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-MH

Target Population: CYF

Agency: Instituto Familiar De La Raza, Inc

Program Reviewed: IFR ISCS/EPSDT Services La Cultura Cura and Family F.I.R.S.T

Program Code(s): 38LA10, 38LA2, 38LASP2

Site Address: 5128 Mission Street, San Francisco, CA 94112

CID/MOU#: 11456 **Appendix #:** A-6a, A-6b

Funding Source(s): General Fund and Medi-Cal

Site Visit Date: August 5, 2024

Report Date: September 25, 2024

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

Finalized Date:

On-Site Monitoring Team Member(s): Craig Wenzl

Program/Contractor Representatives: Michelle Alvarez Campos, Roberto Gonzalez, Claudia León, Marisol Medina, Luis Pérez, Diana Pica

Overall Program Rating: 3 - Acceptable/Meets Standards

Category Ratings:

4 = Commendable/Exceeds Standards	3 = Acceptable/Meets Standards
2 = Improvement Needed/Below Standards	1 = Unacceptable

3	Program Performance	2	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: Instituto Familiar De La Raza, Inc/IFR ISCS/EPSDT Services La Cultura Cura and Family F.I.R.S.T

Findings/Summary:

- The services provided by this program were funded by the Sources listed on page 1.
- The program met 78.2 percent of its contracted performance objectives.
- The program met 54.9 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) Mental Health (MH). The program provides intensive case management and mental health services to Latino youth who meet criteria for Intensive Supervision and Clinical Services (ISCS /Family FIRST) and/or who are prioritized by the Department of Juvenile Probation, DCYF, or DPH BHS to respond to the cultural and linguistic needs of youth at-risk and/or involved in the juvenile justice system.

In this report, program code 38LA2 represents an intensive mini wraparound program through which a clinician and case manager work together. All youth clients represented by the program code are interfacing with juvenile justice and are oftentimes on probation. The program also receives DCYF funding to support these youth, with special service codes that are utilized to attend court, perform curfew calls, and write monthly reports.

FY21-22 Plan of Action required? [ ] **Yes** [X] **No**

If "Yes", describe program's implementation.

FY22-23 Plan of Action required? [ ] **Yes** [X] **No**

Signature of Author of This Report

DocuSigned by:
Craig Wenzl
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Name and Title: Craig Wenzl, Business Office Contract Compliance Manager

Signature of Authorizing Departmental Reviewer

Signed by:
Jerna Reyes
03D1D435C0E0406...

Name and Title: Jerna Reyes, BOCC Director

Signature of Authorizing System of Care Reviewer

DocuSigned by:
Farahnaz Farahmand
C3A21B84D98E406...

Name and Title: SOC Director

PROVIDER RESPONSE: (please check one and sign below)

X	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.

DocuSigned by:
Michelle Alvarez-Campos
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12-19-2024

Signature of Authorized Contract Signatory (Service Provider) Date

Michelle Alvarez-Campos, LCSW. La Cultura Cura Director and Clinical Supervisior

Print Name and Title

RESPONSE TO THIS REPORT DUE:	**December 24, 2024**

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:	77/90=86%

1. Program Performance (30 points possible):

Achievement of Performance Objectives (0-30 pts):	25	43 total points out of 55 points (from 11 Objectives) = 78%
Program Performance Points:	25	

Points Given:	25/30	Category Score:	83%	Performance Rating:	Acceptable/ Meets Standards

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: No clients meeting denominator in 38LA10.	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 5 client(s) in program 38LA2 with actionable items on the CANS. During the review period 5 client(s) improved on at least 50% of the items, 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 5 client(s) in program 38LA2 with at least 2 CANS and at least 8 months between CANS. During the review period 5 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: No clients meeting denominator in 38LA10.	Points:
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 3 new clients opened in 38LA2. During the review period, 2 clients had an initial CANS assessment finalized in AVATAR within 60 days of episode opening, resulting in 66.67% compliance.	Points: 2
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 3 new clients opened in 38LA10. During the review period, 2 clients had an initial CANS assessment finalized in AVATAR within 60 days of episode opening, resulting in 66.67% compliance.	Points: 2
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 3 clients registered in 38LA10 since the beginning of the fiscal year. During the review period, 3 clients had an entry in the Problem List as found in AVATAR, resulting in 100.00% 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 3 clients registered in 38LA2 since the beginning of the fiscal year. During the review period, 3 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: No clients meeting denominator in 38LA10.	Points:
CYF.MHO P5	Objective: 90% of clients will have CANS ratings and Assessment Updates completed in Avatar annually.	Finding: In FY22-23 there were 3 clients with annual CANS assessments due in 38LA2. During the review period 3 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 2 clients open in treatment for at least 18 months in 38LA2 for whom an updated Mid-Year CANS assessment was due. During the review period, 2 clients had an updated assessment as found in AVATAR, resulting in 100.00% compliance.	Points: 5
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: No clients meeting denominator in 38LA10.	Points:
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 8 clients discharged from 38LA2. During the review period 8 clients had finalized Closing Summary and Discharge CANS completed in AVATAR within 30 days after episode closing, resulting in 100.00% compliance.	Points: 5
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 3 requests for appointments in 38LA2. During the review period 0 clients had the first offered appointment date recorded in Avatar, resulting in 0.00% compliance.	Points: 0

CYF.MHOP8	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 5 requests for appointments in 38LA10. During the review period 4 clients had the first offered appointment date recorded in Avatar, resulting in 80.00% compliance.	Points: 4
CYF.MHOP9	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 38LA2. The program does not provide Medication Support Services: N/A.	Points:
CYF.MHOP9	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 38LA10. The program does not provide Medication Support Services: N/A.	Points:

Commendations/Comments:

The program is commended for excellent achievement of seven of the applicable Performance Objectives. Four of the Objectives had no applicable clients in the denominator.

