



**City and County of San Francisco**  
**London N. Breed, Mayor**  
**Department of Public Health**

**Business Office Contract Compliance**  
**1380 Howard Street**  
**San Francisco, CA 94103**

## Monitoring Report Fiscal Year 21-22 Behavioral Health Services

**Section: TAY**

**Target Population: CYF**

**Agency:** Community Youth Center SF

**Site Visit Date:** July 28, 2023

**Program Reviewed:** Community Youth Center of San Francisco (CYC) TAY -  
 Asian & Pacific Islander Youth & Family Community Support  
 Services (APIYFCSS)

**Report Date:** August 11, 2023

**Program Code(s):** 38CY5

**Review Period:** July 1, 2021-  
 June 30, 2022

**Site Address:** 1038 Post Street, San Francisco, CA 94109

**Finalized Date:**

**CID/MOU#:** 10830 **Appendix #:** A-3

**Funding Source(s):** MHSA

**On-Site Monitoring Team Member(s):** Elissa Velez and Craig Wenzl

**Program/Contractor Representatives:** Bradford Woo and Kyle Chan

**Overall Program Rating:** 4 - Commendable/Exceeds Standards

**Category Ratings:**

4 = Commendable/Exceeds Standards		3 = Acceptable/Meets Standards					
2 = Improvement Needed/Below Standards		1 = Unacceptable					
4	Program Performance	4	Program Deliverables	4	Program Compliance	4	Client Satisfaction

**Sub-Categories Reviewed:**

Program Performance	Program Deliverables	Program Compliance	Client Satisfaction
Achievement of Performance Objectives	Units of Service Delivered Unduplicated Clients (Unscored)	Declaration of Compliance Administrative Binder Site/Premise Compliance Chart Documentation Plan of Action (if applicable)	Satisfaction Survey Completed and Analyzed

## **MONITORING REPORT SUMMARY**

**Agency/Program:** Community Youth Center SF/Community Youth Center of San Francisco (CYC) TAY - Asian & Pacific Island

- Findings/Summary:**
- The services provided by this program were funded by the Sources listed on page 1.
  - The program met 100.0 percent of its contracted performance objectives.
  - The program met 100.8 percent of its contracted units of service target.
  - A review of the administrative binder evidenced 100.0 percent of required compliance items.
  - A review of site premise evidenced 100.0 percent of required items.
  - The program was exempt of Chart Documentation compliance.
  - The program completed its client satisfaction survey.
  - The program analyzed the client satisfaction results.

This contract is under the administration of the Transitional Age Youth (TAY) System of Care (SOC) through Mental Health Services Act (MHSA) funding.

CYC acts as the fiscal and lead agency partnering with other agencies to address mental health stigma and limited access to linguistically and culturally appropriate services. This contract furnishes services to API youth and their families dealing with mental health issues, violence, and substance abuse.

Services include outreach, early identification, mental health assessment, case management, and linkage to services through early identification, peer-led and parent-led support groups and activities, community education and services, community projects, and cultural identity activities.

The program highlights recent outreach efforts such advertising on Chinese TV and hosting a Program Summit which included youth sharing their experiences to change the perception of mental health. Agency efforts include assessing what the community needs and supporting victims of API hate.

The FY21-22 monitoring review was conducted virtually using email and the Microsoft Office Teams meeting platform on 7/28/23.

**FY20-21 Plan of Action required?**     **Yes**     **No**

**If "Yes", describe program's implementation.**

**FY21-22 Plan of Action required?**     **Yes**     **No**

Signature of Author of This Report

DocuSigned by:

*Elissa Velez*

Name and Title: Elissa Velez, Business Office Contract Compliance Manager

Signature of Authorizing Departmental Reviewer

DocuSigned by:

*Jerna Reyes*

Name and Title: Jerna Reyes, BOCC Director

Signature of Authorizing System of Care Reviewer

DocuSigned by:

*Kali Cheung*

Name and Title: SOC Director

PROVIDER RESPONSE: (please check one and sign below)

- I have reviewed the Monitoring Report, acknowledge findings, no further action is necessary at this time.
- I have reviewed the Monitoring Report, acknowledge findings, and attached a Plan of Action in response to deficiencies and recommendations with issues addresses and timelines for correction stated.
- I have reviewed the Monitoring Report, disagree with findings, response to recommendations attached.

DocuSigned by:

*Sarah Wan*

12/25/2023

Signature of Authorized Contract Signatory (Service Provider)

Date

Sarah Wan, Executive Director

Print Name and Title

<b>RESPONSE TO THIS REPORT DUE:</b>	<b>December 28, 2023</b>
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If applicable, please submit any supplemental materials by clicking on the attachment icon below.

**Program Performance & Compliance Findings**

**Rating Criteria:**

<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Over 90% = Commendable/ Exceeds Standards</b>	<b>71% - 90% = Acceptable/Meets Standards</b>	<b>51% - 70% = Improvement Needed/ Below Standards</b>	<b>Below 51% = Unacceptable</b>

**Overall Score:**

<b>Total Points Given:</b> 85/85=100%
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**1. Program Performance (30 points possible):**

<b>Achievement of Performance Objectives (0-30 pts):</b>	30	20 total points out of 20 points (from 4 Objectives) = 100%			
<b>Program Performance Points:</b>	30				
Points Given:	30/30	Category Score:	100%	Performance Rating:	Commendable/ Exceeds Standards

