



**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

**Monitoring Report Fiscal Year 22-23**  
**Behavioral Health Services**

**Section: BHS-SUD**

**Target Population: Adult/Older Adult**

**Agency:** Baker Places, Inc.

**Program Reviewed:** BP Acceptance Place

**Program Code(s):** 38752, 3834AP

**Site Address:** 1326 4th Avenue, San Francisco, CA 94122

**CID/MOU#:** 9940 **Appendix #:** A-5

**Funding Source(s):** General Fund

**On-Site Monitoring Team Member(s):** Desk Audit Conducted in Lieu of Site Visit

**Program/Contractor Representatives:** Jessica Winterrowd, Danny Hicks, Jeremy Tsuchitani-Watson

**Overall Program Rating:** 3 - Acceptable/Meets Standards

**Report Date:** March 8, 2024

**Review Period:** July 1, 2022-  
June 30, 2023

**Finalized Date:** 04/30/2024

**Category Ratings:**

4 = Commendable/Exceeds Standards		3 = Acceptable/Meets Standards					
2 = Improvement Needed/Below Standards		1 = Unacceptable					
3	Program Performance	2	Program Deliverables	1	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:** Baker Places, Inc./BP Acceptance Place

- Findings/Summary:**
- The services provided by this program were funded by the Sources listed on page 1.
  - The program met 60.0 percent of its contracted performance objectives.
  - The program met 64.8 percent of its contracted units of service target.
  - The program failed to submit the Program Declaration of Compliance.
  - Due to desk audit, administrative binder, site premise, and client charts were not examined.
  - The program submitted its client satisfaction results in a timely fashion.
  - The program's client satisfaction return rate was more than 50%.
  - The percentage of clients indicating satisfaction with the program's services was 90-100%.

This program is administered under the Behavioral Health Services (BHS) System of Care (SOC).

BP Acceptance Place is a 10-bed, 90-day residential substance abuse treatment program primarily focused on treating gay men who may or may not have co-existing mental health and/or medical disorders including HIV. The program is based on a Social Model Rehabilitation philosophy and incorporates harm-reduction philosophy, encouraging sobriety as a goal, while understanding that relapse is an event that informs treatment planning and is not, by itself cause for discharge from the program. Program serves San Francisco gay and bisexual men 18 years of age or older who are addicted to or at risk of addiction to alcohol and other drugs.

This program ended in December 2022, thus this is the final monitoring report for this contract, and was completed as a desk audit with findings collected via email. The clients and services were transferred over to HealthRIGHT 360 in January 2023. Program states this program was transferred to another agency because it was not meeting its contracted fiscal objectives and in 2022, after experiencing a culmination of several years of financial challenges, the decision was made to transfer.

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

**If "Yes", describe program's implementation.**

**FY22-23 Plan of Action required?**     **Yes**     **No**

Signature of Author of This Report

DocuSigned by:

*Melissa Ta*

Name and Title: Melissa Ta, 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:

*Maximilian Rocha*

Name and Title: SOC Director

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:

*Jeremy Tsuchitani-Watson*

4/4/2024

Signature of Authorized Contract Signatory (Service Provider)

Date

Jeremy Tsuchitani-Watson, Associate Chief Clinical Officer

Print Name and Title

<b>RESPONSE TO THIS REPORT DUE:</b>	<b>April 9, 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:

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

### Overall Score:

<b>Total Points Given:</b> 51/70=73%
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### 1. Program Performance (30 points possible):

<b>Achievement of Performance Objectives (0-30 pts):</b>	22	12 total points out of 20 points (from 4 Objectives) = 60%			
<b>Program Performance Points:</b>	22				
Points Given:	22/30	Category Score:	73%	Performance Rating:	Acceptable/ Meets Standards

