



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: October 31, 2023

Program Reviewed: Peter Claver Community Residential Care

Report Date: October 31, 2023

Site Address: 1340 Golden Gate Avenue, San Francisco, CA 94115

CID/MOU: 17198 **Funding Source(s):** RWPA PWPB

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: Stafen Hainbuch, and Michelle Pommier (Human Resources)

Overall Program Rating: 3 - Acceptable/Meets Standards

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

Category Ratings:

3	Program Performance	4	Program Deliverables	4	Program Compliance	1	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/Peter Claver Community Residential Care

Findings/Summary: The program met 87.5 percent of its contracted performance objectives.
The program met 98.0 percent of its contracted units of service target.
The program met 100.0 percent of its contracted unduplicated client target.
Client file review evidenced 86.0 percent files in compliance.
The program received 5 points from Declaration of Compliance.
A review of the administrative binder evidenced 82.8 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 not reviewed, analyzed nor discussed with program staff.

The Peter Claver Community Residential Care program is under the administration of HIV Health Services (HHS). It is a 32-bed residential program facility that serves homeless San Francisco residents, with HIV or AIDS, between the ages of 18 and 70. Its residents are low income, uninsured, underinsured and, may have histories of substance abuse and/or mental illness.

It provides personal care services such as bathing, dressing and grooming, strengthening exercises, and transference to and from bed to wheelchair. Services may also include meals, assisting with feeding, light housekeeping duties, errands and client supervision. Its staff create and review client treatment plans and goals, coordinate group events, and maintain client involvement, socialization and interaction.

At the end of the review period, this program did not have clients on a waitlist.

The site visit date reflects the last contact regarding program services. BOCC conducted an onsite audit on 9/21/23; however, it delayed the completion of this report due to the Catholic Charities CYO network being down, thus preventing access to all systems. The program indicated it was not a data breach. The program indicated that it uses Trend Micro for anti-virus protection for PCs and Servers.

BOCC reminded the program that all data breaches must be reported to DPH.

The program is proud of its staffing as it is working more as a team. It had a programmatic model change to transitional housing from permanent housing. It was able to admit four new clients that met the housing requirements. Its goal is to increase its census during the next monitoring period.

Previous Year Plan of Action required? Yes No

If "Yes", describe program's implementation.

Current Year Plan of Action required? Yes No **See Section 5: Plan of Action Required Report.**

Signature of Author of This Report

DocuSigned by:

Jerna Reyes

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)

- 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:

Ellen Hammerle

July 26, 2024

Signature of Authorized Contract Signatory (Service Provider)

Date

Ellen Hammerle

Print Name and Title

RESPONSE TO THIS REPORT DUE:	July 29, 2024
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A Plan of Action (POA) is required. Please attach by clicking on the attachment icon below:



BOCC Monitor Approves

BOCC Monitor does not approve POA

BOCC Monitor Comments (If Applicable)

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: 84/95=88%

1. Program Performance (40 points possible):

Achievement of Performance Objectives	36	35 points out of 40 total points (from 8 Objectives) = 88%
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Total Points:	36
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Points Given:	36/40	Category Score:	88%	Performance Rating:	Acceptable/ Meets Standards
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Performance Objectives and Findings with Points

O.1	90% of clients with HIV (Primary Care documented in ARIES) who received primary care services will have been prescribed ART.	According to program data, it prescribed ART to 24 out of 24 (100%) HIV clients who received primary care services.	Points: 5
O.2	90% of residents will be adherent to their treatment regimen.	According to program data, 23 out of 24 (95.8%) residents were adherent to their treatment regimen.	Points: 5
O.3	The program will stabilize the housing situation of ≥ 80% of program participants ≤ 6 mos. of receiving the initial subsidy.	According to program data, it stabilized the housing situation for 24 out of 24 (100%) program participants ≤ 6 mos. of receiving the initial subsidy.	Points: 5
O.4	≥ 80% of subsidy recipients who have secured housing will have maintained housing or moved to a level of care more appropriate to their needs within 1 year.	According to program data, 3 out of 3 (100%) subsidy recipients who secured housing, maintained housing or moved to a level of care more appropriate to their needs within 1 year.	Points: 5
O.5	≥ 75% of clients who exit housing will secure housing appropriate to needs (e.g., transition to different level of care, move-in with family or friends, independent or unsubsidized housing, etc.)	According to program data, 3 out of 3 (100%) clients who exited housing, secured housing appropriate to their needs: 1 transitioned to different level of care, and 2 moved-in with family or friends, independent or unsubsidized housing.	Points: 5
P.1	< 10% of residents will need a higher level of care in order to meet their needs.	According to program data, 0 clients moved into a higher level of care.	Points: 5
P.2	100% of new subsidy clients will have a housing plan in place ≤ 1 month of receiving the subsidy.	According to program data, 1 out of 3 (33%) new subsidy clients had a housing plan in place ≤ 1 month of receiving the subsidy.	Points: 0
P.3	100% of subsidy recipients have their eligibility recertified at least annually.	According to program data, 18 out of 18 (100%) subsidy recipients had their eligibility recertified.	Points: 5

