



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: Edgewood Center for Children & Families

Program Reviewed: Edgewood Crisis Stabilization Unit

Program Code(s): 3898CS, 8858CS

Site Address: 2681 28th Avenue, San Francisco, CA 94112

CID/MOU#: 10030 **Appendix #:** A-8b

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

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

Program/Contractor Representatives: May Chhoeng, Lynn Dolce, Vincent Fong, America Grajeda, Sapna Patel, Jonathan Weinstock

Site Visit Date: June 27, 2024

Report Date: July 1, 2024

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

Finalized Date:

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	3	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: Edgewood Center for Children & Families/Edgewood Crisis Stabilization Unit

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 88.1 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 is under the administration of SFDPH Behavioral Health Services (BHS) Mental Health Children, Youth, and Families (MH, CYF). The Edgewood Crisis, Triage and Assessment Center (CTAC) is an unlocked, mental health specialty program for medically-stable youth ages 6 to 17 years. The CSU also functions as the San Francisco County Receiving Center (Welfare and Institutions Code 5151) for youth who are placed on a WIC 5150/5585.5 civil commitment hold in San Francisco County.

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:

Craig Wenzl

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

Signature of Authorizing Departmental Reviewer

DocuSigned by:

Jerna Reyes

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Name and Title: Jerna Reyes, BOCC Director

Signature of Authorizing System of Care Reviewer

DocuSigned by:

Farahnaz Farahmand

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Name and Title: SOC Director

PROVIDER RESPONSE: (please check one and sign below)

<input checked="" 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.

DocuSigned by:

America Grajeda

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Signature of Authorized Contract Signatory (Service Provider)

7/19/2024

Date

America Grajeda, Senior Director of Programs

Print Name and Title

RESPONSE TO THIS REPORT DUE:

July 23, 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:	83/85=98%
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1. Program Performance (30 points possible):

Achievement of Performance Objectives (0-30 pts):				30	5 total points out of 5 points (from 1 Objectives) = 100%
Program Performance Points:				30	
Points Given:	30/30	Category Score:	100%	Performance Rating:	Commendable/ Exceeds Standards

Performance Objectives and Findings with Points

Ind.1	At least 75% of clients served will be diverted from in-patient hospitalization.	According to the program's self-report, 90 Medi-Cal assessments were completed during FY22-23. Out of these 90 assessments, 8 clients were placed on a 5585 or had their 5585 hold continued and transferred to a psychiatric inpatient hospital. This equals an 8.9% hospitalization rate and corresponding 91.1% diversion rate.	Points: 5
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Commendations/Comments:

The program is commended for excellent achievement of the Performance Objective.

Identified Problems, Recommendations and Timelines:

None noted.

2. Program Deliverables (20 points possible):

Units of Service Deliverables (0-20 pts):				18	88% of Contracted Units of Service	
Program Deliverables Points:				18		
Points Given:	18/20	Category Score:	90%	Performance Rating:	Acceptable/ Meets Standards	

Units of Service Delivered

Program Code	Service Description	Contracted/Actual	
8858CS	10/ 25 - 29 DS-Crisis Stab Urgent Care M03	2,432	1,466
8858CS	10/ 25 - 29 DS-Crisis Stab Urgent Care M25`	5,689	5,689

Unduplicated Clients by Program Code

Program Code	Contracted/Actual	
8858CS	81	73

Commendations/Comments:

The totals for units of service (UOS) are from the program's final invoices (M03JUNSUP, M25JU23). The actual unduplicated client (UDC) count is from Avatar. The program provided 88.1% of the contracted UOS and 90% of the UDC based on these data sources.

Identified Problems, Recommendations and Timelines:

None noted.

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 review of the Administrative Binder and Site/Premises requirements found all items present and current. BOCC examined a sample of employee training logs and certificates and found all but one training (Opioid Overdose Recognition and Response) had been completed as required.

Identified Problems, Recommendations and Timelines:

BOCC advised the program to have staff take the new Opioid Overdose Recognition and Response training as required annually. The program planned to have employees immediately begin taking the training. No Plan of Action is required, BOCC will follow-up during the next monitoring cycle.

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 is exempt from the standardized client satisfaction survey because of its crisis population. However, the program is credited for conducting its own individualized survey during FY22-23 to gauge client satisfaction. A total of 68 completed surveys were received. Of these, 93% (63/68) indicated agreement with the statement that "staff explained services available to my child in a way that was clear to me," 94% (64/68) agreed with the statement that "staff listened to my concerns," 93% (63/68) agreed that "CSU staff effectively stabilized my child's crisis," and 97% (66/68) would recommend this program to another family.

Identified Problems, Recommendations and Timelines:

None noted.