



San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

**Behavioral Health Services - Children,
Youth, and Families**
Performance Objectives FY 2023- 2024

OVERVIEW - CHILDREN YOUTH AND FAMILIES PROGRAMS - PERFORMANCE OBJECTIVES FY 23-24

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 2023-24 Health Services (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. All references to number of days throughout this document mean "Calendar Days" as that is how Avatar is designed to measure days. Not all objectives apply to all programs. This document is posted at: www.sfdph.org/cdta.

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

This document is comprised of the following 7 tabs:

Tab 1: Objectives for *Outpatient Mental Health Services and Intensive Outpatient Services*

Tab 2: Objectives for *Full Service Partnership (FSP) Programs*

Tab 3: Objectives for *Outpatient Substance Abuse Services*

Tab 4: Objectives for *Prevention Services: ECMHCI and Substance Use*

Tab 5: Objectives for *Therapeutic Behavioral Services*

Tab 6: Objectives for *Individualized Program Services*

Tab 7: Objectives for *MHSA*

Tabs 1 through 6 provide additional detail about each performance objective. Next to each indicator are columns that describe the following:

- **Client Inclusion Criteria** - identifies which group of clients / programs are included in the measurement of the objective
- **Data Source / Compliance** - identifies the data source used to measure the objective and/or how compliance with the objective is documented and reported
- **Source of Requirement** - e.g., BHS policy, Affordable Care Act, Department of Healthcare Services, etc.

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

FY23-24 CYF Performance Objectives Outpatient Intensive Outpatient

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
CYF-MH-OP-1: 80% of clients will improve on at least 50% of their actionable items on the CANS.	Outcome	Clients' episodes with at last 2 CANS assessments that are a minimum of 8 months apart, and the most recent assessment occurring in FY 23-24. NOTE: Actionable items are those rated as a 2 or 3 on the Behavioral/Emotional Needs, Traumatic Stress Symptoms, Impact on Functioning, and Risk Behaviors domains. Improvement is a decrease of 1 point or more. A minimum of 40% of clients' episodes must achieve the objective in order for a program to receive 1 or more points.	Avatar Quality Management (QM) calculates	BHS Policy Dept of Health Care Services (DHCS)	QM Quarterly Report
CYF-MH-OP-2: 100% of clients will either maintain or develop at least 2 useful or centerpiece Strengths.	Outcome	Clients' episodes with at last 2 CANS assessments that are a minimum of 8 months apart, and the most recent assessment occurring in FY 23-24. NOTE: Items used are those of the Strengths domain. A centerpiece Strength is a Strength rated as a 0, and a useful Strength is a Strength rated as a 1. A minimum of 50% of clients' episodes must achieve the objective in order for a program to receive 1 or more points.	Items on the Strengths Domain of the CANS. Avatar. QM calculates	BHS	QM Quarterly Report
CYF-MH-OP-3: 90% of new clients with an open episode will have the initial CANS assessment completed in Avatar within 60 days of episode opening.	Process	All clients who have a new episode in FY 23-24 lasting longer than 60 days.	Avatar. BOCC calculates	BHS Policy DHCS	CANS CYF Initial Assessment Status Report
CYF-MH-OP-4: 90% of clients with an open episode will have the Problem List finalized in Avatar within 60 days of episode opening.	Process	All clients who have a new episode in FY 23-24 lasting longer than 60 days.	Avatar. BOCC calculates	BHS Policy DHCS	CYF Initial TPOC Status Report
CYF-MH-OP-5: 90% of clients will have CANS ratings and Assessment Updates completed in Avatar annually.	Process	All clients due for a CANS assessment in FY 23-24.	Avatar. BOCC calculates	BHS Policy DHCS	CYF CANS Annual Assessment Status Report
CYF MH OP 6: 90% of clients, open at least 18 months or more, will have Mid-Year CANS ratings and Assessment Updates completed in Avatar.	Process	All clients due for a Mid-Year CANS Assessment starting at 18 months in FY 23-24	Avatar. BOCC calculates	BHS Policy DHCS	CYF Comp Report
CYF-MH-OP-7: 100% of clients in treatment will have a Closing Summary and Discharge CANS completed no later than 30 days after episode closing.	Process	All clients whose case has been opened for more than 30 days after completion of the assessment (initial or annual).	Avatar. BOCC calculates	BHS Policy Dept of Health Care Services (DHCS)	CANS CYF Closing Summary Status

FY23-24 CYF Performance Objectives Outpatient Intensive Outpatient

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
<p>CYF-MH-OP-8: 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</p>	<p>Process</p>	<p>All clients opened in new episodes in Outpatient programs between 7/1/23 - 6/30/24</p> <p><i>Excludes : SF Boys and Girls Home 1 (89983) SF Boys and Girls Shelter MH OP (38GC3) Edgewood Wraparound (38J94) FMP BV (8957OP & 8957VP) Seneca Center WRAP (38CQ4) Seneca DBT (38KTDT) Seneca Oakland STRTP (38LSOP) Seneca SF STRRP (38LMST) OTTP-FMP (38KZ4)</i></p>	<p>Avatar CSI Assessment form: Requests for service request and first offered appointment dates</p>	<p>BHS Policy: Timely Access and Time and Distance Standards for Behavioral Health Providers</p>	<p>QM Report on CSI Assessment Completions (in progress)</p>

FY23-24 CYF Performance Objectives Full Service Partnerships

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
CYF-FSP-10: 100% of clients will have all expected DCR quarterly reports completed.	Compliance	All clients enrolled in an FSP program.	DCR database shows evidence of completion by 3M "date collected"	MHSA	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)
CYF-FSP-11: 100% of clients with an open episode in Avatar will be entered in the DCR	Compliance	Clients enrolled in an FSP program.	Avatar episode data and a completed Partnership Assessment Form (PAF) in the DCR database	Department of Health Care Services	Avatar DCR Enrollment Report available at the monthly FSP-DCR mtg, or upon request of DCR Workgroup

FY23-24 CYF Performance Objectives Outpatient Substance Abuse

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
CYF-SA-OP-1: At least 60% of clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by discharge codes.	Outcome	Clients discharged in FY 23-24	CalOMS Discharge Status Field	Affordable Care Act (ACA)	CalOMS Discharge Status Report
CYF-SA-OP-2: 100% of initial requests for services (phone and walk-ins) will be recorded in the Avatar Timely Access Log.	Compliance	All initial requests for services, from new (non-registered) clients, or clients registered in Avatar w/o an open episode in program	1. Avatar No. of entries recorded in Timely Access Log should be > No. of new episodes opened in FY 23-24 2. CYF SUD Program Manager	BHS Policy/DCHS	Timely Access Report (Program) Avatar Report
CYF-SA-OP-3: 100% of clients must be offered an appointment within 10 business days of the initial request for services.	Compliance	All clients with non-urgent needs opening an episode with the provider	Timely Access Log records, extended wait times for appt documented via attestation in Avatar Timely Access Log	BHS Policy/DCHS	Timely Access Report (Program) Avatar Report
CYF-SA-OP-4: 90% of clients must have a finalized ASAM/SUD LOC Recommendation Assessment within 60 days of episode opening, per Drug Medi-Cal standards	Process	All clients who have a new episode in FY23-24 lasting longer than 60 days.	AVATAR Assessment	BHS Policy/DCHS	AVATAR SUD LOC Recommendation Report
CYF-SA-OP-5: 90% of clients must have a finalized initial Treatment Plan of Care or Problem List within 60 days of episode opening	Process	All clients who have a new episode in FY23-24 lasting longer than 60 days	AVATAR TPOC	BHS Policy/DCHS	AVATAR CYF Initial TPOC Status Report
CYF-SA-OP-6: 100% of clients in treatment will have a Discharge Summary & discharge diagnosis completed no later than 30 days after episode closing.	Process	All clients whose case has been opened for more than 30 days after completion of the assessment (initial or annual).	Avatar. BOCC calculates	BHS Policy/DCHS	AVATAR Discharge Report
CYF-SUD-OP-7: 100% of clients admitted in FY 23-24 will have an accepted Cal-OMS Admissions by DHCS.	Process	Clients admitted during FY 23-24	Cal-OMS Accept and Reject Report	BHS Policy/DHCS	Avatar: CalOMS Admission Errors by Program Report DHCS: Accept and Reject Report

