Programmatic and Fiscal Monitoring Report FY 23-24

Ryan White Funded Services: Part A HIV Health Services

Agency: Project Open Hand Site Visit Date: January 7, 2025

Program Reviewed: Project Open Hand / HIV/AIDS Food and Nutrition Report Date: January 7, 2025

Services

Site Address: 730 Polk Street, San Francisco, CA 94109

CID/MOU: 02671 Funding Source(s): RWPB

Review Period: Part A: March 1, 2023 - February 28, 2024

On-Site Monitoring Team Member(s): Craig Wenzl, John Aynsley (HHS)

Program/Contractor Representatives: Ana Ayala, Holly Calhoun, Isabel Eskin Shapson

Overall Program Rating: 3 - Acceptable/Meets Standards

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

Category Ratings:

2	Program Performance	4	Program Deliverables	4	Program Compliance	4	Client Satisfaction
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Sub-Categories Reviewed:

Program Performance	Program Deliverables/Fiscal	Program Compliance	Client Satisfaction
Achievement of Performance	Units of Service Delivered	Declaration of Compliance	Satisfaction Survey
Objectives	Unduplicated Client Count	Invoice vs. ARIES Analysis	Completed and Analyzed
	Delivered	Administrative Binder	
		Site/Premise Compliance	
		Plan of Action (if applicable)	

MONITORING REPORT SUMMARY

Agency/Program: Project Open Hand/Project Open Hand / HIV/AIDS Food and Nutrition Services

Findings/Summary: At the time of the site visit, the program did not have a waitlist.

The program met 66.7 percent of its contracted performance objectives.

The program met 100.8 percent of its contracted units of service target.

The program met 129.3 percent of its contracted unduplicated client target.

Client file review evidenced 100.0 percent files in compliance.

The program received 5 points from Declaration of Compliance.

A review of the administrative binder evidenced 95.7 percent of required compliance items.

A review of site premises evidenced 100.0 percent of required items.

The program conducted a client satisfaction process during the review period.

Client satisfaction results were reviewed, analyzed and discussed with program staff.

This SFDPH HIV Health Services (HHS) contract with Project Open Hand provides food services for individuals who are living with HIV/AIDS in San Francisco. The services under this scope of work include but are not limited to: prepared meals, congregate meals, home delivered meals, grocery items, nutritional supplements, and the provision of nutrition counseling under supervision of a registered dietitian.

Project Open Hand is proud of its work to serve community members in need. Notable recent accomplishments for Project Open Hand (POH) include:

- POH became the first agency in the Bay Area to be accredited by the national Food Is Medicine Coalition (FIMC) in November 2024. FIMC is a national coalition representing the original creators of the lifesaving, medically-tailored meal (MTM) intervention. FIMC represents organizations across the country who provide MTMs and medically-tailored groceries, nutrition therapy, counseling, and education to people who are living with severe and chronic illnesses, while advancing equitable access to these lifesaving interventions through policy change, research, and best practices.
- POH was selected as a 2024 California Nonprofit of the Year by Senator Scott Weiner.
- POH was selected in October 2023 at the Best LGBTQ Nonprofit by readers of the *Bay Area Reporter* newspaper.
- POH was selected as the featured nonprofit partner for the Bruce Springsteen & The E Street Band shows at Chase Center on March 28 and March 31, 2024.
- POH also hired its first Chief Nutrition Officer in June 2024. Goals of this position include but are not limited to: driving nutrition innovation and quality, managing sustainable food sourcing and procurement, and leading the POH team of registered dietitian nutritionists (RDN) to provide even deeper levels of support for POH clients.

At the time of the site visit, this program did not have a client waitlist.

	on
12/16/24 and an onsite visit on 1/7/25.	

