



# Behavioral Health Services — Adult and Older Adult Performance Objectives FY 2022-2023

## Performance Objectives Overview

Measuring client improvement and successful completion of target objectives is an important part of SFDPH contracting. The implementation of the Avatar Electronic Health Record in Fiscal Year 2010-2011 increased the ability to collect quality data on a client's presenting issues, demographics, interventions, symptom changes, and discharge status. The Performance Objectives developed for Fiscal Year 2022-23 are designed to maximize the use of Avatar data entered by providers for client admission, assessment, treatment planning, services provided, updates and discharge information. BHS intends to reduce provider burden in determining objective compliance by using Avatar data to measure objectives - to the extent possible. The Program Objectives detailed in this document have been carefully defined to measure important behavioral health processes and outcomes. Not all objectives apply to all programs. NOTE: All references to number of days throughout this document mean "Calendar Days" as that is how Avatar is designed to measure days.

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

This document is comprised of the following tabs:

**Tab 1:** Objectives for *Outpatient Mental Health* programs

**Tab 2:** Objectives for *Intensive Case Management & Full Service Partnership* programs

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

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

**Tab 5:** Objectives for *Vocational Rehabilitation* programs

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

**Tab 7:** Objectives for *Individualized Program Specific Services*

Tabs 1 through 7 provide detail about each performance objective. Next to each indicator are columns that describe the following:

- **Client Inclusion Criteria** - identifies which group of clients / programs are included in the measurement of the objective
- **Data Source / Compliance** - identifies the data source used to measure the objective and/or how compliance with the objective is documented and reported
- **Source of Requirement** - e.g., BHS policy, Affordable Care Act, Dept of Healthcare Services (DHCS), California Dept of Managed Health Care (DMHC), SAMHSA, etc.
- **Report Availability for Providers** - Some performance objectives have Avatar reports available for providers to check their progress. Please note that these are intended as a general guide and the BOCC calculates the final results separately.
- **Provider Data Submission** - In several cases contractors are instructed to send an Annual Summary Report to the System of Care (SOC) Program Manager and the Business Office Contract Compliance (BOCC) Program Manager. Reports for BOCC should be sent by e-mail to: [bocc@sfdph.org](mailto:bocc@sfdph.org). If unsure of the SOC Program Manager, contact your CDTA Program Manager for assistance. The BOCC Scoring Guidelines for the Annual Monitoring Report are posted to the CDTA website at <https://www.sfdph.org/dph/comupg/aboutdph/insideDept/CDTA/documents-PO.asp>

**FY22-23 BHS AOA MH Outpatient Objectives**

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<b>AOA-MH-OP-1:</b> 80% of psychiatric inpatient hospital discharges occurring in FY22-23 will not be followed by a readmission within 90 days.	Outcome	Clients enrolled prior to the hospital admission date and remaining in services during the 90 days post hospital discharge. Excludes: Mobile Crisis, Progress Dore Urgent Care, any Ambulatory Outpatient RU connected to Residential Tx. programs, UC Citywide Linkage program code (89114MH), or any program with fewer than 5 clients with psychiatric inpatient hospitalizations during FY22-23	Avatar - BOCC calculates	DHCS/ACA	QM Quarterly Report on SFDPH website, BHS/QM section
<b>AOA-MH-OP-2:</b> 100% of new referrals to a prescriber who aren't currently linked to psychiatric medication services must have the referral date and first offered appointment recorded in Avatar via the Time to Outpatient Psychiatry form.	Outcome	All clients with new episodes opened in FY22-23 and who received a service with a prescriber. This includes any service delivered by a prescriber, not just medication services. (Excludes Citywide Case Management-NOVA 8911NO)	Time to Outpatient Psychiatry Form	DHCS	NA
<b>AOA-MH-OP-3:</b> 100% of new clients referred to a prescriber must receive a medication support service within 15 business days of the referral date.	Process	All clients with new episodes opened in FY22-23 and who received a service with a prescriber. This includes any service delivered by a prescriber, not just medication services. (Excludes Citywide Case Management-NOVA 8911NO)	Time to Psychiatry form	DHCS	NA
<b>AOA-MH-OP-4:</b> 90% of clients with an open episode will have the Problem List finalized in Avatar within 60 days of episode opening.	Outcome	All clients with an initial Tx Plan of Care due during FY22-23 Excludes: Outpatient services provided within residential Tx settings	Avatar - BOCC calculates	BHS Policy/DHCS	AOA Initial TPOC Status Report Avatar Report
<b>AOA-MH-OP-5:</b> On any date 90% of clients will have an initial finalized Assessment in Avatar within 60 days of episode opening.	Process	All clients with annual Assessment due in FY22-23 Excludes: Outpatient services provided in residential Tx settings & first 60 days for new clients and Citywide Linkage program codes	Avatar - BOCC calculates	BHS Policy/DHCS	AOA Annual Assessment Status Avatar Report
<b>AOA-MH-OP-6:</b> On any date 100% of clients receiving targeted case management will have a Care Plan in Avatar.	Process	All clients receiving targeted case management only in FY22-23. Excludes: Outpatient services provided within residential Tx settings & first 60 days for new clients	Avatar - BOCC calculates	BHS Policy/DHCS	Adult TPOC Due by Program/Staff Report Avatar

**FY22-23 BHS AOA MH Outpatient Objectives**

<b>Indicator</b>	<b>Type of Objective</b>	<b>Client Inclusion Criteria</b>	<b>Data Source / Compliance</b>	<b>Source of Requirement</b>	<b>Report Availability for Providers</b>
<b>AOA-MH-OP-7:</b> 100% of clients with new episodes will have the referral date and first offered appointment date recorded in Avatar via the CSI Assessment for that episode.	Process	All clients opened in new episodes in Outpatient programs between 1/1/23 - 6/30/23 Excludes ICM, FSP, crisis, inpatient, urgent care, supportive housing programs, outpatient services provided in residential Tx settings and Citywide Case Management-NOVA 8911NO.	Avatar CSI Assessment form: Requests for service and first offered appointment dates	BHS Policy	QM report on CSI Assessment Monitoring Report

