



Monitoring Report Fiscal Year 21-22 REVISED Behavioral Health Services

Section: BHS-MH

Target Population: CYF

Agency: Instituto Familiar De La Raza, Inc

Site Visit Date: March 2, 2023

Program Reviewed: IFR Child Outpatient Behavioral Health Services & EPSDT

Report Date: September 12, 2023

Program Code(s): 38186, 38185

Review Period: July 1, 2021-
June 30, 2022

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

Program/Contractor Representatives: Marisol Medina, Omar Pimentel, Elizabeth Reyes, Clery Villacrez

Overall Program Rating: 4 - Commendable/Exceeds Standards

Category Ratings:

4 = Commendable/Exceeds Standards				3 = Acceptable/Meets Standards			
2 = Improvement Needed/Below Standards				1 = Unacceptable			
3	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: 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 70.0 percent of its contracted performance objectives.
- The program met 87.7 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.

This report has been revised to reflect the suspension of Performance Objectives MHOP.4 and MHOP.9. The findings for all the Performance Objectives have also been revised accordingly.

FY20-21 Plan of Action required? ☐ **Yes** ☒ **No**

If "Yes", describe program's implementation.

FY21-22 Plan of Action required? ☐ **Yes** ☒ **No**

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:

March 6, 2024

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:	83/90=92%
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1. Program Performance (30 points possible):

Achievement of Performance Objectives (0-30 pts):				25	49 total points out of 70 points (from 14 Objectives) = 70%	
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: In FY21-22 there were 39 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 35.89% 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 FY21-22 there were 6 client(s) in program 38186 with actionable items on the CANS. During the review period 4 client(s) improved on at least 50% of the items, resulting in 66.67% of clients achieving the CANS benchmark.	Points: 4
CYF.MHO P2	Objective: 100% of clients will either maintain or develop at least 2 useful or centerpiece Strengths.	Finding: In FY21-22 there were 39 client(s) in program 38185 with at least 2 CANS and at least 8 months between CANS. During the review period 36 clients maintained or developed at least 2 useful or centerpiece strengths, resulting in 92.30% of clients achieving the benchmark.	Points: 5
CYF.MHO P2	Objective: 100% of clients will either maintain or develop at least 2 useful or centerpiece Strengths.	Finding: In FY21-22 there were 6 client(s) in program 38186 with at least 2 CANS and at least 8 months between CANS. During the review period 6 clients maintained or developed at least 2 useful or centerpiece strengths, resulting in 100.00% of clients achieving the benchmark.	Points: 5
CYF.MHO P3	Objective: 100% of new clients with an open episode will have the initial CANS assessment completed in the online Avatar record within 60 days of episode opening.	Finding: In FY21-22 there were 44 new clients opened in 38185. During the review period, 21 clients had an initial CANS assessment finalized in AVATAR within 60 days of episode opening, resulting in 47.73% compliance.	Points: 0
CYF.MHO P3	Objective: 100% of new clients with an open episode will have the initial CANS assessment completed in the online Avatar record within 60 days of episode opening.	Finding: In FY21-22 there were 4 new clients opened in 38186. During the review period, 1 client had an initial CANS assessment finalized in AVATAR within 60 days of episode opening, resulting in 25.00% compliance.	Points: 0
CYF.MHO P4	Objective: SUSPENDED PER SOC. 100% of clients with an open episode will have the initial Treatment Plan of Care finalized in Avatar within 60 days of episode opening but no later than the 1st planned service.	Finding: SUSPENDED PER SOC.	Points:
CYF.MHO P4	Objective: SUSPENDED PER SOC. 100% of clients with an open episode will have the initial Treatment Plan of Care finalized in Avatar within 60 days of episode opening but no later than the 1st planned service.	Finding: SUSPENDED PER SOC.	Points:
CYF.MHO P5	Objective: 100% of clients will have a completed and updated CANS assessment in Avatar annually.	Finding: In FY21-22 there were 5 clients with annual CANS assessments due in 38186 . During the review period, 5 clients had finalized CANS assessments as found in AVATAR , resulting in 100.00% compliance.	Points: 5
CYF.MHO P5	Objective: 100% of clients will have a completed and updated CANS assessment in Avatar annually.	Finding: In FY21-22 there were 53 clients with annual CANS assessments due in 38185 . During the review period, 52 clients had finalized CANS assessments as found in AVATAR , resulting in 98.11% compliance.	Points: 5
CYF.MHO P6	Objective: 100% of clients will have an updated and completed Treatment Plan of Care in Avatar annually.	Finding: In FY21-22 there were 5 clients requiring an updated Treatment Plan of Care in 38186 . During the review period, 5 clients had a finalized treatment plan as found in AVATAR, resulting in 100.00% compliance.	Points: 5
CYF.MHO P6	Objective: 100% of clients will have an updated and completed Treatment Plan of Care in Avatar annually.	Finding: In FY21-22 there were 53 clients requiring an updated Treatment Plan of Care in 38185 . During the review period, 45 clients had a finalized treatment plan as found in AVATAR, resulting in 84.91% compliance.	Points: 4
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 FY21-22 there were 8 clients discharged from 38186. During the review period, 7 clients had finalized Closing Summary and Discharge CANS completed in AVATAR within the 30 days after episode closing, resulting in 87.50% compliance.	Points: 4

