| Sect. | Agency/ Program | Overall Program Score | Prog. Perf. | Prog. Deliv. | Program Comp. | Client Satisf. | Plan of Action Reg? | Fiscal Year | Comments | CID # |
|----------|--|--------------------------------------|--------------------------------------|---|--------------------------------------|--------------------------------------|---------------------------|------------------|--|-------------|
| BHS | Asian & Pacific Islander Wellness Center DBA SF Community Health Center | | | | | | neq. | | | |
| | New in FY23-24; Monitoring not conducted. | | | | | | | | | |
| SFHN/HHS | HealthRight 360 | | | | | | | | | |
| | Program Administration for HHS, not monitored by BOCC for Performance: See Fiscal and Compliance Review | | | | | | | I | | |
| PHD/CLI | Heluna Health | | | | | | | | | |
| | Program Administration for PHD workforce development, not monitored for Performance- See Agency Fiscal and Compliance Review. | | | | | | | | | |
| WPIC | RAMS | | | | | | | | | |
| | Wellness in the Streets (WITS)/Whole Person Shelter Care Coordination Services | 4 - Commendable/Exceeds Standards | 4 - Commendable/Exceeds Standards | 2 - Improvement Needed/Below Standards | 4 - Commendable/Exceeds Standards | 4 - Commendable/Exceeds Standards | No | DRAFT FY22-23 | The program met 100% of its contracted performance objectives and 55% of its contracted units of service target. The program completed its satisfaction survey and analyzed the client satisfaction results. BOCC commends program for good work in achieving 100% of their performance objectives. | 20708 |
| SFHN/HHS | Shanti Project (HHS) | | | | | | | | | |
| | Shanti Integrated Medical Case Management | 4 - Commendable/Exceeds Standards | 4 - Commendable/Exceeds Standards | 4 - Commendable/Exceeds Standards | 4 - Commendable/Exceeds Standards | 4 - Commendable/Exceeds Standards | No | FY22-23 | The program met 100% of its contracted performance objectives, 111% of its contracted units of service target, and 110.3% of its contracted unduplicated client target. The program is commended for achieving all performance objectives. | 6123 |
| | Shanti Emotional and Practical Support Services Psychosocial Support and Client Advocacy | 4 - Commendable/Exceeds Standards | 4 - Commendable/Exceeds Standards | 3 - Acceptable/Meets Standards | 4 - Commendable/Exceeds Standards | 4 - Commendable/Exceeds Standards | No | FY22-23 | The program met 100% of its contracted performance objectives, 70% of its contracted units of service target, and 99.3% of its contracted unduplicated client target. The program is commended for achieving all performance objectives. | 2517 |
| | Shanti HIV Community Planning Council Support | 4 - Commendable/Exceeds Standards | 4 - Commendable/Exceeds Standards | 4 - Commendable/Exceeds Standards | 3 - Acceptable/Meets Standards | 4 - Commendable/Exceeds Standards | No | FY22-23 | The program met 100% of its contracted performance objectives, 103% of its contracted units of service target, and was exempted from its contracted unduplicated client target. The program is commended for achieving all objectives during this monitoring period. The program believes that the objectives should change as they overlap. BOCC recommends that the program meet with the SOC to discuss its objectives. SOC leadership in attendance is aware of the recommendation. | 2473 |
| | Shanti Emotional and Practical Support Services Senior Survivor Support Program | 4 - Commendable/Exceeds Standards | 4 - Commendable/Exceeds Standards | 4 - Commendable/Exceeds Standards | 4 - Commendable/Exceeds Standards | 4 - Commendable/Exceeds Standards | No | FY22-23 | The program met 100% of its contracted performance objectives, 92% of its contracted units of service target, and 208.3% of its contracted unduplicated client target. The program is commended for achieving all performance objectives. | 02517/24465 |
| BHS | Felton Institute (TAY) | | | | | | | | | |
| | TAY Acute Linkage | 4 - Commendable/Exceeds Standards | 4 - Commendable/Exceeds Standards | 4 - Commendable/Exceeds Standards | 4 - Commendable/Exceeds Standards | 4 - Commendable/Exceeds Standards | No | FY22-23 | The program met 100% of its contracted performance objectives and 101% of its contracted units of service target. The program submitted its client satisfaction results in a timely fashion, the return rate was more than 50%, and the percentage of clients indicating satisfaction with the program's services was 90-100%. The program is commended for meeting all the applicable Performance Objectives during this monitoring nerind. | 3660 |
| | TAY Full Service Partnership | 4 - Commendable/Exceeds Standards | 4 - Commendable/Exceeds Standards | 4 - Commendable/Exceeds Standards | 4 - Commendable/Exceeds Standards | 4 - Commendable/Exceeds Standards | No | | The program met 96% of its contracted performance objectives and 100% of its contracted units of service target. The program submitted its client satisfaction results in a timely fashion, the return rate was more than 50%, and the percentage of clients indicating satisfaction with the program's services was 90-100%. The program is commended for continuing to improve its survey return rate and its overall satisfaction. | 9936 |
| | ReMIND (formerly PREP) | 4 - Commendable/Exceeds Standards | 4 - Commendable/Exceeds Standards | 4 - Commendable/Exceeds Standards | 4 - Commendable/Exceeds Standards | 4 - Commendable/Exceeds Standards | No | DRAFT FY22-23 | The program met 95% of its contracted performance objectives and 96% of its contracted units of service target. The program submitted its dient satisfaction results in a timely fashion, the return rate was more than 50%, and the percentage of clients indicating satisfaction with the program's services was 90-100%. The program is commended for meeting all its site/premises and administrative binder reouirements. | 9936 |
| BHS | Harm Reduction Therapy Center TAY Homeless Treatment Team | 4 - Commendable/Exceeds | 4 - Commendable/Exceeds | 4 - Commendable/Exceeds | 4 - Commendable/Exceeds | 4 - Commendable/Exceeds | No | DRAFT | The program met 95% of its contracted performance objectives and 100% of its | 10099 |
| | TAT HOMEIESS TREATMENT LEAM | 4 - Commendable/Exceeds Standards | 4 - Commendable/Exceeds Standards | 4 - Commendable/Exceeds Standards | 4 - Commendable/Exceeds Standards | 4 - Commendable/Exceeds Standards | INO | DRAFT FY22-23 | The program met 95% of its contracted performance objectives and 100% of its contracted units of service target. The program completed its satisfaction survey and analyzed the client satisfaction results. The program is commended for excellent achievement of seven of the performance objectives. | 10033 |
| SFHN/HHS | Catholic Charities | | | | | | | | | |
| | CCCYO - CYO Assisted Housing | 4 - Commendable/Exceeds Standards | 4 - Commendable/Exceeds Standards | 3 - Acceptable/Meets Standards | 4 - Commendable/Exceeds Standards | 4 - Commendable/Exceeds Standards | No | FY22-23 | The program met 100% of its contracted performance objectives, 78% of its contracted units of service target, and 100% of its contracted unduplicated client target. The program is commended for meeting 100% of its program Performance Objectives. | 20913 |

