b>SFDPH LINCS Program</b>   |

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|     | A                         | B                                  | C                   | D                     | E               | F                   | G                | H                  | I                  | J                      | K        | L                    | M                       | N                    | O  | P   | Q   | R   | S  | T            |  |
|-----|---------------------------|------------------------------------|---------------------|-----------------------|-----------------|---------------------|------------------|--------------------|--------------------|------------------------|----------|----------------------|-------------------------|----------------------|--|---|---|---|--|--------------|--|
| 1   | <b>Service Categories</b> |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | <b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized. |   |   |   |  |              |  |
| 2   | <b>TYPE OF OBJECTIVE</b>  | Ambulatory Outpatient Medical Care | Benefits Counseling | Centers of Excellence | Dental Services | Facility Based Care | Hospice Services | Medical Case Mgmt. | Nutrition Services | Outpatient Mental Hlth | Outreach | Psychosocial Support | Residential Mental Hlth | Residential Subs Use | <b>Objectives</b><br><i>(Superscripts refer to corresponding number in the notes column)</i>   | <b>Client Inclusions</b>  | <b>Data Source (Compliance/ Program Review)</b> | <b>Measure Period</b>   | <b>BOCC Scoring</b><br><br>Yes = Partial Scoring of Objectives Nearly Met<br><br>No = 5 Points if met, 0 if not. | <b>NOTES</b> |  |
| 105 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | Lab staff will conduct initial screening and complete confirmatory HIV test <sup>1</sup> of specimens ≤ 5 working days.   | Tests Performed                                 | Agency Report of achievement utilizing lab database                 | Contract Year  | YES          | Applicable to <b>SFDPH Microbiology Lab</b><br>1. Lab performs confirmatory testing on all preliminary positive test results |
| 106 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 95% of HIV Viral Load specimens are processed, tested, results reviewed and reported by Microbiologist ≤ 7 business days from collection  | Tests Performed                                 | Agency Report of Testing Accuracy per Nat'l Proficiency Score ≥ 80% | Contract Year  | YES          | Applicable to <b>SFDPH Microbiology Lab</b>  |
| 107 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | 80% <sup>1</sup> of HIV+ clients (primary care documented in ARIES) will have had two or more medical visits during the year (one in the first half and the other in last half of the year). <sup>2</sup> | Clients Enrolled ≥ 6 months                     | ARIES report of required documentation in client records            | Contract Year  | YES          | Applicable to <b>SFDPH Castro Mission Health Center (CMHC)</b>   |
| 108 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 85% of HIV clients who received primary care (documented in ARIES) will have had ≥ 1 viral load test. <sup>1</sup>  | Clients Enrolled ≥ 6 mos.                       | ARIES report of required documentation in client records            | Contract Year  | YES          | Applicable to <b>SFDPH CMHC</b><br>1. Use appropriate ARIES Report functions as trained by HHS staff.                        |

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|     | A                         | B                                  | C                   | D                     | E               | F                   | G                | H                  | I                  | J                      | K        | L                    | M                       | N  | O  | P   | Q   | R                     | S  | T   |
|-----|---------------------------|------------------------------------|---------------------|-----------------------|-----------------|---------------------|------------------|--------------------|--------------------|------------------------|----------|----------------------|-------------------------|--|--|---|---|-----------------------|--|---|
| 1   | <b>Service Categories</b> |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         | <i>Note: Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.</i> |  |   |   |                       |  |   |
| 2   | <b>TYPE OF OBJECTIVE</b>  | Ambulatory Outpatient Medical Care | Benefits Counseling | Centers of Excellence | Dental Services | Facility Based Care | Hospice Services | Medical Case Mgmt. | Nutrition Services | Outpatient Mental Hlth | Outreach | Psychosocial Support | Residential Mental Hlth | Residential Subs Use   | <b>Objectives</b><br><i>(Superscripts refer to corresponding number in the notes column)</i>   | <b>Client Inclusions</b>                      | <b>Data Source (Compliance/ Program Review)</b>                           | <b>Measure Period</b> | <b>BOCC Scoring</b><br><br>Yes = Partial Scoring of Objectives Nearly Met<br><br>No = 5 Points if met, 0 if not. | <b>NOTES</b>  |
| 109 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |  | ≥ 70% of clients on ART (Primary Care documented in ARIES) will have a viral load ≤ 200 copies/ml which will indicate viral suppression and successful treatment adherence. <sup>1</sup> | Clients Enrolled ≥ 6 mos.                     | ARIES report of required documentation in client records                  | Contract Year         | YES  | Applicable to <b>SFDPH CMHC</b><br><br>1. Use appropriate ARIES Report functions as trained by HHS staff. |
| 110 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |  | ≥ 90% of pts will be assessed for mental health and substance use treatment needs ≤ 30 days of program enrollment.   | All New Clients                               | Agency Report of electronic or paper client files                         | Contract Year         | YES  | Applicable to <b>SFDPH CMHC</b>   |
| 111 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |  | ≥ 90% of pts assessed as eligible for SSI Disability will have SSI evaluation written ≤ 2 wks of the initial assessment.   | Clients Eligible for SSI Disability           | List of eligible clients & monthly stats form                             | Contract Year         | YES  | Applicable to <b>SFDPH South Van Ness Adult Behavioral Health Services (MOU 5 and MOU 6)</b>              |
| 112 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |  | SFFB will maintain an average product nutrition rating of 2.5 on a scale of 0-3 based on content provided by Nutrition Facts Label.  | Inventory Available to Agencies Funded by HHS | Agency Report of nutrition eval tool: Choosing Healthy Eating Well (CHEW) | Contract Year         | YES  | Applicable to <b>SF Food Bank</b>   |

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|     | A                         | B                                  | C                   | D                     | E               | F                   | G                | H                  | I                  | J                      | K        | L                    | M                       | N                    | O  | P  | Q   | R   | S  | T            |  |
|-----|---------------------------|------------------------------------|---------------------|-----------------------|-----------------|---------------------|------------------|--------------------|--------------------|------------------------|----------|----------------------|-------------------------|----------------------|--|--|---|---|--|--------------|--|
| 1   | <b>Service Categories</b> |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | <b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized. |  |   |   |  |              |  |
| 2   | <b>TYPE OF OBJECTIVE</b>  | Ambulatory Outpatient Medical Care | Benefits Counseling | Centers of Excellence | Dental Services | Facility Based Care | Hospice Services | Medical Case Mgmt. | Nutrition Services | Outpatient Mental Hlth | Outreach | Psychosocial Support | Residential Mental Hlth | Residential Subs Use | <b>Objectives</b><br><i>(Superscripts refer to corresponding number in the notes column)</i>   | <b>Client Inclusions</b>   | <b>Data Source (Compliance/ Program Review)</b> | <b>Measure Period</b>   | <b>BOCC Scoring</b><br><br>Yes = Partial Scoring of Objectives Nearly Met<br><br>No = 5 Points if met, 0 if not. | <b>NOTES</b> |  |
| 113 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 80% of HHS funded agencies will report food received helps clients meet nutritional needs in response to provider satisfaction survey. | HHS providers that receive SFFB Food            | Agency Summary Report of Provider Satisfaction Survey                                       | Contract Year  | YES          | Applicable to <b>SF Food Bank</b>                                      |
| 114 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | The AIDS/HIV Nightline will conduct outreach to ≥ 15 San Francisco service agencies doing HIV/AIDS work.                                 | Not Applicable                                  | Agency Report of documentation, i.e., sign-in logs, CBO letters demonstrating participation | Contract Year  | NO           | Applicable to <b>SF Suicide Prevention Nightline (in BHS Contract)</b> |
| 115 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | The AIDS/HIV Nightline will exhibit at or participate in ≥ 2 community events.   | Not Applicable                                  | Agency Report of documentation, i.e., sign-in logs, CBO letters demonstrating participation | Contract Year  | NO           | Applicable to <b>SF Suicide Prevention Nightline (in BHS Contract)</b> |
| 116 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | The AIDS/HIV Nightline will respond to ≥ 1,025 calls from PLWH/A   | Not Applicable                                  | Agency Report of Call Logs  | Contract Year  | YES          | Applicable to <b>SF Suicide Prevention Nightline (in BHS Contract)</b> |
| 117 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | The AIDS/HIV Nightline will complete ≥ 2 volunteer training classes for each new volunteer to receive ≥ 60 hrs. of training              | New Volunteers                                  | Agency Report of Training Attendance Logs   | Contract Year  | YES          | Applicable to <b>SF Suicide Prevention Nightline (in BHS Contract)</b> |

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|     | A                         | B                                  | C                   | D                     | E               | F                   | G                | H                  | I                  | J                      | K        | L                    | M                       | N                    | O  | P  | Q   | R   | S  | T            |   |
|-----|---------------------------|------------------------------------|---------------------|-----------------------|-----------------|---------------------|------------------|--------------------|--------------------|------------------------|----------|----------------------|-------------------------|----------------------|--|--|---|---|--|--------------|---|
| 1   | <b>Service Categories</b> |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | <i>Note: Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.</i> |  |   |   |  |              |   |
| 2   | <b>TYPE OF OBJECTIVE</b>  | Ambulatory Outpatient Medical Care | Benefits Counseling | Centers of Excellence | Dental Services | Facility Based Care | Hospice Services | Medical Case Mgmt. | Nutrition Services | Outpatient Mental Hlth | Outreach | Psychosocial Support | Residential Mental Hlth | Residential Subs Use | <b>Objectives</b><br><i>(Superscripts refer to corresponding number in the notes column)</i>   | <b>Client Inclusions</b>   | <b>Data Source (Compliance/ Program Review)</b> | <b>Measure Period</b>   | <b>BOCC Scoring</b><br><br>Yes = Partial Scoring of Objectives Nearly Met<br><br>No = 5 Points if met, 0 if not. | <b>NOTES</b> |   |
| 118 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 80% of new clients seeking practical and/or emotional support are matched to staff or a volunteer ≤ 5 business days. | New Clients                                     | Agency Report of electronic or paper client files                   | Contract Year  | YES          | Applicable to <b>Shanti Emotional and Practical Support</b> |
| 119 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 70% of clients report a decreased level of isolation since being connected with program staff or volunteers.         | Clients Completing Annual Survey                | Agency Report of survey response: "I feel less isolated now"        | Contract Year  | YES          | Applicable to <b>Shanti Emotional and Practical Support</b> |
| 120 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 60% of clients report an increased level of self sufficiency since being connected with program staff or volunteers. | Clients Completing Annual Survey                | Agency Report of survey response: "I feel more self-sufficient now" | Contract Year  | YES          | Applicable to <b>Shanti Emotional and Practical Support</b> |
| 121 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 60% of clients report a decreased level of stress since engaging with the program.                                   | Clients Completing Annual Survey                | Agency Report of survey response: "I feel less stress now"          | Contract Year  | YES          | Applicable to <b>Shanti Senior Survivor Support Program</b> |
| 122 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 70% of clients report a decreased level of isolation since being connected with program.                             | Clients Completing Annual Survey                | Agency Report of survey response: "I feel less isolated now"        | Contract Year  | YES          | Applicable to <b>Shanti Senior Survivor Support Program</b> |

