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:

Agency: San Francisco AIDS Foundation

Program Reviewed: SFAF Stonewall Project - PROP 4 ALL

Program Code(s): PROP4ALL

Site Address: 1035 Market Street, San Francisco, CA 94103

CID/MOU#: 11493 **Appendix #:** A-4

Funding Source(s): Other

Site Visit Date: June 18, 2024

Report Date: July 8, 2024

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

Finalized Date: 08/21/2024

On-Site Monitoring Team Member(s): Elissa Velez

Program/Contractor Representatives: Brenda Kiner, Tracey Packer, Javier Saucedo, Kyle Temple, Rick Andrews, and Wayne Rafus

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

N/A	Program Performance	1	Program Deliverables	4	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: San Francisco AIDS Foundation/SFAF Stonewall Project - PROP 4 ALL

Findings/Summary:

- The services provided by this program were funded by the Sources listed on page 1.
- The program was exempt of contracted performance objectives.
- The program met 43.2 percent of its contracted units of service target.
- A review of the administrative binder evidenced 82.4 percent of required compliance items.
- The program was exempt of site premise review.
- The program was exempt of Chart Documentation compliance.
- The program completed its client satisfaction survey.
- The program analyzed the client satisfaction results.

The San Francisco AIDS Foundation's Stonewall Project - PROP 4 ALL Program, is under the DPH Population Behavioral Health Services (BHS) System of Care.

The aim of the program is to reduce the harms caused by methamphetamine, opioids, and other substance use among populations of San Francisco at risk of overdose, HIV, and HCV. The program is a positive reinforcement program.

Program staff take particular pride in PROP 4 ALL for its ability to reach a broad audience through its low-barrier, easy-access structure. Among all the clients at SFAF, this program serves one of the most marginalized groups. Clients receive peer support and form meaningful relationships with staff. Notably, the program is now working with mothers and heterosexual-identified clients for the first time, demonstrating its inclusive approach to addressing a citywide issue.

Leadership has recognized the dedication of the program staff, who have consistently served clients with unwavering commitment, even in the face of substantial challenges. This dedication reflects the heart and soul of those who staff the services. The program is now looking to expand its contract to work with the African American/Black population.

Challenges: Early in the fiscal year, the PROP 4 ALL program site experienced a fire in the hotel above, leading to a nearly six-month closure of the program. In addition to the site closure, the street was closed due to road work, and the program was told they could not serve food. Due to these extensive barriers, the program shifted services to its Market Street location.

FY21-22 Plan of Action required? [ ] **Yes** [X] **No**

If "Yes", describe program's implementation.

FY22-23 Plan of Action required? [X] **Yes** [ ] **No** **See Section 5: Plan of Action Required Report.**

Signature of Author of This Report

DocuSigned by:
Elissa Velez
24B720C5E784418...

Name and Title: Elissa Velez, Business Office Contract Compliance Manager

Signature of Authorizing Departmental Reviewer

DocuSigned by:
Jerna Reyes
03...

Name and Title: Jerna Reyes, BOCC Director

Signature of Authorizing System of Care Reviewer

DocuSigned by:
F5...

Name and Title: SOC Director

PROVIDER RESPONSE: (please check one and sign below)

X	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:
kyle Temple
99...

Signature of Authorized Contract Signatory (Service Provider) 8/19/24 Date

William Temple, AVP Behavioral Health and Community Programs

Print Name and Title

RESPONSE TO THIS REPORT DUE:	**August 16, 2024**

A Plan of Action (POA) is required. Please attach by clicking on the attachment icon below:

X BOCC monitor approves POA

BOCC Monitor does not approve POA

BOCC Monitor Comments (If Applicable)

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:	24/45=53%

1. Program Performance (30 points possible):

Achievement of Performance Objectives (0-30 pts):	N/A	
Program Performance Points:	0	

Points Given:	0/0	Category Score:	0%	Performance Rating:	N/A

Performance Objectives and Findings with Points

I.1	70% of clients who complete at least 8 weeks of the program “agree” that they learned new skills to address their substance use goals while enrolled in the PROP program.		Points:
I.2	60% of clients who complete at least 8 weeks of the program “agree” that they either stopped or reduced their use of stimulants (methamphetamine/cocaine) while in the PROP program.		Points:
I.3	90% of the clients who self-report having stopped or reduced their use of stimulants (from question 2), will have negative U/A toxicology results or clinical notes that will be verified by the PROP Program Director validating the reduction or abstinence in the use of stimulants.		Points:

Commendations/Comments:

Due to challenges encountered over the past year, the Population Behavioral Health System of Care has exempted the program Performance Objectives for the reporting period.

Identified Problems, Recommendations and Timelines:

The program Objectives were significantly impacted by events at the 6th Street Harm Reduction Center over the past few years. The lingering effects of COVID-19 slowed the return of groups and meetings. In May 2022, a fire at the Rose Hotel above the 6th Street Harm Reduction Center (HRC) led to a nearly six-month closure and caused the program to lose data. Staff conducted outreach, called clients, and made immense efforts to maintain contact. Despite these efforts, the program faced extensive barriers to providing consistent services and challenges with the physical space, resulting in a 40% completion rate. Due to the lost data, follow-up was challenging, and the program was unable to report on the last two objectives.

