



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 19, 2023

Program Reviewed: Shanti HIV Community Planning Council Support - Shanti

Report Date: October 30, 2023

Site Address: 730 Polk Street, 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, and Maria Lacayo (HHS)

Program/Contractor Representatives: Mark Molnar 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	3	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 HIV Community Planning Council Support - Shanti

Findings/Summary: At the time of the site visit, waitlist was not applicable. The program met 100.0 percent of its contracted performance objectives.

The program met 102.5 percent of its contracted units of service target.

The program was exempt from unduplicated clients target.

The program was exempt from client file review.

The program received 5 points from Declaration of Compliance.

A review of the administrative binder evidenced 58.8 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 reviewed, analyzed and discussed with program staff.

This is a DPH, HIV Health Services (HHS) contract with Shanti to provide the administrative, training and development support to the HIV Community Planning Council (HCPC). The HCPC fulfills its mission in policy development, community and service planning functions, and the prioritization of resource allocation as mandated by the Health Resources Services Administration and Ryan White HIV/AIDS Treatment Modernization Act of 2006, and the US Centers for Disease Control & Prevention (CDC) requirements as set forth in the Guidance for HIV Prevention Community Planning.

The program also provides information to San Francisco residents regarding Planning Council activities. The program meets the unique needs of the membership of the San Francisco HCPC and the participants in its committees and task forces. Target populations also include HIV positive consumers of RWPA funded services in the San Francisco Eligible Metropolitan Area (EMA); and consumers of HIV prevention services funded through the CDC. The EMA includes the counties of Marin, San Francisco and San Mateo; the community-based body that delivers directors to DPH's across the county. It determines the service categories and delivers the directives based on modality.

This monitoring was conducted virtually, and findings were collected via screen sharing, camera, and email.

The program does not see clients and so it is not required to have a waitlist.

Most of the work for this program is remote. Since this program is co-located with other Shanti HHS programs, BOCC used the agency documents to fulfill the Premises and some of the Administrative Binder requirements.

The site visit date reflects the last contact regarding program requirements.

The program is proud that it returned to in-person meetings without any challenges as members really wanted to come back. It reached a hybrid compromise on other items.

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:

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:

Mark Molnar

10-31-2023

Signature of Authorized Contract Signatory (Service Provider)

Date

Mark Molnar, Senior Director

Print Name and Title

RESPONSE TO THIS REPORT DUE:	November 3, 2023
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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: 76/80=95%

1. Program Performance (40 points possible):

Achievement of Performance Objectives	40	20 points out of 20 total points (from 4 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	The HCPC Director participates in the evaluation of success in meeting goals of the Comprehensive Plan and provides a written report to HCPC members each year.	According to program data, it met the goals of the Comprehensive Plan during monthly meetings with the HCPC co-chairs, monthly meetings with the Steering committee, monthly meetings with HHS leadership and the HRSA project officer, and monthly reports to the HRSA project officer. A summation report/year in review of work and goals accomplished is provided to council members at the start of the calendar year; that occurred on January 23, 2023.	Points: 5
O.2	All HCPC members receive ongoing core competency training in areas identified by the Training Needs Analysis to be conducted and updated by the Training and Evaluation Coordinator.	According to program data, two new members joined the council during the monitoring period; orientations occurred in September 2022 and October 2022. Annual skills-development trainings to support council members' understanding of the SF continuum of care and their responsibilities as council members.	Points: 5
P.1	The Director coordinates various presentations to the HCPC to ensure the materials and information reviewed fulfill all legislative requirements and council directives.	According to the program, it coordinated all presentations to the HCPC in collaboration with the Council Affairs committee and the Council Co-Chairs. Presentations are intended to provide the council with information that allows them to fulfill the legislative requirement to provide directives to HHS for Ryan White Part A resource allocation and service category prioritization.	Points: 5
P.2	All new HCPC members are provided Orientation training upon beginning their terms; ≥ 3 additional skills-development trainings are provided to new and continuing members in subjects which may include, but are not limited to: 1. Roberts Rules of Order, Rules of Respectful Engagement, Privacy Rights, Cultural Humility, Chairing/Leading Meetings, other trainings identified by the PC Director.	According to program data, trainings during this monitoring period included: annual ARIES and HIV Epidemiology reports, HIV Care and Prevention Megatrends, Ending the HIV/HCV/STI Epidemics, an overview of Ryan White Part A services in San Francisco, and a State of Prevention update.	Points: 5

Commendations/Comments:

The program is commended for achieving all objectives during this monitoring period.