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|     | A                         | B                                  | C                   | D                     | E               | F                   | G                | H                  | I                  | J                      | K        | L                    | M                       | N                    | O  | P  | Q   | R  | S  | T            |  |
|-----|---------------------------|------------------------------------|---------------------|-----------------------|-----------------|---------------------|------------------|--------------------|--------------------|------------------------|----------|----------------------|-------------------------|----------------------|--|--|---|--|--|--------------|--|
| 1   | <b>Service Categories</b> |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | <b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized. |  |   |  |  |              |  |
| 2   | <b>TYPE OF OBJECTIVE</b>  | Ambulatory Outpatient Medical Care | Benefits Counseling | Centers of Excellence | Dental Services | Facility Based Care | Hospice Services | Medical Case Mgmt. | Nutrition Services | Outpatient Mental Hlth | Outreach | Psychosocial Support | Residential Mental Hlth | Residential Subs Use | <b>Objectives</b><br><i>(Superscripts refer to corresponding number in the notes column)</i>   | <b>Client Inclusions</b>   | <b>Data Source (Compliance/ Program Review)</b> | <b>Measure Period</b>  | <b>BOCC Scoring</b><br><br>Yes = Partial Scoring of Objectives Nearly Met<br><br>No = 5 Points if met, 0 if not. | <b>NOTES</b> |  |
| 123 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 60% of clients report an increased sense of community since being connected with program.  | Clients Completing Annual Survey                | Agency Report of survey response: "I feel more connected to community now" | Contract Year  | YES          | Applicable to <b>Shanti Senior Survivor Support Program</b>  |
| 124 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | Program will generate and review a list of clients not engaged in Primary Care and will follow-up with the identified clients quarterly.                                 | Clients not Engaged in Primary Care             | Quarterly ARIES Report <sup>1</sup>  | Contract Year  | NO           | Applicable to <b>Shanti Integrated Medical Case Management Program</b><br>1. Prog must retain all quarterly ARIES reports for review by BOCC.<br><b>NOTE:</b> Case Manager coordinates with RN quarterly for follow up by Peer Advocate. |
| 125 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | The Director coordinates various presentations to the HCPC to ensure the materials and information reviewed fulfill all legislative requirements and council directives. | Not Applicable                                  | Presentation Summary during Prioritization and Allocations Process         | Contract Year  | YES          | Applicable to <b>Shanti HIV Community Planning Council (HCPC) Support</b>  |



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|     | A                         | B                                  | C                   | D                     | E               | F                   | G                | H                  | I                  | J                      | K        | L                    | M                       | N                    | O  | P   | Q   | R                                      | S  | T            |   |
|-----|---------------------------|------------------------------------|---------------------|-----------------------|-----------------|---------------------|------------------|--------------------|--------------------|------------------------|----------|----------------------|-------------------------|----------------------|--|---|---|--|--|--------------|---|
| 1   | <b>Service Categories</b> |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | <b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized. |   |   |  |  |              |   |
| 2   | <b>TYPE OF OBJECTIVE</b>  | Ambulatory Outpatient Medical Care | Benefits Counseling | Centers of Excellence | Dental Services | Facility Based Care | Hospice Services | Medical Case Mgmt. | Nutrition Services | Outpatient Mental Hlth | Outreach | Psychosocial Support | Residential Mental Hlth | Residential Subs Use | <b>Objectives</b><br><i>(Superscripts refer to corresponding number in the notes column)</i>   | <b>Client Inclusions</b>  | <b>Data Source (Compliance/ Program Review)</b> | <b>Measure Period</b>                  | <b>BOCC Scoring</b><br><br>Yes = Partial Scoring of Objectives Nearly Met<br><br>No = 5 Points if met, 0 if not. | <b>NOTES</b> |   |
| 126 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | All new HCPC members are provided Orientation training upon beginning their terms; ≥ 3 additional skills-development trainings are provided to new and continuing members in subjects which may include, but are not limited to: <sup>1</sup> | HCPC Members                                    | Program Documentation - Training Logs  | Contract Year  | YES          | Applicable to <b>Shanti HCPC Support</b><br><br>1. Roberts Rules of Order, Rules of Respectful Engagement, Privacy Rights, Cultural Humility, Chairing/Leading Meetings, other trainings identified by the PC Director. |
| 127 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | The HCPC Director participates in the evaluation of success in meeting goals of the Comprehensive Plan and provides a written report to HCPC members each year.   | HCPC Members                                    | Program Report to Council <sup>1</sup> | Contract Year  | YES          | Applicable to <b>Shanti HCPC Support</b>  |
| 128 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | All HCPC members receive ongoing core competency training in areas identified by the Training Needs Analysis to be conducted and updated by the Training and Evaluation Coordinator.  | HCPC Members                                    | Program Documentation - Training Logs  | Calendar Year  | YES          | Applicable to <b>Shanti HCPC Support</b>  |

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|     | A                         | B                                  | C                   | D                     | E               | F                   | G                | H                  | I                  | J                      | K        | L                    | M                       | N                    | O  | P   | Q   | R  | S  | T            |  |
|-----|---------------------------|------------------------------------|---------------------|-----------------------|-----------------|---------------------|------------------|--------------------|--------------------|------------------------|----------|----------------------|-------------------------|----------------------|--|---|---|--|--|--------------|--|
| 1   | <b>Service Categories</b> |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | <i>Note: Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.</i> |   |   |  |  |              |  |
| 2   | <b>TYPE OF OBJECTIVE</b>  | Ambulatory Outpatient Medical Care | Benefits Counseling | Centers of Excellence | Dental Services | Facility Based Care | Hospice Services | Medical Case Mgmt. | Nutrition Services | Outpatient Mental Hlth | Outreach | Psychosocial Support | Residential Mental Hlth | Residential Subs Use | <b>Objectives</b><br><i>(Superscripts refer to corresponding number in the notes column)</i>   | <b>Client Inclusions</b>  | <b>Data Source (Compliance/ Program Review)</b> | <b>Measure Period</b>                      | <b>BOCC Scoring</b><br><br>Yes = Partial Scoring of Objectives Nearly Met<br><br>No = 5 Points if met, 0 if not. | <b>NOTES</b> |  |
| 129 | <b>P</b>                  |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 80% of treatment plans are developed ≤ 90 days of client being assigned to a provider. <sup>1</sup>   | As Defined by Agency Protocol                   | Agency Report of Client Records, Call Logs | Contract Year  | <b>YES</b>   | Applicable to UCSF AHP Mental Hlth Svcs for HIV+ Workforce and Outpt Mental Hlth Svcs Program<br>1. Replaces Row 12 for 2nd AHP contract |
| 130 | <b>P</b>                  |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 80% of treatment plans are reviewed and updated for clients still engaged in care > 1 year. <sup>1</sup>  | As Defined by Agency Protocol                   | Agency Report of Client Records, Call Logs | Contract Year  | <b>NO</b>    | Applicable to UCSF AHP Mental Hlth Svcs for HIV+ Workforce and Outpt Mental Hlth Svcs Program<br>1. Replaces Row 13 for 2nd AHP contract |
| 131 | <b>O</b>                  |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 80% of neuropsychological testing findings will be reported to referring provider ≤ 3 weeks from completion of neuropsych testing.                                  | As Defined by Agency Protocol                   | Agency Report of Client Records, Call Logs | Contract Year  | <b>YES</b>   | Applicable to <b>UCSF AHP Outpatient Mental Health Services Program</b>  |
| 133 | <b>O</b>                  |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 70% of clients who complete a pre- and post-test measurement and who identify problem areas on the pre-test, will improve in ≥ one of these areas on the post-test. | As Defined by Agency Protocol                   | Agency Report of pre and post test results | Contract Year  | <b>NO</b>    | Applicable to <b>UCSF AHP Outpatient Mental Health Services Program</b>  |

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|     | A                         | B                                  | C                   | D                     | E               | F                   | G                | H                  | I                  | J                      | K        | L                    | M                       | N                    | O  | P  | Q   | R  | S  | T            |   |
|-----|---------------------------|------------------------------------|---------------------|-----------------------|-----------------|---------------------|------------------|--------------------|--------------------|------------------------|----------|----------------------|-------------------------|----------------------|--|--|---|--|--|--------------|---|
| 1   | <b>Service Categories</b> |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | <b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized. |  |   |  |  |              |   |
| 2   | <b>TYPE OF OBJECTIVE</b>  | Ambulatory Outpatient Medical Care | Benefits Counseling | Centers of Excellence | Dental Services | Facility Based Care | Hospice Services | Medical Case Mgmt. | Nutrition Services | Outpatient Mental Hlth | Outreach | Psychosocial Support | Residential Mental Hlth | Residential Subs Use | <b>Objectives</b><br><i>(Superscripts refer to corresponding number in the notes column)</i>   | <b>Client Inclusions</b>   | <b>Data Source (Compliance/ Program Review)</b>   | <b>Measure Period</b>  | <u>BOCC Scoring</u><br><br>Yes = Partial Scoring of Objectives Nearly Met<br><br>No = 5 Points if met, 0 if not. | <b>NOTES</b> |   |
| 134 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 80% of clients will report the services received:<br>a. "Helped a great deal" or "somewhat" to deal with concerns or problems.<br>b. "Helped very much" or "somewhat" to protect them from HIV infection.<br>c. "Helped very much" or "somewhat" to talk with partners about their HIV infection status. | Clients who complete a Client Satisfaction Survey | Agency Report of Client Records, Call Logs   | Contract Year  | YES          | Not Applicable in FY 20-21<br><br>Applicable to <del>UCSF AHP Outpatient Mental Health Services Program</del>   |
| 135 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 50% of HIV+ clients (primary care documented in ARIES) will have two or more medical visits during the year (one in the first half and the other in last half of the year). <sup>1</sup>   | Clients Enrolled ≥ 6 mos.                         | ARIES Report of Documentation in Client Records, or Agency Report of Internal Database | Contract Year  | YES          | Applicable to <b>UCSF AHP and APIWC-SFCHC Intensive Case Management (ICM) GTZ Programs</b><br><br>1. Use appropriate ARIES Report functions as trained by HHS staff |
| 136 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 50% of clients (Primary Care documented in ARIES) will have a viral load < 200 copies/ml which will indicate viral suppression and treatment adherence. <sup>1</sup>   | Clients Enrolled ≥ 6 mos.                         | ARIES Report of Documentation in Client Records, or Agency Report of Internal Database | Contract Year  | YES          | Applicable to <b>UC AHP ICM GTZ and APIWC-SFCHC ICM GTZ Programs</b><br><br>1. Evaluation & Measurement is the "Cross Tab Wizard" Report                            |

