



**Monitoring Report Fiscal Year 21-22  
 Behavioral Health Services**

**Section: TAY**

**Target Population: TAY**

**Agency:** 3rd Street Youth Center & Clinic

**Program Reviewed:** 3rd St. TAY Engagement & Treatment – African American  
 (Dream Keeper Initiative)

**Report Date:**

**Program Code(s):** 3875TE

**Review Period:** July 1, 2021-  
 June 30, 2022

**Site Address:** 1728 Bancroft Ave, San Francisco, CA 94124

**Finalized Date:**

**CID/MOU#:** 19126 **Appendix #:** A-1a

**Funding Source(s):** Other

**On-Site Monitoring Team Member(s):** Jerna Reyes

**Program/Contractor Representatives:** Jason McMonagle

**Overall Program Rating:** 2 - Improvement Needed/Below Standards

**Category Ratings:**

|  |                     |                                |                      |   |                    |   |                     |
|--|---------------------|--------------------------------|----------------------|---|--------------------|---|---------------------|
| 4 = Commendable/Exceeds Standards      |                     | 3 = Acceptable/Meets Standards |                      |   |                    |   |                     |
| 2 = Improvement Needed/Below Standards |                     | 1 = Unacceptable               |                      |   |                    |   |                     |
| 1                                      | Program Performance | 4                              | Program Deliverables | 3 | Program Compliance | 4 | Client Satisfaction |

**Sub-Categories Reviewed:**

| Program Performance                   | Program Deliverables  | Program Compliance   | Client Satisfaction                        |
|---------------------------------------|---|--|--|
| Achievement of Performance Objectives | Units of Service Delivered<br>Unduplicated Clients (Unscored) | Declaration of Compliance<br>Administrative Binder<br>Site/Premise Compliance<br>Chart Documentation<br>Plan of Action (if applicable) | Satisfaction Survey Completed and Analyzed |

## MONITORING REPORT SUMMARY

**Agency/Program:** 3rd Street Youth Center & Clinic/3rd St. TAY Engagement & Treatment – African American (Dream Keeper

- Findings/Summary:**
- The services provided by this program were funded by the Sources listed on page 1.
  - The program met 25.0 percent of its contracted performance objectives.
  - The program met 98.3 percent of its contracted units of service target.
  - A review of the administrative binder evidenced 75.0 percent of required compliance items.
  - A review of site premise evidenced 83.3 percent of required items.
  - The program was exempt of Chart Documentation compliance.
  - The program completed its client satisfaction survey.
  - The program analyzed the client satisfaction results.

3rd Street Youth Center and Clinic's TAY Engagement & Treatment - African American (Dream Keeper Initiative) program expands upon the goal of the TAY Population Specific Engagement and Treatment – Black/African American (or TAY Engagement & Treatment – Black/AA) program and increase services to target Black/AA Transitional Age Youth (TAY), ages 16-24 and their identified families, across San Francisco with a special focus on the Bayview Hunters Point (BVHP) community.

Virtual monitoring for this program was conducted on 9/8/2023.

**FY20-21 Plan of Action required?**     **Yes**     **No**

**If "Yes", describe program's implementation.**    At the time of this monitoring, there was no monitoring conducted for this program for FY20-21.

**FY21-22 Plan of Action required?**     **Yes**     **No**

Signature of Author of This Report

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Name and Title: Jerna Reyes, Business Office Contract Compliance Manager

Signature of Authorizing Departmental Reviewer

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Name and Title: Jerna Reyes, BOCC Director

Signature of Authorizing System of Care Reviewer

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Name and Title: SOC Director

PROVIDER RESPONSE: (please check one and sign below)

- |                          |   |
|--------------------------|---|
| <input 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.  |

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Signature of Authorized Contract Signatory (Service Provider)

Date

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Print Name and Title

|                                     |  |
|-------------------------------------|--|
| <b>RESPONSE TO THIS REPORT DUE:</b> |  |
|-------------------------------------|--|

**Program Performance & Compliance Findings**

**Rating Criteria:**

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

**Overall Score:**

|                                      |
|--------------------------------------|
| <b>Total Points Given:</b> 52/85=61% |
|--------------------------------------|

**1. Program Performance (30 points possible):**

|  |      |  |    |                     |              |
|--|------|--|----|---------------------|--------------|
| <b>Achievement of Performance Objectives (0-30 pts):</b> | 0    | 10 total points out of 40 points (from 8 Objectives) = 25% |    |                     |              |
| <b>Program Performance Points:</b>                       | 0    |  |    |                     |              |
| Points Given:  | 0/30 | Category Score:  | 0% | Performance Rating: | Unacceptable |

