



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

Section: BHS-MH

Target Population: CYF

Agency: Instituto Familiar De La Raza, Inc

Site Visit Date: August 6, 2024

Program Reviewed: IFR Child Outpatient Behavioral Health Services & EPSDT

Report Date:

Program Code(s): 38185, 38186

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

Site Address: 2919 Mission Street, San Francisco, CA 94110

Finalized Date:

CID/MOU#: 11456 **Appendix #:** A-4a

Funding Source(s) General Fund

On-Site Monitoring Team Member(s): Craig Wenzl, Rosa Serpas (JEDI)

Program/Contractor Representatives: Sara Briseño, Cassandra Coe, Celia Dominguez, Julio Gonzales, Carlos Izaguirre, Claudia León, Marisol Medina, Linda Mora, Luis Pérez, Diana Pica

Overall Program Rating: 2 - Improvement Needed/Below Standards

Category Ratings:

4 = Commendable/Exceeds Standards		3 = Acceptable/Meets Standards					
2 = Improvement Needed/Below Standards		1 = Unacceptable					
1	Program Performance	2	Program Deliverables	3	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: Instituto Familiar De La Raza, Inc/IFR Child Outpatient Behavioral Health Services & EPSDT

- Findings/Summary:**
- The services provided by this program were funded by the Sources listed on page 1.
 - The program met 45.0 percent of its contracted performance objectives.
 - The program met 50.2 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 submitted its client satisfaction results in a timely fashion.
 - The program's client satisfaction return rate was more than 50%.
 - The percentage of clients indicating satisfaction with the program's services was 90-100%.

This program is under the administration of SFDPH Behavioral Health Services (BHS): Children, Youth, and Families (CYF). This community-based, multiservice organization is located in the Mission District and provides mental health and HIV-related family preservation and mentoring services to a predominately Latino population. The outpatient clinic provides a continuum of mental health services, including advocacy, early intervention, case management and direct clinical services to children, youth, adults, and their families. Consultation to community agencies is also provided. Services are provided by qualified bilingual/bicultural and multicultural staff who reflect the diversity of the Mission community and who are familiar with the cultural and spiritual norms, practices, and beliefs of the Latino community. Monitoring of this program was conducted onsite on 4/26/24 and virtually via Teams on 8/6/24 to discuss the program and gather BOCC findings.

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

Name and Title: Craig Wenzl, 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:	
-------------------------------------	--

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:	47/90=52%
----------------------------	-----------

1. Program Performance (30 points possible):

Achievement of Performance Objectives (0-30 pts):	0	36 total points out of 80 points (from 16 Objectives) = 45%
Program Performance Points:	0	

Points Given:	0/30	Category Score:	0%	Performance Rating:	Unacceptable
---------------	------	-----------------	----	---------------------	--------------

