San Francisco Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Community Health Equity & Promotion
Performance Objectives FY 2023-2024

FY23-24 CHEP Performance Objectives

CID #	Agency	Sexual & Drug User Health Services Program & Objectives
1000024733	**IFR: Instituto Familiar de la Raza, Inc.**	**Health Access Point for Latinx**
	Objective #1	By end of the fiscal year, agency will provide detailed executive summary report of completed HAP Activities, including success, challenges, barriers, and new strategies to reach community.
	Objective #2	By end of the fiscal year, agency will have attended required Health Access Point (HAP) monthly network meetings (occurs on 4th Thursday of each month), measured by CHEP SOC meeting enrollment log.
	Objective #3	By end of the fiscal year, agency will have uploaded required HAP quarterly client level data and qualitative narrative submissions by specificized due date. Agency should have submitted a total of 4 data sets for the current fiscal year (not including any data resubmissions due to error corrections).
	Objective #4	By end of the fiscal year, agency will provide documentation of onsite overdose response policy (policy language and guidance provided to agency by CHEP-SOC).
	Objective #5	By end of the fiscal year, agency will provide completed client satisfaction survey results to CHEP System of Care, Budget, Contracts, & Communications Manager.
	Objective # 6	**HAP Performance Objectives for engagement with End Hep C SF:** HAP representative will participate in at least three PTL workgroup meetings in the 12-month period. If HAP has internal clinical services, a designated clinician may participate in one Treatment Access (TA) meeting in place of one of the PTL meetings (Some HAPs may implement this objective as of FY24-25)
	Objective # 7	**HAP Performance Objectives for engagement with End Hep C SF:** Identify one staff person who works directly with the hepatitis C (HCV) program (direct services staff or HCV program lead) to represent the HAP in End Hep C SF's (EHCSF) Prevention, Testing & Linkage (PTL) work group (Some HAPs may implement this objective as of FY24-25)
	Objective # 8	**Harm Reduction Services(Applicable for Tier B Syringe Program):** By the end of each fiscal year each Tier B syringe program will designate a staff person to be their Supply Champion, and Supply Champions will attend quarterly meetings convened by the Office of Overdose Prevention and CHEP
1000024732	**Rafiki Coalition for Health and Wellness**	**Capacity Building Health Access Point for Black African American Community**
	Objective #1	By end of the fiscal year, agency will provide detailed Executive Summary Report of completed Capacity Building activities, along with detailed implementation design for Health Access Point Services starting July 1, 2024. Report should also include, success, barriers, challenges, how agency has overcome challenges, or plan to overcome challenges, and updated staff and sub-contractors assigned to Health Access Point services.
	Objective #2	By end of the fiscal year, agency will have identified Health Access Point sub-contractors that will provide Health Access Point services, along with executed sub-contractor MOU agreements for FY24-25 Fiscal Year.
	Objective #3	By the end of the fiscal year, agency will have identified lead data manager, responsible for quarterly data submissions, along with data collection and submission plan that provides details on how the agencies plans to collected client level data, manage HAP data, and required quarterly data submission for upcoming fiscal year 24-25.
	Objective # 4	By end of the fiscal year, agency will have attended required Health Access Point (HAP) monthly network meetings (occurs on 4th Thursday of each month), measured by CHEP SOC meeting enrollment log.
	Objective # 5	By the end of the fiscal year, agency will provide documentation of onsite overdose response policy.
	Objective # 6	By end of the fiscal year, agency will provide completed client satisfaction survey results to CHEP System of Care, Budget, Contracts, & Communications Manager.
	Objective # 7	**HAP Performance Objectives for engagement with End Hep C SF:** HAP representative will participate in at least three PTL workgroup meetings in the 12-month period. If HAP has internal clinical services, a designated clinician may participate in one Treatment Access (TA) meeting in place of one of the PTL meetings (Some HAPs may implement this objective as of FY24-25)
	Objective # 8	**HAP Performance Objectives for engagement with End Hep C SF:** Identify one staff person who works directly with the hepatitis C (HCV) program (direct services staff or HCV program lead) to represent the HAP in End Hep C SF's (EHCSF) Prevention, Testing & Linkage (PTL) work group (Some HAPs may implement this objective as of FY24-25)