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 FY21-22 there were 44 clients discharged from 38185. During the review period, 28 clients had finalized Closing Summary and Discharge CANS completed in AVATAR within the 30 days after episode closing, resulting in 63.64% compliance.	Points: 2
CYF.MHO P8	Objective: 100% of clients must be offered an appointment within 10 business days of the initial request for services.	Finding: In FY21-22 there were 35 requests for appointments in 38186. During the review period, 35 clients were offered an appointment within 10 days, resulting in 100.00% compliance.	Points: 5
CYF.MHO P8	Objective: 100% of clients must be offered an appointment within 10 business days of the initial request for services.	Finding: In FY21-22 there were 26 requests for appointments in 38185. During the review period, 26 clients were offered an appointment within 10 days, resulting in 100.00% compliance.	Points: 5
CYF.MHO P9	Objective: SUSPENDED PER SOC. 100% of new referrals to a psychiatrist or nurse practitioner who aren't currently linked to psychiatric medication services must have the referral date and first offered appointment recorded in Avatar via the Time to Outpatient Psychiatry form.	Finding: SUSPENDED PER SOC.	Points:

Commendations/Comments:

The program achieved mixed results on the various performance objectives, scoring well on five but failing two.

Objective CYF.MHOP4 was retroactively suspended by CYF for this monitoring period due to a discrepancy between the published calculation and SOC instruction for providing services before a Treatment Plan of Care is finalized. In addition, CalAIM changes no longer require treatment plans effective 7/1/23.

Objective CYF.MHOP9 was also retroactively suspended by CYF for FY21-22 due to unclear guidance for tracking achievement of this objective.

Identified Problems, Recommendations and Timelines:

The program scored zero points for low compliance on two of the performance objectives and two points on one objective. IFR indicated several challenges including effects of the pandemic, client trauma, and difficulties with client engagement. A Plan of Action is required for Objectives CYF.MHOP1 (for program code 38185) and CYF.MHOP3 (for both program codes) to indicate how the program has been working to improve compliance in these areas for FY23-24.

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	
38186	15/ 01 - 09 OP - Case Mgt Brokerage	600	215
38186	15/ 10 - 57, 59 OP - MH Svcs	16,481	14,155
38186	15/ 70 - 79 OP - Crisis Intervention	100	33
38186	45/ 10 - 19 OS -Educational Material	1	611
38186	45/ 20 - 29 OS - Cmnty Client Svcs	503	529
38186	45/ 20 - 29 OS - Outreach	254	196

Unduplicated Clients by Program Code

Program Code	Contracted/Actual	
38185	69	88
38186	40	17

Commendations/Comments:

The totals for units of service are from the program's final invoices (M22JU22, M48JU22). The program utilized 1,377 units of ADM services (8.05% of total). The unduplicated client counts delivered are from Avatar. The program provided 88% of the contracted units of service based on the final invoices.

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 FY20-21 POA was required <input type="checkbox"/> FY20-21 POA was submitted, accepted and implemented <input type="checkbox"/> FY20-21 POA submitted, not fully implemented <input type="checkbox"/> FY20-21 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 and current. BOCC reviewed a sample of training logs and found all items in compliance.

Identified Problems, Recommendations and Timelines:

None noted.

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
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Commendations/Comments:

The actual results from the FY21-22 Standardized Client Satisfaction Survey were as follows:
Program Code 38185 - Return Rate: 50%, Overall Satisfaction Rate: 100%.
Program Code 38186 - Return Rate: 150%, Overall Satisfaction Rate: 100%.

Identified Problems, Recommendations and Timelines:

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

5. Plan Of Action Required Report

Attach your Plan Of Action to the signed Monitoring Report for submission to DPH within the deadline on page 3.

Other Deficiencies	
1. Specific Objective: CYF.MHOP1 (38185)	The program scored 0/5 for clients entered under program code 38185 on the objective focused on documenting client improvement on actionable items on the CANS. The program must provide a Plan of Action describing how it will increase compliance to an acceptable level for this objective for this program code.
2. Specific Objective: CYF.MHOP3 (38185, 38186)	The program scored 0/5 on the objective focused on timely completion of initial CANS assessments for clients entered under both program codes. The program must provide a Plan of Action describing how it will increase compliance to an acceptable level for this objective.