



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

Programmatic and Fiscal Monitoring Report FY 22-23

Ryan White Funded Services: Part A HIV Health Services

Agency: Catholic Charities CYO

Site Visit Date: September 26, 2023

Program Reviewed: Derek Silva Community

Report Date: October 6, 2023

Site Address: 20 Franklin Street, San Francisco, CA 94102

CID/MOU: 20831 **Funding Source(s):** RWPA

Review Period: Part A: March 1, 2022 - February 28, 2023

On-Site Monitoring Team Member(s): Michelle O'Neal and Bill Blum (HHS)

Program/Contractor Representatives: Kevin Fauteux, and Michelle Pommier (Human Resources)

Overall Program Rating: 4 - Commendable/Exceeds Standards

4 = Commendable/Exceeds Standards	3 = Acceptable/Meets Standards
2 = Improvement Needed/Below Standards	1 = Unacceptable

Category Ratings:

4	Program Performance	4	Program Deliverables	4	Program Compliance	4	Client Satisfaction
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Sub-Categories Reviewed:

Program Performance	Program Deliverables/Fiscal	Program Compliance	Client Satisfaction
Achievement of Performance Objectives	Units of Service Delivered Unduplicated Client Count Delivered	Declaration of Compliance Invoice vs. ARIES Analysis Administrative Binder Site/Premise Compliance Plan of Action (if applicable)	Satisfaction Survey Completed and Analyzed

MONITORING REPORT SUMMARY

Agency/Program: Catholic Charities CYO/Derek Silva Community

Findings/Summary: At the time of the site visit, the program did not have a waitlist.
The program met 100.0 percent of its contracted performance objectives.
The program met 100.5 percent of its contracted units of service target.
The program met 98.5 percent of its contracted unduplicated client target.
Client file review evidenced 100.0 percent files in compliance.
The program received 5 points from Declaration of Compliance.
A review of the administrative binder evidenced 96.6 percent of required compliance items.
A review of site premises evidenced 100.0 percent of required items.
The program conducted a client satisfaction process during the review period.
Client satisfaction results were reviewed, analyzed and discussed with program staff.

Catholic Charities/Derek Silva Community is under the administration of HIV Health Services (HHS). The program provides stable and secure housing for residents living with disabling HIV/AIDS through supportive case management services. It serves low-income persons with co-occurring Hep C, mental health diagnosis and/or substance problems. The residents meet the entrance requirements of the San Francisco Housing Authorities Section 8 program and the DPH HHS funded programs.

At the end of the review period, the program did not have clients on a waitlist; however, it currently has 9 empty units.

According to the program:

Waitlist: It used to have a waitlist in the past. The San Francisco Housing Authority (Housing Authority) told Mercy Housing Property Management (Mercy) that it has no clients on its list that meets the program's requirements. Hence, Mercy gets clients referred from the Mayor's Office on Homelessness (Mayor's Office).

Vacancies: Mercy states that the Housing Authority has not been sending clients to the program because it does not have any clients on the list. As the Housing Authority approves the clients for the program, it takes a long time when it gets a client referred from the Mayor's Office due to Housing Authority staffing issues.

The program is proud of its staffing, their commitment to the program, and the relationships they have developed with its residents over the years.

Previous Year Plan of Action required? Yes No

If "Yes", describe program's implementation.

Current Year Plan of Action required? Yes No

Signature of Author of This Report

DocuSigned by:

Michelle O'Neal

Name and Title: Michelle O'Neal, 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:

Bill Blum

Name and Title Bill Blum, HIV Health Services Administrator

PROVIDER RESPONSE: (please check one and sign below)

<input checked="" type="checkbox"/>	I have reviewed the Monitoring Report, acknowledge findings, no further action is necessary at this time.
<input type="checkbox"/>	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.
<input type="checkbox"/>	I have reviewed the Monitoring Report, disagree with findings, response to recommendations attached.

DocuSigned by:

Ellen Hammerle

April 12, 2024

Signature of Authorized Contract Signatory (Service Provider)

Date

Ellen Hammerle, CEO

Print Name and Title

RESPONSE TO THIS REPORT DUE:	April 16, 2024
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If applicable, please submit any supplemental materials by clicking on the attachment icon below.

Program Performance & Compliance Findings**Rating Criteria:**

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

Overall Score:

Total Points Given:	95/95=100%
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1. Program Performance (40 points possible):

Achievement of Performance Objectives	40	35 points out of 35 total points (from 7 Objectives) = 100%
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Total Points:	40	
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Points Given:	40/40	Category Score:	100%	Performance Rating:	Commendable/ Exceeds Standards
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Performance Objectives and Findings with Points