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|     | A                         | B                                  | C                   | D                     | E               | F                   | G                | H                  | I                  | J                      | K        | L                    | M                       | N                    | O  | P   | Q   | R   | S  | T            |   |
|-----|---------------------------|------------------------------------|---------------------|-----------------------|-----------------|---------------------|------------------|--------------------|--------------------|------------------------|----------|----------------------|-------------------------|----------------------|--|---|---|---|--|--------------|---|
| 1   | <b>Service Categories</b> |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | <b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized. |   |   |   |  |              |   |
| 2   | <b>TYPE OF OBJECTIVE</b>  | Ambulatory Outpatient Medical Care | Benefits Counseling | Centers of Excellence | Dental Services | Facility Based Care | Hospice Services | Medical Case Mgmt. | Nutrition Services | Outpatient Mental Hlth | Outreach | Psychosocial Support | Residential Mental Hlth | Residential Subs Use | <b>Objectives</b><br><i>(Superscripts refer to corresponding number in the notes column)</i>   | <b>Client Inclusions</b>  | <b>Data Source (Compliance/ Program Review)</b> | <b>Measure Period</b>   | <b>BOCC Scoring</b><br><br>Yes = Partial Scoring of Objectives Nearly Met<br><br>No = 5 Points if met, 0 if not. | <b>NOTES</b> |   |
| 137 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 75% of ISP <sup>1</sup> will be developed ≤ 90 <sup>2</sup> days of initial client intake.                                  | All Clients                                     | Agency Report of client files-include acuity scale, harm reduction, Tx plan | Contract Year  | NO           | Applicable to <b>UC AHP ICM GTZ and APIWC-SFCHC ICM GTZ Programs</b><br>1. Comprehensive ISP includes Mental Health and Substance Use Assessment<br>2. Tx plan signed by client and clinician |
| 138 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 80% of treatment plans <sup>1</sup> will be reviewed and updated for clients still engaged in care ≥ 1 year.                | All Clients                                     | Agency Report of client files-include acuity scale, harm reduction, Tx plan | Contract Year  | NO           | Applicable to <b>UC AHP ICM GTZ and APIWC-SFCHC ICM GTZ Programs</b><br>1. Comprehensive ISP includes Mental Health and Substance Use Assessment  |
| 139 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≤ 50% will remain "street homeless", and ≥ 50% will maintain housing, or become housed at some level.                         | All Clients                                     | Agency Report of electronic or paper client files                           | Contract Year  | YES          | Applicable to <b>UC AHP ICM GTZ and APIWC-SFCHC ICM GTZ Programs</b>  |
| 140 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 60% of those assessed as needing Psychiatric services will be linked.   | All Clients                                     | Agency Report of electronic or paper client files                           | Contract Year  | YES          | Applicable to <b>UC AHP ICM GTZ and APIWC-SFCHC ICM GTZ Programs</b>  |
| 141 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 90% of clients completing 3 mos. of service will have received basic HIV disease education from a Nurse Practitioner or RN. | Clients Completing 3 mos. of Service            | Agency Report of electronic or paper client files                           | Contract Year  | YES          | Applicable to <b>UCSF/DSAAM W93 OTOP Methadone Maintenance Program</b>  |

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|     | A                         | B                                  | C                   | D                     | E               | F                   | G                | H                  | I                  | J                      | K        | L                    | M                       | N                    | O  | P  | Q   | R  | S  | T            |  |
|-----|---------------------------|------------------------------------|---------------------|-----------------------|-----------------|---------------------|------------------|--------------------|--------------------|------------------------|----------|----------------------|-------------------------|----------------------|--|--|---|--|--|--------------|--|
| 1   | <b>Service Categories</b> |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | <b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized. |  |   |  |  |              |  |
| 2   | <b>TYPE OF OBJECTIVE</b>  | Ambulatory Outpatient Medical Care | Benefits Counseling | Centers of Excellence | Dental Services | Facility Based Care | Hospice Services | Medical Case Mgmt. | Nutrition Services | Outpatient Mental Hlth | Outreach | Psychosocial Support | Residential Mental Hlth | Residential Subs Use | <b>Objectives</b><br><i>(Superscripts refer to corresponding number in the notes column)</i>   | <b>Client Inclusions</b>   | <b>Data Source (Compliance/ Program Review)</b> | <b>Measure Period</b>                                    | <b>BOCC Scoring</b><br><br>Yes = Partial Scoring of Objectives Nearly Met<br><br>No = 5 Points if met, 0 if not. | <b>NOTES</b> |  |
| 142 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 70% of clients with inconsistent or no primary care will have met with a primary care provider at least once within 3 mos. of initiating substance use treatment.    | Referred UDC w/o Consistent Primary Care        | Agency Report of electronic or paper client files        | Contract Year  | YES          | Applicable to <b>UCSF/DSAAM W93 OTOP Methadone Maintenance Program</b>   |
| 143 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 80% of clients (Primary Care documented in ARIES) will have a viral load < 200 copies/ml which will indicate viral suppression and treatment adherence. <sup>1</sup> | Clients Enrolled ≥ 6 mos.                       | ARIES report of required documentation in client records | Contract Year  | YES          | Applicable to <b>UCSF/DSAAM W93 OTOP Methadone Maintenance Program</b><br><br>1. Evaluation & Measurement is the "Cross Tab Wizard" Report |
| 144 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 70% of pts identified as needing a mental health assessment will have had a psych evaluation ≤ 6 mos. of initiating substance abuse treatment.                       | Clients needing a Mental Hlth Assess.           | Agency Report of electronic or paper client files        | Contract Year  | YES          | Applicable to <b>UCSF/DSAAM W93 OTOP Methadone Maintenance Program</b>   |
| 145 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 90% of pts are screened for HCV annually to create a registry of patients with HCV/HIV co-infection.   | All OTOP Patients                               | Agency Report of electronic or paper client files        | Contract Year  | YES          | Applicable to <b>UCSF/DSAAM W93 OTOP Methadone Maintenance Program</b>   |

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

|     | A                         | B                                  | C                   | D                     | E               | F                   | G                | H                  | I                  | J                      | K        | L                    | M                       | N                    | O  | P  | Q   | R   | S  | T            |  |
|-----|---------------------------|------------------------------------|---------------------|-----------------------|-----------------|---------------------|------------------|--------------------|--------------------|------------------------|----------|----------------------|-------------------------|----------------------|--|--|---|---|--|--------------|--|
| 1   | <b>Service Categories</b> |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | <b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized. |  |   |   |  |              |  |
| 2   | <b>TYPE OF OBJECTIVE</b>  | Ambulatory Outpatient Medical Care | Benefits Counseling | Centers of Excellence | Dental Services | Facility Based Care | Hospice Services | Medical Case Mgmt. | Nutrition Services | Outpatient Mental Hlth | Outreach | Psychosocial Support | Residential Mental Hlth | Residential Subs Use | <b>Objectives</b><br><i>(Superscripts refer to corresponding number in the notes column)</i>   | <b>Client Inclusions</b>   | <b>Data Source (Compliance/ Program Review)</b> | <b>Measure Period</b>                                     | <b>BOCC Scoring</b><br><br>Yes = Partial Scoring of Objectives Nearly Met<br><br>No = 5 Points if met, 0 if not. | <b>NOTES</b> |  |
| 146 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 80 % of pts with HIV/HCV co-infection are given information on treatment options for HCV.  | OTOP pts with HIV/HCV                           | Agency Report of electronic or paper client files         | Contract Year  | YES          | Applicable to <b>UCSF/DSAAM W93 OTOP Methadone Maintenance Program</b>   |
| 147 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 60% of pts will report an increased level of understanding of HIV treatments and importance of remaining engaged in medical care.  | Annual Survey Respondents                       | Agency Report of 2 responses: 1                           | Contract Year  | YES          | Applicable to <b>UCSF 360 Positive Care Center African American HIV Men's Support Group</b><br>1. "Increased Understanding" of HIV Care and Tx; "Important to see Dr. regularly" |
| 148 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | A system will be developed to track clients on wait list for duration on list, primary care status, and linkage to primary care; ≥ 70% of UDC on the list referred for primary care will be linked to a provider | Clients on the Wait List                        | Agency Report of Data on Excel Spreadsheet                | Contract Year  | NO           | Applicable to <b>Westside HIV/AIDS Case Management Program</b>   |
| 149 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 90% of pts will be assessed for mental health and substance use treatment needs ≤ 30 days of prog enrollment   | All Clients                                     | ARIES or Agency Report of documentation in client records | Contract Year  | NO           | Applicable to <b>Westside HIV/AIDS Case Management Program</b>   |
| 150 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 90% of ISP will be developed ≤ 90 days of initial client intake.   | All New Clients                                 | ARIES or Agency Report of documentation in client records | Contract Year  | NO           | Applicable to <b>Westside HIV/AIDS Case Management Program</b>   |

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

|     | A                         | B                                  | C                   | D                     | E               | F                   | G                | H                  | I                  | J                      | K        | L                    | M                       | N                    | O  | P  | Q   | R   | S  | T            |   |
|-----|---------------------------|------------------------------------|---------------------|-----------------------|-----------------|---------------------|------------------|--------------------|--------------------|------------------------|----------|----------------------|-------------------------|----------------------|--|--|---|---|--|--------------|---|
| 1   | <b>Service Categories</b> |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | <i>Note: Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.</i> |  |   |   |  |              |   |
| 2   | <b>TYPE OF OBJECTIVE</b>  | Ambulatory Outpatient Medical Care | Benefits Counseling | Centers of Excellence | Dental Services | Facility Based Care | Hospice Services | Medical Case Mgmt. | Nutrition Services | Outpatient Mental Hlth | Outreach | Psychosocial Support | Residential Mental Hlth | Residential Subs Use | <b>Objectives</b><br><i>(Superscripts refer to corresponding number in the notes column)</i>   | <b>Client Inclusions</b>   | <b>Data Source (Compliance/ Program Review)</b> | <b>Measure Period</b>   | <b>BOCC Scoring</b><br><br>Yes = Partial Scoring of Objectives Nearly Met<br><br>No = 5 Points if met, 0 if not. | <b>NOTES</b> |   |
| 151 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 90% of ISP will be updated every 3 months  | All Clients                                     | ARIES or Agency Report of documentation in client records                     | Contract Year  | NO           | Applicable to <b>Westside HIV/AIDS Case Management Program</b>  |
| 152 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 80% of HIV+ clients (primary care documented in ARIES) will have had 2 or more medical visits during the year (one in the first half and the other in last half of the year). <sup>1</sup> | Clients Enrolled ≥ 6 months                     | ARIES report of documentation in client records                               | Contract Year  | YES          | Applicable to <b>Westside HIV/AIDS Case Management Program</b><br><br>1. Use appropriate ARIES Report functions as trained by HHS staff |
| 153 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 80% <sup>1</sup> of clients (Primary Care documented in ARIES) will have a viral load < 200 copies/ml which will indicate viral suppression and treatment adherence.                       | Clients Enrolled ≥ 6 months                     | ARIES report of documentation in client records                               | Contract Year  | YES          | Applicable to <b>Westside HIV/AIDS Case Management Program</b><br><br>1. Use appropriate ARIES Report functions as trained by HHS staff |
| 154 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | All clients are assessed for Dementia and other cognitive impairments every 60 days.   | All Clients                                     | Agency Report of Chart Review (Psychosocial, Nursing Assess, ISP, Prog Notes) | Contract Year  | YES          | Applicable to <b>Westside HIV/AIDS Case Management Program</b>  |