FY23-24 CHEP Performance Objectives

	Objective # 9	**Harm Reduction Services(Applicable for Tier B Syringe Program):** By the end of each fiscal year each Tier B syringe program will designate a staff person to be their Supply Champion, and Supply Champions will attend quarterly meetings convened by the Office of Overdose Prevention and CHEP
1000024731	**San Francisco Community Health Center (SFCHC)**	**Health Access Point for Transwomen: STAHR (San Francisco Transgender Alliance for Health Resources)**
	Objective #1	By end of the fiscal year, agency will provide detailed executive summary report of completed HAP and Trans Women Capacity Building Activities, including success, challenges, barriers, and new strategies to reach community.
	Objective #3	By end of the fiscal year, agency will have attended required Health Access Point (HAP) monthly network meetings (occurs on 4th Thursday of each month), measured by CHEP SOC meeting enrollment log.
	Objective # 4	By end of the fiscal year, agency will have uploaded required HAP quarterly client level data and qualitative narrative submissions by specified due date. Agency should have submitted a total of 4 data sets for the current fiscal year (not including any data resubmissions due to error corrections).
	Objective # 5	By the end of the fiscal year, agency will provide documentation of onsite overdose response policy.
	Objective # 6	By end of the fiscal year, agency will provide completed client satisfaction survey results to CHEP System of Care, Budget, Contracts, & Communications Manager.
	Objective # 7	**HAP Performance Objectives for engagement with End Hep C SF:** HAP representative will participate in at least three PTL workgroup meetings in the 12-month period. If HAP has internal clinical services, a designated clinician may participate in one Treatment Access (TA) meeting in place of one of the PTL meetings (Some HAPs may implement this objective as of FY24-25)
	Objective # 8	**HAP Performance Objectives for engagement with End Hep C SF:** Identify one staff person who works directly with the hepatitis C (HCV) program (direct services staff or HCV program lead) to represent the HAP in End Hep C SF's (EHCSF) Prevention, Testing & Linkage (PTL) work group (Some HAPs may implement this objective as of FY24-25)
	Objective # 9	**Harm Reduction Services(Applicable for Tier B Syringe Program):** By the end of each fiscal year each Tier B syringe program will designate a staff person to be their Supply Champion, and Supply Champions will attend quarterly meetings convened by the Office of Overdose Prevention and CHEP
1000024737	**Alliance Health Project (AHP)**	**Health Access point for API & API Transgender Women**
	Objective #1	By end of the fiscal year, agency will provide detailed executive summary report of completed HAP Activities, including success, challenges, barriers, and new strategies to reach community.
	Objective #2	By end of the fiscal year, agency will have attended required Health Access Point (HAP) monthly network meetings (occurs on 4th Thursday of each month), measured by CHEP SOC meeting enrollment log.
	Objective #3	By end of the fiscal year, agency will have uploaded required HAP quarterly client level data and qualitative narrative submissions by specified due date. Agency should have submitted a total of 4 data sets for the current fiscal year (not including any data resubmissions due to error corrections).
	Objective #4	By end of the fiscal year, agency will provide documentation of onsite overdose response policy (policy language and guidance provided to agency by CHEP-SOC).
	Objective # 5	By end of the fiscal year, agency will provide completed client satisfaction survey results to CHEP System of Care, Budget, Contracts, & Communications Manager.
	Objective # 6	**HAP Performance Objectives for engagement with End Hep C SF:** HAP representative will participate in at least three PTL workgroup meetings in the 12-month period. If HAP has internal clinical services, a designated clinician may participate in one Treatment Access (TA) meeting in place of one of the PTL meetings (Some HAPs may implement this objective as of FY24-25)
	Objective # 7	**HAP Performance Objectives for engagement with End Hep C SF:** Identify one staff person who works directly with the hepatitis C (HCV) program (direct services staff or HCV program lead) to represent the HAP in End Hep C SF's (EHCSF) Prevention, Testing & Linkage (PTL) work group (Some HAPs may implement this objective as of FY24-25)
	Objective # 8	**Harm Reduction Services(Applicable for Tier B Syringe Program):** By the end of each fiscal year each Tier B syringe program will designate a staff person to be their Supply Champion, and Supply Champions will attend quarterly meetings convened by the Office of Overdose Prevention and CHEP
1000024735	**LYRIC**	**Youth Health Access Point**
	Objective #1	By end of the fiscal year, agency will provide detailed executive summary report of completed HAP Activities, including success, challenges, barriers, and new strategies to reach community.