**FY22-23 BHS AOA ICM FSP Objectives**

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<p><b>AOA-ICMFSP-1:</b> 80% of psychiatric inpatient hospital discharges occurring in FY22-23 will not be followed by a readmission within 90 days.</p>	<p align="center">Outcome</p>	<p>Clients enrolled prior to the hospital admission date and remaining in services during the 90 days post hospital discharge. Excludes: Mobile Crisis, Progress Dore Urgent Care, any Ambulatory Outpatient RU connected to Residential Tx. programs, UC Citywide Linkage program code (89114MH), or any program with fewer than 5 clients with psychiatric inpatient hospitalizations during FY22-23</p>	<p align="center">Avatar - BOCC calculates</p>	<p align="center">DHCS/ACA</p>	<p>QM Quarterly Report on SFDPH website, BHS/QM section</p>
<p><b>AOA-ICMFSP-2:</b> 90% of clients with an open episode will have the Problem List finalized in Avatar within 60 days of episode opening.</p>	<p align="center">Process</p>	<p>All clients with an initial Tx Plan of Care due during FY22-23 Excludes: Outpatient services provided within residential Tx settings</p>	<p align="center">Avatar - BOCC calculates</p>	<p align="center">BHS Policy/DHCS</p>	<p>AOA Initial TPOC Status Report Avatar Report</p>
<p><b>AOA-ICMFSP-3:</b> On any date 100% of clients receiving targeted case management will have a current finalized Care Plan in Avatar.</p>	<p align="center">Process</p>	<p>All clients with annual Tx Plan of Care due in FY22-23; completed annually from anniversary date of opening episode of last completed Tx Plan of Care Excludes: Outpatient services provided within residential Tx settings &amp; first 60 days for new clients</p>	<p align="center">Avatar - BOCC calculates</p>	<p align="center">BHS Policy/DHCS</p>	<p>Adult TPOC Due by Program/Staff Report Avatar</p>

**FY22-23 BHS AOA ICM FSP Objectives**

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<p><b>AOA-ICMFSP-4:</b> 100% of FSP clients will have all expected DCR quarterly reports completed</p>	<p>Compliance</p>	<p>All clients enrolled in FSP designated programs. Citywide Linkage is not funded by MHSA and therefore not an FSP and not mandated to enter into the DCR.                      Only these programs are required to log clients in the DCR:                      3818FSP IFR SPARK FSP (3818FSP)                      8957OP FMP BV (8957OP)                      38CQ4 Seneca Connections FSP (38CQ4)                      3822T3 FSA TAY FSP Outpatient Svc (3822T3)                      38CQFSP Seneca TAY                      38BHT3 TAY MHSA Outpatient Services (38BHT3)                      8911AO Citywide AOT FSP (8911AO)                      89119 Citywide Forensics (89119)                      3822A3 FSA Adult FSP Outpatient MHSA (3822A3)                      38BRA3 Hyde Adult FSP Outpatient (38BRA3 only)                      38719A SF FIRST SOM McMillan ICM (38719A)                      3822G3 FSA OA Full Service Part OP (3822G3)</p>	<p>DCR database shows evidence of completion by 3M "date collected"</p>	<p>MHSA</p>	<p>DCR 3M Field Level QA Report, client detail version. Report available at FSP DCR monthly Mtg, or upon request of DCR Workgroup (not available in Avatar)</p>

**FY22-23 BHS AOA ICM FSP Objectives**

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<p><b>AOA-ICMFSP-5:</b> 100% of FSP clients with an open episode in Avatar will be entered in the DCR within 90 days of the episode opening date</p>	<p align="center">Compliance</p>	<p>Clients enrolled ≥ 90 days in an FSP program. Citywide Linkage is not funded by MHSA and therefore not an FSP and not mandated to enter into the DCR. Only these programs are required to log clients in the DCR:</p> <p>3818FSP IFR SPARK FSP (3818FSP)              8957OP FMP BV (8957OP)              38CQ4 Seneca Connections FSP (38CQ4)              3822T3 FSA TAY FSP Outpatient Svc (3822T3)              38CQFSP Seneca TAY              38BHT3 TAY MHSA Outpatient Services (38BHT3)              8911AO Citywide AOT FSP (8911AO)              89119 Citywide Forensics (89119)              3822A3 FSA Adult FSP Outpatient MHSA (3822A3)              38BRA3 Hyde Adult FSP Outpatient (38BRA3 only)              38719A SF FIRST SOM McMillan ICM (38719A)              3822G3 FSA OA Full Service Part OP (3822G3)</p>	<p>Avatar episode data and a completed Partnership Assessment Form (PAF) in the DCR database</p>	<p>Department of Health Care Services</p>	<p>Avatar DCR enrollment Report (not available in Avatar)</p>
<p><b>AOA-ICMFSP-6:</b> On any date 90% of clients will have a initial finalized Assessment in Avatar within 60 days of episode opening.</p>		<p>All clients with annual Assessment due in FY22-23. Excludes: Outpatient services provided in residential Tx settings &amp; first 60 days for new clients and Citywide Linkage program code (89114MH).</p>	<p>Avatar - BOCC calculates</p>	<p>BHS Policy/DHCS</p>	<p>AOA Annual Assessment Status Avatar Report</p>

