



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

Section: BHS-MH

Target Population:

Agency: Baker Places, Inc.

Site Visit Date: June 26, 2024

Program Reviewed: BP Baker Places - 1156 Valencia Hummingbird Respite

Report Date: November 26, 2024

Program Code(s): 3835VH

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

Site Address: 1156 Valencia Street, San Francisco, CA 94110

Finalized Date:

CID/MOU#: 17071 **Appendix #:** A-1

Funding Source(s) Other

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

Program/Contractor Representatives: Jeremy Tsuchitani-Watson, Melida Solorzano, Orlando Vargas

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: Baker Places, Inc./BP Baker Places - 1156 Valencia Hummingbird Respite

- 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 237.8 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 contract is administered through the San Francisco Department of Public Health (DPH) Behavioral Health Services (BHS) Residential System of Care (RSOC). The 1156 Valencia Hummingbird Respite program reduced Behavioral Health Services (BHS) clients' utilization of crisis and inpatient services. The program provided an integrated, social rehabilitation, trauma-informed, and harm-reduction model delivered by mental health residential counselors, peer counselors, managers, and medical practitioners within a social milieu that supported clients in all aspects of their recovery.

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

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

Signature of Authorizing Departmental Reviewer

Name and Title: Jerna Reyes, BOCC Director

Signature of Authorizing System of Care Reviewer

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. |

Signature of Authorized Contract Signatory (Service Provider)

Date

Print Name and Title

RESPONSE TO THIS REPORT DUE:	
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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: 85/85=100%

1. Program Performance (30 points possible):

Achievement of Performance Objectives (0-30 pts):	30	10 total points out of 10 points (from 2 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	By the end of the program term, 100% of contracted duplicated clients will have been served by at least one of the services provided at the facility, as measured by program staff, and documented in the client records.	According to program self-report, 100% (173/173) of contracted duplicated clients were served by at least one of the services provided at the facility, as measured by program staff, and documented in the client records.	Points: 5
I.2	By the end of the program term, 100% of contracted units of service will have been completed, as measured by program staff, and documented in the program records.	According to the program's self-report, the number of contracted units of service (UOS) was exceeded, as documented by program staff in the program records.	Points: 5

Commendations/Comments:

The program data shows that all clients who walked in were served, either through low-threshold support or high-threshold overnight stays, sometimes including medical assistance. The contracted Units of Service (UOS) was based on a 365-day year. The following data indicate that the program surpassed its contracted service delivery expectations:

- Overnight Total: 7,724 units
- Hummingbird Potrero Drop-in: 868 units

Identified Problems, Recommendations and Timelines:

This monitoring highlights a reporting discrepancy in the documentation of UOS for the program. The contract specifies that UOS are based on the number of days the program is expected to be open in a calendar year, totaling 365 days. However, Performance Objective I.2 states, "100% of contracted units of service will have been completed, as measured by program staff, and documented in the program records," implying that UOS are based on clients or services rather than calendar days. This discrepancy causes confusion and does not align with the terms outlined in the contract.

BOCC recommends that the program work with RSOC to update this Objective to better reflect its actual goals, services, and tracking capabilities. As written, it appears inconsistent with the contract. A more appropriate objective might be: "By the end of the fiscal year, the program will be open every day, 365 days a year," which aligns with the UOS target.

2. Program Deliverables (20 points possible):

Units of Service Deliverables (0-20 pts):		20	238% 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	
3835VH	60/ 78 SS-Other Non-MediCal M05	365	868

Unduplicated Clients by Program Code

Program Code	Contracted/Actual	
3835VH	384	173

Commendations/Comments:

The final UOS and Unduplicated Client (UDC) count were extracted from the final invoice (#M05JU23) for the funding term. The program does not document in Avatar nor bill for services due to the low-threshold nature of the services provided at this site.

The invoice indicates that the UOS target (365) was surpassed. However, a discrepancy exists in the reporting because the program calculated UOS using a metric other than the number of days the program was open. The program was open 365 days, meeting its contracted target.

Identified Problems, Recommendations and Timelines:

BOCC advised the program to take appropriate steps to ensure that invoiced UOS align with the terms of the contract. Program staff will communicate with its billing and finance teams to address the discrepancy moving forward.

Another inconsistency that must be mentioned is the reporting of the UDC. According to the contract, the UDC target is 384, whereas the invoiced number is 173. It appears that the figure of 384 is intended to include both drop-in and overnight clients. However, the program does not track number of unduplicated drop-in clients due to challenges such as duplication, tracking inaccuracies, and clients signing in under different names. The reported number of 173 on the invoice reflects only overnight clients. While it is likely that the target of 384 was met, no solid evidence can be provided or reviewed due to the lack of data for the drop-in clients.

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:

The program was visited on 6/26/24 and met all Premises requirements. An electronic review of the Administrative Binder and staff trainings was conducted, with all requirements successfully met.

Identified Problems, Recommendations and Timelines:

None identified.

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:

Clients were given a 9-question anonymous survey, with responses collected in a drop box throughout the month and made available to clients discharging from the program. Quality Management entered the data, including all client comments, and reviewed the results monthly with the Senior Clinical Team. Quarterly, the findings were included in the Quality Management Report and discussed with program leadership during Leadership Meetings.

For the reporting period of March to June 2023, 12 surveys were completed by drop-in clients. The results indicated:

- 91.7% (11/12) felt welcome
- 91.7% (11/12) liked the services offered
- 91.7% (11/12) would recommend the program to others
- 91.7% (11/12) felt staff treated them with respect
- 91.7% (11/12) felt staff communicated clearly
- 83.3% (10/12) felt safe
- 83.3% (10/12) felt staff were knowledgeable about cultural, HIV/AIDS, and substance use needs
- 83.3% (10/12) were able to obtain all needed services

For overnight clients, 48 surveys were collected. The results included:

- 97.9% (47/48) felt welcome
- 95.8% (46/48) liked the services offered
- 97.9% (47/48) would recommend the program to others
- 93.8% (45/48) felt staff treated them with respect
- 93.8% (45/48) felt staff communicated clearly
- 83.3% (40/48) felt staff spent sufficient time with them during 1-on-1 meetings
- 75% (36/48) felt they selected their treatment plan goals with staff assistance
- 93.8% (45/48) felt safe
- 83.3% (40/48) felt staff were knowledgeable about cultural, HIV/AIDS, and substance use needs
- 75% (36/48) were able to access all necessary services

All client feedback in the comments was positive, with many expressing appreciation for the quality of meals, staff with lived experiences, and the mental, emotional, and housing support they received.

Identified Problems, Recommendations and Timelines:

None noted.