

## October 1, 2024 Health Commission

Sect.	Agency/ Program	Overall Program Score	Prog. Perf.	Prog. Deliv.	Program Comp.	Client Satisf.	Plan of Action Req?	Fiscal Year	Comments	CID #
BHS	Felton Institute									
	POET program began 7/1/24 with Felton Institute, not yet mo	NA	NA	NA	NA	NA	NA	NA		1000032695
BHS	Dataway US									
	IT contract, not monitored by BOCC.	NA	NA	NA	NA	NA	NA	NA		1000027848
BHS	Curry Senior Center									
	Curry - Drop-In Center for Older Adults MHSA	4 - Commendable/Exceeds Standards	4 - Commendable/Exceeds Standards	3 - Acceptable/Meets Standards	4 - Commendable/Exceeds Standards	4 - Commendable/Exceeds Standards	No	21-22	The program met 90% of its contracted performance objectives and 74% of its contracted units of service target. The program completed its client satisfaction survey and analyzed the results. BOCC recommends that the program include more of its survey findings regarding client feedback in its Year-End Program Narrative Report prepared annually for MHSA funded programs. <b>Note:</b> The FY22-23 and FY23-24 Year-End MHSA Program Narrative Reports have been completed (and addressed here to enhance FY21-22 BOCC monitoring), with six objectives to measure the success of the program. They met, and/or exceeded each. Objectives measure level of assessments, referrals of seniors to services, participation in wellness-based activities to decrease social isolation.	1000027848
BHS	San Francisco AIDS Foundation (Stonewall)									
	Stonewall Project - PROP 4 ALL_SUD	2 - Improvement Needed/Below Standards	NA	1 - Unacceptable	4 - Commendable/Exceeds Standards	4 - Commendable/Exceeds Standards	Yes	22-23	The program was exempted from its contracted performance objectives by POP-BHS SOC and met 43% of its contracted units of service target. The program completed its client satisfaction survey and analyzed the results. Plan of Action issued for failure to obtain a valid fire clearance and lack of proof of required trainings. <b>Update Note:</b> In FY23-23, this program was expanded by \$400k and did not ramp-up sufficiently to meet the expanded UOS. In FY23-24, the program exceeded its budgeted UOS and UDC per June 2024 invoice.	1000014893
	Stonewall Project - Substance Abuse Services_SUD	4 - Commendable/Exceeds Standards	4 - Commendable/Exceeds Standards	3 - Acceptable/Meets Standards	4 - Commendable/Exceeds Standards	4 - Commendable/Exceeds Standards	Yes	22-23	The program met 94% of its contracted performance objectives and 80% of its contracted units of service target. The program submitted its client satisfaction results in a timely fashion, the return rate was greater than 50%, and the percentage of clients indicating satisfaction with the program's services was 90-100%. Plan of Action issued for missing administrative binder requirements and proof of required trainings.	
	Stonewall Project - Positive Reinforcement Opportunity Project PROP_SUD	4 - Commendable/Exceeds Standards	4 - Commendable/Exceeds Standards	4 - Commendable/Exceeds Standards	4 - Commendable/Exceeds Standards	4 - Commendable/Exceeds Standards	No	22-23	The program met 100% of its contracted performance objectives and 117% of its contracted units of service target. The program completed its client satisfaction survey and analyzed the results. The program is advised to establish a tracking mechanism for DPIH-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.	
BHS	HealthRight360 (Medical Detox and Acceptance Place)									
	Baker Places Inc. - Acceptance Place - SUD	3 - Acceptable/Meets Standards	3 - Acceptable/Meets Standards	2 - Improvement Needed/Below Standards	1 - Unacceptable	4 - Commendable/Exceeds Standards	No	22-23	The program met 60% of its contracted performance objectives and 65% of its contracted units of service target. The program submitted its client satisfaction results in a timely fashion, the return rate was greater than 50%, and the percentage of clients indicating satisfaction with the program's services. Program is commended for partially or fully meeting 3/4 of its contracted performance objectives.	1000032807
	HR360 - Withdrawal Management_SABG	3 - Acceptable/Meets Standards	4 - Commendable/Exceeds Standards	4 - Commendable/Exceeds Standards	3 - Acceptable/Meets Standards	3 - Acceptable/Meets Standards			The program met 93% of its contracted performance objectives and 102% of its contracted units of service target. The program submitted its client satisfaction results in a timely fashion, the return rate was greater than 50%, and the percentage of clients indicating satisfaction with the program's services was 80-89%. BOCC recommends that the program focus on increasing the survey return rate in order to obtain feedback that is more representative of its client experiences.	
BHS	3rd Street Youth Center & Clinic (TAY)									
	TAY Engagement & Treatment - African American	1 - Unacceptable	1 - Unacceptable	1 - Unacceptable	2 - Improvement Needed/Below Standards	4 - Commendable/Exceeds Standards	No	21-22	FY22-23 monitoring is not complete. FY21-22: The program met 38% of its contracted performance objectives and 13% of its contracted units of service target. The program completed its client satisfaction survey and analyzed the results. The program's productivity was negatively affected by low-staffing issues and COVID-19 restrictions. No Plan of Action was required at the time with BOCC to follow-up on staffing and productivity during the next monitoring period. <b>Update Note:</b> FY23-24 review of Program Deliverables based on June 2024 invoice- the program served 324 UDC while they were budgeted to serve 211 UDC. The program delivered 2,717 UOS, or 70 percent of the budgeted UOS of 3,898.	1000032795
	TAY Engagement & Treatment - African American (Dream Keep	2 - Improvement Needed/Below Standards	1 - Unacceptable	4 - Commendable/Exceeds Standards	3 - Acceptable/Meets Standards	1 - Unacceptable	No	21-22	The program met 25% of its contracted performance objectives and 98% of its contracted units of service target. The program completed its client satisfaction survey and analyzed the results. 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 9/9/2023 and the last attempted email communication with the program on 11/28/2023. BOCC will follow-up during the next monitoring cycle.	
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