Previous Year Plan of Action required?	[]	Yes	[X] N	0
If ''Yes'', describe program's implement	ation.	•			
Current Year Plan of Action required?	[X]	Yes	[]	No	See Section 5: Plan of Action Required Report.

s necessary at this time. n of Action in response to deficiencies
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n of Action in response to deficiencies
mendations attached.
01/13/2025
Date
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BOCC monitor approves POA

BOCC Monitor does not approve POA

BOCC Monitor Comments (If Applicable)

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Program Performance & Compliance Findings

Rating Criteria:

4	3	2	1
Over 90% = Commendable/ Exceeds Standards	90% - 71% = Acceptable/Meets Standards	70% - 51% = Improvement Needed/ Below Standards	Below 51% = Unacceptable

Overall Score:

Total Points Given:	83/95=87%
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1. Program Performance (40 points possible):

Achiev	Achievement of Performance Objectives				28	10 points out of 15	total points (from 3 Objectives) = 67%	Ď
Total Points:								
Points Given: 28/40 Category Score: 67%					Perfe	ormance Rating:	Improvement Needed/ Below	Standards
Perfor	Performance Objectives and Findings with Points				1			
O.1 \geq 90% of new clients that met with the RD and scored \geq 6 on the Nutrition Risk Checklist with an adherence rate to services of \leq 25% will receive a face-to-face follow up assessment once a year to address any barriers to adherence.					new conthe Nu	lients that met wintrition Risk Cheeses of $\leq 25\%$ rece	am's self-report, 25% (2/8) of the RD and scored \geq 6 on cklist with an adherence rate to sived a follow up assessment at ear to address any barriers to	Points: 0

	adherence rate to services of $\leq 25\%$ will receive a	the Nutrition Risk Checklist with an adherence rate to	
	face-to-face follow up assessment once a year to	services of $\leq 25\%$ received a follow up assessment at	
	address any barriers to adherence.	least once during the year to address any barriers to	
	-	adherence. Source: POH client database report. Note:	
		this includes both RWPB and GTZ clients	
O.2	≥ 75% of HIV+ survey respondents will report "nutrition education increased my knowledge of	According to the program's self-report, 112 participants with a primary diagnosis of HIV	Points: 5
	nutrition in addressing HIV and overall health".	answered this question. Of these, 105 (94%) reported that participation in Project Open Hand's nutrition education helped them meet their dietary	
		recommendations for their conditions. Source: POH annual client satisfaction survey administered Spring 2024. Note: this includes both RWPB and GTZ clients.	
P 1	All program clients will receive at least one	According to the program's self-report 100% of	Points: 5

All program clients will receive at least one According to the program's self-report, 100% of clients (1,002/1,002) received at least one nutritional nutrition education opportunity. education opportunity.

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Commendations/Comments:

The program is commended for excellent achievement of two of the three Performance Objectives.

For Objective P.1, the program reported that all POH clients are provided information about nutrition education opportunities upon intake, including sessions with Registered Dietitians. In addition to this:

- POH also provides interactive nutrition education opportunities in the form of in-person classes and food demonstrations as well as virtual classes and recipe videos in multiple languages. After a pause due to COVID-19 pandemic restrictions, inperson classes resumed in September 2022. Education materials are readily available in the Grocery Center in multiple languages and the program is in the process of developing more multilingual online education materials.
- POH also provides access to nutrition education topics on its multilingual monthly menus. The printed menu is available for clients who come into the Grocery Center for pick up, and also for delivery clients who are homebound. Sample menus for each diet type are available on the POH website as well.
- In addition to the monthly nutrition education menu topics, the Nutrition Services team creates a bulletin board in the Grocery Center for clients who come in to view. This is a larger wall display with more images and colorful descriptions of food & nutrition topics. POH updates this board every 5-6 weeks.
- POH recently launched a new client-centered website with menus, nutrition information, recipes, and nutrition education.

Identified Problems, Recommendations and Timelines:

The program scored zero points on Objective O.1. The program reported that phone follow up was conducted for 87.5% (7 out of 8) of clients who met criteria but that they were only able to reach two clients. One client's engagement increased slightly after meeting with the RD, although they cited work conflicts as a barrier to adherence. Another was admitted to a 90-day treatment facility with limited food storage space. The program cited a challenge to achieving this Objective that included difficulty in pulling reports from the current database. A new database was scheduled to come online in spring 2023, which would correct this challenge, but this project is behind schedule and now anticipated for spring 2025. The program also reported that achievement of this Objective as it is written continues to be a challenge into FY24-25. A Plan of Action is required with a focus on working with the HHS administration to modify or replace this Objective with one that is achievable and better reflective of current programming.

