



**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: SABG**

**Target Population: Adult/Older Adult**

**Agency:** HealthRIGHT 360

**Site Visit Date:** February 22, 2024

**Program Reviewed:** HR360 Withdrawal Management

**Report Date:** May 14, 2024

**Program Code(s):** 3834RWM, 3806RWM

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

**Site Address:** 890 Hayes St, 815 Buena Vista West, San Francisco, CA 94117

**Finalized Date:** 09/10/2024

**CID/MOU#:** 10457 **Appendix #:** A-4

**Funding Source(s):** General Fund, Medi-Cal

**On-Site Monitoring Team Member(s):** September Rose

**Program/Contractor Representatives:** Lewis Eldridge, MaryAnn Swift, Sarah Ahmed, Rebecca Andreano (Personnel),  
Danielle Jennings (Training)  
Nicole Unrein, Danielle Jennings (Training)

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

**Category Ratings:**

4 = Commendable/Exceeds Standards		3 = Acceptable/Meets Standards					
2 = Improvement Needed/Below Standards		1 = Unacceptable					
4	Program Performance	4	Program Deliverables	3	Program Compliance	3	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:** HealthRIGHT 360/HR360 Withdrawal Management

- Findings/Summary:**
- The services provided by this program were funded by the Sources listed on page 1.
  - The program met 93.3 percent of its contracted performance objectives.
  - The program met 101.7 percent of its contracted units of service target.
  - A review of the administrative binder evidenced 100.0 percent of required compliance items.
  - A review of site premise evidenced 100.0 percent of required items.
  - Client Form Signature requirements in client chart review evidenced 00.0 percent of Chart Documentation compliance.
  - 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 80-89%.

HealthRIGHT 360 Dual Recovery Residential Treatment Program provides co-occurring residential substance abuse and mental health treatment to San Francisco residents in a safe, recovery-oriented environment. Each participant's treatment experience is unique, as services are assessment-driven, strength-based, and participant-centered.

An in-person site visit was conducted on 2/22/24 at two locations (under 890 Hayes St, 815 Buena Vista West), to ensure compliance. All additional follow-up was presented via email and Teams.

HR360 Men's Withdrawal Management program located at 890 Hayes St and 815 Buena Vista West in San Francisco (3834RWM and 3806RWM) is proud to announce its sustained staffing and the expansion of its services. The program is dedicated to ensuring that individuals seeking support receive the best possible care and assistance during their withdrawal management journey.

**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:

*September Rose*

F777A7D36C3D4D4

Name and Title: September Rose, Business Office Contract Compliance Manager

Signature of Authorizing Departmental Reviewer

DocuSigned by:

*Jerna Reyes*

0301D8F70E9440

Name and Title: Jerna Reyes, BOCC Director

Signature of Authorizing System of Care Reviewer

DocuSigned by:

*Jellie Jones*

F511A7880E9440

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.

Signed by:

*Patricia Esparza*

9/10/24

E77805882B43D

Signature of Authorized Contract Signatory (Service Provider)

Date

Patricia Esparza, Managing Director of Compliance Operations

Print Name and Title

<b>RESPONSE TO THIS REPORT DUE:</b>	<b>September 11, 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:**

<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<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> 89/100=89%
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**1. Program Performance (30 points possible):**