Identified Problems, Recommendations and Timelines:

The program believes that the objectives should change as they overlap. BOCC recommends that the program meet with the SOC to discuss its objectives. SOC leadership in attendance is aware of the recommendation.

2.Program Deliverables (20 points possible):

A. Units of Service Deliverables (0-10 pts):				10	103% of Contracted Units of Service.
B. Unduplicated Client Count (0-10 pts):				N/A	
Total Points:				10	
Points Given:	10/10	Category Score:	100%	Performance Rating:	Commendable/ Exceeds Standards

A. Units of Service Delivered**Units of Service Delivered****Service Description****Contracted/Actual**

Service Description	Contracted	Actual
Administrative Management and Clerical Support	2,870	2,353
Executive Oversight	1,071	1,640
Training, Evaluation, and Needs Assessment	1,428	1,511

B. Unduplicated Client Count

Actual UDC: 0 /**Targeted UDC:** 0 = 0%

Commendations/Comments:

The program achieved 102.5% of its contracted units of service (UOS) and according to the final invoice (Inv# 385322071CFEB23), the UDC was marked as "NA" as it does not serve clients.

The program indicated that the UOS are based on the number of hours provided by council staff. The average number of council members during the monitoring period was 25 council members.

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):	N/A	
C. Administrative Binder Complete (0-5 pts):	1	59% 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:	16	

Points Given:	16/20	Category Score:	80%	Compliance Rating:	Acceptable/ Meets Standards
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Commendations/Comments:

The program shares the same binder for all HHS programs; however, it is exempt from some site premises and checklist requirements as it provides no onsite services.

The program met the following compliance requirements:

- Administrative Binder: 58.8%
- Chart Documentation: Not applicable. The planning council support team only provides support to volunteer council members and are not client workers who provide any sort of care.
- Personnel Files: 100%
- Site/Premises: 100%
- Training Certificates: 0%.

Identified Problems, Recommendations and Timelines:

The program does not have to submit a POA for missing compliance items as it was reminded that the items listed below need to be included either in an Administrative Binder or stored on a shared drive:

Subcontractor Contracts: If the program has subcontracts to perform services for others or has subcontracted out for services, copies of these contracts need to be kept in the Administrative Binder/Folder.

Staff Training Log: The program needs a log of required training.

Training Certificates: The program must keep certification of the following trainings:

- Aerosol Transmittable Disease (once)
- DPH Compliance and Privacy (annually)
- Emergency Response (once)
- Exposure to Blood Borne Pathogens trainings (once)
- Sexual Orientation/Gender Identity (once)

Waiver Requested: The program needs to create a list of compliance items it believes that are not applicable to its agency/program along with its reasoning. BOCC will adjudicate whether any particular item is applicable during the monitoring process.

The following required item(s) were not located in the program's Administrative Binder: Staff Training Logs, Waiver Requested (if applicable), Training: Aerosol and Transmittable Disease, Training: DPH Compliance & Privacy, Training: Emergency Response Plan, Training: Exposure to Blood Borne Pathogens, Training: Sexual Orientation Gender Identity (SOGI).

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:

According to program data, satisfaction surveys were provided to council members via Survey Monkey and/or physical survey copies for 9 council meetings. Results of these evaluations are shared and discussed during the Steering committee. The average evaluation rating for council meetings for the monitoring period was 9.5 (out of a 10-point scoring system).

Some of highlights of the survey include:

- Members expressed their content with meeting facilitators for efficiency in keeping track of those who would like to comment so that everyone can have their voices heard.
- They also appreciate that facilitators are able to keep the meeting on track in terms of time.
- During discussion times, members indicated that they enjoy smaller break out groups as they are able to discuss topics more in-depth.

Comments included:

- “I feel welcomed, informed, and supported.”
- “Great facilitation, great presentations, efficient process. The content of presentations was great too.”
- “I enjoyed how well and timely the presentations were, went fast, but did not feel rushed.”

Identified Problems, Recommendations and Timelines:

None identified.