Commendations/Comments:

The program met 87.5% of its Performance Objectives.

Identified Problems, Recommendations and Timelines:

100% of new subsidy clients must have a housing plan in place ≤ 1 month of receiving the subsidy.

2. Program Deliverables (20 points possible):

A. Units of Service Deliverables (0-10 pts):		10	98% of Contracted Units of Service.
B. Unduplicated Client Count (0-10 pts):		10	100% 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

GF: Supportive Housing - Patient Days	7,421	6,678
RW: Attendant Care - Patient Days	3,121	3,650

B. Unduplicated Client Count

Actual UDC: 34 / **Targeted UDC:** 34 = 100%

Commendations/Comments:

The program achieved 98% of its contracted units of service and it served 11 (Ryan White) and 23 (General Fund) unduplicated clients, respectively, according to the final invoices (# 381022022BMAR23 and 381022023BJUN23).

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):	4	86.3% compliance achieved.
C. Administrative Binder Complete (0-5 pts):	4	83% 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:	23	

Points Given:	23/25	Category Score:	92%	Compliance Rating:	Commendable/ Exceeds Standards
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Commendations/Comments:

The program met the following compliance requirements:

Administrative Binder: 82.8%
 Chart Documentation: 86%
 Training Certification 83%.

It is commended for meeting 100% of the Personnel Files and Site/Premises requirements.

Identified Problems, Recommendations and Timelines:

The program was unable to provide some of the missing compliance items due to the agency's computer network "incident."

- **Client Satisfaction:** The program is reminded that it must provide an analysis of the survey results annually and provide evidence that it shared the results with staff, e.g., date of staff meeting.
- **Eligibility Policy and Procedure:** The program has a policy; however, it needs to add a statement indicating that it will reassess HIV clients' eligibility annually and its procedure for the requirement. Its clients' charts need to reflect this policy.
- **Grievance:** BOCC reminded the program that its current policies do not reflect the updates for FY22-23 and FY23-24.
- **Quality Assurance:** The program has an old agency policy; that must be updated with current activities.
- **Staff Training Log:** The program needs a log of required training.
- **Training Certificates:** The program must keep proof of completion of the following trainings:
 - DPH Compliance & Privacy (annual)
 - Harm Reduction (annual).

The program has many of the required policies; however, the ones listed above are outdated. BOCC recommends that the program organize its administrative binder.

The following required item(s) were not located in the program's Administrative Binder: Client Satisfaction Survey (and Documentation of Analysis), Eligibility Policy and Procedure, Staff Training Logs, Training: DPH Compliance & Privacy, Training: Harm Reduction.

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)	0
Total Points:	5

Points Given:	5/10	Category Score:	50%	Client Satisfaction Rating:	Unacceptable
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Commendations/Comments:

The program provided its client satisfaction raw data for this monitoring period; however, it did not provide an analysis.

Identified Problems, Recommendations and Timelines:

The program must submit a POA indicating its survey process for FY 23-24 that includes an analysis of the results.

5. Plan Of Action Required Report

Attach your Plan Of Action to the signed Monitoring Report for submission to DPH within the deadline on page 3.