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

|     | A                         | B                                  | C                   | D                     | E               | F                   | G                | H                  | I                  | J                      | K        | L                    | M                       | N                    | O  | P   | Q   | R   | S  | T            |   |
|-----|---------------------------|------------------------------------|---------------------|-----------------------|-----------------|---------------------|------------------|--------------------|--------------------|------------------------|----------|----------------------|-------------------------|----------------------|--|---|---|---|--|--------------|---|
| 1   | <b>Service Categories</b> |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | <b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized. |   |   |   |  |              |   |
| 2   | <b>TYPE OF OBJECTIVE</b>  | Ambulatory Outpatient Medical Care | Benefits Counseling | Centers of Excellence | Dental Services | Facility Based Care | Hospice Services | Medical Case Mgmt. | Nutrition Services | Outpatient Mental Hlth | Outreach | Psychosocial Support | Residential Mental Hlth | Residential Subs Use | <b>Objectives</b><br><i>(Superscripts refer to corresponding number in the notes column)</i>   | <b>Client Inclusions</b>  | <b>Data Source (Compliance/ Program Review)</b> | <b>Measure Period</b>   | <b>BOCC Scoring</b><br><br>Yes = Partial Scoring of Objectives Nearly Met<br><br>No = 5 Points if met, 0 if not. | <b>NOTES</b> |   |
| 155 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | 100% of clients exhibiting signs and symptoms of substance abuse or mental illness are referred to a provider best suited to their needs.                         | All Program Clients                             | Agency Report of electronic or paper client files                     | Contract Year  | YES          | Applicable to <b>Westside HIV/AIDS Case Management Program</b>  |
| 156 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 75% of clients served for ≥ 120 days will report improved quality of life since the inception of Attendant Care or Homemaker Services. <sup>1</sup>             | Clients Served ≥ 120 days                       | Agency Report of electronic or paper client files, client self report | Contract Year  | NO           | Applicable to <b>Westside Home Attendant Care Program</b><br>1. RN/SW observation of client and/or client self report in improvement on ability to maintain independent living          |
| 157 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | All clients served for ≥ 90 days will demonstrate an improved home environment.   | UDC served ≥ 90 days with ≥ 2 home assessments  | Agency Report of Home Environment Assessment Tool <sup>1</sup>        | Contract Year  | YES          | Applicable to <b>Westside Home Attendant Care Program</b><br>1. Assess for safety, etc.; problems identified & efforts to improve documented by Social Worker in subsequent assessments |
| 158 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | Contractor meets with staff of HHS, individually and in group sessions, to discuss proposal-related tasks and responsibilities and prepare preliminary timelines. | N/A   | Contractor Submits Annual Report                                      | Contract Year  | NO           | Applicable to <b>Robert Whirry Consulting</b>   |



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

|     | A                         | B                                  | C                   | D                     | E               | F                   | G                | H                  | I                  | J                      | K        | L                    | M                       | N                    | O  | P  | Q   | R                                | S  | T            |   |
|-----|---------------------------|------------------------------------|---------------------|-----------------------|-----------------|---------------------|------------------|--------------------|--------------------|------------------------|----------|----------------------|-------------------------|----------------------|--|--|---|----------------------------------|--|--------------|---|
| 1   | <b>Service Categories</b> |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | <i>Note: Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized.</i> |  |   |                                  |  |              |   |
| 2   | <b>TYPE OF OBJECTIVE</b>  | Ambulatory Outpatient Medical Care | Benefits Counseling | Centers of Excellence | Dental Services | Facility Based Care | Hospice Services | Medical Case Mgmt. | Nutrition Services | Outpatient Mental Hlth | Outreach | Psychosocial Support | Residential Mental Hlth | Residential Subs Use | <b>Objectives</b><br><i>(Superscripts refer to corresponding number in the notes column)</i>   | <b>Client Inclusions</b>   | <b>Data Source (Compliance/ Program Review)</b> | <b>Measure Period</b>            | <b>BOCC Scoring</b><br><br>Yes = Partial Scoring of Objectives Nearly Met<br><br>No = 5 Points if met, 0 if not. | <b>NOTES</b> |   |
| 159 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | Contractor meets with members of the HCPC and relevant committees as needed to discuss proposal related tasks and responsibilities.  | N/A   | Contractor Submits Annual Report | Contract Year  | NO           | Applicable to <b>Robert Whirry Consulting</b> |
| 160 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | Contractor communicates with representatives of San Mateo and Marin to obtain necessary epidemiological and background information, and to prepare summaries of priority-setting and allocation activities.                  | N/A   | Contractor Submits Annual Report | Contract Year  | NO           | Applicable to <b>Robert Whirry Consulting</b> |
| 161 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | Contacto prepares comprehensive proposal checklists and timelines upon HRSA release of each FY application guidance, and meets with HHS to review and finalize checklists, to be continually updated throughout the process. | N/A   | Contractor Submits Annual Report | Contract Year  | NO           | Applicable to <b>Robert Whirry Consulting</b> |

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

|     | A                         | B                                  | C                   | D                     | E               | F                   | G                | H                  | I                  | J                      | K        | L                    | M                       | N  | O   | P                        | Q   | R                     | S  | T   |  |
|-----|---------------------------|------------------------------------|---------------------|-----------------------|-----------------|---------------------|------------------|--------------------|--------------------|------------------------|----------|----------------------|-------------------------|--|---|--------------------------|---|-----------------------|--|---|--|
| 1   | <b>Service Categories</b> |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         | <b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized. |   |                          |   |                       |  |   |  |
| 2   | <b>TYPE OF OBJECTIVE</b>  | Ambulatory Outpatient Medical Care | Benefits Counseling | Centers of Excellence | Dental Services | Facility Based Care | Hospice Services | Medical Case Mgmt. | Nutrition Services | Outpatient Mental Hlth | Outreach | Psychosocial Support | Residential Mental Hlth | Residential Subs Use   | <b>Objectives</b><br><i>(Superscripts refer to corresponding number in the notes column)</i>  | <b>Client Inclusions</b> | <b>Data Source (Compliance/ Program Review)</b> | <b>Measure Period</b> | <u>BOCC Scoring</u><br><br>Yes = Partial Scoring of Objectives Nearly Met<br><br>No = 5 Points if met, 0 if not. | <b>NOTES</b>                                  |  |
| 162 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |  | Contractor conducts research related to all application background and informational needs, including through meetings with key informants in the EMA.                                | N/A                      | Contractor Submits Annual Report                | Contract Year         | NO   | Applicable to <b>Robert Whirry Consulting</b> |  |
| 163 | P                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |  | Contractor participates in HRSA sponsored conference calls to obtain updated information on the Part A application.   | N/A                      | Contractor Submits Annual Report                | Contract Year         | NO   | Applicable to <b>Robert Whirry Consulting</b> |  |
| 164 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |  | Contractor tracks elements of applications being prepared by other individuals and offices, and follows-up to ensure timely submission of proposal components.                        | N/A                      | Contractor Submits Annual Report                | Contract Year         | NO   | Applicable to <b>Robert Whirry Consulting</b> |  |
| 165 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |  | Contractor ensures timely submission of a competitive Part A application prior to each annual published HRSA deadline, following all instructions and guidelines established by HRSA. | N/A                      | Contractor Submits Annual Report                | Contract Year         | NO   | Applicable to <b>Robert Whirry Consulting</b> |  |

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

|     | A                         | B                                  | C                   | D                     | E               | F                   | G                | H                  | I                  | J                      | K        | L                    | M                       | N                    | O  | P   | Q   | R                                | S  | T            |   |
|-----|---------------------------|------------------------------------|---------------------|-----------------------|-----------------|---------------------|------------------|--------------------|--------------------|------------------------|----------|----------------------|-------------------------|----------------------|--|---|---|----------------------------------|--|--------------|---|
| 1   | <b>Service Categories</b> |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      | <b>Note:</b> Please review the "Unique Program" Objectives to determine if your program has objectives in addition to, or instead of, those that have been standardized. |   |   |                                  |  |              |   |
| 2   | <b>TYPE OF OBJECTIVE</b>  | Ambulatory Outpatient Medical Care | Benefits Counseling | Centers of Excellence | Dental Services | Facility Based Care | Hospice Services | Medical Case Mgmt. | Nutrition Services | Outpatient Mental Hlth | Outreach | Psychosocial Support | Residential Mental Hlth | Residential Subs Use | <b>Objectives</b><br><i>(Superscripts refer to corresponding number in the notes column)</i>   | <b>Client Inclusions</b>  | <b>Data Source (Compliance/ Program Review)</b> | <b>Measure Period</b>            | <b>BOCC Scoring</b><br><br>Yes = Partial Scoring of Objectives Nearly Met<br><br>No = 5 Points if met, 0 if not. | <b>NOTES</b> |   |
| 166 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 80% of clients will complete an OJT through supervised barista and café operations training, or PRC OJT.  | All Program Clients                             | Contractor Submits Annual Report | Contract Year  | YES          | Applicable to <b>PRC Employment Services On The Job Training at CCC</b> |
| 167 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 80% of clients will complete job search activities such as resume and/or cover letter; and/or submit job application(s); complete mock job interview(s); complete job interview(s); other job search competencies                               | All Program Clients                             | Contractor Submits Annual Report | Contract Year  | YES          | Applicable to <b>PRC Employment Services On The Job Training at CCC</b> |
| 168 | O                         |                                    |                     |                       |                 |                     |                  |                    |                    |                        |          |                      |                         |                      |  | ≥ 50% of clients will achieve a job placement with an established employer who covers all employment costs at or above minimum wage (part- or full-time, temporary or regular, with 30% of those placed retaining employment for 90 days or more. | All Program Clients                             | Contractor Submits Annual Report | Contract Year  | YES          | Applicable to <b>PRC Employment Services On The Job Training at CCC</b> |

## 20-21 HHS Performance Objectives Mapping Document

### Programs with Objectives for BOCC Monitoring - Ryan White Cycle *(Fiscal Terms: Part A - Mar thru Feb, Part B - April thru Mar, Part C - May thru April)*