FY23-24 CYF Performance Objectives Outpatient Substance Abuse

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
CYF-SUD-OP-8: 100% of clients discharged during FY23-24 will have the CalOMS Discharge Status field completed.	Process	Clients discharged during FY23-24	CalOMS Discharge Status Field	BHS Policy/DHCS	CalOMS Discharge Timely Status Avatar Report
CYF-SUD-OP-9: No more than 40% of clients will be coded as CalOMS Administrative Discharge during FY23-24. 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 FY23-24 Excludes: Methadone Programs	CalOMS Discharge Status Field	BHS Policy/DHCS	CalOMS Administrative Discharge Status Report Avatar Report

FY23-24 CYF Performance Objectives Prevention, ECMHCI

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Section E: Early Childhood Mental Health Consultation Initiative (ECMHCI)					
CYF-ECMHCI-1: For Onsite Level I and Onsite Level II sites, the following percentage ranges for fulfillment of the assigned hours and its corresponding scores are: 80%+ - 5, 70% to 80% - 4, 60% to 70% - 3, and less than 60% - 0	Compliance	Staff/Care Providers served by ECMHCI	Invoices submitted by providers with hours served in each site	SF Citywide Joint Funders	SOC memo to ECMHCI providers
CYF-ECMHCI-2: For sites where in-person services are allowed and in collaborative spirit, detailed description of such in-person services should be documented in the corresponding site agreements and the mechanism for tracking the hours of such in-person services will be established	Process	Staff/Care Providers served by ECMHCI	Service agreements established by providers with each childcare agency assigned	SF Citywide Joint Funders	SOC memo to ECMHCI providers
CYF-ECMHCI-3: By 10/15/2024, a comprehensive report for the on-going evaluation effort will be submitted to BOCC of DPH	Outcome	Staff/Care Providers served by ECMHCI	Evaluation report submitted by evaluation team	SF Citywide Joint Funders	SOC memo to ECMHCI providers
Consumer Perception Survey (CPS)	Process	All ECMHCI agencies are exempt them from Consumer survey through FY 23-24.	N/A	N/A	Asst Director & Program Manager notified BOCC & agencies in writing(email) in Aug. 2023
Section F: Substance Use Prevention Services					
CYF-SAPP-1: Agencies providing Strengthening Families Program (SFP) will show 80% improvement on all 10 Parent/Caregiver pre-posttest scales	Outcome	*Parents/Caregivers of Elementary and Middle School Children/Youth * 85% attendance rate	Program Sign-in/Attendance sheets; Valid SFP Pre-test & Retro Pre/Post-test administered at enrollment & graduation	SAPT/ARPA	SFP Annual Eval Report on FY23-24 data
CYF-SAPP-2: Agencies providing Strengthening Families Program (SFP) will show 80% improvement on all 10 Parent/Caregiver pre-posttest scales	Outcome	*Parents/Caregivers of Elementary and Middle School Children/Youth * 85% attendance rate	Program Sign-in/Attendance sheets; Valid SFP Pre-test & Retro Pre/Post-test administered at enrollment & graduation	SAPT/ARPA	SFP Annual Eval Report on FY23-24 data
CYF-SAPP-3: SFP will graduate 1 cycle of 8-12 unduplicated families with elementary school children	Compliance	*Elementary school children and their Parents/Caregivers * 85% attendance rate *Only Jamestown, Youth Leadership Institute, Urban YMCA, & JCYC	Program Sign-in/Attendance sheets	SAPT	SFP Annual Eval Report on FY23-24 data
CYF-SAPP-4: SFP will graduate 1 cycle of 8-12 unduplicated families with middle school youth	Compliance	*Middle school youth and their Parents/Caregivers * 85% attendance rate *Only Jamestown, Youth Leadership Institute, Urban YMCA	Program Sign-in/Attendance sheets	SAPT	SFP Annual Eval Report on FY23-24 data

FY23-24 CYF Performance Objectives Prevention, ECMHCI

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
CYF-SAPP-5: SFP will graduate 2 cycles of 8-12 unduplicated families with elementary school children	Compliance	*Elementary school children and their Parents/Caregivers * 85% attendance rate *Only Horizons	Program Sign-in/Attendance sheets	SAPT	SFP Annual Eval Report on FY23-24 data
CYF-SAPP-6: SFP will graduate 2 cycles of 8-12 unduplicated families with middle school age youth	Compliance	*Middle school youth and their Parents/Caregivers * 85% attendance rate *Only Horizons and JCYC	Program Sign-in/Attendance sheets	SAPT	SFP Annual Eval Report on FY23-24 data
CYF-SAPP-7: SFP will graduate 1 cycle of 8-12 unduplicated families with elementary or middle school children	Compliance	*Elementary or Middle school youth and their Parents/Caregivers * 85% attendance rate	Program Sign-in/Attendance sheets	ARPA	SFP Annual Eval Report on FY23-24 data
CYF-SAPP-8: YMCA will enroll 10 unduplicated parents/caregivers to the SFP outreach pilot program	Compliance	* Only applies to Urban YMCA	Enrollment in the SFP outreach program; client satisfaction surveys; transfer enrollment in the actual SFP program	ARPA	SFP Annual Eval Report on FY23-24 data
CYF-SAPP-9: 100% of Youth graduates of the CMCA program will show 80% improvement on pre-posttests.	Outcome	*High school youth *85% attendance rate	Program Sign-in/Attendance Sheet; Valid CMCA Pre & Post-tests administered at beginning of youth engagement & at end of environmental prevention project completion	SAPT	SFP Annual Eval Report on FY23-24 data
CYF-SAPP-10: CMCA program will graduate 20 unduplicated high school youth	Compliance	*High school youth *85% attendance rate *only applies to Jamestown, YMCA Urban Services & Youth Leadership Institute	Program Sign-in/Attendance Sheet.	SAPT	SFP Annual Eval Report on FY23-24 data
CYF-SAPP-11: CMCA program will graduate 30 unduplicated high school youth	Compliance	* High school youth * 85% attendance rate *only applies to Horizons & JCYC	Program Sign-in/Attendance Sheet	SAPT	SFP Annual Eval Report on FY23-24 data
CYF-SAPP-12: DPH Youth Alcohol Prevention Coalition will graduate 3 high school youth.	Compliance	* High school youth who have graduated from prior year CMCA Program * 85% attendance rate	Program Sign-in/Attendance sheet	SAPT	SFP Annual Eval Report on FY23-24 data
CYF-SAPP-13: 100% of DPH Youth Alcohol Prevention Coalition graduates will show 80% improvement on pre-posttests	Outcome	* High school youth who have graduated from prior year CMCA Program * 85% attendance rate	Program Sign-in/Attendance sheet; Valid Pre-Post tests administered in July and the following June	SAPT	SFP Annual Eval Report on FY23-24 data