**Performance Objectives and Findings with Points**

|       |   |   |           |
|-------|---|---|-----------|
| Ind.1 | <p>For FY 21/22, Participants engaged in engagement and wellness groups will complete a program-designed treatment outcome survey, administered by the Therapist/Group Facilitator, at the last Psycho-educational group session as documented by engagement &amp; wellness post-survey completion rates in end of year report. Program shall retain program logs for BOCC's inspection at the annual site visit.</p>   | <p>According to the Year-End Program Narrative Report, the program was unable to prepare and administer a program-designed treatment outcome survey.</p>  | Points: 0 |
| Ind.2 | <p>For FY 21/22, 60% of TAY participating in engagement and wellness groups will demonstrate increased wellness, connection, or engagement as measured by a program-designed treatment Psycho-educational outcome survey that asks about community connection and their knowledge of how to connect to community resources as documented by engagement and wellness post-survey analysis results in the end of year report. Program shall retain program logs for BOCC's inspection at the annual site visit.</p>     | <p>According to the Year-End Program Narrative Report, the surveys were not submitted.</p>  | Points: 0 |
| Ind.3 | <p>During FY/22, 50% of TAY who are connected by program staff to <i>internal or external behavioral health services</i> (i.e., mental health services, substance use services, or other services intended to support emotional and mental health and wellness) will attend an initial appointment or meeting with the behavioral health service, as recorded in program referral log and client progress notes and in the end of year report. Program shall retain log records for BOCC annual audit site visit.</p> | <p>According to the Year-End Program Narrative Report, of TAY who are connected by program staff to <i>internal or external behavioral health services</i> attended an initial appointment or meeting with the behavioral health service.</p> | Points: 0 |
| Ind.4 | <p>For FY 21/22, Participants enrolled in program treatment and healing services will complete a program-designed treatment outcomes survey, administered by the clinician at the last treatment session or before the end of the program year, designed to measure treatment and healing outcomes as documented by treatment &amp; healing post-survey completion rates documented in the end of year program report. Program shall retain program logs for BOCC's inspection at the annual audit site visit.</p>    | <p>According to the Year-End Program Narrative Report, the program lacked the capacity to develop the post-surveys.</p>   | Points: 0 |

|       |  |   |           |
|-------|--|---|-----------|
| Ind.5 | During FY 21/22, 60% of participants receiving at least three counseling sessions under the treatment and healing modality will demonstrate an intended treatment outcome as measured by a Clinician review of the treatment plan for clients who attended at least three counseling sessions to determine if intended treatment goals were achieved by last treatment session or before end of the program year, by completing a program designed treatment outcome survey input and tracked in Google Forms. Summarized results of the Clinician treatment outcomes evaluation survey will be included in the end of year program report. Program shall retain program records for BOCC's inspection at the annual audit site visit. | According to the Year-End Program Narrative Report, the program was unable to develop and perform outcome evaluations.  | Points: 0 |
| Ind.6 | By December 31, 2021, 3rd Street will implement an outreach and communications plan to increase TAY provider participation in TAY SOC training & capacity building strategies as documented by developed workplan. Program shall retain workplan for BOCC's inspection at the annual audit site visit.   | According to the Year-End Program Narrative Report, the program prepared a workplan to start their Mental Health Academy.   | Points: 5 |
| Ind.7 | By the end of FY21/22, 85% of training participants surveyed will report increased knowledge on key competencies in working with TAY (e.g., Healing Practices for TAY, TAY & Their Families and Communities, Harm Reduction/Intersection of Substance Use & MH, Trauma-Informed Interventions, brain development, DBT, MI) by rating a 4 or higher on a 5-point scale (1 = strongly disagree to 5 = strongly agree) to survey items as measured by post skills survey administered at the end of each training as documented by the post-skills survey result analysis summary included in the end of year report. Program will retain evaluation summary reports and TAY SOC end of year report for BOCC's annual audit site visit.   | According to the Year-End Program Narrative Report, 100% of training participants surveyed will report increased knowledge on key competencies in working with TAY. | Points: 5 |
| Ind.8 | By the end FY21/22, 40% of training participants surveyed will report improved skills and comfort working with TAY due to trainings on key competencies (e.g., Healing Practices for TAY, TAY & Their Families and Communities, Harm Reduction / Intersection of Substance Use & MH, Trauma-Informed Interventions, brain development, DBT, MI) by rating training applicability on a 5-point scale measured by post skills survey administered 3 months after the last training as documented by the 3-month post-skills survey analysis summary included in the End of Year report. Program will retain summarized analysis and TAY SOC end of year report for BOCC's annual audit site visit.                                       | According to the Year-End Program Narrative Report, the program lacked the capacity to develop and administer the 3-month post-survey.                              | Points: 0 |

**Commendations/Comments:**

The program obtained mixed results in the achievement of the Performance Objectives, with excellent scores on 2 of them.

**Identified Problems, Recommendations and Timelines:**

The program failed to achieve the goals of 6/8 Performance Objectives. The program reported that low staffing and COVID-19 restrictions affected the program's performance during FY21-22. The program was pursuing employment of a headhunter to aid in staffing and retention. No Plan of Action is required due to the delay in the finalization of this report, the staffing issue described above, and the actions that the program are taking to solve the issues at the time of monitoring. BOCC will follow-up during the next monitoring cycle. BOCC's last attempted communication with the program for follow-up items was 11/28/2023. No response was received from the program. In addition, in order to receive credit in the future, the program is advised to submit raw data for Performance Objectives measuring percentages of achievement.