<b>Achievement of Performance Objectives (0-30 pts):</b>	30	70 total points out of 75 points (from 15 Objectives) = 93%			
<b>Program Performance Points:</b>	30				
Points Given:	30/30	Category Score:	100%	Performance Rating:	Commendable/ Exceeds 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 was 1 client discharged in 3834RWM who had stayed in the program at least 3 days. During the review period 1 client successfully completed treatment or had left before completion with satisfactory progress, resulting in 100.00% compliance.	Points: 5
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 856 clients discharged in 3806RWM who had stayed in the program at least 3 days. During the review period 709 clients successfully completed treatment or had left before completion with satisfactory progress, resulting in 82.83% compliance.	Points: 5
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 856 clients discharged in 3806RWM who had stayed in the program at least 3 days. During the review period 709 clients successfully completed treatment or had left before completion with satisfactory progress, resulting in 82.83% compliance.	Points: 5
AOA.SARE S2	Objective: At least 60% of clients will have left before completion with satisfactory progress as measured by discharge codes.	Finding: In FY22-23 there was 1 client discharged in 3834RWM who had stayed in the program at least 3 days. During the review period 1 client successfully completed treatment or had left before completion with satisfactory progress, resulting in 100.00% compliance.	Points: 5
AOA.SARE S2	Objective: At least 60% of clients will have left before completion with satisfactory progress as measured by discharge codes.	Finding: In FY22-23 there were 856 clients discharged in 3806RWM who had stayed in the program at least 3 days. During the review period 709 clients successfully completed treatment or had left before completion with satisfactory progress, resulting in 82.83% compliance.	Points: 4
AOA.SARE S2	Objective: At least 60% of clients will have left before completion with satisfactory progress as measured by discharge codes.	Finding: In FY22-23 there were 1043 clients discharged in 3806RWM who had stayed in the program at least 3 days. During the review period 809 clients successfully completed treatment or had left before completion with satisfactory progress, resulting in 77.56% compliance.	Points: 5
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 was 1 client registered in 3834RWM since the beginning of the fiscal year. During the review period there were 4 initial requests for service as found in AVATAR Timely Access Log, resulting in 400.00% compliance.	Points: 5
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 1068 clients registered in 3806RWM since the beginning of the fiscal year. During the review period there were 765 initial requests for service as found in AVATAR Timely Access Log, resulting in 71.63% 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 1068 clients registered in 3806RWM since the beginning of the fiscal year. During the review period there were 765 initial requests for service as found in AVATAR Timely Access Log, resulting in 71.63% 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 1088 clients discharged in 3806RWM. During the review period 1079 clients had the CalOMS Discharge Status field completed in Avatar, resulting in 99.17% compliance.	Points: 5
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 was 1 client discharged in 3834RWM. During the review period 1 client had the CalOMS Discharge Status field completed in Avatar, resulting in 100.00% compliance.	Points: 5
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 1088 clients discharged in 3806RWM. During the review period 1079 clients had the CalOMS Discharge Status field completed in Avatar, resulting in 99.17% compliance.	Points: 5

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 was 1 client discharged in 3834RWM 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
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 1079 clients discharged in 3806RWM 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
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 1079 clients discharged in 3806RWM 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:**

The program met 93% of its contracted Performance Objectives.

**Identified Problems, Recommendations and Timelines:**

None identified.

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

<b>Units of Service Deliverables (0-20 pts):</b>		20	102% 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**

Program Code	Service Description	Contracted/Actual	
3834RWM, 3806RWM	ODS-109 ODS Withdrawal Management 3.2	6,826	6,423
3834RWM, 3806RWM	Res-58 ODS Room & Board, Residential Treatment	10,859	11,570

**Unduplicated Clients by Program Code**

Program Code	Contracted/Actual	
3834RWM, 3806RWM	761	710

**Commendations/Comments:**

The program met 102% of its contracted units of service target per final Invoice #S17JU23. The program did not utilize ADM units. Actual UDC of 710 is from Avatar.

**Identified Problems, Recommendations and Timelines:**

None identified.

**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>	10	100% of items in compliance			
<b>C. Site/Premises Compliance (0-10 pts):</b>	10	100% items in compliance			
<b>D. Chart Documentation Compliance (0-10 pts):</b>	0	0% of Chart Documentation in compliance			
<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>		30			
Points Given:	30/40	Category Score:	75%	Compliance Rating:	Acceptable/ Meets Standards

**Commendations/Comments:**

The program met 100% of the Site/Premises and Administrative Binder requirements; 78% of employees completed the required trainings; and 90% of the personnel forms were located based on a small sample of files reviewed.

All HealthRight360 programs utilize an electronic policy and procedure system called Zavanta. Staff can access Zavanta via the agency's internal intranet. Policies and procedures undergo continuous review and revision.

**Identified Problems, Recommendations and Timelines:**

For Program Code 3806WM: The program is required to have documented evidence of training completion for all employees. Some employee files lacked evidence of completion for the Harm Reduction trainings. No POA will be required due to the program's recent onboarding of staff. BOCC recommends implementing training during employee orientation to ensure compliance with requirements moving forward.

**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
<b>Submission</b>	On Time = 2/Not On Time = 0	2
<b>Return Ratio: Survey Forms Received per Clients with Face-to-Face Service in Survey Period</b>	>50% = 3 / <50% = 0	3
<b>Program Performance as Rated by Clients</b>	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	4
<b>Client Satisfaction Points:</b>		9

Points Given:	9/10	Category Score:	90%	Client Satisfaction Rating:	Acceptable/ Meets 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 3806RWM - Return Rate: 56.5%, Overall Satisfaction Rate: 80%.  
 Program Code 3834RWM - no data.

**Identified Problems, Recommendations and Timelines:**

BOCC recommends that the program focus in increasing the survey return rate in order to obtain feedback that is more representative of its client experiences.