FY23-24 CYF Performance Objectives Prevention, ECMHCI

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
CYF-SAPP-14: Botvin Life Skills Training will graduate 72 unduplicated youth from 5th grade	Compliance	* 5th Grade children * 85% attendance rate *only applies to Horizons, Jamestown, Urban YMCA, and JCYC	Program Sign-in/Attendance sheet	SAPT	SFP Annual Eval Report on FY23-24 data
CYF-SAPP-15: Botvin Life Skills Training will graduate 24 unduplicated youth from 6th grade	Compliance	* 6th grade children * 85% attendance rate	Program Sign-in/Attendance sheet	SAPT	SFP Annual Eval Report on FY23-24 data
CYF-SAPP-16: Botvin Life Skills Training will graduate 48 unduplicated youth from 5th grade	Compliance	* 5th grade children * 85% attendance rate *only applies to Youth Leadership Institute	Program Sign-in/Attendance sheets	SAPT	SFP Annual Eval Report on FY23-24 data
CYF-SAPP-17: 100% of Children graduates of the Botvin Life Skills Training will show an 80% improvement on pre-posttests.	Outcome	* 5th and 6th graders * 85% attendance rate	Program Sign-in/Attendance sheets; Valid Pre-test & Retro Pre/Post-test administered at enrollment & graduation	SAPT	SFP Annual Eval Report on FY23-24 data
CYF-SAPP-18: 100% of the participants will be given a satisfaction survey	Outcome	All clients	Evaluation/satisfaction surveys	CYF	N/A

FY23-24 CYF Performance Objectives Therapeutic Behavioral Services

Indicator	Type of Objective	Client Inclusion Criteria	Data Source / Compliance	Source of Requirement	Report Availability for Providers
CYF-TBS-1: At least 60% of Therapeutic Behavioral Services (TBS) clients will have either met their TBS treatment goals or partially met their TBS treatment goals as measured by discharge codes.	Outcome	TBS clients discharged 7/01/23- 6/30/24 Note: This applies only to Edgewood TBS	Avatar Discharge Codes	BHS Policy Affordable Care Act	Avatar TBS Report

FY23-24 CYF Performance Objectives Individualized Objectives

Indicator	Type of Objective	Client Inclusion Criteria and/or Inclusion Period	Data Source / Compliance	Source of Requirement	Report Availability for Providers
Anxiety Training and Consult (with Christine Frazita)					
1. Provide training and ongoing consultations with SFDPH CYF clinicians in understanding, developing and practicing evidence based CBT with the children, youth, and families they serve who present primarily with anxiety. The program will complete at least 90% of planned trainings and ongoing consultation group with a small group of clinicians through duration of contract.	Compliance	N/A	Written summaries of each training session, accompanied by training materials, such as video, articles, and worksheets will be compiled and provided to clinicians and the CYF Program Manager. Trainer will also track attendance of participants and submit all attendance information to the CYF Program Manager by 9/15/2024.	CYF	N/A
2. Of the CYF clinicians who attend trainings and consultations, at least 75% will report that the training and consultation was helpful for them to work with clients who present with anxiety.	Outcomes	N/A	This will be monitored by post-training and post-consultation surveys. A brief report on the aggregated results from the surveys will be submitted to the CYF Program Manager and/or BOCC by 9/15/2024.	CYF	N/A
Brainstorm Tutoring					
1. A Growth Mindset/Self Efficacy questionnaire will be given to tutees and mentees at the start and end of service. This survey is designed to measure students' degree of resiliency and self-confidence when met with new challenges and unexpected situations. At least 80% of tutees will show an improvement in their scores, reflecting improved self-esteem and self-confidence, as well as reflecting overall improved social-emotional health and academic enhancement.	Outcomes	All clients (Capitation + MHSA)	Spreadsheet maintained by Brainstorm staff; program prepares year-end report by 9/01/2023.	CYF	N/A
2. Client attendance rate tracking will be used as an indicator of service satisfaction with a 90% attendance rate as the goal. Brainstorm staff will work closely with FMP in monitoring attendance rate.	Outcomes	All clients (Capitation + MHSA)	Spreadsheet maintained by Brainstorm staff; program prepares year-end report by 9/01/2023. Family Mosaic Project will keep a record of all completed surveys.	CYF	N/A
3. An annual survey to be administered to guardians by either the tutor or the FMP case manager will be used to assess overall family satisfaction. Some of the markers on the survey will address consistency and punctuality, flexibility, knowledge of subject matter, and level of engagement. Brainstorm Tutoring's goal will be to achieve an 85% satisfaction rate or greater.	Outcomes	All clients (Capitation + MHSA)	Documentation maintained by Brainstorm staff; program prepares year-end report with results by 9/01/2023. Family Mosaic Project will keep a record of all completed surveys.	CYF	N/A
CYC Outpatient EPSDT					
1. CYC will submit an annual report of their 'Seek and Serve' program by September 15, 2024 describing the mental health and outreach services provided to AAPI youth	Outcome	All Seek & Serve Clients	Contractor prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/15/24	CYF	N/A
Edgewood -Crisis Stabilization Unit					
1. At least 75% of clients served will be diverted from in-patient hospitalization.	Outcomes	All program clients	Discharge log; contractor prepares semi-annual report documenting achievement for CYF Program Manager; prepares Annual Summary Report of achievement for BOCC by 9/15/24.	CYF	N/A
Edgewood - Hospital Diversion					
1. At least 60% of clients will have either met their treatment goals or partially met their treatment goals as measured by discharge codes.	Compliance	All clients referred to Edgewood's Hospital Diversion Program by SF Behavioral Health and SF Human Service Agency.	Edgewood's Hospital Diversion Program HD log.	CYF	N/A See Log
Families Rising					
1. Families Rising Behavioral Health will submit an annual report by September 15, 2024 describing the mental health and consultation services.	Process	All program clients	Program will submit an Annual Summary Report of achievement for CYF & BOCC by 9/15/23	CYF	N/A
2. FaR BH will provide ongoing weekly/bi-monthly/monthly mental health consultation to CalWORKS Families Rising Parent Educators, supervisors, and manager during the contract year. At least 80% will report that the consultation was helpful for them to work with staff, FaR children and their caregivers/parents; and the consultant was knowledgeable and responsive.	Outcome	All program clients	Program will submit an Annual Summary Report of achievement for CYF & BOCC by 9/15/23	CYF	N/A
Golden Bear Associates					