| Contractor Name                          | Program Name  | Fund Source  | CID # | Program Street Address         | City | Zip    | Program Contacts                                   | Phone  | Program Contact E-mail   | Applicable Standardized Objectives                | Individualized Objectives in Addition to Or in place of |
|--|---|--------------|-------|--------------------------------|------|--------|--|--|--|---|---|
| AIDS Legal Referral Panel (ALRP)         | HIV Legal Services  | RWPA         | 13028 | 1663 Mission St, Ste 500       | SF   | 94103  | Bill Hirsh   | 415-701-1200                                 | <a href="mailto:bill@alrp.org">bill@alrp.org</a>   | N/A   | Five: Row 33 - 37                                       |
| AIDS Legal Referral Panel (ALRP)         | HIV Consumer Advocacy Project                                   | RWPA         | 13141 | 1663 Mission St, Ste 500       | SF   | 94103  | Bill Hirsh<br>Stephen Spano                        | 415-701-1200<br>415-701-1200                 | <a href="mailto:bill@alrp.org">bill@alrp.org</a><br><a href="mailto:stephen@alrp.org">stephen@alrp.org</a>   | N/A   | Four: Row 38 - 41                                       |
| Catholic Charities                       | Rita daCascia and Hazel Betsey Houses                           | RWPA         | 20832 | Rita-1652 Eddy Hazel-3554 17th | SF   | 105110 | Ellen Hammerle<br>Stephanie Godt                   | 415-205-3479<br>415-202-0940                 | <a href="mailto:ehammerle@catholiccharitiessf.org">ehammerle@catholiccharitiessf.org</a><br><a href="mailto:sgodt@catholiccharitiessf.org">sgodt@catholiccharitiessf.org</a>                     | N/A   | Seven: Row 50 - 56                                      |
| Catholic Charities                       | Derek Silva Community   | RWPA         | 20831 | 20 Franklin Street             | SF   | 94121  | Ellen Hammerle<br>Kevin Fauteux                    | 415-205-3479<br>415-575-3830                 | <a href="mailto:ehammerle@catholiccharitiessf.org">ehammerle@catholiccharitiessf.org</a><br><a href="mailto:kfauteux@catholiccharitiessf.org">kfauteux@catholiccharitiessf.org</a>               | N/A   | Seven: Row 50 - 56                                      |
| Catholic Charities                       | Leland House Attendant Care                                     | RWPA<br>PWPB | 17197 | 141 Leland Avenue              | SF   | 94134  | Ellen Hammerle<br>Tonja Sagun                      | 415-205-3479<br>415-405-2056                 | <a href="mailto:ehammerle@catholiccharitiessf.org">ehammerle@catholiccharitiessf.org</a><br><a href="mailto:tsagun@catholiccharitiessf.org">tsagun@catholiccharitiessf.org</a>                   | Facility Based Care<br>Three: Row 4, 14 - 15      | N/A   |
| Catholic Charities                       | Peter Claver Community (also a GF funded component on next tab) | RWPA<br>PWPB | 17198 | 1340 Golden Gate Avenue        | SF   | 94115  | Ellen Hammerle<br>Tonja Sagun                      | 415-205-3479<br>415-749-3807                 | <a href="mailto:ehammerle@catholiccharitiessf.org">ehammerle@catholiccharitiessf.org</a><br><a href="mailto:tsagun@catholiccharitiessf.org">tsagun@catholiccharitiessf.org</a>                   | Facility Based Care<br>Three: Row 4, 14 - 15      | N/A   |
| CATS dba Community Forward SF            | A Woman's Place HIV Women's Residential Prog                    | RWPA         | 02678 | 1171 Mission St                | SF   | 94102  | Kara Zordel<br>Felicia Houston                     | 415-241-1199<br>415-420-1420                 | <a href="mailto:kara.zordel@communityforwardsf.org">kara.zordel@communityforwardsf.org</a><br><a href="mailto:felicia.houston@communityforwardsf.org">felicia.houston@communityforwardsf.org</a> | Residential Mental Hlth<br>Six: Row 3, 6, 10 - 13 | N/A   |
| Dignity Health dba St. Mary's Med Center | Integrated HIV Health Services                                  | RWPA         | 07805 | 450 Stanyan St                 | SF   | 94117  | Amanda Aparadian<br>Mel Carnay                     | 415-750-5909<br>415-750-5923                 | <a href="mailto:amanda.apardian@dignityhealth.org">amanda.apardian@dignityhealth.org</a><br><a href="mailto:mel.carnay@dignityhealth.org">mel.carnay@dignityhealth.org</a>                       | Outpt Medical Care<br>Seven: Row 3 - 9            | N/A   |
| Dolores St Community Svcs (DSCS)         | Richard M. Cohen Residence                                      | RWPA<br>RWPB | 02482 | 938 Valencia St                | SF   | 94103  | Laura Valdez<br>Enrique Roldan<br>Anthony Albanese | 415-282-6209<br>415-558-0503<br>973-986-1817 | <a href="mailto:laura@dscs.org">laura@dscs.org</a><br><a href="mailto:enrique@dscs.org">enrique@dscs.org</a><br><a href="mailto:anthony@dscs.org">anthony@dscs.org</a>                           | Facility Based Care<br>Three: Row 4, 14 - 15      | N/A   |
| Health Right 360                         | Planetree Housing   | RWPA         | 02508 | 154 Coleridge St               | SF   | 94110  | Denise Williams<br>Candy Coleman                   | 415-762-3712<br>415-420-7478                 | <a href="mailto:dwilliams@healthright360.org">dwilliams@healthright360.org</a><br><a href="mailto:ccoleman@healthright360.org">ccoleman@healthright360.org</a>                                   | N/A   | Seven: Row 50 - 56                                      |

## 20-21 HHS Performance Objectives Mapping Document

### Programs with Objectives for BOCC Monitoring - Ryan White Cycle *(Fiscal Terms: Part A - Mar thru Feb, Part B - April thru Mar, Part C - May thru April)*

| Contractor Name                           | Program Name                                   | Fund Source  | CID # | Program Street Address      | City       | Zip   | Program Contacts   | Phone  | Program Contact E-mail   | Applicable Standardized Objectives   | Individualized Objectives in Addition to Or in place of |
|---|--|--------------|-------|-----------------------------|------------|-------|--|--|--|--|---|
| Instituto Familiar De La Raza, Inc. (IFR) | HIV Mental Health Services                     | RWPA         | 09028 | 2919 Mission St             | SF         | 94110 | Gloria Romero<br>G Walteros<br>Claudia Cabrera<br>Luis Perez Ramirez | 650-201-8220<br>415-229-0564<br>415-240-4104<br>415-229-0500 | <a href="mailto:gloria.romero@ifrsf.org">gloria.romero@ifrsf.org</a><br><a href="mailto:german.walteros@ifrsf.org">german.walteros@ifrsf.org</a><br><a href="mailto:claudia.cabrera@ifrsf.org">claudia.cabrera@ifrsf.org</a><br><a href="mailto:luis.perez@ifrsf.org">luis.perez@ifrsf.org</a> | Outpt Mental Hlth<br>Three: Row 12, 13, 16   | N/A   |
| Instituto Familiar De La Raza, Inc. (IFR) | IFR Latino Medical Case Management             | RWPA         | 08117 | 2919 Mission St             | SF         | 94110 | Gloria Romero<br>G Walteros<br>Claudia Cabrera<br>Luis Perez Ramirez | 650-201-8220<br>415-229-0564<br>415-240-4104<br>415-229-0500 | <a href="mailto:gloria.romero@ifrsf.org">gloria.romero@ifrsf.org</a><br><a href="mailto:german.walteros@ifrsf.org">german.walteros@ifrsf.org</a><br><a href="mailto:claudia.cabrera@ifrsf.org">claudia.cabrera@ifrsf.org</a><br><a href="mailto:luis.perez@ifrsf.org">luis.perez@ifrsf.org</a> | Med Case Mngt<br>Six: Row 3, 6, 10 - 13  | N/A   |
| Lutheran Social Svcs of No CA (LSS)       | Money Mngt and Representative Payee            | RWPA         | 02604 | 191 Golden Gate Ave         | SF         | 94102 | Nancy Nielsen<br>John Paul Soto                                      | 415-581-0891<br>415-581-0891                                 | <a href="mailto:nnielsen@lssnorcal.org">nnielsen@lssnorcal.org</a><br><a href="mailto:dsoto@lssnorcal.org">dsoto@lssnorcal.org</a>   | N/A  | Two: Row 57 - 8   |
| Maitri AIDS Hospice                       | Maitri Compassionate Care                      | RWPA<br>PWPB | 06124 | 401 Duboce Ave              | SF         | 94117 | Michael Armentrout<br>Molly Herzig                                   | 415-558-3001<br>415-558-3006                                 | <a href="mailto:marmentrout@maitrisf.org">marmentrout@maitrisf.org</a><br><a href="mailto:molly.herzig@maitrisf.org">molly.herzig@maitrisf.org</a>   | Hospice<br>Four: Row 14, 17-19   | N/A   |
| Maitri AIDS Hospice                       | Mental Health/<br>Psychosocial Support Program | RWPB<br>X08  | 06124 | 401 Duboce Ave              | SF         | 94117 | Michael Armentrout<br>Molly Herzig                                   | 415-558-3001<br>415-558-3006                                 | <a href="mailto:marmentrout@maitrisf.org">marmentrout@maitrisf.org</a><br><a href="mailto:molly.herzig@maitrisf.org">molly.herzig@maitrisf.org</a>   | N/A  | Four: Row 59 - 62                                       |
| Marin County Dept of Health & Human Svcs  | HIV Services                                   | RWPA         | 10921 | 899 Northgate Dr, Ste # 415 | San Rafael | 94903 | Cicily Emerson<br>Nga Le   | 415-473-3373<br>415-473-3037                                 | <a href="mailto:cemerson@marincounty.org">cemerson@marincounty.org</a><br><a href="mailto:nle@marincounty.org">nle@marincounty.org</a>   | N/A  | N/A   |
| Mission Neighborhood Health Center (MNHC) | HIV Treatment, Outreach, & Linkage Services    | RWPA         | 02674 | 240 Shotwell St             | SF         | 94110 | F Gomez-Benitez<br>Brenda Storey                                     | 415-552-1013<br>415-552-1013 X 2201                          | <a href="mailto:fernandogomez-benitez@mnhc.org">fernandogomez-benitez@mnhc.org</a><br><a href="mailto:brendastorey@mnhc.org">brendastorey@mnhc.org</a>   | Outreach<br>Four: Row 20 - 23  | N/A   |
| Mission Neighborhood Health Center (MNHC) | Integrated Medical Case Management (IMCM)      | RWPA         | 05867 | 240 Shotwell St             | SF         | 94110 | F Gomez-Benitez<br>Brenda Storey                                     | 415-552-1013<br>415-552-1013 X 2201                          | <a href="mailto:fernandogomez-benitez@mnhc.org">fernandogomez-benitez@mnhc.org</a><br><a href="mailto:brendastorey@mnhc.org">brendastorey@mnhc.org</a>   | Med Case Mngt<br>Six: Row 3, 6, 10 - 13,<br><b>AND</b> Nutrition Svcs<br>One: Row 24 | N/A   |

## 20-21 HHS Performance Objectives Mapping Document

### Programs with Objectives for BOCC Monitoring - Ryan White Cycle *(Fiscal Terms: Part A - Mar thru Feb, Part B - April thru Mar, Part C - May thru April)*

| <i>Contractor Name</i>                    | <i>Program Name</i>  | <i>Fund Source</i> | <i>CID #</i> | <i>Program Street Address</i> | <i>City</i> | <i>Zip</i> | <i>Program Contacts</i>                      | <i>Phone</i>                                 | <i>Program Contact E-mail</i>  | <i>Applicable Standardized Objectives</i> | <i>Individualized Objectives in Addition to Or in place of</i> |
|---|--|--------------------|--------------|-------------------------------|-------------|------------|--|--|--|---|--|
| Mission Neighborhood Health Center (MNHC) | Mission CoE Integrated Primary Care, CM, MH, SA                    | RWPA               | 17218        | 240 Shotwell St               | SF          | 94110      | F Gomez-Benitez<br>Brenda Storey             | 415-552-1013<br>415-552-1013 X<br>2201       | <a href="mailto:fernandogomez-benitez@mnhc.org">fernandogomez-benitez@mnhc.org</a><br><a href="mailto:brendastorey@mnhc.org">brendastorey@mnhc.org</a>   | Centers of Excellence<br>Seven: Row 3 - 9 | N/A  |
| Native American Health Center (NAHC)      | HIV Dental Program<br><i>(only clients referred by DPH Dental)</i> | RWPA               | 02560        | 160 Capp St                   | SF          | 94110      | Ana Noriega<br>Chirag Patel<br>Laura Harding | 415-417-3597<br>510-485-5904<br>510-747-3048 | <a href="mailto:anan@nativehealth.org">anan@nativehealth.org</a><br><a href="mailto:chiragg@nativehealth.org">chiragg@nativehealth.org</a><br><a href="mailto:laurah@nativehealth.org">laurah@nativehealth.org</a> | N/A                                       | Two: Row 63 - 64   |

