



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 3, 2023

**Program Reviewed:** Rita da Cascia

**Report Date:** October 11, 2023

**Site Address:** 1652 Eddy St and 3554-17th Street, San Francisco, CA 94110

**CID/MOU:** 20832      **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:** Stephanie Godt, Melida Martinez, Arturo Rivera, 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/Rita da Cascia

**Findings/Summary:** At the time of the site visit, the program had a waitlist.

- The program met 100.0 percent of its contracted performance objectives.
- The program met 128.2 percent of its contracted units of service target.
- The program met 100.0 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 100.0 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.

Rita da Cascia is under the administration of HIV Health Services (HHS). It serves homeless, marginally housed, formerly homeless women and families living with HIV. It provides a specialized and integrated harm reduction service model designed to ensure permanent exits from homelessness. It also seeks to supports clients in retaining their permanent housing, medical and mental health appointments, substance use recovery support, and to live independently through case management services.

The priority population is HIV positive women who are San Francisco residents with low incomes, who are uninsured or underinsured. The population is prioritized by income, i.e., the lowest income clients have the highest priority who are at risk of losing stable housing or becoming homeless and are diagnosed HIV positive with co-occurring issues such as substance use disorders, HIV drug compliance and mental illness.

At the end of the review period, this program had 7 clients on a waitlist. It indicated that it has client low turnover.

The program is proud of its team and that it is fully staffed.

**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)

- 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*

4/26/24

Signature of Authorized Contract Signatory (Service Provider)

Date

Ellen Hammerle, CEO

Print Name and Title

<b>RESPONSE TO THIS REPORT DUE:</b>	<b>May 1, 2024</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>90% - 71% = Acceptable/Meets Standards</b>	<b>70% - 51% = Improvement Needed/ Below Standards</b>	<b>Below 51% = Unacceptable</b>

**Overall Score:**

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

<b>Achievement of Performance Objectives</b>	40	30 points out of 30 total points (from 6 Objectives) = 100%
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<b>Total Points:</b>	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, case managers met with clients during the year and reviewed their service plan goals; 24 out of 25 (96%) of these clients achieved at least one of their planned goals and the majority achieved many of their goals as documented in client progress notes.	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 12 out of 25 clients to primary care, mental health, and/or substance use services. Of these clients, 10 of 12 (83%) received the services to which they were referred, as evidenced through case managers monitoring these services to ensure their implementation.	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, case managers by the end of the fiscal year maximized income and benefits for 24 out of 25 (96%) eligible clients served for at least six months. During the contract period, two clients exited the program, one client was deceased the other graduated.	Points: 5
P.1	≥ 90% of clients will access primary care services at least once during the contract year.	According to program data, case managers helped 24 out of 25 (96%) clients access primary care services at least once and typically multiple times: a record of their visit was placed in their file as well as follow-up with any further treatments.	Points: 5
P.2	100% of new clients will have an ISP in place which addresses long term housing ≤ 30 days of initial assessment.	This objective is rendered not applicable for this monitoring period because according to program data, it did not have new clients during this monitoring period.	Points:
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 24 out of 25 (96%) 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, its case management staff met twice this past year with 24 out of 25 active clients (96%) and reassessed their medical care and medical case management needs, and subsequently updated their care plans as well as implemented them.	Points: 5

**Commendations/Comments:**

The program is commended for partial achievement to exceeding the goals of all performance objectives.

The program manager monitored client housing stability by examining case managers' client data input into CARES computer system as well as regular supervision.

**Identified Problems, Recommendations and Timelines:**

None indicated.

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

<b>A. Units of Service Deliverables (0-10 pts):</b>				10	128% of Contracted Units of Service.
<b>B. Unduplicated Client Count (0-10 pts):</b>				10	100% of Target
<b>Total Points:</b>				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**

Group Services Hours	240	236
Non-Medical Case Management Hour	1,641	2,175

**B. Unduplicated Client Count**

**Actual UDC:** 25 / **Targeted UDC:** 25 = 100%

**Commendations/Comments:**

The program achieved 128.2% of its contracted units of service and served 25 unduplicated clients according to the final February 2023 invoice (#381023001AFEB23).

**Identified Problems, Recommendations and Timelines:**

None indicated.

**3. Program Compliance (25 points possible):**

<b>A. Declaration of Compliance Score (0-5 pts):</b>	5	Submitted Declaration
<b>B. Client files documentation (0-10 pts):</b>	5	100% compliance achieved.
<b>C. Administrative Binder Complete (0-5 pts):</b>	5	100% of items in compliance
<b>D. Site/Premises Compliance (0-5 pts):</b>	5	100% items in compliance
<b>E. Plan of Action (if applicable) (5 pts):</b>	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
<b>Total Points:</b>	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: 100%
- Chart Documentation: 100%
- Personnel Files: 90.4%
- Site/Premises: 100%
- Training Certificates: 80.9%.

**Identified Problems, Recommendations and Timelines:**

The program is reminded to ensure it has completion certificates for the following trainings during each monitoring period:

- Aerosol Transmittable Disease (once)
- DPH Compliance and Privacy (annually)
- Exposure to Blood Borne Pathogen (once)
- Harm Reduction (annually)

No plan of action is required at this time. BOCC will follow-up with the program at the next monitoring cycle.

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

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

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

The program indicated 54 out of 120 or 45% of current residents responded to the satisfaction survey. It shared the results of the survey with staff.

The responses were reported as very satisfied, satisfied, neutral, dissatisfied, and very dissatisfied. Listed below are some of the very satisfied and satisfied responses:

- Quality of services: 47.37 and 42.11%
- Treatment by staff: 85.4% and 14.6%
- Staff sensitivity and awareness of cultural diversity, ethnic background, chronic illness, sexual orientation or gender: 66.67% and 25.93%
- Staff knowledge and inclusivity around diversity: 62.96% and 31.48%
- Confidentiality is respected: 72.22% and 27.78%
- Comfortable expressing concerns: 64.91% and 10.4%
- Quality of life has improved as a result of the program: 54.39% and 36.84%
- Health has improved as a result of the program: 50% and 40.74%
- Access to services improved as a result of the program: 61.11% and 25.93%
- Feel supported by staff in moving towards independence: 55.56% and 37.04%.

**Identified Problems, Recommendations and Timelines:**

BOCC recommends that the program put focus on increasing its survey return rate during the FY 23-24 monitoring period.