FY23-24 CYF Performance Objectives Individualized Objectives

1. Analyzes pre- and post-tests from Strengthening Families Program and Botvin Life Skills Training	Outcome	All program clients	Evaluation of FY 22-23 client pre- and post-test data; Year-End Summary Report of SUD Prevention Programs' achievements to CYF Program Manager by May 31, 2024	CYF	Evaluaton Report
2. Facilitate up to two, 2-Day Strengthening Families Program Group Leader Certification Trainings	Compliance	N/A	Attendance Sheets; evaluation surveys submitted to CYF Program Manager within 30 days of facilitated training	CYF	None
3. Will provide satisfaction surveys to participants at all Strengthening Families Program Group Leader Certification Trainings	Outcome	N/A	Raw survey results submitted to CYF Program Manager by 11/1/24	CYF	None
4. Will conduct model-fidelity site visit for each of the CYF prevention agency that provides SFP to ensure it is done to fidelity	Compliance	N/A	Reports on model fidelity site visits to CYF Program Manager	CYF	Model Site Visit Report
5. Will conduct model-fidelity site visit for each CYF prevention agency that provides LST to ensure it is done to fidelity	Compliance	N/A	Reports on model fidelity site visits to CYF Program Manager	CYF	Model Site Visit Report
6. Will complete the 2018-2023 Strategic Plan Outcome Report in a timely manner	Compliance	N/A	Report to CYF Program Manager by June 30, 2024	CYF	2018-2023 Strategic Plan Outcome Report
7. By June 30, 2024, Golden Bear will produce at least four tip sheets outlining billing and documentation requirements for BHS SUD providers	Outcome	N/A	Completed documents by June 30, 2024	CYF	None
Horizons Unlimited - Outpatient Pre-Enrollment Program					
1. 25 youth will participate in Late Night programming focused on early intervention of SUD	Compliance	Clients attending late night program services	Youth enrollment roster/info, Client Sign-In Sheets, Records of topics discussed and events held, semi-annual report, and annual Summary Report of achievement for CYF Program Manager	CYF	N/A
2. 8 Late Night youth will participate in at least 3 educational forums focused on SUD topics	Compliance	Clients attending late night program services	Youth enrollment roster/info, Client Sign-In Sheets, Records of topics discussed and events held, semi-annual report, and annual Summary Report of achievement for CYF Program Manager	CYF	N/A
3. Will support 85% of enrolled youth in transitioning from early intervention to SUD Treatment	Outcome	Clients attending late night program services	Youth enrollment roster/info, Referral records, semi-annual report, and annual Summary Report of achievement for CYF Program Manager	CYF	N/A
4. Will provide referrals to other ancillary needs for 85% of enrolled youth (i.e. employment, housing, legal, education, primary care, residential treatment, etc.)	Process	Clients attending late night program services	Youth enrollment roster/info, Referral records, semi-annual report, and annual Summary Report of achievement for CYF Program Manager	CYF	N/A
5. 100% of the participants will be given a satisfaction survey	Outcome	All	Raw survey results submitted to CYF Program Manager by 11/1/24	CYF	None
HCN Dream Keeper Initiative (DKI)					
I. Afri-Centric Whole Person/Communal Mental Health and Wellness Objectives					
1. Community work to continue to develop and expand an Afri-Centric whole person/communal mental health and wellness model.	See Below				
1A. 120 outreach calls, meetings, emails, and communications to community members, schools, referrals sources and others.	Outcomes	All referred clients with services funded by DKI in FY23-24	Data will be recorded with final outcomes included in year-end DKI evaluation report to be submitted to CYF Manager.	CYF	N/A
1B. Community conversations highlighting the needs of Black/African American communities, including the Black LGBTQ+ community and families of children 0-5.	Process	All referred clients with services funded by DKI in FY23-24	Data will be recorded with final outcomes included in year-end DKI evaluation report to be submitted to CYF Manager.	CYF	N/A
1C. Community engagement with Dream Keeper and other Black-led and Black serving San Francisco agencies to increase efficacy of cross-referrals and community learnings	Process	All referred clients with services funded by DKI in FY23-24	Data will be recorded with final outcomes included in year-end DKI evaluation report to be submitted to CYF Manager.	CYF	N/A
2. Dream Keeper/Mega Black Mental Health conversations					

FY23-24 CYF Performance Objectives Individualized Objectives

2A. Preparatory, strategic recommendations, and follow up conversations for each Mental Health Subcommittee meeting, MegaBlack Retreat, and community wellness activities/meetings. Average of 12 meetings in total designed to enhance Black community Mental Health and Wellness.	Process	All referred clients with services funded by DKI in FY23-24	Data will be recorded with final outcomes included in year-end DKI evaluation report to be submitted to CYF Manager.	CYF	N/A
3. Direct services to meet families' and individuals' needs from an Afri-centric perspective					
3A. 80 clients receive mental health services, group support, healing circles, individual and community wellness services, and/or case management services to Black/African American individuals or families.	Outcomes	All referred clients with services funded by DKI in FY23-24	Data will be recorded with final outcomes included in year-end DKI evaluation report to be submitted to CYF Manager.	CYF	N/A
3B. During and after the COVID pandemic, services are provided via a hybrid model including phone, video call, email, and in person when it is safe to do so	Process	All referred clients with services funded by DKI in FY23-24	Data will be recorded with final outcomes included in year-end DKI evaluation report to be submitted to CYF Manager.	CYF	N/A
3C. Clients include children/youth, parents/caregivers/other adults, and community members such as school staff, who need support in better supporting and addressing the mental health needs of Black youth, families, individuals and adults.	Process	All referred clients with services funded by DKI in FY23-24	Data will be recorded with final outcomes included in year-end DKI evaluation report to be submitted to CYF Manager.	CYF	N/A
II. Black LGBTQ+ Objectives					
1. Direct services to address the mental health needs of the Black LGBTQ+ community					
1A. 40 individuals and/or families receive mental health services, including but not limited to: individual and/or group services, healing circles, trainings, town hall meetings, workshops, and written materials.	Outcomes	All referred clients with services funded by DKI in FY23-24	Data will be recorded with final outcomes included in year-end DKI evaluation report to be submitted to CYF Manager.	CYF	N/A
1B. Meet with at least 4 organizations on behalf of 200 Black LGBTQ+ community members with a focus on advocating for and strengthening the community	Process	All referred clients with services funded by DKI in FY23-24	Data will be recorded with final outcomes included in year-end DKI evaluation report to be submitted to CYF Manager.	CYF	N/A
1C. One annual citywide Black/BIPOC LGBTQ+ gathering to celebrate, promote, and advocate for community wellness.	Process	All referred clients with services funded by DKI in FY23-24	Data will be recorded with final outcomes included in year-end DKI evaluation report to be submitted to CYF Manager.	CYF	N/A
II. Dream Keeper Early Childhood Mental Health Objectives					
1. Strategic planning and outreach to design specific early childhood mental health support for families from an Afri-centric approach					
1A. Strategic planning and infrastructure design for Afri-centric services for Black/African American families with children ages 0-5 and their early childhood providers. At least 10 Black Early Childhood providers will be served throughout the year.	Outcomes	All referred clients with services funded by DKI in FY23-24	Data will be recorded with final outcomes included in year-end DKI evaluation report to be submitted to CYF Manager.	CYF	N/A
1B. Outreach to at least 20 Dream Keeper and/or other Black-led and Black serving San Francisco agencies and providers.	Outcomes	All referred clients with services funded by DKI in FY23-24	Data will be recorded with final outcomes included in year-end DKI evaluation report to be submitted to CYF Manager.	CYF	N/A
1C. Trainings and consultation to Black families and support to Black early childhood educators provided by a Black early childhood therapist/consultant. This support can include creating resources for family childcare providers, group support for providers or families, gathering and disseminating resources on child development and interventions, and answering questions on a regular basis regarding the needs of Black children 0-5. At least 6 trainings will be provided annually.	Outcomes	All referred clients with services funded by DKI in FY23-24	Data will be recorded with final outcomes included in year-end DKI evaluation report to be submitted to CYF Manager.	CYF	N/A
HCN Ma'at Program					
1. The Ma'at Program must achieve the CYF Intensive Services Objectives listed in this document on Tab 1, specifically: Objectives CYF-MH-OP-2, 3 and 4 for Medi-Cal clients	Outcome/Compliance	N/A	Same as CYF SOC Intensive Services Objectives listed on Tab 1 of this document	See Tab 1	See Tab 1
2. By June 30th, 2023, Ma'at Program staff will provide non-EPSDT services, including mental health services, group support, healing circles and/or case management services to 40 clients, Black/African American families referred under Ma'at.	Process	N/A	This outcome will be tracked with the "Ma'at non-EPSDT Client Service Form" and reported through year-end evaluation report to be submitted to CYF Manager .	CYF	N/A
3. By June 30th, 2023, Rafiki staff will provide eight "Love Pop-Ups" and other community outreach activities to address community trauma by activating healing and resilience in a culturally-responsive way for Black/African American community members across San Francisco.	Process	N/A	Documentation and number of attendees for these events will be tracked in the Ma'at Program binder and summarized in Ma'at year-end evaluation report to be submitted to CYF Manager .	CYF	N/A
Psychological Assessment Services (PAS) Program (@ Mission MH)					
1. Implement a satisfaction survey for a sample of stakeholders.	Compliance	N/A	Documentation maintained by program staff; program prepares year-end report with results .	CYF	N/A