FY23-24 CHEP Performance Objectives

	Objective #2	By end of the fiscal year, agency will have attended required Health Access Point (HAP) monthly network meetings (occurs on 4th Thursday of each month), measured by CHEP SOC meeting enrollment log.
	Objective #3	By end of the fiscal year, agency will have uploaded required HAP quarterly client level data and qualitative narrative submissions by specified due date. Agency should have submitted a total of 4 data sets for the current fiscal year (not including any data resubmissions due to error corrections).
	Objective # 4	By end of the fiscal year, agency will provide documentation of onsite overdose response policy (policy language and guidance provided to agency by CHEP-SOC).
	Objective # 5	By end of the fiscal year, agency will provide completed client satisfaction survey results to CHEP System of Care, Budget, Contracts, & Communications Manager.
	Objective # 6	**HAP Performance Objectives for engagement with End Hep C SF:** HAP representative will participate in at least three PTL workgroup meetings in the 12-month period. If HAP has internal clinical services, a designated clinician may participate in one Treatment Access (TA) meeting in place of one of the PTL meetings (Some HAPs may implement this objective as of FY24-25)
	Objective # 7	**HAP Performance Objectives for engagement with End Hep C SF:** Identify one staff person who works directly with the hepatitis C (HCV) program (direct services staff or HCV program lead) to represent the HAP in End Hep C SF's (EHCSF) Prevention, Testing & Linkage (PTL) work group (Some HAPs may implement this objective as of FY24-25)
	Objective # 8	**Harm Reduction Services(Applicable for Tier B Syringe Program):** By the end of each fiscal year each Tier B syringe program will designate a staff person to be their Supply Champion, and Supply Champions will attend quarterly meetings convened by the Office of Overdose Prevention and CHEP
1000024736	**Ward86**	**Health Access Point for People Who Use Drugs (PRO-TEST)**
	Objective #1	By end of the fiscal year, agency will provide detailed executive summary report of completed HAP Activities, including success, challenges, barriers, and new strategies to reach community.
	Objective #2	By end of the fiscal year, agency will have attended required Health Access Point (HAP) monthly network meetings (occurs on 4th Thursday of each month), measured by CHEP SOC meeting enrollment log.
	Objective #3	By end of the fiscal year, agency will have uploaded required HAP quarterly client level data and qualitative narrative submissions by specified due date. Agency should have submitted a total of 4 data sets for the current fiscal year (not including any data resubmissions due to error corrections).
	Objective # 4	By end of the fiscal year, agency will provide documentation of onsite overdose response policy (policy language and guidance provided to agency by CHEP-SOC).
	Objective # 5	By end of the fiscal year, agency will provide completed client satisfaction survey results to CHEP System of Care, Budget, Contracts, & Communications Manager.
	Objective # 6	**HAP Performance Objectives for engagement with End Hep C SF:** HAP representative will participate in at least three PTL workgroup meetings in the 12-month period. If HAP has internal clinical services, a designated clinician may participate in one Treatment Access (TA) meeting in place of one of the PTL meetings (Some HAPs may implement this objective as of FY24-25)
	Objective # 7	**HAP Performance Objectives for engagement with End Hep C SF:** Identify one staff person who works directly with the hepatitis C (HCV) program (direct services staff or HCV program lead) to represent the HAP in End Hep C SF's (EHCSF) Prevention, Testing & Linkage (PTL) work group (Some HAPs may implement this objective as of FY24-25)
	Objective # 8	**Harm Reduction Services (Applicable for Tier B Syringe Program):** By the end of the fiscal year, each Tier B syringe program will designate a staff person to be their Supply Champion.
	Objective # 9	**Harm Reduction Services:** By the end of the fiscal year, Tier B syringe program Supply Champions will attend quarterly meetings convened by the Office of Overdose Prevention and CHEP
1000024734	**SFAF**	**Health Access Point for Gay MSM Community**
	Objective #1	By end of the fiscal year, agency will provide detailed executive summary report of completed HAP Activities, including success, challenges, barriers, and new strategies to reach community.
	Objective #2	By end of the fiscal year, agency will have attended required Health Access Point (HAP) monthly network meetings (occurs on 4th Thursday of each month), measured by CHEP SOC meeting enrollment log.
	Objective #3	By end of the fiscal year, agency will have uploaded required HAP quarterly client level data and qualitative narrative submissions by specified due date. Agency should have submitted a total of 4 data sets for the current fiscal year (not including any data resubmissions due to error corrections).
	Objective # 4	By end of the fiscal year, agency will provide documentation of onsite overdose response policy (policy language and guidance provided to agency by CHEP-SOC).