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### Programs with Objectives for BOCC Monitoring - Ryan White Cycle *(Fiscal Terms: Part A - Mar thru Feb, Part B - April thru Mar, Part C - May thru April)*

| Contractor Name  | Program Name                         | Fund Source | CID # | Program Street Address        | City      | Zip   | Program Contacts                                       | Phone  | Program Contact E-mail   | Applicable Standardized Objectives        | Individualized Objectives in Addition to Or in place of |
|--|--------------------------------------|-------------|-------|-------------------------------|-----------|-------|--|--|--|---|---|
| PRC - AEF  | AIDS Emergency Fund Program (AEF)    | RWPA        | 09024 | 170 - 9th St                  | SF        | 94103 | Chuan Teng<br>Beth Mazie                               | 415-972-0821<br>415.972.0826                 | <a href="mailto:chuan.teng@prcsf.org">chuan.teng@prcsf.org</a><br><a href="mailto:beth.mazie@prcsf.org">beth.mazie@prcsf.org</a>   | N/A                                       | Four: Row 65 - 68                                       |
| PRC - EAHP   | Equal Access to Hlthcare Prog (EAHP) | RWPA        | 10913 | 170 - 9th St                  | SF        | 94103 | Chuan Teng<br>Beth Mazie                               | 415-972-0821<br>415.972.0826                 | <a href="mailto:chuan.teng@prcsf.org">chuan.teng@prcsf.org</a><br><a href="mailto:beth.mazie@prcsf.org">beth.mazie@prcsf.org</a>   | N/A                                       | Three: Row 70 - 72                                      |
| Project Open Hand  | Food and Nutrition Services          | RWPB        | 02671 | 730 Polk St                   | SF        | 94109 | Ana Ayala<br>Serena Ng<br>Holly Calhoun                | 415-447-2330<br>415-447-2462<br>415-447-2415 | <a href="mailto:aayala@openhand.org">aayala@openhand.org</a><br><a href="mailto:sngo@openhand.org">sngo@openhand.org</a><br><a href="mailto:hcalhoun@openhand.org">hcalhoun@openhand.org</a>   | N/A                                       | Four: Row 87 - 90                                       |
| Rafiki Coalition for Health & Wellness   | Rafiki Case Management               | RWPA        | 20911 | 601 Cesar Chavez              | SF        | 94124 | Monique LeSarre<br>La Monica Hopkins<br>Francis Broome | 415-660-2913<br>707-563-9887<br>415-615-9945 | <a href="mailto:mlesarre@rafikicoalition.org">mlesarre@rafikicoalition.org</a><br><a href="mailto:lamonica@rafikicoalition.org">lamonica@rafikicoalition.org</a><br><a href="mailto:fbroome@rafikicoalition.org">fbroome@rafikicoalition.org</a> | N/A                                       | Seven: Row 50 - 56                                      |
| Rafiki Coalition for Health & Wellness   | Brandy Moore Transitional Housing    | RWPA        | 20911 | 1761 Turk Street              | SF        | 94115 | Monique LeSarre<br>La Monica Hopkins<br>Francis Broome | 415-660-2913<br>707-563-9887<br>415-615-9945 | <a href="mailto:mlesarre@rafikicoalition.org">mlesarre@rafikicoalition.org</a><br><a href="mailto:lamonica@rafikicoalition.org">lamonica@rafikicoalition.org</a><br><a href="mailto:fbroome@rafikicoalition.org">fbroome@rafikicoalition.org</a> | N/A                                       | Six: Row 51 - 56  |
| San Mateo Co. Dept. of Health Svcs.  | HIV Health Services in San Mateo Co. | RWPA        | 10920 | 227 West 37th Ave             | San Mateo | 94403 | Matthew Geltmaker<br>Marissa Wagner                    | 650-573-2077<br>650-573-2799                 | <a href="mailto:mgeltmaker@smcgov.org">mgeltmaker@smcgov.org</a><br><a href="mailto:mlwagner@sfmtcgov.org">mlwagner@sfmtcgov.org</a>   | N/A                                       | N/A   |
| SF AIDS Foundation   | Mobile Contingency Mgmt              | RWPA        | 20773 | 1035 Market St,<br>4th Floor  | SF        | 94103 | Seghel Yohannes<br>Richard Hill<br>Ro Giuliano         | 415-203-9799<br>415-487-8042<br>415-837-8175 | <a href="mailto:syohannes@sfaf.org">syohannes@sfaf.org</a><br><a href="mailto:rhill@sfsf.org">rhill@sfsf.org</a><br><a href="mailto:rgiuliano@sfaf.org">rgiuliano@sfaf.org</a>   | N/A<br>1st yr - new program               | N/A<br>1st yr - new prog                                |
| <b>Conduct one site visit for each SFCHC program on the rows below; write one report for each program to capture different UOS/UDC and Objectives, and to meet requirements of federal funders (RWPA/RWPC)</b> |                                      |             |       |                               |           |       |  |  |  |   |   |
| SF Community Hlth Center <i>(formerly API)</i>   | HHOME / Trans Access                 | RWPA        | 02676 | 730 Polk Street,<br>4th Floor | SF        | 94109 | Robert Arnold<br>Nikki Calma                           | 415.516.9612<br>415-292-3420                 | <a href="mailto:rarnold@sfccommunityhealth.org">rarnold@sfccommunityhealth.org</a><br><a href="mailto:titaaida@sfccommunityhealth.org">titaaida@sfccommunityhealth.org</a>   | Med Case Mngt<br>Six: Row 3, 6, 10 - 13   | N/A   |
| SF Community Hlth Center <i>(formerly API)</i>   | Integrated Medical Case Mngt (IMCM)  | RWPA        | 02676 | 730 Polk Street,<br>4th Floor | SF        | 94109 | Robert Arnold<br>Nikki Calma                           | 415.516.9612<br>415-292-3420                 | <a href="mailto:rarnold@sfccommunityhealth.org">rarnold@sfccommunityhealth.org</a><br><a href="mailto:titaaida@sfccommunityhealth.org">titaaida@sfccommunityhealth.org</a>   | Med Case Mngt<br>Six: Row 3, 6, 10 - 13   | N/A   |
| SF Community Hlth Center <i>(formerly API)</i>   | Tenderloin Area CoE (TACE)           | RWPA        | 02676 | 730 Polk Street,<br>4th Floor | SF        | 94109 | Robert Arnold<br>Nikki Calma                           | 415.516.9612<br>415-292-3420                 | <a href="mailto:rarnold@sfccommunityhealth.org">rarnold@sfccommunityhealth.org</a><br><a href="mailto:titaaida@sfccommunityhealth.org">titaaida@sfccommunityhealth.org</a>   | Centers of Excellence<br>Seven: Row 3 - 9 | N/A   |

## 20-21 HHS Performance Objectives Mapping Document

### Programs with Objectives for BOCC Monitoring - Ryan White Cycle *(Fiscal Terms: Part A - Mar thru Feb, Part B - April thru Mar, Part C - May thru April)*

| Contractor Name  | Program Name                                   | Fund Source  | CID #  | Program Street Address                | City | Zip   | Program Contacts                     | Phone                        | Program Contact E-mail   | Applicable Standardized Objectives  | Individualized Objectives in Addition to Or in place of |
|--|--|--------------|--------|---------------------------------------|------|-------|--------------------------------------|------------------------------|--|---|---|
| SF Community Hlth Center <i>(formerly API)</i>             | HIV Early Intervention Services (RW Part C)    | RWPC         | 02677  | 730 Polk Street, 4th Floor            | SF   | 94109 | Robert Arnold<br>Nikki Calma         | 415.516.9612<br>415-292-3420 | <a href="mailto:rarnold@sfcommunityhealth.org">rarnold@sfcommunityhealth.org</a><br><a href="mailto:titaaida@sfcommunityhealth.org">titaaida@sfcommunityhealth.org</a> | Centers of Excellence Seven: Row 3 - 9  | N/A   |
| SFDPH - DPC  | LINCS  | RWPB         | MOU 34 | 356 - 7th Street                      | SF   | 94103 | Erin Antunez<br>Midori Hiyagon       | 415 487 5506<br>415-487-5520 | <a href="mailto:erin.antunez@sfdph.org">erin.antunez@sfdph.org</a><br><a href="mailto:midori.hiyagon@sfdph.org">midori.hiyagon@sfdph.org</a>                           | N/A   | Two: Row 103 - 104                                      |
| Shanti Project   | Emotional and Practical Support Program        | RWPA         | 02517  | 730 Polk Street, 3rd Floor            | SF   | 94109 | Kaushik Roy<br>Eric Sutter           | 415-674-4722<br>415-674-4760 | <a href="mailto:kroy@shanti.org">kroy@shanti.org</a><br><a href="mailto:esutter@shanti.org">esutter@shanti.org</a>   | N/A   | Three: Row 118 - 120                                    |
| Shanti Project   | Senior Support Survivor Program                | RWPA         | 02517  | 730 Polk Street, 3rd Floor            | SF   | 94109 | Kaushik Roy<br>Eric Sutter           | 415-674-4722<br>415-674-4760 | <a href="mailto:kroy@shanti.org">kroy@shanti.org</a><br><a href="mailto:esutter@shanti.org">esutter@shanti.org</a>   | N/A   | Three: Row 121 - 123                                    |
| Shanti Project   | Integrated Medical Case Mngt Program           | RWPA         | 06123  | 730 Polk Street, 3rd Floor            | SF   | 94109 | Kaushik Roy<br>Eric Sutter           | 415-674-4722<br>415-674-4760 | <a href="mailto:kroy@shanti.org">kroy@shanti.org</a><br><a href="mailto:esutter@shanti.org">esutter@shanti.org</a>   | Med Case Mngt Six: Row 3, 6, 10 - 13  | One: Row 124  |
| Shanti Project   | HIV Comm Planning Council Supp (HCPC)          | RWPA         | 02473  | 730 Polk Street, 3rd Floor            | SF   | 94109 | Kaushik Roy<br>Mark Molnar           | 415-674-4722<br>415-674-4726 | <a href="mailto:kroy@shanti.org">kroy@shanti.org</a><br><a href="mailto:mmolnar@shanti.org">mmolnar@shanti.org</a>   | N/A   | Four: Row 125 - 128                                     |
| UCSF - AHP   | Alliance Health Project (AHP) HIV+ Workforce   | RWPA         | 06129  | 1930 Market St                        | SF   | 94102 | Lori Thoemmes                        | 415-476-3951                 | <a href="mailto:lori.thoemmes@ucsf.edu">lori.thoemmes@ucsf.edu</a>   | Outpt Mental Hlth Only One: Row 16  | Two: Row 129 - 130                                      |
| UCSF - AHP   | AHP HIV Outpt Mental Health                    | RWPA<br>PWPB | 08646  | 1930 Market St                        | SF   | 94102 | Lori Thoemmes<br>Ramon Matos         | 415-476-3951<br>415-476-3990 | <a href="mailto:lori.thoemmes@ucsf.edu">lori.thoemmes@ucsf.edu</a><br><a href="mailto:ramon.matos@ucsf.edu">ramon.matos@ucsf.edu</a>                                   | Outpt Mental Hlth Only One: Row 16  | Five: Row 129 - 131, 133 - 134                          |
| UCSF - DSAAM   | HIV Med/Psych Clinic - Ward 93 - OTOP          | RWPA         | 08790  | 1001 Potrero Ave                      | SF   | 94110 | David "Andy" Tompkins<br>Remy Hammel | 415-206-3645<br>415-206-8797 | <a href="mailto:david.tompkins@ucsf.edu">david.tompkins@ucsf.edu</a><br><a href="mailto:remy.hammel@ucsf.edu">remy.hammel@ucsf.edu</a>                                 | N/A   | Six: Row 141 - 146                                      |
| UCSF-360 / Positive Care Center / Men of Color Prog (MOCP) | MOCP Integrated Medical Case Management (IMCM) | RWPA         | 06126  | 350 Parnassus Ave, Rm. 908            | SF   | 94143 | Malcolm John<br>Allan Paschke        | 415-353-2406<br>415-353-2503 | <a href="mailto:malcolm.john@ucsfmedctr.org">malcolm.john@ucsfmedctr.org</a><br><a href="mailto:allan.paschke@ucsf.edu">allan.paschke@ucsf.edu</a>                     | Med Case Mngt Six: Row 3, 6, 10 - 13, <b>AND</b> Nutrition Svcs One: Row 24     | N/A   |
| UCSF - Dept of Pediatrics                                  | HIV Pediatric Immunology Program               | RWPA         | 02490  | Children's Hosp 1825 - 4th St, 6th Fl | SF   | 94158 | Theodore Ruel<br>Xin-Hua Chen        | 415-476-9197<br>415-514-2947 | <a href="mailto:theodore.ruel@ucsf.edu">theodore.ruel@ucsf.edu</a><br><a href="mailto:xin-hua.chen@ucsf.edu">xin-hua.chen@ucsf.edu</a>                                 | Outpt Medical Care Only Six: Row 3 - 7, (Syphilis, Row 8 and Hep C, Row 9: N/A) | N/A   |