Other Deficiencies	
Client Satisfaction	The program must submit a POA indicating its plan to complete, analyze, and discuss its client satisfaction surveys with staff moving forward.
Program Compliance: Eligibility Policy and Procedure	The program must provide BOCC an updated Eligibility Policy and Procedure to confirm a client's residency, low-income, and insurance status at 12-month intervals. Eligibility Reassessment must be part of client charts.
Specific Objective	Only 33% of new subsidy clients had a housing plan. The program must submit a POA to ensure 100% of clients have a housing in place ≤ 1 month of receiving the subsidy.

Plan of Action: Program and Fiscal Monitoring Report FY22-23

Peter Claver Community Residential Care

Deficiencies Reported

Client Satisfaction

- PCC will complete, analyze, and discuss its client satisfaction survey with staff. It will be held twice a year, results tallied and then presented during our monthly all-staff meetings.

Eligibility Policy and Procedure

- See attached updated Catholic Charities PCC Eligibility and Policy Procedure document.

Specific Objective

- PCC will create a Housing Plan document and issue it to every resident within one month of receiving the subsidy. This document will be completed within 30 days. It will include annual objectives, housing barriers, client strength and resources and quarterly progress which will be updated through meetings with the case manager. It will be kept in client charts.

Peter Claver Community Intake/Admission Policies and Procedures

GOAL STATEMENT:

The goal of Peter Claver Community is to provide housing and support services to homeless people with disabling HIV or AIDS, who also may have substance abuse or mental health issues. The services provided include housing, money management, medication management, case management, attendant care, nursing services and a social activities program.

ELIGIBILITY CRITERIA:

1. Disabling HIV or AIDS diagnosis certified in writing by a local licensed physician.
2. Be willing and able to live cooperatively in a group residence program, and to abide by the policies and procedures of Peter Claver Community.
3. Need a supervised residential program, and an individually designed plan of support services. These include case management, medication management, attendant care, nursing services, and an activities program.
4. Demonstrate financial need for residential housing, and eligibility for public assistance.
5. Complete and sign the Admission Agreement, designation of Durable Power of Attorney for Health Care, Personal Rights form LIC 613, LIC 602 Physician's Report, Financial Status Form, and Release of Medical Information Form, prior to acceptance into Peter Claver Community.
6. Be willing to follow the guidelines of Peter Claver Community's Harm Reduction policy.
7. Be ambulatory upon entry.
8. Be homeless as defined by the City of San Francisco.
9. Applicants with criminal histories will be evaluated on a case-by-case basis to ensure the safety of Peter Claver Community Residents and staff.
10. Be between the ages of 18 and 59.

INTAKE PROCEDURE:

Prospective residents are referred to Peter Claver Community (PCC) from local clinics, hospitals and outside HIV providers. The program director at PCC reviews the application submitted to screen for eligibility to the program. The program director contacts the referring professional and/or the applicant by telephone and a brief screening is done to determine the applicant's eligibility. If the applicant seems to meet the minimum eligibility criteria, then the program director schedules a face-to-face interview with the applicant that includes a meeting with the property manager and RN case manager.

The applicant may bring his/her social worker or other representative to the interview. The length of time it takes to schedule an interview depends on the availability of rooms or anticipated vacancies. The interview lasts one hour and includes a tour of the facility, an overview of services and policies, and an opportunity to have questions answered. The applicant decides at that point he or she would like to pursue admittance. If so, the program director completes the basic paperwork with the applicant and schedules a clinical and/or medical evaluation.

The purpose of the interview is to assess the physical and psychological status of the applicant to assure that the client's needs are not greater than can be met by the PCC program. After the interview, the program director sends requests for medical records and a physician's report. When all the information has been gathered, the program director, RN and case manager review the applicant for acceptance into PCC.

Accepted applicants are notified in person or through their referring professional. When a room becomes available, the next applicant with a complete file is notified of his/her imminent admission. Current tuberculosis surveillance and income verification Forms are requested. When these final documents have been received and reviewed, the applicant is scheduled to meet with the property manager to complete the lease agreement and other financial. The admission date is set, keys are delivered, and PCC staff is notified of the admission. Clients are required to have durable power of attorney for health care assigned and encouraged to have resuscitation directives in place before admission. When necessary, the case manager will assist clients in completing resuscitation directives after admission into the program.

Peter Claver Community will complete an eligibility reassessment at 12-month intervals to confirm a client's residency, low-income, and insurance status. It will then be entered in the client charts.