Identified Problems, Recommendations and Timelines:

The program scored low (67% compliance) on Objective CYF.MHOP3 (38LA2, 38LA10), which focused on timely completion of initial CANS assessments in Avatar. The low number of clients in the denominator (three) for both program codes greatly skewed the percentage of compliance achieved. According to IFR, for 38LA2, one youth left the family home and disengaged from services, resulting in challenges to complete the CANS assessment with the clinician in a timely manner. For 38LA10, one youth was registered and disengaged after the first intake assessment appointment. This was a homeless family in shelter with limited communication resources. The client and caregiver were contacted by phone and letter regarding closure of service, at which time the client re-engaged in services. BOCC will not require a Plan of Action (POA) at this time for this Objective, based on the reasons noted above.

For Objective CYF.MHOP8, which focused on Timely Access documentation in Avatar for clients with new episodes, 0/3 first offered appointment dates were recorded in Avatar. According to IFR, internal records showed that 100% of the appointments were offered within 10 days. However, one referred youth and family declined the appointment due to the caregiver recovering from surgery. Additionally, the intake coordinator position was vacant for four months, and CSI entry might not have been completed by a former employee. The program noted this as a flag for training needs. BOCC will not require a POA for this Objective at this time because of the reasons noted above, as well as changes to Timely Access documentation through the transition from Avatar to Epic.

2.Program Deliverables (20 points possible):

Units of Service Deliverables (0-20 pts):	12	55% 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	
38LA10	15/ 01-09 Case Mgt Brokerage M50	12,395	40
38LA10	15/ 07 - Intensie Care Coordinator M50	1,234	14
38LA10	15/ 10-56 MH Svcs M50	5,124	2,467
38LA10	15/ 10-56 MH Svcs M58	1,295	624
38LA10	15/ 57-Intensive Home Based Svcs M50	401	0
38LA10	45/ 20-29 Cmmty Client Svcs M55	138	15
38LA10	60/ 72 Client Flexible Support M55	2,901	0
38LA2	15/ 01-09 Case Mgt Brokerage M49	33,295	17,359
38LA2	15/ 07 - Intensie Care Coordinator M49	2,385	199
38LA2	15/ 10-56 MH Svcs M49	10,677	11,379
38LA2	15/ 57-Intensive Home Based Svcs M49	519	0
38LASP2	15/ 01-09 Case Mgt Brokerage M23	13,090	6,826
38LASP2	15/ 10-56 MH Svcs M23	6,578	7,010
38LASP2	45/ 10-19 Cmmty Clients Svcs M31	31	3
38LASP2	60/ 72 Client Flexible Support M38	4,717	3,930
38LASP2	60/ 72-19 Client Flexible Support M31	7,640	6,367

Unduplicated Clients by Program Code

Program Code	Contracted/Actual	
38LA10	8	5
38LA2	12	10

Commendations/Comments:

The totals for Units of Service (UOS) are from the program's final invoices (M23JUN23SUP, M31JUN23SUP, M38JU23SUP, M49JU23SUP, M50JU23, M55JU23, M58JU23). The Unduplicated Client (UDC) count is from the program's self-report. Program code 38LASP2 appears on invoices but does not exist in Avatar. The program provided 55% of the contracted UOS and 75% of the UDC targets based on these data sources.

Identified Problems, Recommendations and Timelines:

The program provided only 55% of the contracted UOS during the year, according to the final invoices. The program reported that referrals for 38LA2 are provided only by AIIM Higher in coordination with the Juvenile Probation Department and juvenile justice partners (Public Defender Office, etc.). For FY22-23, JPD provided minimal referrals. Additionally, IFR had limited capacity due to no clinician having been hired for this contract, as well as the loss of the Mental Health Rehabilitation Specialist/Case Manager in March 2023. For 38LA10, all referrals are also provided by AIIM Higher in coordination with JPD. Because of disruptions from the pandemic, as well as the low number of youth in Out-of-Home Placement for the year, IFR requested from the CYF administration to revise the referral requirements in order to expand services. This authorization was provided to expand services to Spanish-speaking youth/children at-risk and involved in the juvenile justice system. BOCC will not require a POA for low UOS achievement at this time because of the reasons noted above, as well as the improvement in

productivity from the prior year. BOCC recommends, however, that the program continue to work with the CYF administration to review and, if necessary, adjust the projected UOS to ensure that the numbers are achievable and better reflective of current program practice and capacity, especially considering the dependence on referrals.

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	[X] No FY21-22 POA was required [ ] FY21-22 POA was submitted, accepted and implemented [ ] FY21-22 POA submitted, not fully implemented [ ] 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 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 38LA10 - Return Rate: 150%, Overall Satisfaction Rate: 100%. Program Code 38LA2 - Return Rate: 200%, Overall Satisfaction Rate: 75%. 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 indicated.