### FY22-23 BHS AOA SUD Outpatient Objectives

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<b>AOA-SUD-OP-1:</b> At least 80% of psychiatric inpatient hospital discharges occurring in FY22-23 will not be followed by a readmission within 90 days.	Outcome	Clients enrolled prior to the hospital admission date and remaining in services during the 90 days post hospital discharge. Excludes: Programs with fewer than 5 clients with psychiatric inpatient hospitalizations during FY22-23	Avatar -- BOCC calculates	DHCS/ACA	Pending
<b>AOA-SUD-OP-2:</b> At least 60% of clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by discharge codes.	Outcome	All clients discharged in FY22-23 Excludes: Methadone, Buprenorphine, Detox program & clients with < 3 visits in 60 day period	CalOMS Discharge Status Field	ACA	CalOMS Discharge Status Report Avatar Report
<b>AOA-SUD-OP-3:</b> At least 70% of clients will maintain abstinence or show a reduction of Alcohol and Other Drug use.	Outcome	Clients in Tx ≥ 60 days and discharged, or for whom CalOMS data updated in FY22-23 Excludes: Methadone Programs and Residential Programs	CalOMS admission, Annual Update, and Discharge Data	ACA	QM Quarterly Report SFDPH website, BHS/QM section
<b>AOA-SUD-OP-4:</b> At least 70% of clients admitted to a methadone maintenance treatment program will stay in treatment ≥ 12 months.	Outcome	All clients admitted in FY22-23	Avatar episode opening & closing dates for discharged clients	ACA	Methadone Maintenance TX Duration Avatar Report
<b>AOA-SUD-OP-5:</b> 100% of initial requests for services (phone and walk-ins) will be recorded in the Avatar Timely Access Log.	Process	All initial requests for Services from new (non-registered) clients or clients registered in Avatar without an open episode in the program. Number of entries in Timely Access Log should be ≥ number of new episodes opened in FY22-23	Avatar - BOCC calculates	BHS Policy/DHCS	Timely Access Log Report Dashboard Avatar Report
<b>AOA-SUD-OP-6:</b> 100% of clients admitted in FY22-23 will have an accepted Cal-OMS Admissions by DHCS.	Process	Clients admitted during FY22-23	Cal-OMS Accept and Reject Report	BHS Policy/DHCS	Avatar: CalOMS Admission Errors by Program Report DHCS: Accept and Reject Report

### FY22-23 BHS AOA SUD Outpatient Objectives

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<b>AOA-SUD-OP-7:</b> 100% of clients discharged during FY22-23 will have the CalOMS Discharge Status field completed.	Process	Clients discharged during FY22-23	CalOMS Discharge Status Field	BHS Policy/DHCS	CalOMS Discharge Timely Status Avatar Report
<b>AOA-SUD-OP-8:</b> No more than 40% of clients will be coded as CalOMS Administrative Discharge during FY22-23. NOTE: Administrative discharge codes "4" and "6" only used when client interview not possible and full set of CalOMS items cannot be completed	Process	Applicable to all CalOMS programs with clients discharged in FY22-23 Excludes: Methadone Programs	CalOMS Discharge Status Field	BHS Policy/DHCS	CalOMS Administrative Discharge Status Report Avatar Report
<b>AOA-SUD-OP-9:</b> 90% of clients will be offered an appointment within 10 business days of the initial request for services.	Process	All clients with non-urgent needs beginning Tx with a new provider; extended wait times for app't. only approved & accepted if deemed clinically appropriate by qualified Behavioral Health practitioner & documented via attestation in Avatar Timely Access Log Excludes: ICM, FSP, supportive housing programs, & Outpatient services provided in residential Tx settings	Avatar - BOCC calculates	BHS Policy/DHCS	Timely Access Report (Program) Avatar Report
<b>AOA-SUD-OP-10:</b> 100% of clients enrolled in program requiring an Annual Update in FY22-23 will have an accepted Cal-OMS Annual Update by DHCS.	Process	Clients enrolled in program for 365 days or more during FY22-23.	Cal-OMS Accept and Reject Report	BHS Policy/DHCS	Avatar CalOMS Discharge Errors by Program Report DHCS: Accept and Reject Report

## FY22-23 BHS AOA Residential SUD Objectives

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<b>AOA-SUD-RES-1:</b> 60% of clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by discharge codes.	Outcome	All clients discharged in FY22-23 Excludes: Methadone, Buprenorphine, Detox programs and clients who stay < 3 days	CalOMS Discharge Status Field	ACA	CalOMS Discharge Timely Status Avatar Report
<b>AOA-SUD-RES-2:</b> 60% of clients will have left before completion with satisfactory progress as measured by discharge codes.	Outcome	All clients discharged in FY22-23 (Withdrawal Management Only)	CalOMS Discharge Status Field	ACA	CalOMS Discharge Timely Status Avatar Report
<b>AOA-SUD-RES-3:</b> 100% of initial requests for services (phone and walk-ins) will be recorded in the Avatar Timely Access Log.	Process	All initial requests for Services from new (non-registered) clients or clients registered in Avatar without an open episode in the program. Number of entries in Timely Access Log should be ≥ number of new episodes opened in FY22-23	Avatar - BOCC calculates	BHS Policy DHCS	Timely Access Log Report Dashboard Avatar Report
<b>AOA-SUD-RES-4:</b> 100% of clients admitted in FY22-23 will have an accepted Cal-OMS Admissions by DHCS.	Process	Clients admitted during FY22-23	Cal-OMS Accept and Reject Report	BHS Policy DHCS	Avatar: CalOMS Admission Errors by Program Report DHCS: Accept and Reject Report
<b>AOD-SUD-RES-5:</b> 100% of clients discharged during FY22-23 will have the CalOMS Discharge Status field completed.	Process	Clients discharged during FY22-23	CalOMS Discharge Status Field	BHS Policy DHCS	CalOMS Discharge Timely Status Avatar Report
<b>AOD-SUD-RES-6:</b> No more than 40% of clients will be coded as CalOMS Administrative Discharge during FY22-23. NOTE: Administrative discharge codes "4" and "6" only used when client interview not possible and full set of CalOMS items cannot be completed	Process	Applicable to all CalOMS programs with clients discharged in FY22-23 Excludes: Methadone Programs	CalOMS Discharge Status Field	BHS Policy DHCS	CalOMS Administrative Discharge Status Report Avatar Report
<b>AOA-SUD-RES-7:</b> 100% of clients in Residential Step-Down will have documented monthly verification of enrollment in an Outpatient treatment program (Outpatient, Intensive OP, NTP, Recovery Services).	Process	Clients in program ≥ 30 days	SUDS RSD Report of Client Connection to SUD Services or Internal Tracking Document	BHS Policy DHCS	NA

### FY22-23 BHS AOA Residential SUD Objectives

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<b>AOA-SUD-RES-8:</b> Program will submit SUDS RSD Report of Client Connection to SUD Services monthly to DPH by the 15th of the following month.	Process	Residential Step-Down Only	SUDS RSD Report of Client Connection to SUD Services or Internal Tracking Document	BHS Policy DHCS	NA