Performance Objectives and Findings with Points

CYF.MHO P1	Objective: 80% of clients will improve on at least 50% of their actionable items on the CANS.	Finding: In FY22-23 there were 1 client(s) in program 38186 with actionable items on the CANS. During the review period 0 client(s) improved on at least 50% of the items, resulting in 0.00% of clients achieving the CANS benchmark.	Points: 0
CYF.MHO P1	Objective: 80% of clients will improve on at least 50% of their actionable items on the CANS.	Finding: In FY22-23 there were 30 client(s) in program 38185 with actionable items on the CANS. During the review period 14 client(s) improved on at least 50% of the items, resulting in 46.66% of clients achieving the CANS benchmark.	Points: 1
CYF.MHO P2	Objective: 100% of clients will either maintain or develop at least 2 useful or centerpiece Strengths.	Finding: In FY22-23 there were 1 client(s) in program 38186 with at least 2 CANS and at least 8 months between CANS. During the review period 1 clients maintained or developed at least 2 useful or centerpiece strengths, resulting in 100.00% of clients achieving the CANS benchmark.	Points: 5
CYF.MHO P2	Objective: 100% of clients will either maintain or develop at least 2 useful or centerpiece Strengths.	Finding: In FY22-23 there were 30 client(s) in program 38185 with at least 2 CANS and at least 8 months between CANS. During the review period 30 clients maintained or developed at least 2 useful or centerpiece strengths, resulting in 100.00% of clients achieving the CANS benchmark.	Points: 5
CYF.MHO P3	Objective: 90% of new clients with an open episode will have the initial CANS assessment completed in Avatar within 60 days of episode opening.	Finding: In FY22-23 there were 2 new clients opened in 38186. During the review period, 0 clients had an initial CANS assessment finalized in AVATAR within 60 days of episode opening, resulting in 0.00% compliance.	Points: 0
CYF.MHO P3	Objective: 90% of new clients with an open episode will have the initial CANS assessment completed in Avatar within 60 days of episode opening.	Finding: In FY22-23 there were 17 new clients opened in 38185. During the review period, 5 clients had an initial CANS assessment finalized in AVATAR within 60 days of episode opening, resulting in 29.41% compliance.	Points: 0
CYF.MHO P4	Objective: 90% of clients with an open episode will have the initial Treatment Plan of Care or Problem List finalized in Avatar within 60 days of episode opening.	Finding: In FY22-23 there were 17 clients registered in 38185 since the beginning of the fiscal year. During the review period, 16 clients had a TPOC or an entry in the Problem List as found in AVATAR, resulting in 94.12% compliance.	Points: 5
CYF.MHO P4	Objective: 90% of clients with an open episode will have the initial Treatment Plan of Care or Problem List finalized in Avatar within 60 days of episode opening.	Finding: In FY22-23 there were 2 clients registered in 38186 since the beginning of the fiscal year. During the review period, 2 clients had an entry in the Problem List as found in AVATAR, resulting in 100.00% compliance.	Points: 5
CYF.MHO P5	Objective: 90% of clients will have CANS ratings and Assessment Updates completed in Avatar annually.	Finding: In FY22-23 there were 48 clients with annual CANS assessments due in 38185. During the review period 48 clients had finalized CANS assessments as found in AVATAR, resulting in 100.00% compliance.	Points: 5
CYF.MHO P5	Objective: 90% of clients will have CANS ratings and Assessment Updates completed in Avatar annually.	Finding: In FY22-23 there were 4 clients with annual CANS assessments due in 38186. During the review period 4 clients had finalized CANS assessments as found in AVATAR, resulting in 100.00% compliance.	Points: 5
CYF.MHO P6	Objective: 90% of clients, open at least 18 months or more, will have Mid-Year CANS ratings and Assessment Updates completed in Avatar.	Finding: In FY22-23 there were 3 clients open in treatment for at least 18 months in 38186 for whom an updated Mid-Year CANS assessment was due. During the review period, 1 clients had an updated assessment as found in AVATAR, resulting in 33.33% compliance.	Points: 0
CYF.MHO P6	Objective: 90% of clients, open at least 18 months or more, will have Mid-Year CANS ratings and Assessment Updates completed in Avatar.	Finding: In FY22-23 there were 36 clients open in treatment for at least 18 months in 38185 for whom an updated Mid-Year CANS assessment was due. During the review period, 25 clients had an updated assessment as found in AVATAR, resulting in 69.44% compliance.	Points: 2

CYF.MHO P7	Objective: 100% of clients in treatment will have a Closing Summary and Discharge CANS completed no later than 30 days after episode closing.	Finding: In FY22-23 there were 32 clients discharged from 38185. During the review period 23 clients had finalized Closing Summary and Discharge CANS completed in AVATAR within 30 days after episode closing, resulting in 71.88% compliance.	Points: 3
CYF.MHO P7	Objective: 100% of clients in treatment will have a Closing Summary and Discharge CANS completed no later than 30 days after episode closing.	Finding: In FY22-23 there were 3 clients discharged from 38186. During the review period 1 client had finalized Closing Summary and Discharge CANS completed in AVATAR within 30 days after episode closing, resulting in 33.33% compliance.	Points: 0
CYF.MHO P8	Objective: 100% of clients with new episodes will have the referral date and first offered appointment date recorded in Avatar via the CSI Assessment for that episode.	Finding: In FY22-23 there were 4 requests for appointments in 38185. During the review period 1 client had the first offered appointment date recorded in Avatar, resulting in 25.00% compliance.	Points: 0
CYF.MHO P8	Objective: 100% of clients with new episodes will have the referral date and first offered appointment date recorded in Avatar via the CSI Assessment for that episode.	Finding: In FY22-23 there were 2 requests for appointments in 38185. During the review period 0 clients had the first offered appointment date recorded in Avatar, resulting in 0.00% compliance.	Points: 0
CYF.MHO P9	Objective: 100% of clients who receive an initial medication service with a prescriber must have the referral date and first offered appointment date recorded in Avatar via the Time to Outpatient Psychiatry form for that episode.	Finding: No data received from QM for 38185. The program does not provide Medication Support Services: N/A	Points:
CYF.MHO P9	Objective: 100% of clients who receive an initial medication service with a prescriber must have the referral date and first offered appointment date recorded in Avatar via the Time to Outpatient Psychiatry form for that episode.	Finding: No data received from QM for 38186. The program does not provide Medication Support Services: N/A	Points:

Commendations/Comments:

Identified Problems, Recommendations and Timelines:

2. Program Deliverables (20 points possible):

Units of Service Deliverables (0-20 pts):		12	50% of Contracted Units of Service	
Program Deliverables Points:			12	
Points Given:	12/20	Category Score:	60%	Performance Rating: Improvement Needed/ Below Standards

Units of Service Delivered

Program Code	Service Description	Contracted/Actual	
		Contracted	Actual
38185	15/ 01-09 Case Mgt Brokerage M22	31,819	7,921
38185	15/ 10-56 MH Svcs M22	97,932	57,336
38185	15/ 70-79 Crisis Intervention-OP M22	115	0
38185	45/ 20-29 Cmnty Clients Svcs M48	19	2
38186	15/ 01-09 Case Mgt Brokerage M22	364	0
38186	15/ 10-56 MH Svcs M22	9,251	4,809
38186	15/ 70-79 Crisis Intervention-OP M22	77	0
38186	45/ 10-19 Educational Related Mental Health Services (E DMHS) M24	459	180
38186	45/ 20-29 Cmnty Clients Svcs M48	416	269
38186	45/ 20-29 Outreach M48	219	38

Unduplicated Clients by Program Code

Program Code	Contracted/Actual	
38185	69	60
38186	40	7

Commendations/Comments:

The totals for Units of Service (UOS) are from the program's final invoices (M22JU23, M24JU23, M48JU23SUP). The actual Unduplicated Client (UDC) count achieved is from Avatar. The program provided 52% of the contracted UOS and 61.5% of the UDC based on these data sources.

Identified Problems, Recommendations and Timelines:

NOTES RE LOW UOS AND UDC

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):	0	<input 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:	25	
Points Given: 25/30	Category Score: 83%	Compliance Rating: Acceptable/ Meets Standards

Commendations/Comments:

The review of the Administrative Binder and Site/Premises requirements found all of the items present. BOCC reviewed a sample of training logs and found all items in compliance.

Identified Problems, Recommendations and Timelines:

BOCC advised IFR to order new BHS Grievance/Appeal posters and forms because they were recently updated. The program was given credit for having the previous versions posted and available for participants while awaiting the new ones.

4. Client Satisfaction (10 points possible): CBHS Standardized Client Satisfaction Survey (Results were compiled and reported by Office of Quality Management)

Scoring Category	Scoring Criteria	Points
Submission	On Time = 2/Not On Time = 0	2
Return Ratio	>50% = 3 / <50% = 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	5
Client Satisfaction Points:		10

Points Given: 10/10	Category Score: 100%	Client Satisfaction Rating: Commendable/ Exceeds Standards
---------------------	----------------------	--

Commendations/Comments:

The actual results from the FY22-23 Treatment Perception Survey (conducted 5/23) were as follows: Program Code 38185 ADULT - Return Rate: 100%, Overall Satisfaction Rate: 100%. CYF - Return Rate: 136.4%, Overall Satisfaction Rate: 90.9%.

When return rates are over 100%, it can mean that any number of individual clients returned more than one survey or that the program gathered more surveys than there were clients billed during the survey period.

Identified Problems, Recommendations and Timelines:

None noted.