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2. Psychological assessment referrals assigned to full-time PAS civil service staff will be completed within an average of 90 days once necessary consent and ROIs are obtained, as evidenced by data tracked and provided in the year-end report.	Compliance	Excluding referrals that were rescinded and closed or rescinded and reassigned.	Spreadsheet maintained by PAS staff; program prepares year-end report by 9/15/2023.	CYF	N/A
3. PPAS civil service staff will review psychological assessment reports referred through the juvenile justice and child welfare systems for quality assurance purposes, as evidenced by data tracked and provided in the year-end report.	Compliance	Excluding referrals to outside experts who are not contracted or paneled with CYF.	Spreadsheet maintained by PAS staff; program prepares year-end report by 9/15/2023.	CYF	N/A
RAMS - Children's Wellness Center (includes Wellness Center, SUD & MHSA PEI)					
1. Goal Attainment Scale: RAMS will continue to implement Goal Attainment Scale(GAS) to collect clients' progress towards treatment. Cases opened for ≥ 6 sessions will be reviewed.100% of cases will be reviewed every 6 sessions	Compliance	Clients who have received ≥ 6 sessions of services	Contractor prepares Annual Summary Report of achievement for CYF Program Manager & BOCC	BHS - CYF SFUSD	N/A
2. RAMS will continue utilizing its tracking system for data collection of the annual GAS service plans & improvements in client symptoms.	Compliance	Clients who have received ≥ 6 sessions of services	Contractor will provide a mid-year update to CYF program manager by 01/15/2023. Contractor prepares Annual Summary Report of achievement for CYF Program Manager & BOCC	BHS - CYF SFUSD	N/A
3. Family Engagement: 100% cases with minor consent will be reviewed every 6 sessions to determine whether involving caregivers in treatment is appropriate.	Compliance	Clients who have received ≥ 6 sessions of services	Contractor prepares Annual Summary Report of achievement for CYF Program Manager & BOCC	BHS - CYF SFUSD	N/A
4. Maintain strong Trauma-Informed program by scheduling at least one training to staff on best trauma practices.	Compliance	Clients who have received ≥ 6 sessions of services	Contractor prepares Annual Summary Report of achievement for CYF Program Manager & BOCC	BHS - CYF SFUSD	N/A
5. RAMS will screen 100% of referred youth for Substance Use	Compliance	All completed referrals	Contractor provides quarterly updates to CYF SUD Program Manager	BHS - CYF SFUSD	N/A
6. RAM will provide early intervention services for 100% youth identified as having Substance use issues	Compliance	All open cases identified with a SUD need	Contractor provides quarterly updates to CYF SUD Program Manager	BHS - CYF SFUSD	N/A
7. Schedule at least one training to staff on substance use related topic	Compliance	N/A	Contractor provides quarterly updates to CYF SUD Program Manager	BHS - CYF SFUSD	N/A
Seneca AIIM Higher					
1. By June 30, 2024, AIIM Higher will screen 100 probation-involved youth for behavioral health needs and eligibility for services, as measured by the Crisis Assessment Tool (CAT), as evidenced by service logs and client database.	Process	All program clients	Program will submit an Annual Summary Report of achievement for CYF & BOCC by 9/15/23	CYF	N/A
2. By June 30, 2024, 90% of eligible clients with an identified linkage need (based on the CAT) will be referred to behavioral health services, as evidenced by service logs and client database.	Outcome	All program clients	Program will submit an Annual Summary Report of achievement for CYF & BOCC by 9/15/23	CYF	N/A
3. By June 30, 2024, 75% of clients who are referred to behavioral health services will attend 3 appointments/sessions with community-based providers (i.e.: successful linkage), as evidenced by service logs and client database.	Outcome	All program clients	Program will submit an Annual Summary Report of achievement for CYF & BOCC by 9/15/23	CYF	N/A
4. By June 30, 2024, 100% of AIIM Higher clinical staff will be trained in the Crisis Assessment Tool (CAT) as evidenced by staff training plans and Human Resource Department records.	Process	All program clients	Program will submit an Annual Summary Report of achievement for CYF & BOCC by 9/15/23	CYF	N/A
5. By June 30, 2024, 75% of the surveys collected will report that the family was connected to the type of services they needed as evidenced by the Warm Handoff Survey Tool.	Outcome	All program clients	Program will submit an Annual Summary Report of achievement for CYF & BOCC by 9/15/23	CYF	N/A
Seneca Center - Short Term Connections Services					
1. For at least 90% of the cases referred from Child Crisis and/or the Family Mosaic Project, the provider will have staff available to meet clients' needs.	Compliance	All Referred Clients	ISS Referral forms compiled every 6 mos.by Child Crisis Director; program prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/1/23	BHS Policy ACA	N/A
Special Programs for Youth (SPY)					
1. During FY 2022-2023, SPY will facilitate two cycles of Aggression Replacement Training (ART) groups for clients committed to the Secure Track Youth Treatment Program at the Juvenile Justice Center	Compliance	All clients committed to Secure Track Treatment Program	Program will submit an Annual Summary Report of achievement for CYF & BOCC by 9/15/23	CYF	N/A
2. All clients scoring 37 or higher on the Adolescent Alcohol and Drug Involvement Scale (AADIS) will receive follow up from a clinician to provide psychoeducation on the effects of substance abuse and identify substance abuse treatment needs	Compliance	All program clients	This outcome will be monitored by AADIS log and clients AVATAR progress notes. Program will submit an Annual Summary Report of achievement for CYF & BOCC by 9/15/23	CYF	N/A
Special Service for Groups/Occupational Therapy Training Program-San Francisco (FMP Specific Services)					
1. Therapist will build a positive and supportive relationship with youth clients.	Outcome	All program clients	Likert Scale that asks youth how supported they feel by their OTTP therapist	CYF	N/A