### FY22-23 BHS AOA Vocational Rehab Objectives

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<p><b>AOA-VOC-1:</b> 75% of clients graduating from an intern, trainee or volunteer vocational program will indicate, on an exit survey, an increase in readiness for additional meaningful activities related to vocational services.</p> <p>NOTE: Vocational related Meaningful activities may include an educational program, advanced internship, advanced training program, employment, etc.</p>	Outcome	<p>All time-limited vocational interns, trainees and volunteers graduating from a vocational training program in FY22-23</p> <p>Programs Included:            RAMS Clerical and Mailroom Services            RAMS TAY Vocational Services            RAMS Janitorial Services            RAMS Information Technology Services            UCSF Citywide Basic Construction and Remodeling Program            UCSF Food and Catering Services            UCSF Citywide Landscaping Program</p> <p><b>Excludes:</b> <i>clients enrolled in a long-term supported employment program</i></p>	<p>MHSA Year-end Program Reports FY22-23</p> <p>Contractor responsible for administering client self-report survey prior to graduation from time-limited program &amp; before 6/30/23</p> <p>Contractor responsible for administering exit surveys, analyzing data, securely storing data, &amp; reporting data to MHSA.</p> <p>Contractor prepares Annual Summary Report documenting achievement for MHSA Program Manager by 9/1/23</p>	BHS Policy MHSA Wellness and Recovery	N/A

**FY22-23 BHS AOA SSI Advocacy and Rep Payee Objectives**

<b>Indicator</b>	<b>Type of Objective</b>	<b>Client Inclusion Criteria</b>	<b>Data Source/Compliance</b>	<b>Source of Requirement</b>	<b>Report Availability for Providers</b>
<b>Section J: SSI Advocacy / Benefits Counseling Program Outcomes</b>					
<b>AOA-SSIBEN-1:</b> 85% of the client cases in which claims for benefits have been filed and that have been fully adjudicated by program representation during the contract period will result in a favorable decision or an award for the client.	Process	Clients who filed claims for benefits which have been fully adjudicated by representation from the Homeless Advocacy Project or Positive Resource Center between 7/1/22 – 6/30/23	Contractor collects data, including % of claims awarded at initial, reconsideration, Admin Law Hearing, or Appeals Council levels. Decisions for clients at any level, & Continuing Disability Reviews measured by receipt of proof of award e.g., SSA Notice of Awards, other documentation received from SSA, or documented in SSA or CalMED database. Contractor prepares Annual Summary Report documenting achievement for SOC Program Manager & BOCC by 9/1/23	BHS Policy	N/A
<b>Section K: Representative Payee Program Outcomes</b>					
<b>AOA-REPPAY-1:</b> 100% of authorized rent payments will be disbursed within two business days of date benefit checks are received.	Process	All clients enrolled in Conard and HealthRight 360 Rep. Payee programs during FY22-23	Contractors collect data routinely & conduct annual internal audit; contractor prepares Annual Summary Report documenting achievement for SOC Program Manager & BOCC by 9/1/23	BHS Policy	N/A
<b>AOA-REPPAY-2:</b> 75% of clients receiving money management services will maintain stability in housing for a period of at least six months.	Outcome	All clients enrolled for ≥ 6 months in Conard or HealthRight 360 Rep. Payee programs during FY22-23	Contractors audit client files (physical or electronic); contractor prepares Annual Summary Report documenting achievement for SOC Program Manager and BOCC by 9/1/23	BHS Policy	N/A

**FY22-23 BHS AOA Individual Program Objectives**

<b>Indicator</b>	<b>Type of Objective</b>	<b>Client Inclusion Criteria</b>	<b>Data Source / Compliance</b>	<b>Source of Requirement</b>	<b>Report Availability for Providers</b>
<b>Civil Service - Assisted Outpatient Treatment (Chris Wright-Program Manager)</b>					
1. 60% of clients that meet AOT criteria and that the AOT Care Team has contact with will engage in voluntary services.	Outcome	Individuals referred in FY 22-23	AOT Database	AOT Procedures	N/A-AOT will track and report to BOCC in September
2. In an effort to inform the community regarding AOT, the program will conduct a minimum of 10 presentations a year.	Process	Presentations in FY 22-23	AOT Data	AOT Procedures	N/A- AOT will track and report to BOCC in September
3. AOT will submit an annual report to the State Department of Mental Health in compliance with WIC 5348(d), which will be posted on the AOT website.	Process	Annual Report	AOT Website	AOT Procedures	N/A-AOT will track and report to BOCC in September
<b>Civil Service: Comprehensive Crisis Services</b>					
Less than 30% of clients seen in the Crisis Clinic will be seen at PES or hospitalized on the same day.	Outcome	Clients seen at BHS Crisis in FY22-23	Avatar Billing Information System - BOCC will compute	BHS	MHS 140 Report
60% of BHS Crisis client episode lengths will be < 60 days.	Process	Client episodes closed in FY22-23 and clients open on 6/30/22	Avatar Billing Information System - BOCC will compute	BHS	N/A
CCS will complete a follow up phone call within 24 hours of initial call for 85% of the calls received.	Process	During FY22-23	Program will be responsible for tracking and providing information to BOCC prior to site visit	BHS	N/A
<b>Civil Service - Drug Court Treatment Center (Leon Hopkins- Program Manager)</b>					
1. 60% of clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by discharge codes.	Outcome	All clients discharged in FY 22-23	CalOMS Discharge Status Field	ACA	CalOMS Discharge Status Report Avatar Report
2. 100% of open clients will have a signed consent and authorization forms.	Compliance	All clients with an episode opened in FY 22-23	Drug Court Database	BHS Policy	Drug Court Database Report
3. 60% of open clients will have a level of care assessment completed no later than 30 days after admission.	Compliance	All clients with an episode opened in FY 22-23	SUD -LOC	Drug Court Procedures	Drug Court Database Report