**Performance Objectives and Findings with Points**

O.1	For FY 21/22, For FY 21/22, 60% of TAY participating in APIYFCSS support groups and/or case management services will demonstrate increased wellness, connection or engagement as measured by post-activity, Quality of Life survey as documented in end of year program report. Program shall retain program logs for BOCC's inspection at the annual audit site visit.	Based on the TAY Year-End Report, 90.82% (99 of 109) of participants who completed the post-activity, Quality of Life survey, reported agreeing or strongly agreeing to an increase of participation in meaningful engagement activities, as measured by each respondent's scores on the QOL survey.	Points: 5
O.2	For FY 21/22, 60% of participants receiving case management services will demonstrate an intended treatment outcome as measured by our Quality of Life survey.	Based on the TAY Year-End Report, the goal was exceeded. 95.23% (60 of 63) participants who received case management services had successfully attained at least one of their treatment goals, as reported in progress notes and treatment closing forms.	Points: 5
P.2	For FY 21/22, 60% of participants receiving case management services will demonstrate an intended treatment outcome as measured by the Quality-of-Life survey. End of year program report. Program shall retain program logs for BOCC's inspection at the annual audit site visit.	Based on the TAY Year-End Report, the target was exceeded. 95.23% (60 of 63) participants receiving case management services successfully attained at least one of their treatment goals, as reported in progress notes and treatment closing forms.	Points: 5
P.3	During FY 21/22, program will implement a client satisfaction survey and document summarize results in EOY TAY report and administrative binder for BOCC's annual audit visit.	Based on the TAY Year-End Report, the goal was met. 94.78% (109 of 115) of participants in APIYFCSS support groups and/or case management services completed the post-activity, Participant Satisfaction Survey (administered at the end of the program year and/or at the time-of-service termination).	Points: 5

**Commendations/Comments:**

In aggregate the rate of achievement for contracted program objectives was **100%**; an increase from 75% achieved in FY20-21. The program data shows positive client outcomes and a mechanism to evaluate client progress.

The contractor is recognized for a well-executed program with significant accomplishments that reflect the hard work and dedication of those involved.

**Identified Problems, Recommendations and Timelines:**

None noted.

**2. Program Deliverables (20 points possible):**

<b>Units of Service Deliverables (0-20 pts):</b>		20	101% of Contracted Units of Service		
<b>Program Deliverables Points:</b>		20			
Points Given:	20/20	Category Score:	100%	Performance Rating:	Commendable/ Exceeds Standards

**Units of Service Delivered**

<b>Program Code</b>	<b>Service Description</b>	<b>Contracted/Actual</b>	
38CY5	45/10 - 19 OS - MH Promotion	2,498	2,519

**Unduplicated Clients by Program Code**

<b>Program Code</b>	<b>Contracted/Actual</b>	
38CY5	180	482

**Commendations/Comments:**

Evaluation of the program deliverables are based on the final invoice (#M02JU22) for the 7/1/21-6/30/22 funding term. The program's rate of achievement for Units of Service (UOS) was **100.8%** of target. ADM services were not utilized.

The program served 482 individuals, reaching 267% of the contract mandate for Unduplicated Client Count (UDC).

The program is commended for excellent success in meeting program deliverables.

**Identified Problems, Recommendations and Timelines:**

None noted.

**3. Program Compliance (40 points possible):**

<b>A. Declaration of Compliance Score (5 pts):</b>	5	Submitted Declaration
<b>B. Administrative Binder Complete (0-10 pts):</b>	10	100% of items in compliance
<b>C. Site/Premises Compliance (0-10 pts):</b>	10	100% items in compliance
<b>D. Chart Documentation Compliance (0-10 pts):</b>	N/A	
<b>E. Plan of Action (if applicable) (5 pts):</b>	5	<input checked="" type="checkbox"/> No FY20-21 POA was required <input type="checkbox"/> FY20-21 POA was submitted, accepted and implemented <input type="checkbox"/> FY20-21 POA submitted, not fully implemented <input type="checkbox"/> FY20-21 POA required, not submitted
<b>Program Compliance Points:</b>	30	
Points Given:	30/30	Category Score: 100%
		Compliance Rating: Commendable/ Exceeds Standards

**Commendations/Comments:**

The FY21-22 review of premise and administrative binder was conducted virtually on 7/28/23. The program received 100% of compliance for attesting to premise requirements and 100% compliance for the administrative binder review.

The program achieved 100% compliance on the training log/certificate review.

**Identified Problems, Recommendations and Timelines:**

None noted.

**4. Client Satisfaction (10 points possible): Program-Specific Client Satisfaction Survey**

Scoring Category	Scoring Criteria	Points
Completed Program Specific Survey	Yes = 2, No = 0	2
Results Analyzed	Yes = 3, No = 0	3
Program Performance as Rated by Clients	50-59% of clients satisfied = 1 60-69% of clients satisfied = 2 70-79% of clients satisfied = 3 80-89% of clients satisfied = 4 90-100% of clients satisfied = 5	N/A
<b>Client Satisfaction Points:</b>		<b>5</b>

Points Given:	5/5	Category Score:	100%	Client Satisfaction Rating:	Commendable/ Exceeds Standards
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**Commendations/Comments:**

Based on the Year-End Program Narrative Report, the program stated 94% (109 of 115) of participants in APIYFCSS support groups and/or case management services completed post-activity Participant Satisfaction Surveys.

Over 92% (101 A&PI youth of 109 participants) who completed the Participant Satisfaction Survey reported a positive experience by indicating a 4 or a 5 response (5-point scale: 1 = Strongly Disagree to 5 = Strongly Agree) on the survey statement "Overall, I am very satisfied with the services I have received" as measured by each respondent's score of 5 questions on an QOL survey.

The program is commended for successful return rate and consumer satisfaction scores.

**Identified Problems, Recommendations and Timelines:**

None noted.