FY23-24 CHEP Performance Objectives

	Objective # 5	By end of the fiscal year, agency will provide completed client satisfaction survey results to CHEP System of Care, Budget, Contracts, & Communications Manager.
	Objective # 6	**HAP Performance Objectives for engagement with End Hep C SF:** HAP representative will participate in at least three PTL workgroup meetings in the 12-month period. If HAP has internal clinical services, a designated clinician may participate in one Treatment Access (TA) meeting in place of one of the PTL meetings (Some HAPs may implement this objective as of FY24-25)
	Objective # 7	**HAP Performance Objectives for engagement with End Hep C SF:** Identify one staff person who works directly with the hepatitis C (HCV) program (direct services staff or HCV program lead) to represent the HAP in End Hep C SF's (EHCSF) Prevention, Testing & Linkage (PTL) work group (Some HAPs may implement this objective as of FY24-25)
	SFAF	**HAP Network Capacity Building: Integration of HIV/STI/HCV Testing**
	Objective # 1	By the end of the fiscal year, agency will provide detailed executive summary report of completed Integrated HIV/STI/HCV testing capacity building activities implemented within the HAP Network. Report should be inclusive of challenges, success, barriers, how agency has addressed challenges/barriers, and capacity building plans for the following fiscal year.
	SFAF	**The Black Health Clinical Assistant Program: Rafiki Capacity Building**
	Objective # 1	By the end of the fiscal year, agency will provide detailed executive summary report of completed Rafiki Black/AA HAP capacity building activities implemented. Report should be inclusive of challenges, success, barriers, how agency has addressed challenges/barriers, and capacity building plans for the following fiscal year.
	SFAF	**Training Academy & Clinical Assistant Program (Training Academy ending as of 06/30/2024)**
	Objective # 1	By the end of the fiscal year, 30 unduplicated participants will engage in CHW-TA training, and complete 270 hours of training.
	Objective # 2	By the end of the fiscal year , measured via participant surveys and observation, participants will demonstrate increased knowledge of best practices related to community health program implementation and engagement.
	Objective # 3	By the end of the fiscal year , Five organizations within the HAP network will participate in Community Health Worker Training Academy by sending at least 2 –5 employees to available trainings.
	Objective # 4	By the end of the fiscal year 20 individuals will complete the HIV test counselor certification process through 2 trainings, and report increased knowledge of sexual health and basic competencies around conducting test counseling sessions.
	Objective # 5	By the end of the fiscal year, program will hire and onboard 5 clinical interns.
	Objective # 6	By the end of the fiscal year, three of the five clinical interns will enter paid community health opportunities within 6 months of completing the program.
100008933	**Facente**	**Consulting Programs**
	Objective # 1	By the end of the fiscal year, Shelley Facente of Facente Consulting will prepare a final report summarizing project activities and accomplishments, as measured by submission of the final report.
100002608	**Glide**	**HIV/HCV Linkage to Care & Harm Reduction Programs Performance Objectives (Both Programs should be measured together based on objectives below)**
	Objective # 1	By the end of the fiscal year 100 clients living with HCV will have conducted an intake and enrolled into Glide's HCV Navigation and Linkage services.
	Objective # 2	By the end of the fiscal year, 85 clients not already engaged in HCV treatment will have attended at least one HCV-related care appointment, as measured by SFDPH data collection forms..
	Objective # 3	By the end of the fiscal year , 575 individuals at high risk for HCV will have been screened for HCV, as measured by the SFDPH HCV Screening Forms submitted to SFDPH each month.
1000013476	**Harm Reduction Coalition**	**Drug Overdose Prevention Program**
	Objective # 1	By the end of the fiscal year, NHRC/HRTI will submit quarterly progress reports to CHEP
	Objective # 2	By the end of the fiscal year, NHRC/HRTI will submit a final report to CHEP that includes successes, challenges, and recommendation
1000002612	**HR360**	**HCV Linkage to care**
	Objective # 1	By the end of each fiscal year, the HCV Linkage Program staff will have outreached to 100% of clients with an active HCV infection, as identified by provider referral or through program's HCV test results, to offer enrollment in the HCV Linkage Program.
	Objective # 2	By the end of each fiscal year, 70% of clients enrolled in the HCV Linkage Program will have initiated HCV treatment, as measured by client activity logs and case notes and reported to SFDPH through the quarterly HCV Linkage Report.