2.Program Deliverables (20 points possible):

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A. Units of Service Deliverables (0-10 pts):			10	101%	101% of Contracted Units of Service.				
B. Unduplicated Client Count (0-10 pts):			10	129%	o of Target				
			Total Point	ts: 20					
Points Given:	20/20	Category Score:	100%	Performance R	ating: Commendable/ Exceeds Standards				

A. Units of Service Delivered

Units of Service Delivered Service Description

Contracted/Actual

Food: Grocery Bags	12,555	13,222	
Food: Prepared Meals	64,077	64,077	
Nutrition Counseling Hours	330	255	

B. Unduplicated Client Count

Actual UDC: 1,002 /**Targeted UDC:** 775 = 129%

Commendations/Comments:

The totals for Units of Service (UOS) and Unduplicated Client (UDC) count are from the program's final invoice (380224021FMAR24). The program provided 101% of the contracted UOS and 129% of the UDC based on this data source.

Identified Problems, Recommendations and Timelines:

None noted.

3. Program Compliance (25 points possible):

A. Declaration of Compliance Score (0-5 pts):	5	Submitted Declaration
B. Client files documentation (0-10 pts):	5	100% compliance achieved.
C. Administrative Binder Complete (0-5 pts):	5	96% of items in compliance
D. Site/Premises Compliance (0-5 pts):	5	100% items in compliance
E. Plan of Action (if applicable) (5 pts):	5	[X] No previous FY POA was required [] Previous FY POA was submitted, accepted and implemented [] Previous FY POA submitted, not implemented [] Previous YR POA required, not submitted
Total Points:	25	

Points Given:	25/25 Category Score:	100%	Compliance Rating:	Commendable/ Exceeds Standards
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Commendations/Comments:

The review of the program's Administrative Binder, Site/Premises, employee files, employee training logs, and client file requirements found most of the items present and current.

Identified Problems, Recommendations and Timelines:

BOCC advised the program to update its Harm Reduction policy to include a few recently-added components. Credit was given for the Harm Reduction policy that POH provided to BOCC, but these updates must be added to make it complete.

BOCC advised the program that annual Harm Reduction training from the Harm Reduction Training Institute is required in addition to the Opioid Overdose Recognition and Response training for applicable staff. Staff had completed the Opioid Overdose training but not a separate Harm Reduction training. The program responded that it will ensure staff also take a separate Harm Reduction training and that they had thought that the Opioid Overdose training also met that requirement. BOCC will not require a Plan of Action at this time and will review certificates for Harm Reduction training from the Harm Reduction Training Institute during the next monitoring visit.

BOCC also advised POH to add Emergency Response Training to the new employee orientation checklist or similar. According to the program, all employees are trained on the site's Emergency Response Plan upon hire and receive annual updates. However, documentation of this training must be clearly noted with date the training was provided. POH responded that they will follow up with the Emergency Response team to ensure this is better documented going forward. The following required item(s) were not located in the program's Administrative Binder: Required Trainings.

4. Client Satisfaction (10 points possible): Client Satisfaction Survey

A. Client Satisfaction Completed During Year (0-5 possible)	5
B. Client Satisfaction Survey Results Reviewed, Analyzed and Discussed with Staff (0-5 possible)	5
Total Points:	10

Points Given:	10/10 Category Score:	100%	Client Satisfaction Rating:	Commendable/ Exceeds Standards
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Commendations/Comments:

Project Open Hand administered Client Satisfaction Surveys to San Francisco participants during the year, including clients of both the General Fund and the Ryan White programs, and received a total of 238 completed responses. A summary of results from the surveys was provided to BOCC for FY23-24.

The following highlights were documented in the 2024 Project Open Hand Client Satisfaction Survey San Francisco Wellness Programs report provided by the program:

- *96% (N=238) of those surveyed rated the quality of Project Open Hand services overall as "excellent", "very good", or "good".
- *97% (N=236) responded that POH helped them to improve and maintain their health.
- *76% (N=225) responded that, as a result of participation with Project Open Hand programs, "I have more balanced nutrition".
- *77% (N=224) reported "strongly agree" or "agree" that POH helped meet their dietary needs.
- *93% (N=108) reported "always" or "often" having positive interactions with staff in the Grocery Center.
- *95% (N=108) reported "always" or "often" feeling "treated with respect" when interacting with staff in the Grocery Center.
- *93% (N=108) reported "always" or "often" feeling "listened to" when interacting with staff in the Grocery Center.
- *96% (N=102) reported having positive experiences with Deliveries.
- *100% (N=10) of clients receiving services from the Mobile Grocery Van reported feeling respected, listened to, and well informed.