**FY22-23 BHS AOA Individual Program Objectives**

<b>Indicator</b>	<b>Type of Objective</b>	<b>Client Inclusion Criteria</b>	<b>Data Source / Compliance</b>	<b>Source of Requirement</b>	<b>Report Availability for Providers</b>
<b>Civil Service - Community Justice Center (Erick Reijerse- Program Manager)</b>					
1. 60% of clients will have successfully completed the program or will have left before completion with satisfactory progress as measured by discharge codes.	Outcome	All clients discharged in FY 22-23	Avatar	CJC Procedures	CJC Database Report
2. 100% of open clients will have a signed consent and authorization forms.	Compliance	All clients with an episode opened in FY22-23	Avatar	BHS Policy	CJC Database Report
3. 60% of open clients will have a Care Plan completed no later than 60 days after admission to the court.	Compliance	All clients with an episode opened in FY22-23	Avatar	CJC Procedures	CJC Database Report

**FY22-23 BHS AOA Individual Program Objectives**

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
4. 80% percent of clients discharged during FY22-23 will have their file closed within 30 days.	Compliance	Clients discharged during FY22-23	Avatar	CJC Procedures	CJC Database Report
<b>Community Forward SF: A Women's Place, AWP Drop-In &amp; Over Night Partial Day (ONPD) SA Funded Services at AWP, AWP Shelter and AWP Drop-In</b>					
1. 85% of clients who access the Drop-In Center will have contact with a Case Manager/Peer Counselor who will initiate a needs assessment.	Process	Based upon an annual unduplicated client (UDC) count in FY22-23	Sign-in sheets, Peer Counselor logs, Case Manager logs & client files; performance tracked quarterly for SOC Program Manager; contractor prepares Annual Summary of achievement for AOA Program Manager. Program must have program data ready at the time of BOCC site visit.	BHS	N/A
2. 20% of clients accessing the Drop-In Center will be placed in AWP's Shelter Case Management, Transitional Housing, HIV Transitional Housing or Substance Abuse Program provided by CATS or other qualified service agencies.	Process	Based upon an annual UDC count in FY22-23	Sign-in sheets, Peer Counselor logs, Case Manager logs & client files; performance tracked quarterly for SOC Program Manager; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS	N/A
<b>Community Forward SF: Medical Respite &amp; Medical Respite Expansion</b>					
<p>1. Emergency/Disaster Preparedness &amp; Building Security: fire/earthquake, safety standards &amp; key distribution/access, etc.;</p> <p>2. Transportation: shuttle priorities for clients/other programs, van operating schedule &amp; taxi script usage;</p> <p>3. Food: stock rotation, menu planning &amp; nutritional standards; and</p> <p>4. Facilities Maintenance: cleanliness &amp; maintenance schedules (daily, weekly, monthly, annually etc.).</p>	Process	N/A	Copies of the final signed & dated approved programs' policies and procedures; Contractor prepares Annual Summary of achievement for COPC Program Manager, BHS Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	COPC Admin	N/A

**FY22-23 BHS AOA Individual Program Objectives**

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<b>City College of San Francisco Drug &amp; Alcohol Studies Program</b>					
1. By June 30, 2023, 70% of enrolled cohort students will be provided with academic support and/or advising as evidenced by tracking logs and spreadsheets kept in the program office.	Process	All BHS Cohort students in FY22-23	Program documentation of communication with students & Peer Care Managers; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS-AOA Admin	N/A
2. By June 30, 2023, four presentations will have been conducted to community based agencies, as evidenced by a spreadsheet kept in the program office.	Process	All BHS Cohort students in FY22-23	Program documentation of communication with students & Peer Care Managers; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS-AOA Admin	N/A
3. By June 30, 2023, the Annual Student Survey will be administered anonymously to 25 Cohort students (which consists of students entering into Health 100 during the summer, and tracked through Health 30 and Health 78) and upper division students (those students that are in their final tier which include students taking Health 73, Health 86, Health 79A and Health 79B) and analyzed for satisfaction rates, as evidenced by the client satisfaction report kept in the program's office.	Process	All BHS Cohort students in FY22-23	Program documentation of communication with students & Peer Care Managers; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS-AOA Admin	N/A
4. By June 30, 2023, results from the Annual Student Survey will be shared with the program's Community Advisory Board for quality assurance.	Process	All BHS Cohort students in FY22-23	Program documentation of communication with students & Peer Care Managers; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS-AOA Admin	N/A
5. By June 30, 2023, 70% of Drug & Alcohol Studies Certificate (DASC) students will successfully complete their internship fieldwork as evidenced by the program's internship binder and spreadsheet kept in the program's office.	Process	All BHS Cohort students in FY22-23	Program documentation of communication with students & Peer Care Managers; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS-AOA Admin	N/A
6. By June 30, 2023, 70% of students will be eligible to petition for the Drug & Alcohol Studies Certificate program from City College of San Francisco, as evidenced by the Argos student tracking system and spreadsheets kept in the program's office.	Process	All BHS Cohort students in FY22-23	Program documentation of communication with students & Peer Care Managers; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS-AOA Admin	N/A
<b>Felton Institute - HIV Nightline, MH Suicide Prevention and Drug Relapse Prevention</b>					

### FY22-23 BHS AOA Individual Program Objectives

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Felton Institute will maintain 3 telephone crisis infrastructure lines that attend to: Mental Health/Suicide Crisis Line, Drug Line and Relapse Prevention Line and HIV/AIDS Line to be open 24 hours a day, 365 days a year.	Process	All clients with an episode opened in FY 22-23	Felton Institute will be responsible for tracking and providing information to BOCC prior to site visit	BHS	Felton to provide to BOCC
Felton Institute will receive a minimum call volume for each telephone crisis line broken down with 60% unduplicated callers.	Process	All clients with an episode opened in FY 22-23	Felton Institute will be responsible for tracking and providing information to BOCC prior to site visit	BHS	Felton to provide to BOCC
Felton Institute will maintain a volunteer hotline pool of 100 volunteers trained and mentored to provide crisis caller support and referrals across all three lines.	Process	All clients with an episode opened in FY 22-23	Felton Institute will be responsible for tracking and providing information to BOCC prior to site visit	BHS	Felton to provide to BOCC
Felton Institute will provide 12 outreach/training opportunities/digital experiences to promote and market the three hotlines to callers, recruit volunteers, provide general education to the public.	Process	All clients with an episode opened in FY 22-23	Felton Institute will be responsible for tracking and providing information to BOCC prior to site visit	BHS	Felton to provide to BOCC