FY23-24 CHEP Performance Objectives

	Objective # 3	By the end of each fiscal year, 70% of clients who initiated HCV treatment more than 8 weeks prior to the end of the fiscal year will have completed the HCV treatment course, as measured by client activity logs and case notes and reported to SFDPH through the quarterly HCV Linkage Report.
	Objective # 4	By the end of the fiscal year, 70% of clients who completed HCV treatment more than 12 weeks prior to the end of the fiscal year will have achieved SVR12, as measured by completed HCV RNA/viral load lab work and reported to SFDPH through the quarterly HCV Linkage Repot.
	Objective # 5	By the end of the fiscal year, a data reporting system will be implemented to share line listed client-level data with SFDPH's CHEP program staff, and client-level data will be submitted for all clients enrolled in HCV Linkage Program during the fiscal year.
	Objective # 6	By the end of the fiscal year, aggregate quarterly data totals will have been shared with SFDPH's CHEP program staff, using the HCV Linkage Report
10000017931	**NAHC**	**Hozhoni Project**
	Objective # 1	By the end of the contract term, Hozhoni will conduct a total of 60 targeted HIV rapid tests to MSM, MSM-IDU, and TFSM clients of NAHC.
	Objective # 2	By the end of the contract term, 65% of HIV-negative/unknown status MSM, MSM-IDU, and TFSM attendees of Hozhoni groups will report having had an HIV test in the prior 6 months, as measured by self-report and data on linkage to testing.
	Objective # 3	At six-month follow-up 70% of clients who initiated PrEP and for whom follow-up data is available will report still being on PrEP by the end of the contract term, 80% of people testing HIV-positive at NAHC will be offered partner services, as documented by their LINCS case report form. Their partners will also be offered NAHC services.
	Objective # 4	By the end of the contract term, 90% of HIV-positive Hozhoni clients who have completed case management intake and who have not seen an HIV primary care physician will be offered linkage to care by their prevention case manager, within six months of intake/ onset of case management.
	Objective # 5	During the contract term, Hozhoni will distribute 4000 condoms (male/female) annually.
1000020773	**SFAF**	**Mobile Contingency Management for Homeless clients & Fentanyl Treatment Street Outreach**
	Objective # 1	At least 70% of clients who completed at least 8 weeks of the program agreed that they learned new skills to address their substance use goals as documented by the client satisfaction survey data
	Objective # 2	At least 60% of clients who completed at least 8 weeks of the program agreed that they either stopped or reduced their use of stimulants.
	Objective # 3	At least 70% of clients who completed at least 8 weeks of the program agreed that they achieved their harm reduction use management goals as documented by the client satisfaction survey data
1000009850	**Westside**	**HIV Testing in Community Health Center**
	Objective # 1	All HIV-negative/unknown status clients will be offered an HIV test.
	Objective # 2	At least 70% of HIV negative/unknown status clients of supported programs will report having had an HIV test in the prior 6 months, as measured by self-report and data on linkage to testing.
	Objective # 3	By end of contract term, agency will upload all testing data per CHEP Data Management Collection and Submission Guidelines
1000009855	**UCSF DSAAM**	**HIV/HCV Testing & Treatment Support**
	Objective # 1	By the end of the contract term, 95% of HIV-infected patients with detectable HIV viral load will receive at least one treatment adherence intervention by a medical or nursing provider within a month from the time that the detectable viral load is discovered.
	Objective # 2	By the end of the contract term, 90% of HIV-infected patients entering methadone maintenance who have not seen an HIV primary care provider in the prior six-months will be offered linkage or re-linkage to care.
	Objective # 3	By the end of the contract term, 100% of patients who have new positive HIV test results are offered linkage to HIV care at the time of test results disclosure to the patient.
	Objective # 4	By the end of the contract term, 95% of patients of negative or unknown status in treatment will be offered an HIV test.
	Objective # 5	By the end of the contract term, 95% of patients with a negative or unknown HCV status at intake will be offered an HCV test.
	Objective # 6	By the end of the contract term, 95% of patients with a negative or unknown HCV status will be offered an HCV test every 12 months, within 3 months of their last HCV testing offer.
	Objective # 7	By the end of the contract term, 100% of patients with a positive HCV RNA test result will be offered linkage to HCV treatment at the time of test results disclosure to the patient.
1000028373	**UCSF Ward 86**	**DeLIVER HCV Program (A-2)**