Some highlights of client comments/feedback include:

- *"I've been with you as a client for 33 years and lately I've been doing volunteer work too. Thank you so much for let me do something. Make me feel much better about my mental health. I love you guys so much."
- *"Such friendly helpful staff!"

In response to client feedback, POH reported that the following changes were made to programming:

Clients expressed a desire for high quality, culturally appropriate produce different from what Project Open Hand typically receives from the San Francisco Marin Food Bank. To address this request, POH pursued and was awarded funding from the USDA Gus Schumacher Nutrition Incentive Program (GusNIP) to source and purchase locally grown produce. POH conducted a survey of a representative sample of 300 clients to choose specific produce items.

- *Total number of clients surveyed: 3,806 grocery clients across all programs in SF, Alameda and Contra Costa counties; and an additional 150 dependents and/or caregivers (3,956 total).
- *92% percent of respondents cited that participation in POH services increased the variety of fruits and vegetables they consume.
- *88% percent of respondents agreed that POH services have increased confidence in the ability to eat fruits and vegetables on a budget.

There is also ongoing redesign and modernization to the POH San Francisco Grocery Center based on client and staff feedback. Two primary goals of this redesign and modernization are to increase efficiency and provide a more welcoming environment to clients.

Identified Problems, Recommendations and Timelines:

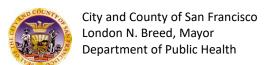
None noted.

^{*&}quot;Very helpful and patient."

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: O.1	The program must provide a plan with timelines outlining how it will work with the HHS administration to modify or replace the Objective focused on providing follow up assessments with clients scoring high on the Nutrition Risk Checklist.



Business Office Contract Compliance 1380 Howard Street San Francisco, CA 94103

Plan of Action (POA) Form

Purpose: Programs who receive plan of actions (POAs) from a site monitoring visit due to a deficiency are required to submit a plan and/or next steps of how it will improve to meet the requirement or target.

Instructions: Program may use this form to submit to BOCC or its own agency form, so long as the information is the same. Fill out each section below and attach it to the DocuSign to submit.

If you have more than one plan of action, you can use one form and list each one below. Copy the issued POAs from Section 5 of the monitoring report into the Issue/Deficiency column. If this is a repeat deficiency, please explain what the program will do differently to address.

Fiscal year:	23-24	Select year				
System of ca	are(s):	BHS CF	IEP 🗸 HF	IS	MHSA	SABG
Program Na	me : Ryar	White HIV/AIDS F	ood and Nutri	tion Se	ervices	
Agency Nan	ne:	roject Open Hand				
Repeat defi	ciency?					
Issue/Defici (Refer to Section monitoring repo	n 5 of the	Planned action or s	-	Assign	ed to	Target completion date
If additional rows	are needed, ir	sert rows by hitting tab fro	m the last cell or rig	nt clicking	to insert rows belo	OW.
Objective O.1 scored 0 Objective has not been revised sine Covid-19 pandemic, which led to major operational changes to the program. Program will meet with HHS administra		isert rows by mitting tab no	in the last cen of high			
Objective O.1 s		Objective has not been re Covid-19 pandemic, whic operational changes to th Program will meet with H	vised sine n led to major e program. HS administration	Isabel Es (Wellness Manager) MPH (Ser	kin Shapson s Program , Holly Calhoun, nior Director,	March 1, 2025
Objective 0.1 s	cored 0	Objective has not been re Covid-19 pandemic, which operational changes to the	vised sine n led to major e program. HS administration r future FYs. scheduling time	Isabel Es (Wellness Manager)	kin Shapson s Program , Holly Calhoun, nior Director,	
•	cored 0	Objective has not been re Covid-19 pandemic, which operational changes to the Program will meet with HI to revise this Objective for Program is in process of with HHS admin for Feb 2	vised sine n led to major e program. HS administration r future FYs. scheduling time	Isabel Es (Wellness Manager) MPH (Ser Programs	kin Shapson s Program , Holly Calhoun, nior Director,	March 1, 2025

Next steps:

- 1. Upload and attach completed signed form to DocuSign monitoring report.
- 2. BOCC will review implementation of outlined plan of action at the next monitoring cycle.

If you have any questions, please contact your BOCC Contract Compliance Manager or send general inquiries to bocc@sfdph.org.

Original issue date: 1/9/2024 1 Updated: 2/14/2024