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2. Youth will be engaged in therapeutic interventions to increase self-regulation, including identification of triggers and associated coping skills, to support their engagement in growth-promoting activities within the home, school and community environments.	Outcome	All program clients	Likert Scale to assess youth's perception of enhanced self-regulation skills	CYF	N/A
3. Youth will be supported in exploring 2-3 community resources aligned with their strengths and interests.	Outcome	All program clients	Tracking sheet to determine number of community resources youth connect to and engage in regularly	CYF	N/A
UCSF CAS					
1. CAS Psychological Testing Services: For psychological assessment referrals: Services will begin within 2 weeks of a client being linked to a program for psychological assessment services.	Outcome	All program clients	Avatar. BOCC calculates	CYF	N/A
2. CAS Psychological Testing Services: Psychological evaluations will be completed within an average of 90 days from Episode Opening.	Outcome	All program clients	Avatar. BOCC calculates	CYF	N/A
3. UCSF CAS Family Mental Health Navigator Program	Outcome	All program clients	Contractor prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/15/24	CYF	N/A
UCSF Child Trauma Research Program					
1. The program will provide Child-Parent Psychotherapy (CPP) training to CYF agencies and/or providers/clinicians during the contract year	Compliance	N/A	This will be monitored by log of training schedule and sign-in sheets submitted to the CYF Program Manager .	CYF	N/A
2. The program will provide ongoing CPP consultation to Human Services Agency (HSA) providers during the contract year. Of the providers who attend consultation, at least 75% will report that the consultation was helpful for them to work with children and their caregivers/parents; and the consultant was knowledgeable and responsive.	Compliance	N/A	This will be monitored by a survey conducted. A brief report on the aggregated results from the survey will be submitted to the CYF Program Manager and/or BOCC .	CYF	N/A
3. The program will provide Supervisor support/process/consultation groups to CYF Civil Service Clinic Supervisors during the contract year. Of the supervisors who attend the group, at least 75% will report that the forum was helpful for them.	Compliance	N/A	This will be monitored by a survey conducted. A brief report on the aggregated results from the survey will be submitted to the CYF Program Manager and/or BOCC .	CYF	N/A
UCSF Child and Adolescent Community Psychiatry Training Program (CMS 6901)					
1. The Program Director shall meet with the clinic supervisors at least twice per year, as evidenced by meeting dates provided in the end-of-year report.	Compliance	N/A	Program Director/Clinic Supervisor agendas & or meeting notes/ logs; program prepares Annual Summary Report of achievement for CYF Program Manager & BOCC	CYF	N/A
2. The program shall provide for funding for at least five residents/fellows per year, as evidenced by the resident/fellow roster provided in the end-of-year report.	Compliance	N/A	Resident/Fellow roster; program prepares Annual Summary Report of achievement for CYF Program Manager & BOCC	CYF	N/A
3. The program shall compile the results from all residents/fellows for each fiscal year within 45 days of the close of the fiscal year. The program shall provide the Business Office of Contract Compliance (BOCC) with a summary report of the resident/fellow's evaluation results.	Compliance	N/A	Resident Fellow Evaluations; program prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/15/23	CYF	N/A
4. The program shall compile the results of the supervisor's completed milestone achievements for each resident/fellow for each fiscal year within 45 days of the close of the fiscal year.	Compliance	N/A	Supervisors' Milestone achievement summaries for Residents/Fellows; program prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/15/23	CYF	N/A
UCSF DBT Consultation					
1. Of the Seneca DBT clinicians who attend consultation, at least 75% will report that the consultation was helpful for them to implement DBT-A.	Outcomes	N/A	This will be monitored by a survey conducted every 6 months. A brief report on the aggregated results from the survey will be submitted to the CYF Program Manager and/or BOCC by 9/15/23	CYF	N/A
2. Of the TAY clinicians who attend consultation, at least 75% will report that the consultation was helpful for them to implement DBT-A.	Outcomes	N/A	This will be monitored by a survey conducted every 6 months. A brief report on the aggregated results from the survey will be submitted to the CYF Program Manager and/or BOCC by 9/15/23	CYF	N/A
3. Of the CYF clinicians who attend the DBT-informed training and/or consultations, at least 75% will rate the training as "very good."	Outcomes	N/A	This will be monitored through a post-training and post-consultation surveys. Aggregated results from the survey will be submitted to the CYF Program Manager and/or BOCC by 9/15/23	CYF	N/A
Urban YMCA Peer Specialists Program for Hope SF Wellness Center					
1. Do 1 weekly event at each Hope SF site	Process	All Hope SF sites	Indicated by sign in sheet and monthly calendar	CYF/AOA	N/A
2. Monthly outreach and distribution of Narcan in the community	Process	All Hope SF sites	Indicated by Narcan count and tracking log of contacts	CYF/AOA	N/A
3. Will make 2 referrals a month to Nursing and or Behavioral Health	Process	All Hope SF sites	Indicated by referral log	CYF/AOA	N/A
WestCoast - Psychological Testing Services					
1. For psychological assessment referrals, services will begin within 2 weeks of a client being linked to a program for psychological assessment services.	Outcome	All program clients	Avatar. BOCC calculates	CYF	N/A

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2. Psychological evaluations will be completed within an average of 90 days from Episode Opening.	Outcome	All program clients	Avatar. BOCC calculates	CYF	N/A
Westside Ajani					
1. 100% of new clients enrolled in the program during FY23-24 will have a completed intake form that states the reason for the referral and specifies the recommended service(s) that will benefit the client and resolve the identified concern(s).	Process	All referred clients in FY23-24	Contractor prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/15/24	CYF	N/A
2. 80% of clients enrolled in the program referred by SFUSD will have resolved the reason(s) for the referral by end of the current school year.	Outcomes	All clients referred by SFUSD in FY 23-34	Contractor prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/15/24	CYF	N/A
3. 100% of all clients enrolled in the program will have documented evidence of benefits or progress being made by the services they are receiving.	Process	All referred clients in FY23-24	Contractor prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/15/24	CYF	N/A
4. By September 15, 2024, Westside will submit a year-end summary of the Ajani program that includes: a) findings/results of Objectives 1 - 3; b) client testimonials regarding their satisfaction with services received; c) identified gaps and/or challenges experienced in service delivery during FY22-23, d) overall reflections and ideas to maintain current successes and resolve any identified gaps/challenges.	Process	All referred clients in FY23-24	Contractor prepares Annual Summary Report of achievement for CYF Program Manager & BOCC by 9/15/24	CYF	N/A
Youth Leadership Institute (YLI)					
1. YLI will provide a minimum two 2-day official CMCA bootcamp trainings on the CMCA model to other CYF prevention provider agencies	Compliance	All CYF Prevention Providers	Attendance Sheets, evaluation surveys	CYF	N/A
2. YLI will create and provide an adult/youth leadership activities curriculum for CMCA program consistent with the county's associated strategic objectives	Compliance	All CYF Prevention Providers	Copy of activity guide, proof of activity guide being shared with the prevention agencies	CYF	N/A
3. YLI will create and provide an adult/youth leadership activities curriculum for YAPC program consistent with the county's associated strategic objectives	Compliance	All CYF Prevention Providers	Copy of activity guide, proof of activity guide being shared with the prevention agencies	CYF	N/A
4. YLI will offer technical assistance and coaching on CMCA model to CYF prevention provider agencies	Compliance	All CYF Prevention Providers	Attendance sheets, evaluation surveys, minutes	CYF	N/A
5. YLI will offer technical assistance and coaching on YAPC model to CYF prevention provider agencies	Compliance	All CYF Prevention Providers	Attendance sheets, evaluation surveys, minutes	CYF	N/A
6. YLI will conduct CMCA model fidelity site-visits with each CYF prevention provider agency to ensure CMCA framework is done to fidelity	Compliance	All CYF Prevention Providers	Reports on model fidelity site-visit	CYF	N/A
7. YLI will coordinate and facilitate monthly YAPC Coalition meetings with BHS and CHEP	Compliance	N/A	Meeting minutes, attendance sheet	CYF	N/A
8. 100% of the YLI formal training sessions will include a satisfaction survey	Outcome	All CYF Prevention Providers	Evaluation/satisfaction surveys	CYF	N/A