FY23-24 CHEP Performance Objectives

	Objective # 1	By the end of the fiscal year, DeLIVER Care program will conduct 300 hepatitis C (HCV) screening tests, as measured by SFDPH HCV Testing data collection forms submitted to SFDPH each quarter
	Objective # 2	By the end of the fiscal year, DeLIVER Care program will conduct 100 HCV RNA tests, as measured by SFDPH HCV Testing data collection forms submitted to SFDPH each quarter.
	Objective # 3	By the end of the fiscal year, 30 clients will have attended the first HCV medical appointment with a DeLIVER Care provider, as measured by DeLIVER outreach summary sheets.
	Objective # 4	By the end of the fiscal year, 30 clients who attended an initial HCV medical appointment will have initiated HCV treatment, as measured by DeLIVER outreach summary sheets
	Objective # 5	By the end of the fiscal year, 30 clients will have completed their HCV treatment course, as measured by the DeLIVER outreach summary sheets.
	Objective # 6	By the end of the fiscal year, a data reporting system will be implemented to share line listed client-level data with SFDPH's CHEP program staff, and client-level data will be submitted for all clients who received HCV testing and/or HCV treatment during the fiscal year
	Objective # 7	By the end of the fiscal year, aggregate quarterly data totals will have been shared with SFDPH's CHEP program staff, using the HCV Linkage Report.
1000028373	**UCSF Ward 86**	**PrEP Coordinators | Pop-up Navigators @Ward86**
	Objective # 1	By the end of the fiscal year, W86 will conduct 2 trainings for outpatient and 2 for inpatient staff re: Prevention and HAP/The Lobby referral flow for sending patients for testing and treatment on campus
	Objective # 2	By the end of the fiscal year, Complete at least Fifty (50) LA-CAB PrEP initiations with unduplicated patients by the end of the fiscal year.
	Objective # 3	For all outpatient clinics working with PrEP coordinators: Provide at least one (1) site visit by Prevention RN to attend staff huddle and provide enhanced clinical support to outpatient sites.
	Objective # 4	Increase ZSFG/SFHN patients who are on PrEP by 10%, measured by referral list data.
1000028373	**UCSF Ward 86**	**GTZ Coordination @DPH & SFGH | W86 |GTZ Coordination (listed as two separate Programs on FN)**
	Objective # 1	Measure by UOS
1000028373	**UCSF Ward 86**	**Expanded Testing and Intervention**
	Objective # 1	By the end of the fiscal year, 95% of patients who were newly diagnosed HIV+ at the San Francisco General Hospital will have received preliminary results.
	Objective # 2	By the end of the fiscal year, 90% of Ward 86 eligible patients who were disclosed a new HIV diagnosis on the ZSFG campus were successfully connected to care within 3 months, as defined by an initial medical visit and baseline CD4/HIV viral load testing.
	Objective # 3	By the end of the fiscal year, 90% of patients who are either ineligible to be linked to Ward 86 or decline this referral will be referred to an alternative medical home for HIV care
1000028373	**UCSF Ward 86**	**AHP Access HOPE/HALT**
	Objective # 1	Measure by UOS
1000028373	**UCSF Ward 86**	**ETE Clinical Champion @W86**
	Objective # 1	Measure by UOS
1000002662	**UCSF Ward 86**	**STD Services @ W86 & Rapid and Retention Coordination**
	Objective # 1	By the end of the fiscal year, 90% of patients who had at least one primary care clinic visit will be screened for STIs once every 12 months.
	Objective # 2	By the end of the fiscal year, identify EPIC workflow for documentation of patients who opt-out of STI testing in a primary care clinic visit once every 12 months
	Objective # 3	By the end of the fiscal year, 90% of people experiencing homelessness who had at least one clinic visit with the drop-in service for unhoused patients (POP-UP) will be tested for syphilis with an RPR at least once every 12 months
1000008790	**UCSF OTOP (HHS Contract)**	**Hepatitis C Treatment in OTOP**
	Objective # 1	During fiscal year 2020-21 (7/1/20-6/30/21), the OTOP HCV RN will have 500 patient encounters for HCV Care Coordination Services. The same patient encounters are expected for fiscal years, 2021-22, 2022-23, 2023-24, 2024-25, and 2025-26.
	Objective # 2	During fiscal year 2020-21 (7/1/20-6/30/21), 40 patients will successfully complete HCV treatment via DOT at OTOP as measured by completion of the prescribed treatment regimen based on medication dosing records in the Methasoft electronic database at OTOP. The same number of patients are expected for fiscal years, 2021-22, 2022-23, 2023-24, 2024-25, and 2025-26.

