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

Programmatic and Fiscal Monitoring Report FY 22-23

Ryan White Funded Services: Part A

HIV Health Services

Agency: PRC (formerly Positive Resource Center)

Site Visit Date: October 18, 2023

Program Reviewed: PRC Leland House

Report Date: October 26, 2023

Site Address: 141 Leland Avenue, San Francisco, CA 94134

Funding Source(s): Ryan White Part A & B

Review Period: Part A: March 1, 2022 - February 28, 2023

On-Site Monitoring Team Member(s): Melissa Ta

Program/Contractor Representatives: Bridgette Washington, Jeremy Tsuchitani-Watson, Brian Couture, Emily Suma, Melida Solorzano

Overall Program Rating: 4 - Commendable/Exceeds Standards

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

Category Ratings:

4	Program Performance	4	Program Deliverables	4	Program Compliance	4	Client Satisfaction

Sub-Categories Reviewed:

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

MONITORING REPORT SUMMARY

Agency/Program: PRC (formerly Positive Resource Center)/PRC Leland House

Findings/Summary: At the time of the site visit, the program did not have a waitlist.
The program met 100.0 percent of its contracted performance objectives.
The program met 106.2 percent of its contracted units of service target.
The program met 126.3 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 100.0 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 program is under the administration of HIV Health Services (HHS) System of Care (SOC). This program is a Transitional Residential Care Facility (TRCF) and provides a supportive congregate living setting for individuals living with HIV who need support in building life skills to prepare them for transition to a more independent setting. Services include non-medical case management and health promotion services, linkages to social services, housing navigation services, some meal support, and life skills development.

The program goal is to help clients build life skills so they may move towards a more traditional and permanent living situation within 18-24 months, as supported by clients' individual service plans. The target population is formerly homeless, low-income persons with disabling HIV or AIDS, age 18 and over who reside within City and County of San Francisco.

This is the first full fiscal year that the program's operations is under PRC's purview since the program transitioned partway through the previous fiscal year between two agencies. A site visit was conducted on 10/18/23. Additional findings were collected via email.

Program anticipates building renovations to begin in phases starting January 2024, hence capping the residential number to 22 instead of the maximum of 45, to allow moving of residents when constructions begin. Thus, there is no waitlist at the time of monitoring.

Program is proud to assist residents to move into permanent housing, including shifting the model from residential treatment care to transitional housing with legacy clients. Program updated outdoor space and shared common areas, which improved client well-being. Program hosted more workshops onsite and saw an increase in participation.

Previous Year Plan of Action required? [ ] **Yes** [X] **No**

If "Yes", describe program's implementation.

Current Year Plan of Action required? [ ] **Yes** [X] **No**

Signature of Author of This Report

DocuSigned by:

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Name and Title: Melissa Ta, Business Office Contract Compliance Manager

Signature of Authorizing Departmental Reviewer

DocuSigned by:

Jenna Reyes

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Name and Title: BOCC Designee

Signature of Authorizing System of Care Reviewer

DocuSigned by:

Bill Blum

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Name and Title Bill Blum, HIV Health Services Administrator

PROVIDER RESPONSE: (please check one and sign below)

X	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.

DocuSigned by:

Chuan Teng

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Signature of Authorized Contract Signatory (Service Provider) Date: 11/04/23

Chuan Teng

Print Name and Title

RESPONSE TO THIS REPORT DUE:	**November 6, 2023**

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	**90% - 71% = Acceptable/Meets Standards**	**70% - 51% = Improvement Needed/ Below Standards**	**Below 51% = Unacceptable**

Overall Score:

Total Points Given:	95/95=100%

1. Program Performance (40 points possible):

Achievement of Performance Objectives	40	15 points out of 15 total points (from 3 Objectives) = 100%
Total Points:	40	

Points Given:	40/40	Category Score:	100%	Performance Rating:	Commendable/ Exceeds Standards

Performance Objectives and Findings with Points

O.1	90% of clients with HIV (Primary Care documented in ARIES) who received primary care services will have been prescribed ART.	According to program data, 25/25 (100%) of clients with HIV, who received primary care services, were prescribed ART.	Points: 5
O.2	90% of residents will be adherent to their treatment regimen.	According to program data, 24/25 (96%) of residents adhered to their treatment regimen.	Points: 5
P.1	< 10% of residents will need a higher level of care in order to meet their needs.	According to program data, 0/25 (0%) of residents needed a higher level of care in order to meet their needs.	Points: 5

Commendations/Comments:

Program is commended on achieving all performance objectives.

Identified Problems, Recommendations and Timelines:

None noted.

2.Program Deliverables (20 points possible):

A. Units of Service Deliverables (0-10 pts):	10	106% of Contracted Units of Service.
B. Unduplicated Client Count (0-10 pts):	10	126% of Target
Total Points:	20	

Points Given:	20/20	Category Score:	100%	Performance Rating:	Commendable/ Exceeds Standards

A. Units of Service Delivered

Units of Service Delivered

Service Description	Contracted	Actual
Navigation and Supportive Service Days	6,242	6,627

B. Unduplicated Client Count

Actual UDC: 24 **/Targeted UDC:** 19 **=** 126%

Commendations/Comments:

Based on the last invoice #380623102AMAR23-SUP, program delivered 106% of its contracted units of service and served 126% unduplicated clients of its contracted target. This is an increase from the previous monitoring period.
NICK NOTE: Saj provided another round of invoices on 10/26/23, SUP no longer applicable. Use 380623102AMAR23, savme data.

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	100% 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

Commendations/Comments:

Client files are stored in a locked cabinet inside the Program Director's office. An in-house database is used to manage clinician notes and encounters with client. A client file was reviewed and had all applicable documentation in place.

All staff were found to be in compliance with trainings. Program will implement sign-in sheets as documentation for the site-specific emergency-response plan training during the next staff meeting.

BOCC followed-up on missing personnel files from previous monitoring and program was found to have implemented a process to document New Hire Orientation (NHO) and to collect candidate resumes instead of applications because it uses ADP and ZipRecruiter platforms.

Program is in the process of transitioning the administrative binder electronically.

Identified Problems, Recommendations and Timelines:

None noted.

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

Commendations/Comments:

According to program data, a client satisfaction survey was administered between 3/1/23 - 3/31/23. Program offered surveys to 21 residents and 11 completed the survey (52% response rate).

Quality Management analyzed the data and reviewed it at the staff meeting on 5/4/23. Program did not identify any specific programmatic changes from the results.

Identified Problems, Recommendations and Timelines:

None noted.