



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

Site Visit Date: June 18, 2024

Program Reviewed: Stonewall Project - Positive Reinforcement Opportunity Project (PROP)

Report Date: July 7, 2024

Program Code(s): 85051

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

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

Finalized Date: 08/16/2024

CID/MOU#: 11493 **Appendix #:** A-2

Funding Source(s): General Fund

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: 4 - Commendable/Exceeds Standards

Category Ratings:

4 = Commendable/Exceeds Standards		3 = Acceptable/Meets Standards					
2 = Improvement Needed/Below Standards		1 = Unacceptable					
4	Program Performance	4	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/Stonewall Project - Positive Reinforcement Opportunity Project (PROP)

- Findings/Summary:**
- The services provided by this program were funded by the Sources listed on page 1.
 - The program met 100.0 percent of its contracted performance objectives.
 - The program met 116.5 percent of its contracted units of service target.
 - A review of the administrative binder evidenced 94.7 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 - Positive Reinforcement Opportunity Project (PROP) contract is under the DPH Behavioral Health Services (BHS) Substance Use Disorder System of Care (SUD-SOC).

The mission of the program is to reduce the harms caused by methamphetamine use among gay men and other men who have sex with men (G/MSM) of San Francisco by successfully implementing the described interventions.

Contingency management is a behavioral therapy approach that uses positive reinforcement to encourage desirable behaviors. It is commonly used in substance abuse treatment to promote abstinence from drugs or alcohol. Key components include:

1. **Clear Objectives:** Setting specific, measurable goals for behavior change.
2. **Incentives:** Providing rewards, such as vouchers or prizes, for meeting these goals.
3. **Monitoring:** Regularly assessing behavior through tests or self-reporting to track progress.
4. **Immediate Rewards:** Offering immediate reinforcement following the desired behavior to strengthen the behavior-change association.

Participants receive incentives as they work on their substance use goals and make lifestyle changes within their day-to-day lives. Positive behaviors include non-reactive urine specimens and consistent project attendance. Participants are encouraged to join events and counseling even if they have a reactive urine test or if they decide not to have their urine tested that day.

The program's leadership highlighted the success of their model as both a point of pride and a challenge. They noted that there was significant movement and excitement around contingency management, which occasionally has made it difficult to stay grounded in the work. Program staff have been actively sharing their expertise through numerous presentations on their approach and methodologies. This model of care is currently being piloted by the Department of Health Care Services as a Medi-Cal covered benefit.

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:

Elissa Velez

248739CCE6784418

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

Signature of Authorizing Departmental Reviewer

DocuSigned by:

Jerna Reyes

04789F050410

Name and Title: Jerna Reyes, BOCC Director

Signature of Authorizing System of Care Reviewer

DocuSigned by:

Jellie form

F5EED165589474

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:

Kyle Temple

994251F849542C

Signature of Authorized Contract Signatory (Service Provider)

08/14/24

Date

William Temple Associate VP Behavioral Health & Community Programs

Print Name and Title

RESPONSE TO THIS REPORT DUE:	August 16, 2024
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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
Over 90% = Commendable/ Exceeds Standards	71% - 90% = Acceptable/Meets Standards	51% - 70% = Improvement Needed/ Below Standards	Below 51% = Unacceptable

Overall Score:

Total Points Given: 75/75=100%

1. Program Performance (30 points possible):

Achievement of Performance Objectives (0-30 pts):	30	15 total points out of 15 points (from 3 Objectives) = 100%
Program Performance Points:	30	
Points Given:	30/30	Category Score: 100%
		Performance Rating: Commendable/ Exceeds Standards

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.	According to program self-report, 82% (9 of 11) 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. The program exceeded its target.	Points: 5
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.	According to program self-report, 91% (10 of 11) 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, exceeding the target.	Points: 5
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.	According to program self-report, 91% (10 of 11) of the clients who self-report having stopped or reduced their use of stimulants (from question 2), had 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. The target was exceeded.	Points: 5

Commendations/Comments:

Performance Objectives are individualized to the program, as BHS does not currently have Standardized Objectives for ontngency management. Outcomes are measured using a survey and by verifying toxicology results.