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

|  |       |                 |                                    |                     |                                |
|--|-------|-----------------|------------------------------------|---------------------|--------------------------------|
| <b>Units of Service Deliverables (0-20 pts):</b> |       | 20              | 98% of Contracted Units of Service |                     |                                |
| <b>Program Deliverables Points:</b>              |       | 20              |                                    |                     |                                |
| Points Given:                                    | 20/20 | Category Score: | 100%                               | Performance Rating: | Commendable/ Exceeds Standards |

**Units of Service Delivered**

| <b>Program Code</b> | <b>Service Description</b>    | <b>Contracted/Actual</b> |       |
|---------------------|-------------------------------|--------------------------|-------|
| TAY E&T DKI         | M02: 45/10-19 OS-MH Promotion | 2,650                    | 2,650 |
| TAY E&T DKI         | M03: 45/10-19 OS-MH Promotion | 2,650                    | 2,561 |

**Unduplicated Clients by Program Code**

| <b>Program Code</b> | <b>Contracted/Actual</b> |    |
|---------------------|--------------------------|----|
| TAY E&T DKI         | 260                      | 18 |

**Commendations/Comments:**

According to the program's final invoice (#s M02JU22, M03JU22), the program achieved 98% of its contracted units of service. The program's Year-End Demographic Data Report shows a UDC of 18.

**Identified Problems, Recommendations and Timelines:**

None noted.

### 3. Program Compliance (40 points possible):

|  |       |                 |  |                    |                             |
|--|-------|-----------------|--|--------------------|-----------------------------|
| <b>A. Declaration of Compliance Score (5 pts):</b>   |       | 5               | Submitted Declaration  |                    |                             |
| <b>B. Administrative Binder Complete (0-10 pts):</b> |       | 8               | 75% of items in compliance   |                    |                             |
| <b>C. Site/Premises Compliance (0-10 pts):</b>       |       | 9               | 83% items in compliance  |                    |                             |
| <b>D. Chart Documentation Compliance (0-10 pts):</b> |       | N/A             |  |                    |                             |
| <b>E. Plan of Action (if applicable) (5 pts):</b>    |       | 5               | <input checked="" type="checkbox"/> No FY20-21 POA was required<br><input type="checkbox"/> FY20-21 POA was submitted, accepted and implemented<br><input type="checkbox"/> FY20-21 POA submitted, not fully implemented<br><input type="checkbox"/> FY20-21 POA required, not submitted |                    |                             |
| <b>Program Compliance Points:</b>                    |       | 27              |  |                    |                             |
| Points Given:  | 27/30 | Category Score: | 90%  | Compliance Rating: | Acceptable/ Meets Standards |

#### Commendations/Comments:

The program was only partially compliant with the Premises, Administrative Binder, and Training requirements.

#### Identified Problems, Recommendations and Timelines:

No Plan of Action is required at this time for the missing items below and the unmet trainings. Though the program was planning to follow-up on the said items during the virtual monitoring including the fire clearance, there was no response to BOCC's follow-up email on 9/8/2023 and the last attempted email communication with the program on 11/28/2023. BOCC will follow-up during the next monitoring cycle.

The following required item(s) were not located in the program's Administrative Binder:

- Cultural Competence Staff Report
- Ensure Access to Services for Persons with Disabilities (ADA Form)
- Fire Clearance - Current/Valid
- Separation Notification of Staff and/or Interns from Agency/Program

The following required Site Premises item(s) were not in evidence at the program:

- Payments (Payment Sign - Receipts for Payments Provided)
- Computer Antivirus Software



#### 4. Client Satisfaction (10 points possible): Program-Specific Client Satisfaction Survey

| Scoring Category                        | Scoring Criteria   | Points   |
|---|--|----------|
| Completed Program Specific Survey       | Yes = 2, No = 0  | 2        |
| Results Analyzed                        | Yes = 3, No = 0  | 3        |
| Program Performance as Rated by Clients | 50-59% of clients satisfied = 1<br>60-69% of clients satisfied = 2<br>70-79% of clients satisfied = 3<br>80-89% of clients satisfied = 4<br>90-100% of clients satisfied = 5 | N/A      |
| <b>Client Satisfaction Points:</b>      |  | <b>5</b> |

|               |     |                 |      |                             |                                |
|---------------|-----|-----------------|------|-----------------------------|--------------------------------|
| Points Given: | 5/5 | Category Score: | 100% | Client Satisfaction Rating: | Commendable/ Exceeds Standards |
|---------------|-----|-----------------|------|-----------------------------|--------------------------------|

#### Commendations/Comments:

The program conducted a Client Satisfaction Survey and received one response from the participants. The survey showed that youth were more skilled at managing their mental health symptoms and that their trust and understanding of therapy increased significantly. The program also learned that teletherapy is a comfortable medium for young people to engage in ongoing mental health treatment. As a result, the program transitioned one therapist to only work with remote participants to aid in deconstructing barriers to youth access.

#### Identified Problems, Recommendations and Timelines:

The program is given credit for this category, however, BOCC recommends that the program focus on improving the response rate to the Client Satisfaction Survey. This would allow the program to gather feedback that represents experiences of more participants. No Plan of Action is required at this time.