**FY22-23 BHS AOA Individual Program Objectives**

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<b>Harm Reduction Coalition - Drug Overdose Prevention (DOPE)</b>					
1. 520 unduplicated IDUs/other opioid users will receive an overdose prevention training at needle exchange and other community-based sites as specified in the UOS definition for each modality.	Process	Past 30 day drug use hx, overdose risk, and hx of experiencing and witnessing overdose in FY22-23	Program records, i.e. sign-in sheets, clinical registration forms, quarterly performance reports; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS	N/A
2. 520 previously trained IDUs/other opioid users will have a follow-up meeting with DOPE staff for a naloxone refill, to report using naloxone, or for a refresher training at needle exchange sites as specified in the UOS definition for each modality.	Process	Past 30 day drug use hx, overdose risk, and hx of experiencing and witnessing overdose in FY22-23	Program records, i.e. sign-in sheets, refill forms, quarterly performance reports; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS	N/A
3. 1,040 unduplicated IDUs/other opioid users will be contacted $\geq$ 4 times per year during outreach at needle exchange and other community-based sites during outreach/recruitment for DOPE trainings as specified in the UOS definition for each modality.	Process	Past 30 day drug use hx, overdose risk, and hx of experiencing and witnessing overdose in FY22-23	Program records, i.e., outreach log, quarterly performance reports; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS-AOA Admin	N/A
4. 260 unduplicated service providers will participate in overdose prevention and response trainings in order to better incorporate overdose prevention into their work with high-risk populations as specified in the UOS definition for each modality.	Process	Past 30 day drug use hx, overdose risk, and hx of experiencing and witnessing overdose in FY22-23	Program records, i.e., outreach log, quarterly performance reports; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS	N/A
<b>Instituto Familiar de la Raza, Inc. - Behavioral Health Primary Care Integration Program (with MNHC)</b>					
1. Clients assessed and found to meet medical necessity will have an initial ANSA and receive Mental Health services at MNHC.	Outcome	All clients of Instituto Familiar de la Raza's Behavioral Health Primary Care Integration Program at Mission Neighborhood Health Center who are assessed and found to meet medical necessity.	IFR Mental Health section of MNHC Medical Record of the patient, specifically Assessment and ANSA.	BHS	Program self-report

**FY22-23 BHS AOA Individual Program Objectives**

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<p><b>2.</b> For those clients who remain in services for at least 12 sessions, a closing ANSA will be administered at the completion of treatment, and if necessary clients will be referred to community services.</p>	Process	All clients of Instituto Familiar de la Raza's Behavioral Health Primary Care Integration Program at Mission Neighborhood Health Center who have completed 12 sessions	IFR Mental Health section of MNHC Medical Record of the patients who have completed 12 sessions.	BHS	Program self-report
<p><b>3.</b> The Behavioral Health Primary Care Integration Program will present an annual report containing an analysis of the following categories:            1) Total number of unduplicated clients served during the FY;            2) the number of clients found to meet medical necessity;            3) the number and percentage of clients who remain in services for a least 12 sessions;            4) the number and percentage of clients with a closing ANSA;            5) the number and percentage of clients who dropped out of treatment;            6) a summary of the ANSA progress results.</p>	Process	All clients of Instituto Familiar de la Raza's Behavioral Health Primary Care Integration Program at Mission Neighborhood Health Center	IFR Behaviorist will keep record and count of each : This info will be sourced from Mental Health section of the Medical Records of MNHC patients who have come into contact with the IFR Behaviorist at MNHC.	BHS	Program self-report
<b>NICOS Chinese Health - CLAS ACT (Culturally and Linguistically Appropriate Services Advocacy, Consultation and Training) Project</b>					
<p><b>1.</b> Post-test forms completed by 50% of all attendees at NICOS CLAS ACT educational presentations.</p>	Process	Attendees at CLAS ACT educational presentations on cultural and linguistic competence during FY22-23	Monitored by SOC Program Manager via completed test forms on presentations; evaluated based on % of presentations with completed tests forms during FY22-23; Contractor prepares Annual Summary Report documenting achievement of objective for SOC Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS	N/A
<b>NICOS Chinese Health - Chinese Community Gambling Problem Project</b>					
<p><b>1.</b> Post- test forms completed by 50% of all attendees at NICOS educational presentations on problem gambling.</p>	Process	Attendees at educational presentations on problem gambling in FY22-23	Monitored by SOC Program Manager via completed test forms on presentations; evaluate based on % of presentations with completed tests; Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS	N/A
<b>Progress Foundation - Dore Clinic - Crisis Stabilization Program</b>					
<p><b>1.</b> 70% of clients will be discharged to a service other than Psych Emergency Services or inpatient psychiatric units.</p>	Outcome	All clients admitted & discharged at Dore Urgent Care in FY22-23	Avatar / BOCC calculates	BHS	MHS 140 Report

**FY22-23 BHS AOA Individual Program Objectives**

<b>Indicator</b>	<b>Type of Objective</b>	<b>Client Inclusion Criteria</b>	<b>Data Source / Compliance</b>	<b>Source of Requirement</b>	<b>Report Availability for Providers</b>
<b>San Francisco AIDS Foundation (SFAF) / Stonewall Program - Positive Reinforcement Opportunity Project (PROP)</b>					
1. 70% of clients who complete at least 8 weeks of the program “agree” that they learned new skills to address their substance use goals while enrolled in the PROP program.	Outcome	Clients who have completed at least 8 weeks of the program.	Self-Report Exit Survey. Clients who “agree” with this item. Contractor offers survey to participants 8 to 10 weeks into program, compiles data and prepares Annual Summary for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS	N/A
2. 60% of clients who complete at least 8 weeks of the program “agree” that they either stopped or reduced their use of stimulants (methamphetamine/cocaine) while in the PROP program.	Outcome	Clients who have completed at least 8 weeks of the program.	Self-Report Exit Survey. Clients who “agree” with this item. Contractor offers survey to participants 8 to 10 weeks into program, compiles data and prepares Annual Summary for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS	N/A
3. 90% of the clients who self-report having stopped or reduced their use of stimulants (from question 2), will have negative U/A toxicology results or clinical notes that will be verified by the PROP Program Director validating the reduction or abstinence in the use of stimulants.	Outcome	Clients who have completed at least 8 weeks of the program who report having stopped or reduced stimulant use on their Exit Survey.	Program Director review of urine toxicology screen results (UAs) and clinical notes from each visit. Contractor offers survey to participants 8 to 10 weeks into program, compiles data and prepares Annual Summary for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS	N/A
<b>San Francisco Mental Health Education Fund - SF Mental Health Board Management</b>					
1. The SFMHB will develop three detailed resolutions on key issues, such as City budget for behavioral health services, and forward resolutions to the Board of Supervisors, Health Commission, and Mayor’s Office.	Process	During FY22-23	Measured by resolutions posted on the MHB website; documented in MHB minutes; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS	N/A
2. The SFMHB shall provide an annual report to the Board of Supervisors on the needs and performance of the San Francisco Behavioral Health system.	Process	During FY22-23	Documented by posting to the MHB website; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS	N/A
3. The SFMHB shall hold one annual hearing on updates to the Mental Health Services Act Plan.	Process	During FY22-23	Documented by written recommendations to BHS and public hearing; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS	N/A

