



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:** Shanti Project

**Site Visit Date:** October 2, 2023

**Program Reviewed:** Shanti Integrated Medical Case Management Collaboration **Report Date:** October 23, 2023

**Site Address:** 730 Polk Street, Third Floor, San Francisco, CA 94109

**Funding Source(s):** RWPA

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

**On-Site Monitoring Team Member(s):** Michelle O'Neal, Andy Scheer and Maria Lacayo (HHS)

**Program/Contractor Representatives:** Liz Stumm, Lorena Jimenez, and Shannon Bourne (Personnel)

**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:** Shanti Project/Shanti Integrated Medical Case Management Collaboration

**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 111.4 percent of its contracted units of service target.
- The program met 110.3 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.

The Shanti Integrated Medical Case Management program (IMCM) is under the administration of HIV Health Services (HHS).

It provides integrated medical case management and peer advocacy services to promote seamless access to primary care and support healthcare services for HIV+ individuals. The program serves all ethnicities and populations within San Francisco, with focused expertise to meet the unique needs of under-served and marginalized HIV+ individuals, and with a focused expertise emphasis on African American men and women. Services also target those HIV+ individuals dually- or triply-diagnosed with mental health and/or substance use issues, and experiencing ongoing challenges with housing, as well as women, the transgender community, and other communities of color with a focus on the Tenderloin neighborhood of SF.

According to the program it currently has three people on the waitlist and the waitlist is continuous. The IMCM team does not discharge clients unless they are stabilized enough to receive Shanti Care Navigation services. Due to the time-intensive nature of the work, IMCM keeps a smaller caseload, around 40-45 clients at a time.

The program is proud it was able to work with clients with higher acuity and had to reassign caseloads. The needs of its clients are high; however, its staff support them with obtaining housing, primary health care, and mental health services.

**Previous Year Plan of Action required?**     **Yes**     **No**

**If "Yes", describe program's implementation.**    The program fully implemented its FY 21-22 POA by obtaining a San Francisco Fire Department Fire Clearance.

**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:

*Jenna Reyes*

Name and Title: BOCC Designee

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:

*Liz Stumm*

11/17/23

Signature of Authorized Contract Signatory (Service Provider)

Date

Liz Stumm, HIV Programs Director

Print Name and Title

<b>RESPONSE TO THIS REPORT DUE:</b>	<b>November 22, 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:**

4	3	2	1
<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	35 points out of 35 total points (from 7 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 HIV+ clients (primary care documented in ARIES) will have had two or more medical visits during the year (one in the first half and the other in last half of the year).	According to program data, 24 out of 28 (86%) clients had two or more medical visits during the year.	Points: 5
O.2	80% of clients (Primary Care documented in ARIES) will have a viral load < 200 copies/ml which will indicate viral suppression and treatment adherence.	According to program data, 25 out of 28 (89%) clients, whose lab results were available in ARIES, had a viral load < 200 copies/ml.	Points: 5
O.3	85% of clients identified as out of care will be linked to primary care (documented in ARIES) as measured by attendance at a medical appointment ≤ 30 days of being identified as out of care.	According to program data, 3 out of 3 (100%) clients identified as out of care were linked to primary care.	Points: 5
O.4	90% of ISP will be updated at least every 6 mos.	According to program data, it updated individualized service plans for 40 out of 43 (93%) clients at least every 6 months.	Points: 5
P.1	90% of clients will be assessed for mental health and substance use treatment needs ≤ 30 days of program enrollment.	According to program data, it assessed 4 out of 4 (100%) clients for mental health and substance use treatment.	Points: 5
P.2	90% of ISP will be developed ≤ 90 days of initial client intake.	According to program data, it developed individualized service plans for 4 out of 4 (100%) new clients ≤ 90 days of initial client intake.	Points: 5
P.3	Program will generate and review a list of clients not engaged in Primary Care and will follow-up with the identified clients quarterly.	According to program data, it generated and reviewed a list of 3 clients who were not engaged in Primary Care and followed up with each client every quarter.	Points: 5

**Commendations/Comments:**

The program is commended for achieving all performance objectives.

**Identified Problems, Recommendations and Timelines:**

None identified.

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

<b>A. Units of Service Deliverables (0-10 pts):</b>				10	111% of Contracted Units of Service.
<b>B. Unduplicated Client Count (0-10 pts):</b>				10	110% 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**

Peer Advocacy Hours	893	974
RN Case Management Hours	735	840

**B. Unduplicated Client Count**

**Actual UDC:** 43 /**Targeted UDC:** 39 = 110%

**Commendations/Comments:**

The program achieved 111.4% of the contracted units of service and served 43 unduplicated clients (UDC) according to its final invoice: #385322121EFEB23.

As evidenced in ARIES: Total UDC was 43 out of 39 for Peer Advocacy (110%) and 35 out of 32 for RN Case Management (109%).

**Identified Problems, Recommendations and Timelines:**

None identified.

**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 type="checkbox"/> No previous FY POA was required <input checked="" 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 is commended for meeting 100% of all compliance requirements:

- Administrative Binder
- Chart Documentation
- Personnel Files
- Site/Premises
- Training Certification.

**Identified Problems, Recommendations and Timelines:**

None identified.

**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 results of its client satisfaction surveys are for three of its HHS programs:

- Emotional and Practical Support Services / Psychosocial Support and Client Advocacy Program
- Emotional and Practical Support Services / Senior Survivor Support Program
- Integrated Medical Case Management

The program obtained 72 completed surveys. It indicated that it hired a consultant to conduct the survey to get more meaningful information. The responses were reported as strongly agree, agree, neutral, disagree, and strongly disagree. Listed below are some of the strongly agree and agree responses:

- I have gained a better understanding of issues related to my health: 75% (43.1% and 31.9%)
- I have been able to make my own decisions about my health or care with support from staff when needed: 75% (44.4% and 30.6%)
- The services that I receive at Shanti have helped me to reduce stress in my day-to-day life: 86.1% (45.8% and 40.3%)
- The services that I receive at Shanti have helped me feel less socially isolated: 83.3% (45.8% and 37.5%)
- The services that I receive at Shanti make me feel like I'm part of a community: 80.6% (43.1% and 37.5%).

**Identified Problems, Recommendations and Timelines:**

BOCC recommends that program obtain specific information about each program listed above.