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:

Agency: Instituto Familiar De La Raza, Inc

Program Reviewed: IFR Sana Sana Program (SSIP) Full Service Partnership (FSP) 0-5

Program Code(s): 3818FSP

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

CID/MOU#: 11456 **Appendix #:** A-12

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

Site Visit Date: August 6, 2024

Report Date: September 30, 2024

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

Finalized Date:

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

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

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	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: Instituto Familiar De La Raza, Inc/IFR Sana Sana Program (SSIP) Full Service Partnership (FSP) 0-5

Findings/Summary:

- The services provided by this program were funded by the Sources listed on page 1.
- The program met 71.1 percent of its contracted performance objectives.
- The program met 270.3 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 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 program for children 0-5 is a full service partnership (FSP) providing comprehensive wraparound service delivery that enhances child and family functioning. By addressing both external factors (such as housing, employment, and financial stressors) as well as internal factors (such as psychological, psychiatric, and barriers to health and wellness), the strengths and resilience of families are enhanced. The comprehensive wraparound model includes targeted case management coupled with an intensive attachment-focused trauma-informed family treatment model addressing and improving the relationship between caregiver(s) and the child/children. The goal is to enhance child and family functioning towards helping them lead independent, meaningful, and productive lives. Services are predominantly delivered at the home.

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? [X] **Yes** [ ] **No**

If "Yes", describe program's implementation. The program provided a Plan of Action dated 7/24/23 to address its low compliance with Objectives CYF.MHFSP1 and CYF.MHFSP8 during FY21-22. BOCC is providing credit for implementing the POA during FY23-24 and will allow more time for the program to evidence increased compliance with these Objectives. BOCC will review progress during the FY23-24 monitoring cycle.

FY22-23 Plan of Action required? [ ] **Yes** [X] **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)

☐	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.

Signature of Authorized Contract Signatory (Service Provider) Date

Print Name and Title

RESPONSE TO THIS REPORT DUE:	**December 23, 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:	85/90=94%

1. Program Performance (30 points possible):

Achievement of Performance Objectives (0-30 pts):	25	32 total points out of 45 points (from 9 Objectives) = 71%
Program Performance Points:	25	

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

Performance Objectives and Findings with Points

CYF.MHFSP1	Objective: 80% of clients will improve on at least 50% of their actionable items on the CANS.	Finding: In FY22-23 there were 15 client(s) in program 3818FSP with actionable items on the CANS. During the review period 3 client(s) improved on at least 50% of the items, resulting in 20.00% of clients achieving the CANS benchmark.	Points: 0
CYF.MHFSP2	Objective: 100% of clients will either maintain or develop at least 2 useful or centerpiece Strengths.	Finding: In FY22-23 there were 15 client(s) in program 3818FSP with at least 2 CANS and at least 8 months between CANS. During the review period 15 clients maintained or developed at least 2 useful or centerpiece strengths, resulting in 100.00% of clients achievi	Points: 5
CYF.MHFSP3	Objective: 90% of new clients with an open episode will have the initial CANS assessment completed Avatar record within 60 days of episode opening.	Finding: In FY22-23 there were 7 new clients opened in 3818FSP. During the review period, 6 clients had an initial CANS assessment finalized in AVATAR within 60 days of episode opening , resulting in 85.71% compliance.	Points: 4
CYF.MHFSP4	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 7 clients registered in 3818FSP since the beginning of the fiscal year. During the review period, 7 clients had a TPOC or an entry in the Problem List as found in AVATAR, resulting in 100.00% compliance.	Points: 5
CYF.MHFSP5	Objective: 90% of clients will have CANS ratings and Assessment Updates completed in Avatar annually.	Finding: In FY22-23 there were 19 clients with annual CANS assessments due in 3818FSP. During the review period 19 clients had finalized CANS assessments as found in AVATAR, resulting in 100.00% compliance.	Points: 5
CYF.MHFSP6	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 16 clients open in treatment for at least 18 months in 3818FSP for whom an updated Mid-Year CANS assessment was due. During the review period, 13 clients had an updated assessment as found in AVATAR , resulting in 81.25% compliance.	Points: 4
CYF.MHFSP7	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 5 clients discharged from 3818FSP. During the review period 4 clients had finalized Closing Summary and Discharge CANS completed in AVATAR within 30 days after episode closing, resulting in 80.00% compliance.	Points: 4
CYF.MHFSP8	Objective: 100% of clients will have all expected DCR quarterly reports completed.	Finding: No data from QM.	Points:
CYF.MHFSP9	Objective: 100% of clients with an open episode in Avatar will be entered in the DCR	Finding: In FY22-23 there were 10 active clients in 3818FSP. During the review period 0 clients were enrolled in the DCR within 90 days, resulting in 0.00% achievement.	Points: 0
CYF.MHOP6	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 16 clients open in treatment for at least 18 months in 3818FSP for whom an updated Mid-Year CANS assessment was due. During the review period, 16 clients had an updated assessment as found in AVATAR, resulting in 100.00% compliance.	Points: 5

Commendations/Comments:

The program achieved mixed results on the achievement of the various Performance Objectives, scoring well on most but having challenges with three of them.

Identified Problems, Recommendations and Timelines:

The program scored zero points on Objective CYF.MHFSP1, which focused on client improvement on actionable items on the CANS. The program provided a Plan of Action (POA) dated 7/24/23 to address challenges with this objective and plans to improve compliance, which would take effect during FY23-24. The program expressed challenges with achieving this Objective and concerns about the ability of this Objective to accurately capture the progress achieved by very young clients and their caregivers during treatment. BOCC recommends the program discuss these challenges with the SOC to determine a path to greater compliance, as well as consider completing the Data Reflection activity for this Objective going forward.

The program scored zero points on Objective CYF.MHFSP9 and showed no data for CYF.MHFSP8. IFR reported challenges during the year with connecting and logging onto the DCR (error messages/access denied), the suspension of DCR monthly meetings during the pandemic, and several staff transitions that caused difficulties in complying with Objectives CYF.MHFSP8 and CYF.MHFSP9. BOCC required a POA for FY21-22 for CYF.MHFSP8, which the program provided (dated 7/24/23), to take effect during FY23-24. During this monitoring visit, the program reported that it was able to add data for FY23-24, so

improvement should be evident during the next monitoring review. BOCC will review progress on these Objectives during the FY23-24 monitoring visit and will not require a new POA at this time.

2.Program Deliverables (20 points possible):

Units of Service Deliverables (0-20 pts):	20	270% 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
3818FSP	15/ 01-09 Case Mgt Brokerage M42	600	1,100
3818FSP	15/ 10-56 MH Svcs M42	14,555	44,177
3818FSP	15/ 70-79 Crisis Intervention OP M42	600	201
3818FSP	45/ 20-29 Cmmty Client Svcs M45	402	365
3818FSP	45/ 20-29 Cmmty Client Svcs M46	1,102	1,000
3818FSP	60/ 72 Client Flexible Support M38	70	0

Unduplicated Clients by Program Code

Program Code	Contracted	Actual
3818FSP	20	25

Commendations/Comments:

The totals for Units of Service (UOS) are from the program's final invoices (M38JU23SUP, M42JU23, M45JU23, M46JU23). The actual unduplicated client (UDC) count is from Avatar. The program provided 270% of the contracted UOS and 125% of the UDC targets 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	[ ] No FY21-22 POA was required [X] 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: Survey Forms Received per Clients with Face-to-Face Service in Survey Period	>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 3818FSP - Return Rate: 122.2%, Overall Satisfaction Rate: 100%. 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.