**FY22-23 BHS AOA Individual Program Objectives**

<b>Indicator</b>	<b>Type of Objective</b>	<b>Client Inclusion Criteria</b>	<b>Data Source / Compliance</b>	<b>Source of Requirement</b>	<b>Report Availability for Providers</b>
4. SFMHB shall complete 5 visits to BHS programs.	Process	During FY22-23	Documented by agency written report; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS	N/A
<b>San Francisco Study Center - SF Mental Health Clients' Rights Advocates (SFMHCRA)</b>					
1. SF MHCRA will resolve at least 515 cases regarding Patients' Rights issues.	Process	All BHS clients who contact the program directly, through family, or other concerned party via phone, email, fax, or in person in FY22-23	MHCRA Database, Director's monthly, quarterly, and year-end reports; contractor prepares staff report, documented in the client database Apricot Community Techknowledge and evaluated by the AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS	N/A
2. SF MHCRA staff will review at least 4 behavioral health facilities for compliance with Patients' Rights issues selected by MHCRA based on complaints collected, reporting of rights data, and/or changes in the law.	Process	During FY22-23	Outreach logs, MHCRA Director's monthly, quarterly, and year-end reports; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS	N/A
3. SF MHCRA will conduct 6 Patients' Rights checklist reviews for compliance with CCR Title 9 and W & I Code 5235 and W & I Code 5331, as required by BHS.	Process	During FY22-23	Outreach logs, client database, MHCRA Director's monthly, quarterly, and year-end reports; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS	N/A
4. At least 75% of the participants at any of the 12 educational outreach activities conducted by MHCRA staff will report an increase in knowledge regarding Patients' Rights among consumers in licensed facilities.	Outcome	All BHS clients enrolled in licensed facilities that participate in training presentations in FY22-23	Outreach logs, client database, client report, outreach survey, Director's monthly, quarterly and year-end reports; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS	N/A
<b>St. James Infirmary</b>					
1. 100% of the program's clients will be entered into the Avatar electronic health record no later than 06/30/23.	Process	All clients of program in FY22-23	Evidence in Avatar will indicate all FY22-23 program clients entered into the database	BHS	N/A
<b>Swords to Plowshares</b>					

## FY22-23 BHS AOA Individual Program Objectives

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
1. 75% of clients who are employment capable will be enrolled in employment and training services.	Process	All clients assessed for job readiness in FY22-23	Case Mgmt. contacts, client files, Efforts To Outcomes (ETO) Database and Avatar assessments and Tx plans; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS	N/A
2. 80% of clients who are employment capable will engage in some form of classroom training.	Process	All clients assessed for job readiness in FY22-23	Case mgmt. contacts, client files, ETO Database and Avatar assessments and Tx plans; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS	N/A
3. 50% of clients who are employment capable will pursue and/or obtain vocational placement (i.e., volunteer, internship, stipend position, or paid job).	Process	All clients assessed for job readiness in FY22-23	Case mgmt. contacts, client files, ETO Database and Avatar assessments and Tx plans; contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS	N/A
<b>Swords to Plowshares COVER Program</b>					
1. The program will house 20 veterans in the COVER Pod.	Outcome	All clients of program in FY22-23	Program self report. Program must have program data ready at the time of BOCC site visit.	BHS	N/A
2. The program will perform 4 new intakes per month (includes new and return intakes).	Process	All clients of program in FY22-23	Program self report. Program must have program data ready at the time of BOCC site visit.	BHS	N/A
3. The program will perform 48 intakes for the year (includes new and return intakes).	Process	All clients of program in FY22-23	Program self report. Program must have program data ready at the time of BOCC site visit.	BHS	N/A
4. The program will have 20 veterans receiving assistance per month (includes in-custody workshops and case management).	Process	All clients of program in FY22-23	Program self report. Program must have program data ready at the time of BOCC site visit.	BHS	N/A
5. The program will have 4 veterans per month involved with VJC and the COVER staff will be required to attend VJC activity.	Process	All clients of program in FY22-23	Program self report. Program must have program data ready at the time of BOCC site visit.	BHS	N/A
6. The program will offer two Seeking Safety (formerly Living in Balance) classes per month attended by 10 veterans.	Process	All clients of program in FY22-23	Program self report. Program must have program data ready at the time of BOCC site visit.	BHS	N/A
7. The program will offer two Restorative Practices Talking and Healing Circles (formerly Heroes Voices) classes per month	Process	All clients of program in FY22-23	Program self report. Program must have program data ready at the time of BOCC site visit.	BHS	N/A
<b>The Salvation Army Harbor Lights</b>					

