



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: CommunityForwardSF (formerly CATS)

Site Visit Date: March 20, 2024

Program Reviewed: CFSF A Woman's Place

Report Date: May 30, 2024

Program Code(s): 97027

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

Site Address: 1049 Howard Street, San Francisco, CA 94103

Finalized Date: 09/16/2024

CID/MOU#: 10020 **Appendix #:** A-1

Funding Source(s): General Fund and Other

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

Program/Contractor Representatives: Garrett Dexter, McKenna Mogan, and Romie Nottage

Overall Program Rating: 4 - Commendable/Exceeds Standards

Category Ratings:

4 = Commendable/Exceeds Standards				3 = Acceptable/Meets Standards			
2 = Improvement Needed/Below Standards				1 = Unacceptable			
N/A	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: CommunityForwardSF (formerly CATS)/CFSF A Woman's Place

- 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 100.0 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.
 - The program was exempt of Chart Documentation compliance.
 - The program completed its client satisfaction survey.
 - The program analyzed the client satisfaction results.

This program falls under the purview of the San Francisco Department of Public Health (SFDPH) Behavioral Health Services (BHS), within the Substance Use Disorder (SUD) System of Care (SOC).

By design, A Woman's Place (AWP) provides a safe, supportive living environment (4 to 18 months) to homeless women of all ethnicities and who may have co-occurring disorders. Women at AWP can also access individual and group mental health services through AWP Mental Health Outpatient Program. Stabilization Support Beds are a low threshold opportunity for female-identified clients experiencing barriers to accessing services.

Key initiatives and significant changes reported by the program during this review include the success of obtaining funding from a recent ballot measure. The program has plans to acquire a new site to significantly expand services. This dedicated site will include existing A Woman's Place clinical, housing, and drop-in services. The program reported being in the planning phase for future re-design and expansion.

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

Name and Title: Elissa Velez, 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:

Jellie Jom

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:

Erica Dratte

9/16/24

Signature of Authorized Contract Signatory (Service Provider)

Date

Erica Dratte Sr. VP of Programs

Print Name and Title

RESPONSE TO THIS REPORT DUE:	September 13, 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: 55/55=100%

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

Commendations/Comments:

The program operates with an exemption by the Substance Use Disorder (SUD) System of Care (SOC). Because of its distinctive low-threshold model, it does not follow standardized Substance Use Disorder (SUD) Performance Objectives. Given its primary function as a supportive living environment rather than an SUD treatment facility, individualized objectives have not been created.

Identified Problems, Recommendations and Timelines:

For the second consecutive year, the BOCC recommends collaborating with the System of Care to formulate Performance Objectives.

2. Program Deliverables (20 points possible):

Units of Service Deliverables (0-20 pts):		20	100% 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	
97027	Res-51 BOS Addback	2,835	2,835
97027	Res-51 Residential Recovery - Long Term	2,835	2,835

Unduplicated Clients by Program Code

Program Code	Contracted/Actual	
97027	55	55

Commendations/Comments:

According to the final invoice of contract term (# S04JU23), the program achieved full compliance by meeting 100% of the contracted units of service (UOS) as stipulated in the cost reimbursement contract. Additionally, the program fulfilled its contracted number for unduplicated client count (UDC).

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	100% of items in compliance
C. Site/Premises Compliance (0-10 pts):	10	100% items in compliance
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:	30	
Points Given:	30/30	Category Score: 100%
Compliance Rating:		Commendable/ Exceeds Standards

Commendations/Comments:

A program compliance review was conducted virtually on March 21, 2024, followed by an onsite premises review on April 17, 2024. The facility demonstrated full compliance with all Premises requirements and postings. The Administrative Binder review, conducted digitally, showed the program achieving 100% compliance. Additionally, the program confirmed adherence to personnel file requirements. The program is commended for maintaining a digital repository of compliance materials for monitoring, which streamlined the review process.

Identified Problems, Recommendations and Timelines:

The program is reminded to complete the annual Opioid Recognition and Response Training.

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 program conducted a client satisfaction survey from December 2022 through March 2023. Overall, 48 out of 55 unique guests who visited AWP during this period completed the survey, for a completion rate of 87%. Clients provided demographic information and rated their satisfaction with shelter services.

- **Shelter Quality:** 48% rated as “Excellent”, 29% as “Good”, 10% as “Fair”, and 12.5% as “Poor” or “No Opinion”.
- **Safety:** 44% rated as “Excellent”, 27% as “Good”, 10% as “Fair”, and 19% as “Poor” or “No Opinion”.
- **Staff Treatment:** 50% rated as “Excellent”, 23% as “Good”, 15% as “Fair”, and 12.5% as “Poor” or “No Opinion”.
- **Cleanliness:** 50% rated as “Excellent”, 25% as “Good”, 10% as “Fair”, and 15% as “Poor” or “No Opinion”.
- **Initial Experience:** 46% rated as “Excellent”, 27% as “Good”, 15% as “Fair”, and 12.5% as “Poor” or “No Opinion”.

The guests provided positive feedback about their initial experience at check-in, and how they were treated by staff overall, with 73% of guests giving excellent or good ratings in both domains.

The survey identified an area for improvement: 54% of guests did not receive transportation tokens on their first night in the shelter. To enhance transportation services for guests at AWP, staff will announce the availability of transportation tokens during Community Meetings.

Identified Problems, Recommendations and Timelines:

None identified.