The Performance Objectives were successfully achieved. FY22-23 data indicates that 82% of clients who completed the full program “agree” that they learned new skills to address their substance use goals. Additionally, 91% “agree” that they either stopped or reduced their use of stimulants, and 91% of the clients who self-reported having stopped or reduced their use of stimulants had negative U/A toxicology results or clinical notes verified by program staff.

Identified Problems, Recommendations and Timelines:

None indicated.

2. Program Deliverables (20 points possible):

Units of Service Deliverables (0-20 pts):		20	117% of Contracted Units of Service		
Program Deliverables Points:		20			
Points Given:	20/20	Category Score:	100%	Performance Rating:	Commendable/ Exceeds Standards

Units of Service Delivered

Program Code	Service Description	Contracted/Actual	
85051	SecPrev-19 SA-Sec Prev Outreach	927	1,080

Unduplicated Clients by Program Code

Program Code	Contracted/Actual	
85051	45	60

Commendations/Comments:

Based on the final invoice (Invoice #S05JU23) for the funding term, the program exceeded the contracted target of 927 Units of Service UOS). Additionally, the Unduplicated Client count was surpassed at a rate of 133%.

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

- Enrolled: 121
- Urine Tests: 1,427
- Successful Program Completions: 29
- Narcan Distribution
- Aftercare Services: 29 UDC; 221 Contacts; 40 Groups

Identified Problems, Recommendations and Timelines:

None indicated.

3. Program Compliance (40 points possible):

A. Declaration of Compliance Score (5 pts):		5	Submitted Declaration	
B. Administrative Binder Complete (0-10 pts):		10	95% 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	<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	
Program Compliance Points:		20		
Points Given:	20/20	Category Score:	100%	Compliance Rating: Commendable/ Exceeds Standards

Commendations/Comments:

At the time of this monitoring, the agency had moved to a new location at 940 Howard Street. The site was not yet open to the public as the agency was making further building modifications and awaiting fire clearance. Clients were being seen via telehealth and at the Castro location, Strut. Due to the status of the building, many of the Premises and Administrative Binder requirements were not applicable to this monitoring. These requirements will be followed up onsite at the next monitoring. The PROP program met almost all of the applicable Administrative Binder requirements, except for Cultural Competency Staff Reporting and required trainings.

Identified Problems, Recommendations and Timelines:

The program is advised to establish a tracking mechanism for DPH-required trainings. The program was provided with technical assistance on the annual submission of the Cultural Competency Staff Report and resources for accessing the necessary trainings.

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

- Cultural Competence Staff Report
- 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
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Commendations/Comments:

The PROP program conducted a client satisfaction survey in FY22-23, receiving 27 responses. The survey assessed client demographics, service use, experience, and overall satisfaction, along with the program's impact on substance use. These survey domains align with the program's objectives.

Survey results revealed that:

- 96% of respondents found group facilitators to be courteous, respectful, and sensitive to cultural needs.
- 83% benefited from the services received at PROP.
- 79% agreed that services helped them reach their substance use goals.
- 96% reported being very satisfied with the services received.

Additionally, the program received 17 responses to its quick survey assessing outcomes. Of these respondents:

- 94% indicated they learned new skills to address substance abuse goals while enrolled in PROP.
- 69% stopped using one or more drugs altogether.
- 35% thought about reducing the amount of drugs used.
- 29% began to reduce the amount of drugs used.
- 18% reported changing the way they use drugs.

Program staff indicated that they were making quality improvement changes to the survey by consolidating two surveys into one and making it electronic. They mentioned that they are currently piloting the new survey process at this time.

Identified Problems, Recommendations and Timelines:

None identified.