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Dian of Final Year

Created 1/31/2022

September 3, 2024 Health Commission

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|-------|--|----------|--------------------------------------|-------------|--------------------------------------|--------------------------------------|--------------------------------------|---------------------------|-------------|---|-------|
| | CCCYO - Derek Silva Co | ommunity | 4 - Commendable/Exceeds Standards | | 4 - Commendable/Exceeds Standards | 4 - Commendable/Exceeds Standards | 4 - Commendable/Exceeds Standards | No | | The program met 100% of its contracted performance objectives, 128% of its contracted units of service target, and 100% of its contracted unduplicated client target. The program is commended for partial achievement to exceeding the goals of all performance objectives. | 20831 |
| | CCCYO - Peter Claver C Residential Care | ommunity | 3 - Acceptable/Meets Standards | | 4 - Commendable/Exceeds Standards | 4 - Commendable/Exceeds Standards | 1 - Unacceptable | Yes | | The program met 88% of its contracted performance objectives, 98% of its contracted units of service target, and 100% of its contracted unduplicated client target. The program provided its client satisfaction raw data for this monitoring period; however, it did not provide an analysis. POA issued for client satisfaction, compliance item (eligibility policy), and failure to meet one objective. | 17198 |
| | CCCYO - Rita da Cascia | | 4 - Commendable/Exceeds Standards | | 4 - Commendable/Exceeds Standards | 4 - Commendable/Exceeds Standards | 4 - Commendable/Exceeds Standards | No | | The program met 100% of its contracted performance objectives, 128% of its contracted units of service target, and 100% of its contracted unduplicated client target. The program is commended for partial achievement to exceeding the goals of all performance objectives. | 20832 |