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Agency	Program Name	MHSA Year End Report Expected?	Priority Population	Type of PO	Performance Objective (PO)
BAYVIEW HUNTER'S POINT FOUNDATION- Trauma & Recovery/ School based					
BAYVIEW HUNTER'S POINT FOUNDATION	School based- Trauma & Recovery Services	Yes	At-risk and Truant High School students and their families at SFUSD	Outcome	Students of this program who are "severely truant" and remain enrolled throughout program participation will reduce their chronic absenteeism by at least 50%. This will be evidenced by school attendance records review with SFUSD staff and program case manager OR by pre-and-post CANS pairs for school attendance.
				Outcome	At least 65% of enrolled students will re-engage in school and/or successfully complete equivalency exams and/or be linked with vocational programs. Data about outcomes will be individually tracked by collecting student self-report and clinician/school report. The program case manager will track outcomes for each student using a spreadsheet maintained for tracking and outcome purposes.
				Outcome	At least 80% of participating students and their families will 1) have a Family Needs Assessment completed; and 2) be linked with proper supports and services. Data about outcomes will be individually tracked by collecting client self-report and clinician/school staff report. The program case manager will track outcomes for each client using a spreadsheet maintained for tracking and outcome purposes.
				Outcome	At least 80% of participating students receiving mental health treatment will improve 50% of CANS ratings of a 2 or higher by program completion as evidenced by a comparison of initial and closing CANS.
EDGEWOOD CENTER FOR CHILDREN AND FAMILIES- Edgewood MHSA School-Based Behavioral Health Service					
EDGEWOOD CENTER FOR CHILDREN AND FAMILIES	Edgewood MHSA School-Based Behavioral Health Service	Yes	School Staff and students at Charles Drew ES	Outcome	By the end of the 2023-24 school year, 65% of classroom teachers will report feeling the desire to continue working as a teacher in the school, as measured by Edgewood's Year-end Client (School Staff) Satisfaction Survey.
				Outcome	By the end of the 2023-24 school year, 65% of classroom teachers will report feeling more successful (from beginning to the end of the year) in dealing with challenging student behaviors, as measured by Edgewood's Client (School Staff) Satisfaction Survey.
				Outcome	By the end of the 2023-24 school year, 60% of students served individually and/or in small groups for Behavior Coaching will show an increase from pre- to post-services, as measured by the teacher-completed WMS (Walker-McConnell Scale).
				Outcome	During the 2023-24 school year, 25 students will receive individualized and/or small group support, through Behavior Coaching and/or Youth & Family Advocate services.
				Outcome	During the 2023-24 school year, a total of 75 (duplicated) parents/caregivers will attend community-building or parent support events/celebrations.
IFR Sana Sana Program Consultation, Affirmation, Resources, Education & Empowerment Program (CARE)/MHSA PEI School Based Youth Centered Wellness					

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IFR	Sana Sana Program Consultation, Affirmation, Resources, Education & Emporwerment Program (CARE)/MHSA PEI School Based Youth Centered Wellness	Yes	Students and school staff at Licks MS, Ceaser Chavez ES, and Brynt ES	Process	During academic year 2023-2024 10 staff at James Lick, 5 staff at Cesar Chavez and 5 Bryant will receive at least (1) consultation from the Mental Health Consultant to support them to respond to stressors in the school. This will be reported via the SS tracking log which tracks unduplicated count for staff participation in consultation services.
				Outcome	During academic year 2023-2024, of those staff who received consultation services and responded to the survey, 75% will report that they are satisfied with the services they've received from the consultant and report that the consultant helped increase their understanding of mental health and socio-emotional needs of the student and family. This will be measured in a client satisfaction survey administered in May 2024.
				Process	During academic year 2023-2024 Bryant/James Lick/Cesar Chavez mental health Consultants will collaborate with wellness teams, which include school social workers, administrative and support staff in identifying students with emerging mental health needs and make appropriate linkages. This will be reported through referral tracking logs, which track successful linkages to mental health resources.
				Outcome	During academic year 2023-2024 50% of school staff will report feeling more equipped to respond to the emerging needs of students and families following consultation with the consultant. This will be measured in a teacher satisfaction survey administered in May 2024
				Process	During the academic year 2023-2024 the Mental Health Consultant will participate in the weekly CARE/CCT/SAP meeting in order to support thinking of students, family and school climate needs. Consultants will center racial equity issues that impact relationship building and responses to students.
Rakiki Coalition for Health and Wellness- School Based Centers (Balboa)					
Rakiki Coalition for Health and Wellness	School Based Centers (Balboa)	Yes	Students at Balboa HS	Outcome	By the end of each fiscal year, the behavioral health clinicians will administer at least 85 mental health/behavioral health screenings/assessments with Balboa High School students, which will be tracked and documented by the agency's own tracking system
				Outcome	By the end of each fiscal year, of the 85 Balboa High School students who received mental health/behavioral health screenings/assessments, at least 40 students will be referred for ongoing mental health/behavioral health supports and services.
				Outcome	By the end of each fiscal year, 10 Balboa Teen Health Center clients will receive a service linkage (e.g. mental/behavioral health support) to resources, which will be evidenced by notes in the Balboa High School students' charts.
REGENTS OF UC - UCSF Child & Adolescent Services (CAS) SFGH Psychiatry-Fuerte					
REGENTS OF UC - UCSF	UCSF Child & Adolescent Services (CAS) SFGH Psychiatry-Fuerte	Yes	Newcomer Latinx immigrant youth	Process	Learning Objective #1. Does Fuerte increase the mental health literacy of newcomer Latinx immigrant youth?

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				Process	Knowledge of trauma-related symptoms. A three-item measure will be created based on the Fuerte curricula that will examine youth's knowledge of trauma-related symptoms. One item will also assess whether youth are able to identify when there is a need for seeking specialty mental health services. The three-item measure will be administered to both Fuerte and DWC conditions at pre, post, and 3-month follow-up. Measures will be available in both Spanish and English.
				Process	Knowledge of coping mechanisms. A three-item measure will be created based on the Fuerte curricula that will examine youth's knowledge of coping mechanisms for traumatic stress. The three-item measure will be administered to both Fuerte and DWC conditions at pre, post, and 3-month follow-up. Measures will be available in both Spanish and English.
				Process	Knowledge of mental health system. A three-item measure will be created based on the Fuerte curricula that will examine youth's knowledge of mental health service access. The three-item measure will be administered to both Fuerte and DWC conditions at pre, post, and 3-month follow-up. Measures will be available in both Spanish and English.
				Process	Learning Objective #2. Does Fuerte increase behavioral health access among Latinx newcomer youth?
				Process	Screening. Youth will complete the Pediatric Symptom Checklist (PSC) ¹⁸ , which is a self-report symptom inventory of common behavioral health problems in youth. The PSC is available in both Spanish and English. The PSC will be administered to youth in the Fuerte and waitlist control conditions within the first week of the first Fuerte group meeting. The measure will also be administered to youth in the Fuerte condition and DWC group within one week of the last Fuerte group. In addition, a three-month follow-up measure will be given to youth in both conditions. At each of these timepoints (pre, post, 3-month follow-up) youth who display clinically significant mental health symptoms will be referred for specialty mental health services.
				Process	Referrals. Youth in both the Fuerte and control conditions will be given a referral for specialty mental health services if they display clinically significant behavioral health symptoms on pre, post, and/or 3-month follow-up measures. At post and 3-month follow-up, youth will be asked if they are currently connected to a mental health provider in the form of a yes/no question. The question will be available in both Spanish and English.
				Process	Learning Objective #3. Does Fuerte increase youth's social connectedness?