## 20-21 HHS Performance Objectives Mapping Document

### **Programs with Objectives for BOCC Monitoring - Ryan White Cycle** *(Fiscal Terms: Part A - Mar thru Feb, Part B - April thru Mar, Part C - May thru April)*

| <b>Contractor Name</b>         | <b>Program Name</b>                    | <b>Fund Source</b> | <b>CID #</b> | <b>Program Street Address</b> | <b>City</b> | <b>Zip</b> | <b>Program Contacts</b>        | <b>Phone</b>                 | <b>Program Contact E-mail</b>  | <b>Applicable Standardized Objectives</b> | <b>Individualized Objectives in Addition to Or in place of</b> |
|--------------------------------|--|--------------------|--------------|-------------------------------|-------------|------------|--------------------------------|------------------------------|--|---|--|
| UOP Dugoni School of Dentistry | HIV Dental Clinic                      | RWPA               | 02475        | 155 Fifth Street              | SF          | 94103      | Robert Trezia<br>Cheryl Flores | 415-929-6672<br>415-351-7189 | <a href="mailto:rtrezia@pacific.edu">rtrezia@pacific.edu</a><br><a href="mailto:cflores1@pacific.edu">cflores1@pacific.edu</a> | Dental Services<br>Five: Row 27 - 31      | N/A  |
| Whirry, Robert                 | R. Whirry Consulting and Grant Writing | RWPA               | 09136        | 4470 W. Sunset Blvd, # 144    | LA          | 90027      | Robert Whirry                  | 415-515-5567                 | <a href="mailto:roblink@aol.com">roblink@aol.com</a>   | N/A                                       | Eight: Row 158 - 165   |

## 20-21 HHS Performance Objectives Mapping Document

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

| Contractor Name   | Program Name  | Fund Source | CID # | Program Street Address                    | City | Zip   | Program Contacts                             | Phone  | Program Contact E-mail   | Applicable Standardized Objectives | Individualized Objectives in addition to Or in place of Standardized  |
|---|---|-------------|-------|---|------|-------|--|--|--|------------------------------------|---|
| Catholic Charities  | Peter Claver (Combined into contract with Ryan White funded Peter Claver program on other tab. Objectives in columns K and L on this tab still apply) | GF          | 02640 | 1340 Golden-Gate Avenue                   | SF   | 94115 | Ellen Hammerle<br>Tonja Sagun                | 415-205-3479<br>415-749-3807                 | <a href="mailto:ehammerle@catholiccharitiessf.org">ehammerle@catholiccharitiessf.org</a><br><a href="mailto:tsagun@catholiccharitiessf.org">tsagun@catholiccharitiessf.org</a>   | Facility Based Care<br>One: Row 15 | Four:<br>Row 47, 53-54, 56  |
| Catholic Charities  | Assisted Housing Program  | GF          | 20913 | 810 Avenue D, Bungalow #2 (Treasure Isle) | SF   | 94130 | Ellen Hammerle<br>Erick Brown<br>Lucia Lopez | 415-205-3479<br>415-430-6320<br>415-972-1235 | <a href="mailto:ehammerle@catholiccharitiessf.org">ehammerle@catholiccharitiessf.org</a><br><a href="mailto:ebrown@catholiccharitiessf.org">ebrown@catholiccharitiessf.org</a><br><a href="mailto:llopez@catholiccharitiessf.org">llopez@catholiccharitiessf.org</a> | N/A                                | Five: Row 42 - 46   |
| HHS Benefits Counseling funds for the next program are included in a BHS (AOA) contract, but each program has separate UOS/UDC although the same objectives apply. A separate HHS report is required. |   |             |       |   |      |       |  |  |  |                                    |   |
| PRC   | HHS Benefits Counseling   | GF          | 03034 | 170 - 9th St                              | SF   | 94103 | Chuan Teng<br>Beth Mazie                     | 415-972-0821<br>415-972-0826                 | <a href="mailto:chuan.teng@prcsf.org">chuan.teng@prcsf.org</a><br><a href="mailto:beth.mazie@prcsf.org">beth.mazie@prcsf.org</a>   | Benefits Counseling<br>One: Row 25 | One: Row 69   |
| PRC   | HIV Employment Svcs   | GF          | 02521 | 170 - 9th St                              | SF   | 94103 | Chuan Teng<br>J Ramirez-Forcier              | 415-972-0821<br>415-972-0831                 | <a href="mailto:chuan.teng@prcsf.org">chuan.teng@prcsf.org</a><br><a href="mailto:joe.ramirezforcier@prcsf.org">joe.ramirezforcier@prcsf.org</a>   | N/A                                | Four: Row 73 - 76<br>Five: Row 77 - 81<br><i>Subcontractor: SFCHC</i> |
| PRC   | HIV Employment Svcs<br>GTZ Prog   | GF<br>GTZ   | 02521 | 170 - 9th St                              | SF   | 94103 | Chuan Teng<br>J Ramirez-Forcier              | 415-972-0821<br>415-972-0831                 | <a href="mailto:chuan.teng@prcsf.org">chuan.teng@prcsf.org</a><br><a href="mailto:joe.ramirezforcier@prcsf.org">joe.ramirezforcier@prcsf.org</a>   | N/A                                | Three: Row 82 - 84  |
| PRC   | Castro Country Club<br>On the Job Training  | GF<br>WO    | 02521 | 170 - 9th St                              | SF   | 94103 | Chuan Teng<br>J Ramirez-Forcier              | 415-972-0821<br>415-972-0831                 | <a href="mailto:chuan.teng@prcsf.org">chuan.teng@prcsf.org</a><br><a href="mailto:joe.ramirezforcier@prcsf.org">joe.ramirezforcier@prcsf.org</a>   | N/A                                | Three: Row 166 - 168  |
| PRC   | Frontline Organizing<br>Group (FOG) GTZ Prog  | GF<br>GTZ   | 02658 | 170 - 9th St                              | SF   | 94103 | Chuan Teng<br>Beth Mazie                     | 415-972-0821<br>415-972-0826                 | <a href="mailto:chuan.teng@prcsf.org">chuan.teng@prcsf.org</a><br><a href="mailto:beth.mazie@prcsf.org">beth.mazie@prcsf.org</a>   | N/A                                | Two: Row 85 - 86  |
| Project Open Hand   | Food and Nutrition Svcs<br>GTZ Prog   | GF<br>GTZ   | 02671 | 730 Polk St,<br>4th Floor                 | SF   | 94109 | Ana Ayala<br>Serena Ng<br>Holly Calhoun      | 415-447-2330<br>415-447-2462<br>415-447-2415 | <a href="mailto:aayala@openhand.org">aayala@openhand.org</a><br><a href="mailto:sngo@openhand.org">sngo@openhand.org</a><br><a href="mailto:hcalhoun@openhand.org">hcalhoun@openhand.org</a>   | N/A                                | Four: Row 90 - 93   |

## 20-21 HHS Performance Objectives Mapping Document

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

| Contractor Name                  | Program Name                               | Fund Source | CID # | Program Street Address    | City | Zip   | Program Contacts             | Phone                        | Program Contact E-mail   | Applicable Standardized Objectives | Individualized Objectives in addition to Or in place of Standardized |
|----------------------------------|--|-------------|-------|---------------------------|------|-------|------------------------------|------------------------------|--|------------------------------------|--|
| SF AIDS Foundation               | Non-Medical Case Mngt. Benefits Counseling | GF          | 02644 | 1035 Market St, 4th Floor | SF   | 94103 | Richard Hill<br>Jesus Moreno | 415-487-8042<br>415-487-8091 | <a href="mailto:rhill@sfsf.org">rhill@sfsf.org</a><br><a href="mailto:jmoreno@sfaf.org">jmoreno@sfaf.org</a>   | Benefits Counseling<br>One: Row 25 | One: Row 94  |
| SF AIDS Foundation               | Rental Subsidies (formerly HUH contract)   | GF          | 02496 | 1035 Market St, 4th Floor | SF   | 94103 | Richard Hill<br>Jesus Moreno | 415-487-8042<br>415-487-8091 | <a href="mailto:rhill@sfsf.org">rhill@sfsf.org</a><br><a href="mailto:jmoreno@sfaf.org">jmoreno@sfaf.org</a>   | N/A                                | Two: Row 45 - 46   |
| SF Community Hlth Center (SFCHC) | Intensive Case Mngt GTZ Program            | GF<br>GTZ   | 02668 | 730 Polk St, 4th Floor    | SF   | 94109 | Robert Arnold<br>Nikki Calma | 415.516.9612<br>415-292-3420 | <a href="mailto:rarnold@scommunityhealth.org">rarnold@scommunityhealth.org</a><br><a href="mailto:titaaida@scommunityhealth.org">titaaida@scommunityhealth.org</a> | N/A                                | Six: Row 135 - 140   |