2.Program Deliverables (20 points possible):

Units of Service Deliverables (0-20 pts):	0	43% 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	
PROP4ALL	SecPrev-19 - SA-Sec Prev Outreach	3,000	1,297

Unduplicated Clients by Program Code

Program Code	Contracted/Actual	
PROP4ALL	100	109

Commendations/Comments:

Based on the final invoice of the funding term (Invoice # S02JU23), the program met 43.2% of the contracted Units of Service (UOS). The actual Unduplicated Client Count (UDC) count was 109%.

In addition to the reported UOS, the program achieved several other successful metrics:

- Enrolled: 109
- Urine Tests: 1,294
- Successful Program Completions: 36
- Narcan Distribution
- Aftercare Services: 28 UDC; 252 Contacts; 40 Groups

Identified Problems, Recommendations and Timelines:

Due to site closure and other challenges experienced at the program site, meeting deliverables was difficult. Staff explained that maintaining consistent programming was also a challenge because of ongoing issues with the location. Eventually, program services were shifted to the SFAF Market Street location. At this time the HRC is open and providing services.

3. Program Compliance (40 points possible):

A. Declaration of Compliance Score (5 pts):	5	Submitted Declaration
B. Administrative Binder Complete (0-10 pts):	9	82% of items in compliance
C. Site/Premises Compliance (0-10 pts):	N/A	
D. Chart Documentation Compliance (0-10 pts):	N/A	
E. Plan of Action (if applicable) (5 pts):	5	[X] No FY21-22 POA was required [ ] FY21-22 POA was submitted, accepted and implemented [ ] FY21-22 POA submitted, not fully implemented [ ] FY21-22 POA required, not submitted
Program Compliance Points:	19	

Points Given:	19/20	Category Score:	95%	Compliance Rating:	Commendable/ Exceeds Standards

Commendations/Comments:

As of the time of writing this report, the new SFAF facility was not being used to see clients, so the Site review was not applicable. The program successfully met 82% of the required items in the Administrative Binder.

Identified Problems, Recommendations and Timelines:

A valid fire clearance was not evidenced for SFAF's 6th St Harm Reduction facility. A request for a Plan of Action (POA) is issued for this missing requirement.

No ADA form or required trainings were evidenced either. No POAs are required at this time; BOCC will prioritize reviewing these requirements at the next monitoring cycle.

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

- Ensure Access to Services for Persons with Disabilities (ADA Form)
- Fire Clearance/Life Safety
- Required Trainings

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

Commendations/Comments:

The PROP 4 ALL program conducted a client satisfaction survey in FY22-23, receiving three completed satisfaction surveys and 15 quick surveys assessing outcomes.

100% (15/15) of clients who responded to the survey question and had completed at least 8 weeks of the program "agree" that the services they received helped them reach their substance use goals. Additionally, 100% (15/15) of clients "agree" that they would recommend this program to a friend in need of similar help.

Identified Problems, Recommendations and Timelines:

As a result of the fire and the site closure, the program lost files and data and only had three surveys available. The program recognizes the need to increase the survey return rate. To address this, program staff have described efforts to implement a new quality improvement plan aimed at obtaining more surveys. This plan includes creating a single, electronic survey that will upload directly into the program's electronic health record system, Welligent.

5. Plan Of Action Required Report

Attach your Plan Of Action to the signed Monitoring Report for submission to DPH within the deadline on page 3.

Other Deficiencies	
1. Administrative Binder	The program must submit a POA to obtain a valid fire clearance and be ready to provide proof during the next monitoring cycle.
2. Trainings	The program must submit a POA to establish a mechanism for tracking and storing evidence of all DPH-required trainings prior to the next BOCC review.

August 16, 2024

San Francisco AIDS Foundation

Program: SFAF Stonewall Project - BHS PROP for ALL_SUD

Monitoring Report FY 22-23 Plan of Action

Action item #1: Administrative Binder Compliance

Plan of Action for improving Administrative Binder Compliance

Objectives:

Review compliance requirements for all facets of Administrative Binder

Identify deficiencies in content

Locate and file missing elements to have on hand for next Monitoring visit

Action item #2: Trainings - establish a mechanism for tracking and storing evidence of all DPH-required trainings prior to the next BOCC review

Plan: Outline for Improving Management of Required Staff Training Records

Objectives:

Establish a centralized system for tracking and documenting required staff training records.

Improve the efficiency and accuracy of training record management.

Enhance collaboration between the program director, director of program planning and evaluation, and the learning and development team.

Steps:

Assess Current Processes

Review existing methods for tracking and documenting staff training records.

Design a Centralized Training Record Management System

Determine the required data elements for staff training records (e.g., employee name,

training course, completion date, certification expiration).

Establish clear policies and procedures for maintaining and updating training records.

Implement the Centralized System

Migrate existing training records into the new system.

Provide training and support to the program director, director of program planning and evaluation, and learning and development team on the new system.

Implement regular meetings or check-ins to discuss training needs, compliance, and record-keeping

Implement process improvements and system enhancements as needed