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				Process	Two measures of social connectedness will be used in the present study. The first is the Social Connectedness scale ¹⁹ which is a 10-item scale that measure the degree of interpersonal closeness a youth experiences in their social world. The second measure will be comprised from items adapted from the Los Angeles Family and Neighborhood Survey ²⁰ asking youth to indicate how many acquaintances they have in their neighborhood (How many of the kids in your neighborhood do you know?) and how many acquaintances they have in school (How many of the kids in your school do you know?). Measures will be administered to youth in both Fuerte and DWC conditions at pre, post, and 3-month follow-up.
				Process	Learning Objective #4. In order to adapt to other populations, how are decisions made regarding tailoring the Fuerte curriculum?
				Process	To examine how the Fuerte curriculum is tailored to different groups of newcomer Latinx youth, a mixed-methods approach will be used. At the end of each Fuerte group, clinicians will be asked to complete quantitative measures that assess how they delivered each of the components of the Fuerte intervention and their satisfaction with the intervention elements. In addition, qualitative interviews will be held to discuss implementation difficulties, difficulties with program content or activities, and suggestions for improvement. Furthermore, similar items will be completed by youth in the Fuerte condition, as well as input will be gathered from key stakeholders serving on community participatory boards. The framework developed by Barrera, Berkel, & Castro ²¹ for evaluation of cultural adaptations of prevention interventions will be used to help guide the development of quantitative and qualitative items. These items will be used to inform the development of a “playbook” that will be used to train and provide to support to clinicians leading future iterations of the Fuerte groups, particularly those doing so with other groups of newcomer youth with similar concerns.
				Process	Learning Objective #5. What are the requirements needed for interagency and partner collaborations in order to make implementation of Fuerte possible in other counties?
				Process	As interagency collaboration is a hallmark of successful implementation of Fuerte, the evaluation will measure the elements that lead to successful collaboration using qualitative approaches. A semi-structured interview guide will be used to collect information from key stakeholders involved in the implementation of Fuerte including SF Department of Public Health and Unified School District stakeholders, behavioral health providers in SF County community-based organizations, UCSF pediatricians and behavioral health staff, as well as other relevant key community stakeholders needed for interagency collaboration. The semi-structured interview will be developed based on the EPIS framework which provides a conceptual model of implementation of prevention and intervention program in public sector settings.

REGENTS OF UC - UCSF- Dept of Psychiatry Infant Parent Program (IPP)- Spring Project

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REGENTS OF UC - UCSF	Infant Parent Program (IPP) - Spring Project	Yes	doctors and patients at OBGY doctor offices	Outcome	By stationing Infant-Parent Program (IPP) perinatal mental health specialists in the Obstetric Psychiatry clinic weekly 75% of pregnant people/parents receiving direct mental health services that reported high levels of depression, anxiety, or PTSD early in pregnancy will have decreased severity of symptoms as measured by the Edinburgh Postnatal Depression Scale (EPDS) or the Posttraumatic Stress Disorder Checklist-Specific, (PCL-S), (Walker et al., 2002)
				Outcome	50% of at-risk pregnant people receiving prenatal care at ZSFG who are not already linked to pediatric home or parenting services will be connected to a ZSFGH pediatric clinic and/or parenting services in the community, as tracked by SPRING clinician.
				Outcome	75% of the parents who had four or more mental health treatment sessions with the SPRING Clinician will report that they benefitted from receiving perinatal mental health services and would recommend SPRING services to other pregnant people, as reported on a client survey or interview.
				Outcome	75% of the pregnant people receiving mental health services through SPRING will report that the intervention positively affected their maternal identity and parenting capacity, as reported on a client survey or interview.
RAMS - Welles MHSA (as part of RAMS High School Wellness Initiative)					
RAMS	SOTA and School-Based Wellness Expansion	Yes	Students at SOTA, June Jordan, and HS with mobile wellness services	Outcome	Increased ability to manage symptoms and/or achieve desired quality-of-life goals as set by program participants a. By June 30, 2024, upon case closure, 75% of youth will indicate that they have met their goals, which are collaboratively developed between the provider and youth; this will be evidenced by case closing surveys.
				Outcome	Increased inter-dependence and social connections (within families and communities) b. By June 30, 2024, upon case closure, 75% of youth will indicate improvements in their life, specifically with regard to family and community (e.g. school, friends); this will be evidenced by case closing surveys.
				Outcome	Increased ability to cope with stress and express optimism and hope for the future c. By June 30, 2024, upon case closure, 75% of youth will indicate improvements to their coping abilities; this will be evidenced by case closing surveys.
				Process	Outreach and Promotion (MHSA activity category) (1) By June 30, 2024, Provide at least 550 hours of outreach & promotional activities that raise awareness about mental health; establish/maintain relationships with individuals and introduce them to available services; or facilitate referrals and linkages to health and social services (e.g. health fairs, classroom presentations, school assemblies) (2) At least 1,600 youth will be served in outreach activities
				Process	Screening and Assessment (MHSA activity category) (1) By June 30, 2024, Provide at least 510 hours of screening and assessment services to identify individual strengths and needs; engage individuals and families in determine their own needs; or result in a better understanding of the physical, psychological, social, and spiritual concerns impacting individuals, families, and communities (2) At least 205 individuals will be screened/assessed

FY23-24 CYF Performance Objectives MHSA

				Process	Mental Health Consultation (MHSA activity category) (1) By June 30, 2024, Provide at least 280 hours of mental health consultation which include one-time or ongoing capacity building efforts with school administrators, faculty and/or staff intended to increase their capacity to identify mental health concerns and to appropriately respond (2) At least 200 individuals will be served
				Process	Individual Therapeutic Services (MHSA activity category) (1) By June 30, 2024, Provide at least 570 hours of individual therapeutic services including brief or short-term activities directed to specific individuals with the intent of addressing an identified concern or barrier to wellness. Activities may include one-on-one interventions, crisis response, clinical case management, collateral service with family members, or other activities involving a therapeutic alliance. (2) At least 60 individuals will be served
				Process	Group Therapeutic Services (MHSA activity category) (1) By June 30, 2024, Provide at least 240 hours of group therapeutic services which are similar to "individual therapeutic services" but directed to a specific group; involving at least three individuals (2) At least 75 individuals will be served
				Process	By June 30, 2024, Serve a total of 205 unduplicated clients.
				Process	By June 30, 2024, Complete a total of 2,150 service hours.
DPH BHS CYF- L.E.G.A.C.Y. (Lifting and Empowering Generations of Adults, Children, and Youth)					
San Francisco Department of Public Health (SFDPH)	Lifting and Empowering Generations of Adults, Children, and Youth (LEGACY)	Yes	Peers, Consumers and their Families/Parents	Process	By June 30, 2024, 85% of consumers identified as seeking services will be screened to receive culturally and linguistically appropriate services through one-on-one, peer-to-peer support to address their and/or their children's mental health needs. This will be evidenced by the client/referral tracking log.
				Outcome	By June 30, 2024, 50% of consumers will have successfully completed two self-identified goals as evidenced by the LEGACY outcome log.
				Outcome	Outcome Objective By June 30, 2024, 70% of consumers who complete the Bi-annual Client Satisfaction Survey will report that as a result of being a client at LEGACY, they are better able to advocate for their needs.
				Process	By June 30, 2024, 80% of LEGACY DPH staff, who directly work with clients, will help facilitate at least one Support Group. This will be evidenced by the staff goal table.
				Process	By June 30, 2024, LEGACY Family Specialists will participate in at least 75% of H.S.A.'s CFT meetings that are assigned to staff by LEGACY's Program Coordinator. This will be evidenced by the CFT tracking table.