



**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

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-1

Funding Source(s): MHSA

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

Program/Contractor Representatives: Jason McMonagle

Overall Program Rating: 1 - Unacceptable

Category Ratings:

4 = Commendable/Exceeds Standards		3 = Acceptable/Meets Standards					
2 = Improvement Needed/Below Standards		1 = Unacceptable					
1	Program Performance	1	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 Unduplicated Clients (Unscored)	Declaration of Compliance Administrative Binder Site/Premise Compliance Chart Documentation 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

- Findings/Summary:**
- The services provided by this program were funded by the Sources listed on page 1.
 - The program met 37.5 percent of its contracted performance objectives.
 - The program met 12.6 percent of its contracted units of service target.
 - A review of the administrative binder evidenced 73.3 percent of required compliance items.
 - A review of site premise evidenced 75.0 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 program is administered under Behavioral Health Services (BHS) Transitional Age Youth (TAY) System of Care (SOC). The program helps TAY, ages 16-24, of all ethnicities and populations, with a special focus on the Bayview Hunters Point (BVHP) community, make healthy, safe decisions to improve the physical, emotional, and social health, and to empower youth to become successful, engaged adults.

Virtual monitoring was conducted for this program 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

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

Signature of Authorizing Departmental Reviewer

Name and Title: Jerna Reyes, BOCC Director

Signature of Authorizing System of Care Reviewer

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. |

Signature of Authorized Contract Signatory (Service Provider)

Date

Print Name and Title

RESPONSE TO THIS REPORT DUE:	
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Program Performance & Compliance Findings

Rating Criteria:

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

Overall Score:

Total Points Given: 31/85=36%

1. Program Performance (30 points possible):

Achievement of Performance Objectives (0-30 pts):	0	15 total points out of 40 points (from 8 Objectives) = 38%			
Program Performance Points:	0				
Points Given:	0/30	Category Score:	0%	Performance Rating:	Unacceptable

Performance Objectives and Findings with Points

Ind.1	During FY 21/22, Participants engaged in <i>program activity</i> will complete a <i>post-engagement /outreach activity [tool e.g., survey]</i> {Data Source} as documented in end of year program report. Program shall retain program logs for BOCC's inspection at the annual audit site visit.	According to the Year-End Program Narrative Report, there were no participants engaged in program activity who completed a post-engagement/outreach activity tool.	Points: 0
Ind.2	For FY 21/22, 60% of TAY participating in <i>program activity</i> will demonstrate increased wellness, connection or engagement as measured by post-activity <i>[tool e.g., survey]</i> {Data Source} as documented in end of year program report. Program shall retain program logs for BOCC's inspection at the annual audit site visit.	According to the Year-End Program Narrative Report, no surveys were administered during the monitoring period due to hiring and capacity barriers.	Points: 0
Ind.3	During FY/22, 50% of TAY who are connected by program staff to internal or external behavioral health services (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 <i>[tool e.g., referral log]</i> .	According to the Year-End Program Narrative Report, 89% of TAY who are connected by program staff to internal or external behavioral health services will attend an initial appointment or meeting with the behavioral health service.	Points: 5
Ind.4	For FY 21/22, participants enrolled in program treatment and healing services will complete program-designed treatment outcome measure or assessment tool] to measure treatment and healing outcomes.	According to the Year-End Program Narrative Report, the program was unable to develop and administer an outcomes survey.	Points: 0
Ind.5	During FY 21/22, 60% of participants receiving program treatment and healing services will demonstrate an intended treatment outcome as measured by program designed treatment outcome measurement or assessment tool.	According to the Year-End Program Narrative Report, the program was unable to develop and administer a treatment outcome measurement tool.	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 the 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 developed 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 was unable to develop and administer a treatment outcome measurement tool.	Points: 0
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Commendations/Comments:

The program obtained mixed results in the achievement of the Performance Objectives, with excellent scores on 3 of them.

Identified Problems, Recommendations and Timelines:

The program failed to achieve the goals of 5/8 Performance Objectives. The program reported that low staffing and COVID_19 restrictions affected the program's performance during FY21-22. The program is currently in the process of 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):

Units of Service Deliverables (0-20 pts):		0	13% of Contracted Units of Service		
Program Deliverables Points:		0			
Points Given:	0/20	Category Score:	0%	Performance Rating:	Unacceptable

Units of Service Delivered

Program Code	Service Description	Contracted/Actual	
TAY E&T	M01: 45/10-19 OS-MH Promotion	3,907	494

Unduplicated Clients by Program Code

Program Code	Contracted/Actual	
TAY E&T - AA	170	40

Commendations/Comments:

According to the program's final invoice (# M01JUN22SUP), the program achieved 13% of its contracted units of service. The program served 40 UDC based on the Year-End Demographic Data Report.

Identified Problems, Recommendations and Timelines:

The program's productivity was negatively affected by low-staffing issues and COVID-19 restrictions. As of the time of the monitoring, the program continued to have low-staffing. The program has applied for grants to aid funding for staff but was unsuccessful. The program obtained private funding to support staff retention and is planning to hire a headhunter to increase outreach to possible applicants. No Plan of Action is required at this time, BOCC will follow-up on staffing and productivity during the next monitoring period.

3. Program Compliance (40 points possible):

A. Declaration of Compliance Score (5 pts):		5	Submitted Declaration		
B. Administrative Binder Complete (0-10 pts):		8	73% of items in compliance		
C. Site/Premises Compliance (0-10 pts):		8	75% items in compliance		
D. Chart Documentation Compliance (0-10 pts):		N/A			
E. Plan of Action (if applicable) (5 pts):		5	<input checked="" type="checkbox"/> No FY20-21 POA was required <input type="checkbox"/> FY20-21 POA was submitted, accepted and implemented <input type="checkbox"/> FY20-21 POA submitted, not fully implemented <input type="checkbox"/> FY20-21 POA required, not submitted		
Program Compliance Points:		26			
Points Given:	26/30	Category Score:	87%	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
- (SABG) 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 60-69% of clients satisfied = 2 70-79% of clients satisfied = 3 80-89% of clients satisfied = 4 90-100% of clients satisfied = 5	N/A
Client Satisfaction Points:		5

Points Given:	5/5	Category Score:	100%	Client Satisfaction Rating:	Commendable/ Exceeds Standards
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Commendations/Comments:

According to the Year-End Program Narrative Report, the program received 1 response to the Client Satisfaction Survey. The findings were reviewed by therapists and reported back to leadership.

Identified Problems, Recommendations and Timelines:

Although the program is given credit for this category, 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 clients. No Plan of Action is required at this time.