## 20-21 HHS Performance Objectives Mapping Document

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

| Contractor Name      | Program Name  | Fund Source | CID #  | Program Street Address  | City | Zip   | Program Contacts                              | Phone   | Program Contact E-mail   | Applicable Standardized Objectives   | Individualized Objectives in addition to Or in place of Standardized |
|----------------------|---|-------------|--------|-------------------------|------|-------|---|---|--|--|--|
| SFDPH - SFHN         | Castro Mission Health Center HIV Program              | GF          | MOU 7  | 3850-17th St            | SF   | 94114 | Joanna Eveland, MD<br>Andrea Grosz, MD        | (628)217-5700                                 | <a href="mailto:joanna.eveland@sfdph.org">joanna.eveland@sfdph.org</a><br><a href="mailto:andrea.grosz@sfdph.org">andrea.grosz@sfdph.org</a>   | N/A  | Four: Row 107 - 110  |
| SFDPH - PHD          | City Clinic Early Care Program                        | GF<br>RWPA  | MOU 20 | 356 7th St              | SF   | 94103 | Stephanie Cohen<br>Andy Scheer                | 415-487-5506<br>415-487-5511                  | <a href="mailto:stephanie.cohen@sfdph.org">stephanie.cohen@sfdph.org</a><br><a href="mailto:andy.scheer@sfdph.org">andy.scheer@sfdph.org</a>   | Outpatient Medical Care<br>Only Five: Row 4 - 6, 8 - 9<br>NOTE: Row 3, 7 are N/A | N/A  |
| SFDPH                | Health at Home  | GF<br>RWPA  | MOU 4  | 375 Laguna Honda Blvd   | SF   | 94116 | David Snyder<br>Idy Chan, RN<br>Lily Ng       | 415-682-5728<br>415- 759-4783<br>415-759-4782 | <a href="mailto:david.synder@sfdph.org">david.synder@sfdph.org</a><br><a href="mailto:idy.chan@sfdph.org">idy.chan@sfdph.org</a><br><a href="mailto:lily.x.ng@sfdph.org">lily.x.ng@sfdph.org</a> | N/A  | Five:<br>Row 96 - 98, 100  |
| SFDPH - JHS          | HIV and Integrated Services (HIV-IS) CoE              | GF<br>RWPA  | MOU 12 | 798 Brannan St          | SF   | 94103 | Angelo "Asa"<br>Clemenzi-Allen<br>Irma Parada | 415-539-9266<br>415-581-3141                  | <a href="mailto:angelo.clemenzi-alle@sfdph.org">angelo.clemenzi-alle@sfdph.org</a><br><a href="mailto:irma.parada@sfdph.org">irma.parada@sfdph.org</a>   | Centers of Excellence<br>Only Five: Row 4 - 6, 8 - 9<br>NOTE: Row 3, 7 are N/A   | N/A  |
| SFDPH - PHD          | Public Hlth Lab Therapeutic Monitoring Program        | GF          | MOU 14 | 101 Grove St, 4th Floor | SF   | 94102 | Susan Philip<br>Godfred Masinde               | 415-355-2007<br>415-554-2685                  | <a href="mailto:susan.philip@sfdph.org">susan.philip@sfdph.org</a><br><a href="mailto:godfred.masinde@sfdph.org">godfred.masinde@sfdph.org</a>   | N/A  | Two: Row 105- 106  |
| SFDPH - COPC         | Southeast Hlth Center / HIV EIP for African Americans | GF<br>RWPA  | MOU 9  | 2401 Keith              | SF   | 94124 | Keith Seidel<br>Gwen Smith                    | 415-671-7056<br>415-671-7057                  | <a href="mailto:keith.seidel@sfdph.org">keith.seidel@sfdph.org</a><br><a href="mailto:gwen.smith@sfdph.org">gwen.smith@sfdph.org</a>   | Outpatient Medical Care<br>Seven: Row 3 - 9                                      | Two: Row 10 - 11   |
| SFDPH - BHS          | So V Ness Adult BHS / HIV MH Case Mngt                | GF          | MOU 5  | 755 So. Van Ness        | SF   | 94110 | Melissa Friedman                              | 415-642-4523                                  | <a href="mailto:melissa.friedman@sfdph.org">melissa.friedman@sfdph.org</a>   | Outpatient Mental Health<br>Three: Row 12, 13, 16                                | One: Row 111   |
| SFDPH - BHS          | So V Ness Adult BHS / HIV MH Case Mngt Women's CoE    | GF          | MOU 6  | 755 So. Van Ness        | SF   | 94110 | Melissa Friedman                              | 415-642-4523                                  | <a href="mailto:melissa.friedman@sfdph.org">melissa.friedman@sfdph.org</a>   | Outpatient Mental Health<br>Three: Row 12, 13, 16                                | One: Row 111   |
| SFDPH - SFHN - TWUHC | TWHC Primary Care and Case Management                 | GF          | MOU 8  | 230 Golden Gate Ave     | SF   | 94102 | Royce Lin, MD<br>(copy Beth Neary)            | (415) 355-7400                                | <a href="mailto:royce.lin@sfdph.org">royce.lin@sfdph.org</a><br><a href="mailto:beth.neary@sfdph.org">beth.neary@sfdph.org</a>   | Outpatient Medical Care<br>Seven: Row 3 - 9                                      | N/A  |

## 20-21 HHS Performance Objectives Mapping Document

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

| Contractor Name   | Program Name                       | Fund Source | CID #  | Program Street Address    | City | Zip   | Program Contacts                                 | Phone  | Program Contact E-mail   | Applicable Standardized Objectives  | Individualized Objectives in addition to Or in place of Standardized |
|---|------------------------------------|-------------|--------|---------------------------|------|-------|--|--|--|---|--|
| SFDPH - SFHN - TWUHC  | TWHC Tenderloin Area CoE (TACE)    | GF          | MOU 28 | 230 Golden Gate Ave       | SF   | 94012 | Royce Lin, MD<br>(copy Beth Neary)               | (415) 355-7400                               | <a href="mailto:royce.lin@sfdph.org">royce.lin@sfdph.org</a><br><a href="mailto:beth.neary@sfdph.org">beth.neary@sfdph.org</a>   | Centers of Excellence<br>Seven: Row 3 - 9   | N/A  |
| <b>Please conduct 1 visit for the programs immediately above and below this row, but write 2 reports to capture the different UOS/UDC and Objectives, and to meet requirements of the federal funder.</b> |                                    |             |        |                           |      |       |  |  |  |   |  |
| SFDPH - COPC  | TWHC: HIV Early Intervention Svcs  | GF<br>RWPC  | MOU 28 | 230 Golden Gate Ave       | SF   | 94012 | Royce Lin, MD<br>(copy Beth Neary)               | (415) 355-7400                               | <a href="mailto:royce.lin@sfdph.org">royce.lin@sfdph.org</a><br><a href="mailto:beth.neary@sfdph.org">beth.neary@sfdph.org</a>   | Centers of Excellence<br>Seven: Row 3 - 9   | N/A  |
| SFDPH - COPC  | TWHC Dental Services PLWH/A        | GF<br>RWPA  | MOU 26 | 50 Ivy St                 | SF   | 94102 | Michelle Lingle<br>(copy Beth Neary)             | 415-355-7527                                 | <a href="mailto:michelle.p.lingle@sfdph.org">michelle.p.lingle@sfdph.org</a><br><a href="mailto:beth.neary@sfdph.org">beth.neary@sfdph.org</a>   | Dental Services<br>Five: Row 27 - 31  | N/A  |
| SFDPH - SFGH - UCSF   | Ward 86 / PHAST                    | GF          | MOU 17 | 995 Potrero, W 86         | SF   | 94110 | Monica Gandhi<br>Mary Shiels<br>Lizzie Lynch     | 415-476-4082<br>628-206-2431<br>415-206-2458 | <a href="mailto:monica.gandhi@ucsf.edu">monica.gandhi@ucsf.edu</a><br><a href="mailto:Mary.Shiels@ucsf.edu">Mary.Shiels@ucsf.edu</a><br><a href="mailto:elizabeth.lynch@ucsf.edu">elizabeth.lynch@ucsf.edu</a>           | Outpatient Medical Care<br>Seven: Row 3 - 9<br><b>Note:</b> Row 4 - 9 = lower %         | N/A  |
| SFDPH - SFGH - UCSF   | W 86 Outpatient Services           | GF          | MOU 18 | 995 Potrero, W 86         | SF   | 94110 | Monica Gandhi<br>Mary Shiels<br>H.Sigvaldadottir | 415-476-4082<br>628-206-2431<br>415-305-4882 | <a href="mailto:monica.gandhi@ucsf.edu">monica.gandhi@ucsf.edu</a><br><a href="mailto:mary.shiels@ucsf.edu">mary.shiels@ucsf.edu</a><br><a href="mailto:helga.sigvaldadottir@ucsf.edu">helga.sigvaldadottir@ucsf.edu</a> | Outpatient Medical Care<br>Seven: Row 3 - 9   | N/A  |
| SFDPH - SFGH - UCSF   | HIVE Perinatal AIDS Svcs           | GF          | MOU 18 | 1001 Potrero Ave, Rm 6D33 | SF   | 94110 | Deborah Cohan<br>Cynthia Gutierrez               | 628-206-3658<br>415-609-4384                 | <a href="mailto:deborah.cohan@ucsf.edu">deborah.cohan@ucsf.edu</a><br><a href="mailto:cynthia.gutierrez@ucsf.edu">cynthia.gutierrez@ucsf.edu</a>   | Outpatient Medical Care<br>Only Five: Row 4 - 6, 8 - 9<br><b>NOTE:</b> Row 3, 7 are N/A | N/A  |
| SF Food Bank  | Food Solicitation                  | GF          | 02654  | 900 Pennsylvania Ave      | SF   | 94107 | Tanis Crosby<br>Sheila Kopf<br>Michael Braude    | 415-282-1900<br>415-282-1900<br>415-282-1900 | <a href="mailto:tcrosby@sffmfoodbank.org">tcrosby@sffmfoodbank.org</a><br><a href="mailto:skopf@sffb.org">skopf@sffb.org</a><br><a href="mailto:mbraude@sffb.org">mbraude@sffb.org</a>                                   | N/A   | Two: Row 112 - 113   |
| SF Suicide Prevention, Inc.   | HIV Nightline Crisis Hotline       | GF          | 08032  | P.O. Box 191350           | SF   | 94119 | Lina Sheth                                       | 415-984-1900                                 | <a href="mailto:linas@sfsuicide.org">linas@sfsuicide.org</a>   | <b>NOTE:</b> Funding moved to BHS contract  | Four: Row 114 - 117  |
| UCSF - Alliance Health Proj (AHP)   | AHP Intensive Case Mngt - GTZ Prog | GF<br>GTZ   | 02669  | 1930 Market St            | SF   | 94102 | Lori Thoemmes<br>Braulio Garcia                  | 415-476-3951<br>415-476-7842                 | <a href="mailto:lori.thoemmes@ucsf.edu">lori.thoemmes@ucsf.edu</a><br><a href="mailto:braulio.garcia@ucsf.edu">braulio.garcia@ucsf.edu</a>   | N/A   | Six: Row 135 - 140   |
| UCSF - 360 Positive Care Center   | Support Group Heterosexual ID HIV  | GF          | 08725  | 350 Parnassus, Rm. 908    | SF   | 94143 | Malcolm John<br>Allan Paschke                    | 415-353-2406<br>415-353-2503                 | <a href="mailto:malcolm.john@ucsfmedctr.org">malcolm.john@ucsfmedctr.org</a><br><a href="mailto:allan.paschke@ucsf.edu">allan.paschke@ucsf.edu</a>   | Psychosocial Support<br>One: Row 26   | One: Row 147   |

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

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

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