O.1	≥ 80% of clients who participate in services will accomplish at least one goal established in their individualized services plan.	According to program data, it met with 64 out of 64 (100%) clients to review service plan goals and 100% achieved at least one of their goals.	Points: 5
O.2	≥ 75% of all clients referred for primary care, mental health and/or substance use services will be linked to those services.	According to program data, it referred 64 out of 64 (100%) of clients to primary care, mental health and/or substance use services during the contract period. And 100% of clients received the services.	Points: 5
O.3	100% of clients housed for ≥ 6 mos. will have maximized income and benefits for which they are eligible, or are in the application process.	According to program data, 57 out of 57 (100%) of active clients were housed for 6 months or longer by the end of the fiscal year, and they maximized income and benefits. And 4 clients exited the program before the end of the contract year-- 2 of these clients died and the other 2 moved out too early in the contract year to maximize their benefits – as well as 3 new clients were not counted because they were housed less than 6 months of the fiscal year.	Points: 5
P.1	≥ 90% of clients will access primary care services at least once during the contract year.	According to program data, it assisted 100% of clients with accessing primary care services at least once.	Points: 5
P.2	100% of new clients will have an ISP in place which addresses long term housing ≤ 30 days of initial assessment.	According to program data, it created individualized service plans for 3 new clients (100%) that addressed long term housing within 30 days of their initial assessment.	Points: 5
P.3	100% of clients will be assessed for mental health and substance use treatment needs at least once per year.	According to program data, it assessed 100% of clients for mental health and substance use treatment.	Points: 5
P.4	≥ 90% of ISP will be updated at least every 6 months.	According to program data, 57 out of 57 (100%) clients met with case management twice during the contract year to reassess their medical care and case management needs. The 3 new clients were not counted because they were housed less than 6 months of the fiscal year. And 4 other clients exited the program or died before the biannual review was completed.	Points: 5

Commendations/Comments:

The program is commended for continuing to have outstanding achievement on all performance objectives.

Identified Problems, Recommendations and Timelines:

None identified.

2. Program Deliverables (20 points possible):

A. Units of Service Deliverables (0-10 pts):		10	100% of Contracted Units of Service.
B. Unduplicated Client Count (0-10 pts):		10	98% of Target
Total Points:		20	
Points Given:	20/20	Category Score:	100%
		Performance Rating:	Commendable/ Exceeds Standards

A. Units of Service Delivered

Units of Service Delivered
Service Description

Contracted/Actual

Non-Medical Case Management Hour	4,003	4,022
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B. Unduplicated Client Count

Actual UDC: 64 / **Targeted UDC:** 65 = 98%

Commendations/Comments:

The program achieved 100.5% of its contracted units of service and it served 64 unduplicated clients according to the final February 2023 invoice (# 381023121AFEB23).

Identified Problems, Recommendations and Timelines:

None identified.

3. Program Compliance (25 points possible):

A. Declaration of Compliance Score (0-5 pts):	5	Submitted Declaration
B. Client files documentation (0-10 pts):	5	100% compliance achieved.
C. Administrative Binder Complete (0-5 pts):	5	97% of items in compliance
D. Site/Premises Compliance (0-5 pts):	5	100% items in compliance
E. Plan of Action (if applicable) (5 pts):	5	<input checked="" type="checkbox"/> No previous FY POA was required <input type="checkbox"/> Previous FY POA was submitted, accepted and implemented <input type="checkbox"/> Previous FY POA submitted, not implemented <input type="checkbox"/> Previous YR POA required, not submitted
Total Points:	25	

Points Given:	25/25	Category Score:	100%	Compliance Rating:	Commendable/ Exceeds Standards
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Commendations/Comments:

The program met the following compliance requirements:

- Administrative Binder: 96.6%
- Chart Documentation: 100%
- Personnel Files: 96.2%
- Site/Premises: 100%
- Training Certificates: 100%.

Identified Problems, Recommendations and Timelines:

The program is in the process of obtaining a Fire Clearance and will forward a copy to BOCC upon receipt, therefore, no POA is required for this item at this time.

The following required item(s) were not located in the program's Administrative Binder: Fire Clearance/Life Safety.

4. Client Satisfaction (10 points possible): Client Satisfaction Survey

A. Client Satisfaction Completed During Year (0-5 possible)	5
B. Client Satisfaction Survey Results Reviewed, Analyzed and Discussed with Staff (0-5 possible)	5
Total Points:	10

Points Given:	10/10	Category Score:	100%	Client Satisfaction Rating:	Commendable/ Exceeds Standards
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Commendations/Comments:

The program indicated that 42 out of 60, or 70% of current residents responded to the satisfaction survey. It shared the results of the survey with staff.

The responses were reported as very well, well, satisfactory, poor, and very poor. Listed below are some of the very well responses:

- Quality of services: 80%
- Treatment by staff: 88%
- Staff sensitivity and awareness of cultural diversity, ethnic background, chronic illness, sexual orientation or gender: 82%
- Staff knowledge and inclusivity around diversity: 91%
- Confidentiality is respected: 88%
- Comfortable expressing concerns: 91%
- Quality of life has improved as a result of the program: 91%
- Health has improved as a result of the program: 88%
- Access to services improved as a result of the program: 89%
- Feel supported by staff in moving towards independence: 90%.

Identified Problems, Recommendations and Timelines:

BOCC recommends that the program include the numerator and the denominator for all calculated percentages from the survey during the FY23-24 monitoring cycle.