**FY22-23 BHS AOA Individual Program Objectives**

<b>Indicator</b>	<b>Type of Objective</b>	<b>Client Inclusion Criteria</b>	<b>Data Source / Compliance</b>	<b>Source of Requirement</b>	<b>Report Availability for Providers</b>
1. Per our contract, by the end of the fiscal year, The Salvation Army (TSA) will have enrolled 30 individuals in residential treatment, and 60 individuals in RWS (detox) as measured by program enrollment data documented between APD and SA and stored in Avatar.	Process	All program clients	Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS	N/A
2. By the end of the fiscal year, 50% of participants will have completed a minimum of 180 days of residential treatment as measured by program enrollment and length of treatment data documented by APD and TSA and stored in Avatar and/or Tracking Log.	Process	All program clients	Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS	N/A
3. By the end of the fiscal year, TSA will have achieved a 70% occupancy rate in their residential program that will be maintained throughout the project, as measured by program enrollment data documented APD and TSA and stored in Avatar and/or Tracking Log.	Process	All program clients	Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS	N/A
4. Participants enrolled in treatment at The Salvation Army, for fiscal year 22/23, this objective will only apply for the last 6 months of the fiscal year (July 1, 2022- June 30, 2023).	Process	All program clients	Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC. Program must have program data ready at the time of BOCC site visit.	BHS	N/A
<b>The Salvation Army - STARR</b>					
Maintain 90% occupancy rate for withdrawal management/residential treatment beds.	Process	All clients with an episode opened in FY 22-23	Avatar Episode	STARR Grant	Batch File Episode Report
50% of participants enrolled in withdrawal management will successfully complete their treatment by meeting their individualized treatment goals	Process	All clients with an episode opened in FY 22-23	Salvation Army and HTA Data Collection	STARR Grant	N/A
<b>UCSF Citywide- Assisted Outpatient Treatment</b>					
1. Participants enrolled in the Assisted Outpatient Treatment Program will have an overall 10% reduction in psychiatric crisis contacts compared to the previous fiscal year, as measured by Psychiatric Emergency Services (PES) contacts.	Outcome	All clients with an episode opened in FY 22-23	Avatar	AOT Procedures	N/A
2. Participants enrolled in the Assisted Outpatient Treatment Program will have a 10% reduction in a) total number of incarcerations and b) total number of days incarcerated compared to the previous fiscal year, as measured by number of jail contacts with the San Francisco County Jail.	Outcome	All clients with an episode opened in FY 22-23	EPIC as well as a joint data collection effort between UCSF and DPH's AOT Care Team.	AOT Procedures	N/A

**FY22-23 BHS AOA Individual Program Objectives**

<b>Indicator</b>	<b>Type of Objective</b>	<b>Client Inclusion Criteria</b>	<b>Data Source / Compliance</b>	<b>Source of Requirement</b>	<b>Report Availability for Providers</b>
3. Participants enrolled in the Assisted Outpatient Treatment Program will have an overall 5% reduction in a) total number of admissions and b) total number of days on an inpatient psychiatric unit compared to the previous fiscal year, as measured by number of number of readmissions.	Outcome	All clients with an episode opened in FY 22-23	Avatar	AOT Procedures	N/A
4. 50% of participants discharged from the Assisted Outpatient Treatment Program will be connected to another Behavioral Health provider within the System of Care.	Process	All clients with closing in FY 22-23	Avatar	AOT Procedures	N/A
<b>UCSF Citywide- Citywide Community Response Team (HMIOT and SIP)</b>					
1. 100% of clients with an open episode will have a Care Plan finalized in Avatar within 60 days of episode opening.	Outcome	All clients with an episode opened in FY 22-23	Avatar	Procedures	N/A
2. Participants enrolled in the CCRT Program will have an overall 10% reduction in psychiatric crisis contacts compared to the previous fiscal year, as measured by Psychiatric Emergency Services (PES) contacts.	Outcome	All clients with an episode opened in FY 22-23	Avatar	Procedures	N/A
3. 50% of participants discharged from the CCRT will be connected to another Behavioral Health provider within the System of Care.	Process	All clients with closing in FY 22-23	Avatar	Procedures	N/A
<b>UCSF Citywide ICM SUD Engagement - 3832ANC</b>					
1. 20% of clients admitted FY22-23 with ED visits in 3 months prior to opening will have fewer ED visits in subsequent 3 months.	Outcome	Clients admitted to the program during FY 22-23	Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC. Program must have	BHS - SUD Admin	Provider pulls from Epic or
2. 60% clients who have been placed in housing or shelter in FY 22-23, will maintain good standing with shelter or housing for 14	Outcome	Of FY22-23 UDC, the number placed in	Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC. Program must have	BHS - SUD Admin	Provider outcomes
3. 60% of clients will attend one or more outpatient medical visits.	Outcome	All UDC counted in FY22-23	Contractor prepares Annual Summary of achievement for AOA Program Manager and BOCC. Program must have	BHS - SUD Admin	Provider pulls from Epic or
<b>UCSF Citywide - MHD</b>					
An average of 10 individuals with justice involvement who have been charged with felonies will be Intensively supported.	Process	All clients with an episode opened in FY 22-23	Program will be responsible for tracking and providing information to BOCC prior to site visit	Procedures	BHS
100% of clients will receive an individualized treatment plan within 60 days of MHD admission.	Process	All clients with an episode opened in FY 22-23	Program will be responsible for tracking and providing information to BOCC prior to site visit	Procedures	BHS
25% of clients will have reduced jail contacts compared to the previous fiscal year.	Outcome	All clients with an episode opened in FY 22-23	Program will be responsible for tracking and providing information to BOCC prior to site visit	Procedures	BHS
<b>UCSF Citywide- PES Linkage Team</b>					

### FY22-23 BHS AOA Individual Program Objectives

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Participants enrolled in the Citywide PES Linkage Team will have an overall 5% reduction in psychiatric crisis contacts compared to the previous fiscal year, as measured by Psychiatric Emergency Services (PES) contacts.	Outcome	All clients with an episode opened in FY 22-23	Avatar	Procedures	N/A
50% of participants discharged from the Citywide PES Linkage Team will be connected to a planned health service within the System of Care.	Outcome	All clients with closing in FY 22-23	Avatar	Procedures	N/A
<b>Westside Community Mental Health Center - Crisis Intervention (WSC)</b>					
1. Less than 30% of clients seen in the Crisis Clinic will be seen at PES or hospitalized on the same day.	Process	Clients seen at Westside Crisis in FY22-23	Avatar Billing Information System - BOCC will compute	BHS	MHS 140 Report
2. 60% of Westside Crisis client episode lengths will be < 60 days.	Process	Client episodes closed in FY22-23 and clients open on 6/30/23	Avatar Billing Information System - BOCC will compute	BHS	N/A