### Performance Objectives and Findings with Points

AOA.SARE S1	Objective: At least 60% of clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by discharge codes.	Finding: In FY22-23 there were 14 clients discharged in 38752 who had stayed in the program at least 3 days. During the review period 6 clients successfully completed treatment or had left before completion with satisfactory progress, resulting in 42.86% compliance.	Points: 3
AOA.SARE S3	Objective: 100% of initial requests for services (phone and walk-ins) will be recorded in the Avatar Timely Access Log.	Finding: In FY22-23 there were 9 clients registered in 38752 since the beginning of the fiscal year. During the review period there were 7 initial requests for service as found in AVATAR Timely Access Log, resulting in 77.78% compliance.	Points: 3
AOA.SARE S4	Objective: SUSPENDED FOR 22-23 PER SOC. 100% of clients admitted in FY 22-23 will have an accepted CalOMS Admission by DHCS.	Finding: Suspended per SOC.	Points:
AOA.SARE S5	Objective: 100% of clients discharged during FY 22-23 will have the CalOMS Discharge Status field completed.	Finding: In FY22-23 there were 15 clients discharged in 38752. During the review period 8 clients had the CalOMS Discharge Status field completed in Avatar, resulting in 53.33% compliance.	Points: 1
AOA.SARE S6	Objective: No more than 40% of clients will be coded as CalOMS Administrative Discharge during FY 22-23. NOTE: Administrative discharge codes "4" and "6" only used when client interview not possible and full set of CalOMS items cannot be completed.	Finding: In FY22-23 there were 8 clients discharged in 38752 for whom the CalOMS Discharge Status field was completed. During the review period 0 clients were coded with the CalOMS Administrative Discharge code of 4 or 6, resulting in 0.00% administrative discharge code rate.	Points: 5

### Commendations/Comments:

Program is commended for partially or fully meeting 3/4 of its contracted performance objectives.

### Identified Problems, Recommendations and Timelines:

Program did not meet AOA.SARES5 objective target because staff were focused on client placement with the program closure, which caused some of the CalOMS discharges to be missed. No plan of action is required for this end-of-contract report.

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

<b>Units of Service Deliverables (0-20 pts):</b>		14	65% of Contracted Units of Service		
<b>Program Deliverables Points:</b>		14			
Points Given:	14/20	Category Score:	70%	Performance Rating:	Improvement Needed/ Below Standards

**Units of Service Delivered**

Program Code	Service Description	Contracted/Actual	
38752	Res-51 SA-Res Recov Long Term (over 30 days)	1,460	946

**Unduplicated Clients by Program Code**

Program Code	Contracted/Actual	
38752, 3834AP	30	24

**Commendations/Comments:**

Based on the last invoice #S03JA23SUP and data pulled from Avatar, program administered 65% of its contracted deliverables. The patients and remaining deliverables were transitioned over to HR360 in January 2023 to continue services for the remainder of the fiscal year.

**Identified Problems, Recommendations and Timelines:**

None identified.

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

<b>A. Declaration of Compliance Score (5 pts):</b>		0	Declaration Not Submitted		
<b>B. Administrative Binder Complete (0-10 pts):</b>		N/A			
<b>C. Site/Premises Compliance (0-10 pts):</b>		N/A			
<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 FY21-22 POA was required <input type="checkbox"/> FY21-22 POA was submitted, accepted and implemented <input type="checkbox"/> FY21-22 POA submitted, not fully implemented <input type="checkbox"/> FY21-22 POA required, not submitted		
<b>Program Compliance Points:</b>		5			
Points Given:	5/10	Category Score:	50%	Compliance Rating:	Unacceptable

**Commendations/Comments:**

Review of administrative binder, chart documentation, and site premises requirements are not applicable as this monitoring report was completed as a desk audit.

**Identified Problems, Recommendations and Timelines:**

The Declaration of Compliance was not submitted, however, since this contract has been transferred to another agency, no plan of action is required. Baker Places is aware of this requirement and has completed it for other programs.

**4. Client Satisfaction (10 points possible): CBHS Standardized Client Satisfaction Survey (Results were compiled and reported by Office of Quality Management)**

Scoring Category	Scoring Criteria	Points
Submission	On Time = 2/Not On Time = 0	2
Return Ratio: Survey Forms Received per Clients with Face-to-Face Service in Survey Period	>50% = 3 / <50% = 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	5
<b>Client Satisfaction Points:</b>		10

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

The actual results from the FY22-23 Treatment Perception Survey (conducted 10/22) were as follows: Program Code 38752 - Return Rate: 100%, Overall Satisfaction Rate: 100%.

Program is commended for achieving excellent client satisfaction survey results.

**Identified Problems, Recommendations and Timelines:**

None identified.