FY23-24 CHEP Performance Objectives

100008917	**Public Health Enterprises, Heluna Health**	**Program Administration: COMP A -HIV Prevention Services**
1000011928	**Public Health Enterprises, Heluna Health**	**Program Administration: OPT-IN Support Services**
1000009844	**Public Health Enterprises, Heluna Health**	**Program Administration: Community Engagement, Social Marketing Program Services**
	Objective #1	By the end of the fiscal year, and for the end of each contract term, Heluna Health will provide financial management, pay personnel and operational expenses, and ensure timely and accurate invoices.
	Objective #2	By the end of the fiscal year, Heluna Health will provide monthly reports on itemized budget expenditures to the Population Health Division's Program Administrator for approval. Heluna will attach monthly-itemized expenses and submits a monthly invoice for payment. (No fees shall be due for invoiced items that lack an appropriate level of detail or are otherwise not in line with DPH expectations. Heluna shall work with DPH to provide any needed information to substantiate invoices before approval for payment).
	Objective #3	By the end of the fiscal year, and at the end of each contract term, Heluna Health will provide closeout reports to the DPH Population Health Division, Director of Operations, Finance, and Grants Management.
	Objective #4	By the end of the fiscal year, Heluna Health will submit an annual reconciliation comparing revenues received to actual costs incurred. (This reconciliation is due with the final invoice, 45 calendar days after the end of the services reported must be returned to the Department of Public Health. Reconciliation detail is by Service Mode, not by contract appendix total. If the contractor must return funds to the Department, a check must be made payable to the Department of Public Health, along with FFS reconciliation and final invoice).
1000009845	**Public Health Enterprises, Heluna Health**	**Program Administration: Jail Health Services**
Administrative Objectives	Objective #1	By the end of the fiscal year, and for the end of each contract term, Heluna Health will provide financial management, pay personnel and operational expenses, and ensure timely and accurate invoices.
	Objective #2	By the end of the fiscal year, Heluna Health will provide monthly reports on itemized budget expenditures to the Population Health Division's Program Administrator for approval. Heluna will attach monthly-itemized expenses and submits a monthly invoice for payment. (No fees shall be due for invoiced items that lack an appropriate level of detail or are otherwise not in line with DPH expectations. Heluna shall work with DPH to provide any needed information to substantiate invoices before approval for payment).
	Objective #3	By the end of the fiscal year, and at the end of each contract term, Heluna Health will provide closeout reports to the DPH Population Health Division, Director of Operations, Finance, and Grants Management.
	Objective #4	By the end of the fiscal year, Heluna Health will submit an annual reconciliation comparing revenues received to actual costs incurred. (This reconciliation is due with the final invoice, 45 calendar days after the end of the services reported must be returned to the Department of Public Health. Reconciliation detail is by Service Mode, not by contract appendix total. If the contractor must return funds to the Department, a check must be made payable to the Department of Public Health, along with FFS reconciliation and final invoice).
Program Specific Objectives	Objective # 1	By the end of the fiscal year, 85% of patients testing HIV-positive will receive their preliminary and confirmed HIV test results.
	Objective # 2	By the end of each fiscal year, 85% of patients testing HIV-positive will be linked to the HIV-IS CoE for primary care while in custody.
	Objective #3	By the end of each fiscal year, 85% of patients testing HIV-positive will be provided with options for notifying their sexual and/or needle-sharing partners as part of disclosure services.
	Objective #4	By the end of each fiscal year, 85% of patients testing HIV-positive will have follow up HIV+ labs drawn by the Prevention Team.
	Objective# 5	By the end of each fiscal year, 75% of all HIV tests offered to incarcerated patients will be HIV rapid tests.
	Objective # 6	By the end of each fiscal year, JHS will have collected and submitted required quarterly data for HIV case reporting and state surveillance requirements

FY 23-24

CID #	Agency	Community Wellness Program & Objectives

FY23-24 CHEP Performance Objectives

1000017771	**SDDT - Central American Resource Center CARECEN of Northern California**	**Health Promotion Program - Cuerpo Sano**
	Objective #1	By the end of the fiscal year, develop one SSB focused leadership training with a minimum of 10 sessions (min of 40 hours of training)
	Objective #2	By the end of the fiscal year, implement 8 community leader-led SSB education workshops with a minimum of 10 participants for each workshop (80 total attendees).
	Objective #3	By the end of the fiscal year, hold a minimum of 4 meetings with local government officials and other government/institutional stakeholders (ex. Board of Supervisors, City Departments, Mayor's Office) to advance SSB advocacy efforts.
	Objective #4	By the end of the fiscal year, hold a minimum of 4 public meetings (ex. Townhalls & community meetings) related to SSB advocacy efforts.
1000018430	**SDDT - Tenderloin Neighborhood Development Corporation (TNDC)**	**Promoting Health Equity Program**
	Objective #1	By the end of the fiscal year, Healthy Retail SF will partner with three (3) community-based organizations around the implementation, creation, or advocacy for policies identified by the Tenderloin Food Policy Council.
	Objective #2	By the end of the fiscal year, at least one (1) food policy council member will apply for membership on a San Francisco or Bay Area based task force, board, or commission (or equivalent).
	Objective #3	By the end of the fiscal year, at least 10% of enrolled Kain Na pantry participants will participate in a cooking & nutrition class series, as measured by enrollee attendance records in Circe data tracking system.
	Objective #4	By the end of the fiscal year, Kain Na will execute at least 6 culturally-relevant cooking demonstrations, open to the public, with materials translated into multiple languages, as tracked by programming calendar as well as attendance records in Circe data tracking system.
1000017769	**SDDT - 18 Reasons**	**Towards Health Equity & Liberation**
	Objective #1	By the end of the fiscal year, 18 Reasons will have successfully implemented PSE strategy work plan by delivering a report outlining process of PSE work.
	Objective #2	By the end of the fiscal year, at least 75% of graduates from group sessions will report eating more fruits and vegetables as a result of the program
	Objective #3	By the end of the fiscal year, at least 75% of graduates from group sessions will report drinking fewer sugar-sweetened beverages as a result of the program.
1000002656	**Livable City**	**Sunday Streets Program**
	Objective #1	By the end of the fiscal year, Livable City will plan and implement Sunday Streets events in the Bayview, Excelsior, Mission, Tenderloin, SoMa, and Western Addition neighborhoods.
	Objective #2	By the end of the fiscal year, Livable City will organize 4 street openings (distinct from Sunday Streets) with an attendance of 500 to 2000 individuals.
	Objective #3	By the end of the fiscal year, Livable City will provide ongoing community convening and planning efforts for the neighborhoods in which Sunday Streets and the 4 street openings will occur.
1000008932	**Public Health Enterprises, Heluna Health**	**Newcomers Health Program/Refugee Health**
	Objective #1	By the end of the fiscal year, and for the end of each contract term, Heluna Health will provide financial management, pay personnel and operational expenses, and ensure timely and accurate invoices.
	Objective #2	By the end of the fiscal year, Heluna Health will provide monthly reports on itemized budget expenditures to the Population Health Division's Program Administrator for approval. Heluna will attach monthly-itemized expenses and submits a monthly invoice for payment. (No fees shall be due for invoiced items that lack an appropriate level of detail or are otherwise not in line with DPH expectations. Heluna shall work with DPH to provide any needed information to substantiate invoices before approval for payment).
	Objective #3	By the end of the fiscal year, and at the end of each contract term, Heluna Health will provide closeout reports to the DPH Population Health Division, Director of Operations, Finance, and Grants Management.

