



**Monitoring Report Fiscal Year 22-23  
 Behavioral Health Services**

**Section: BHS-SUD**

**Target Population:**

**Agency:** CommunityForwardSF (formerly CATS)

**Site Visit Date:** April 2, 2024

**Program Reviewed:** CFSF Medical Respite & Sobering Center

**Report Date:** May 28, 2024

**Program Code(s):**

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

**Site Address:** 1171, 1179, & 1185 Mission Street, San Francisco, CA 94103

**Finalized Date:**

**CID/MOU#:** 6000 **Appendix #:** A-1

**Funding Source(s)** General Fund

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

**Program/Contractor Representatives:** Daniel Larson, Garrett Dexter, and Emerson Flores

**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:** CommunityForwardSF (formerly CATS)/CFSF Medical Respite & Sobering Center

- 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 100.0 percent of its contracted units of service target.
  - A review of the administrative binder evidenced 95.0 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 contract is under the administration of DPH, Whole Person Integrated Care (WPIC). In the Medical Respite program, SF DPH Community Oriented Primary Care (COPC) System of Care and Community Forward SF through collaboration provide temporary, coordinated health & social supportive services to help stabilize and transition homeless persons suffering from substance abuse & addiction (sobering care) and/or homeless, medically-frail persons recovering from a hospitalization &/or Emergency Department visit to improved health status.

The program has highlighted significant changes, including the separation of the Sobering Center from the Managed Alcohol Program (MAP), effective August 1, 2023.

It takes pride in the first phase of its beautification efforts, which include enhanced lighting, fresh paint, new lockers, and a revitalized monthly program schedule, supported by a second phase of funding.

During the reporting year, the program has faced challenges such as adjusting to the separation from MAP, managing COVID-19 outbreaks, and addressing staffing issues.

**FY21-22 Plan of Action required?**     **Yes**     **No**

**If "Yes", describe program's implementation.**

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

Signature of Author of This Report

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

Signature of Authorizing Departmental Reviewer

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Name and Title: Jerna Reyes, BOCC Director

Signature of Authorizing System of Care Reviewer

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Name and Title: SOC Director

PROVIDER RESPONSE: (please check one and sign below)

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | I have reviewed the Monitoring Report, acknowledge findings, no further action is necessary at this time.   |
| <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | I have reviewed the Monitoring Report, disagree with findings, response to recommendations attached.  |

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Signature of Authorized Contract Signatory (Service Provider)

Date

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Print Name and Title

<b>RESPONSE TO THIS REPORT DUE:</b>	
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## 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>	85/85=100%
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### 1. Program Performance (30 points possible):

<b>Achievement of Performance Objectives (0-30 pts):</b>	30	20 total points out of 20 points (from 4 Objectives) = 100%
<b>Program Performance Points:</b>	30	
Points Given:	30/30	Category Score: 100%
		Performance Rating: Commendable/ Exceeds Standards

### Performance Objectives and Findings with Points

I.1	Emergency/Disaster Preparedness & Building Security: fire/earthquake, safety standards & key distribution/access, etc.	Finding: Emergency and Disaster Preparedness & Building Security were demonstrated by submitted Fire Clearance, walk through safety checklist, and Emergency/Disaster/Fire training certificates.	Points: 5
Ind.2	Objective: Transportation: shuttle priorities for clients/other programs, van operating schedule & taxi script usage.	Finding: Sufficient transportation was provided to clients as evidenced by van operating schedule & Lyft ride logs, and passenger tracking logs.	Points: 5
Ind.3	Objective: Food: stock rotation, menu planning & nutritional standards.	Finding: Sufficient food was provided to clients as evidenced by the menu, food handling training, and storage and temperature monitoring procedures.	Points: 5
Ind.4	Objective: Facilities Maintenance: cleanliness & maintenance schedules (daily, weekly, monthly, annually etc.).	Finding: Sufficient facilities maintenance was evidenced by the Safety Walk Checklist.	Points: 5

### Commendations/Comments:

The program met performance expectations, supported by documentation indicating sufficient and comprehensive measures in Emergency/Disaster Preparedness & Building Security, Transportation, Food, and Facility Maintenance.

### Identified Problems, Recommendations and Timelines:

None indicated.

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

<b>Units of Service Deliverables (0-20 pts):</b>		20	100% 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**

<b>Program Code</b>	<b>Service Description</b>	<b>Contracted/Actual</b>	
MedRespite&Sobering (MRSC)	SecPrev-19 SA-Sec Prev Outreach	56,746	56,746

**Unduplicated Clients by Program Code**

<b>Program Code</b>	<b>Contracted/Actual</b>	
DropIn	230	231
MedRespite	1,287	1,287

**Commendations/Comments:**

According to the final invoice for the funding term (Invoice #HN1JU23), the program successfully fulfilled all the Units of Service of a cost reimbursement contract.

Based on the data provided by SFDPH, the Medical Respite program accommodated 343 Unduplicated Clients, with a total of 379 stays recorded at the facility, resulting in a cumulative occupancy of 18,824 days. Additionally, the Alcohol Sobering service attended to 317 Unduplicated Clients, with a total of 714 encounters documented.

**Identified Problems, Recommendations and Timelines:**

None indicated.

**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	95% 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>	N/A	
<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: 30/30	Category Score: 100%	Compliance Rating: Commendable/ Exceeds Standards

**Commendations/Comments:**

The review was conducted in person on 4/02/24. The facility demonstrated compliance with all Premises requirements and postings. The Administrative Binder review was conducted digitally, with the program achieving 95% compliance. The program is commended for maintaining a digital repository of compliance materials, facilitating a streamlined review process. The program confirmed adherence to personnel file requirements.

**Identified Problems, Recommendations and Timelines:**

Required trainings such as Harm Reduction by HRTI, Opioid Overdose Recognition and Response, DPH Privacy and Compliance, and Sexual Orientation/Gender Identity (SO/GI) were not completed by staff as evidenced by training certificates. Therefore, the program will be assigned a Plan of Action (POA) to address non-compliance with these trainings.

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

- 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
<b>Client Satisfaction Points:</b>		<b>5</b>

Points Given:	5/5	Category Score:	100%	Client Satisfaction Rating:	Commendable/ Exceeds Standards
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**Commendations/Comments:**

The program provided analyzed survey results for Medical Respite and Sobering Center client satisfaction. Surveys were distributed in the third week of April 2023, with 10 surveys returned. Clients were asked about staff, facilities, food, and services. Feedback included comments such as "All staff are respectful and caring" and "Nurses are very helpful in treating clients' medical needs."

Respondents were asked to score overall services on a scale of 1 to 5. Three surveys received a score of 3, indicating "satisfied." Two surveys received a score of 4, indicating "very satisfied," and five surveys received a score of 5, indicating "extremely satisfied." The overall score was 4.3 out of 5.

The second part of the survey assessed relationships with front desk staff, with a satisfaction rating of 3.6 out of 5. Clients were also asked about satisfaction with transportation services, which received a score of 3.2 out of 4.

**Identified Problems, Recommendations and Timelines:**

None indicated.

**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. DPH Required Trainings	The program must outline its plan to achieve compliance with DPH-required trainings for full implementation in or prior to FY24-25.