



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 Diversion

Program Code(s): 8858H1, 8858H2

Site Address: 1801 Vicente Street, San Francisco, CA 94116

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

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

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: Edgewood Center for Children & Families/Edgewood Diversion

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 103.3 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 (MH) Children, Youth and Families (CYF). This program offers intensive services for behavioral health, assessment, and acute intervention for children between the ages of 12 and 17. The purpose of this intensive level of care is initially to avoid psychiatric hospitalization and/or to provide a step-down from inpatient hospitalization to further stabilize symptoms and continue skills development and family/caregiver support. The program uses two codes for clients: 8858H2 to track clients receiving mental health services and 8858H1 to track residential stays only.

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

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

Signature of Authorizing Departmental Reviewer

Signed by:

Jerna Reyes

Name and Title: Jerna Reyes, BOCC Director

Signature of Authorizing System of Care Reviewer

DocuSigned by:

Paralinas Parahumand

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

12/13/2024

Signature of Authorized Contract Signatory (Service Provider)

Date

America Grajeda, Senior Director of Programs

Print Name and Title

RESPONSE TO THIS REPORT DUE:	December 13, 2024
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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:	85/85=100%
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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	100% of Edgewood's Hospital Diversion referrals will be recorded in a log.	According to the program's self-report provided to CYF on 8/28/23, 100% of Hospitalization Diversion referrals (33/33) were recorded in a log/referral tracker (Edgewood Referral Tracker).	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):				20	103% 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	
8858H1	05/60-64 24-Hr Residential Other M08	833	797
8858H2	15/01-09 OP-Case Mgt Brokerage M09	2,991	1,527
8858H2	15/10-57, 59 OP-MH Svcs M09	55,780	59,283
8858H2	15/60-69 OP-Medication Support M09	469	525
8858H2	15/70-79 OP-Crisis Intervention M09	61	0

Unduplicated Clients by Program Code

Program Code	Contracted/Actual	
8858H2	35	19

Commendations/Comments:

The totals for Units of Service (UOS) are from the program's final invoices (M08JU23, M09JU23). The actual unduplicated client (UDC) count is from Avatar. The program provided 103% of the contracted UOS and 54% of the UDC based on these data sources.

Identified Problems, Recommendations and Timelines:

According to Edgewood, the low UDC (54%) is the direct result of limited referrals from BHS. Since the actual UDC percentage has been low for at least the past two fiscal years, BOCC recommends that the program work with the CYF administration to review the contracted UDC to determine if any adjustments should be made to better reflect current program practice and capacity. No Plan of Action is required at this time.

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 annually. The program planned to have employees immediately begin taking the training, which should be evident during FY24-25 monitoring.

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

Commendations/Comments:

The agency conducted its own surveys during FY22-23 to gauge client satisfaction among its youth programs and provided BOCC with a summary report. A total of 201 surveys were received. Of these, 92% (125/136) indicated agreement with the statement that "Overall, I am satisfied with the services I received," 78% (105/134) agreed with the statement that "I got as much help as I needed," 99% (132/134) agreed that "Staff listened to me and treated me with respect," and 96% (128/134) agreed that "I participated in my treatment or safety planning."

Identified Problems, Recommendations and Timelines:

None noted.