	Objective #4	By the end of the fiscal year, Heluna Health will submit an annual reconciliation comparing revenues received to actual costs incurred. (This reconciliation is due with the final invoice, 45 calendar days after the end of the services reported must be returned to the Department of Public Health. Reconciliation detail is by Service Mode, not by contract appendix total. If the contractor must return funds to the Department, a check must be made payable to the Department of Public Health, along with FFS reconciliation and final invoice).
10000016941	**San Francisco Public Health Fou**	**Program Administration, Community Health Engagement**
10000013401	**San Francisco Public Health Fou**	**Program Administration, Sugary Drink Distributor Tax Project**
10000013727	**San Francisco Public Health Foundation**	**Program Administration, SF Tobacco Free Project**
	Objective #1	By the end of the fiscal year, SFPHF program staff will provide summary progress reports for SFDPH staff, including work completed and in progress from July 1, 2023, through December 31, 2023.
	Objective #2	By the end of the fiscal year, SFPHF program staff will complete subcontract management for subcontractors starting from July 1, 2023, to June 30, 2024.
	Objective #3	By the end of the fiscal year, SFPHF program staff will complete program administration tasks starting from July 1, 2023, to June 30, 2024.
	Objective #4	By the end of the fiscal year, SFPHF program staff will complete capacity building/program support from July 1, 2023, to June 30, 2024.
	Objective #5	By August 31, 2024, SFPHF program staff will provide summary progress reports for SFDPH staff, including work completed and in progress from January 1, 2024, through June 30, 2024.

FY23-24 CHEP Performance Objectives

FY 23-24

CID #	Agency	Program & Objectives
MOU # 9	**South East Health Center**	**Prevention with Positives**
	Objective # 1	Monitor via UOS
	Objective # 2	
	Objective # 3	
MOU # 13	**SFDPH Jail Health**	**Jail Health Services HIVIS Testing**
	Objective # 1	Monitor via UOS: Funding supports FTE
	Objective # 2	
	Objective # 3	
	Objective # 3	
MOU # 21	**SFDPH STD Prevention & Control**	**HIV Testing, Partner Services, and Linkages to Care-STD Program**
	Objective # 1	No Monitoring requred
MOU # 33	**SFDPH Microbiology Lab**	**Labortory Testing Services**
	Objective # 1	No Monitoring Required
MOU # 35	**WPIC**	**Low-Threshold HCV Treatment**
	Objective # 1	By the end of the fiscal year, **30** clients will have been enrolled in hepatitis C (HCV) treatment services
	Objective # 2	By the end of the fiscal year, **10** clients with a positive HCV RNA test result will have initiated HCV treatment
	Objective # 3	By the end of the fiscal year, **5** clients who initiated HCV treatment will have completed the HCV treatment course
	Objective # 4	By the end of the fiscal year, **1** client who completed HCV treatment will have achieved SVR12
MOU # 37	**Gender Health (HHS MOU)**	**Gender Health SF**
		Monitor via UOS for CHEP funding portion only: funds support .50 of FTE only