



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 FY22-23 Community Health Equity and Promotion

Agency: Regents of UCSF

December 22, 2023

Program Reviewed: UCSF AHP Health Access Point (HAP) for Asian and Pacific Islander API MSM and API Transgender Women

Report Date: December 26, 2023

Site Address: 1930 Market St., San Francisco, CA 94102

Review Period July 1, 2022 - June 30, 2023

On-Site Monitoring Team Member(s): Michelle O'Neal, and Luis Hernandez (CHEP)

Program/Contractor Representatives: Braulio Garcia, Devin Posey, Jessie Murphy, Guilherme Sttellet, and Suzy Brady

FY22-23 scoring suspended due to COVID response

Category Ratings:

Sub-Categories Reviewed:

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

MONITORING REPORT SUMMARY

Agency/Program Regents of UCSF/UCSF AHP Health Access Point (HAP) for Asian and Pacific Islander API MSM and

Findings/Summary The program met 100.0 percent of its contracted performance objectives. The program met 157.1 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 premises evidenced 100.0 percent of required

The UCSF Alliance Health Project (AHP) Health Access Point (HAP) for Asian and Pacific Islander (API) MSM and API Transgender Women is under the administration of SFPDPH Community Health Equity & Promotion (CHEP).

The UCSF AHP with its HAP partner, the San Francisco Community Health Center (SFCHC), provides an innovative, multidisciplinary, consumer-directed, equity-focused, community-centered, whole person care approach to providing integrated prevention services for API communities in San Francisco. The program serves two key populations disproportionately impacted by HIV, STDs, and HCV in SF: 1) API gay men and men who have sex with men (gay/MSM); and 2) API transgender women.

A HAP is defined as a population-specific, one-stop shop or network of agencies/programs that provide an equity-focused, stigma-free, and low barrier access to person-centered, standard of care services regardless of HIV, HCV, or STD status. The HAP delivers services that contribute to the following citywide goals:

- Get to zero new HIV infections, zero HIV-related deaths, and zero stigma and discrimination
- Eliminate HCV
- Reverse increasing STD rates
- Eliminate racial disparities in access to services and health outcomes.

No points have been calculated overall and the program is not scored in any of the monitoring categories in consideration of any programmatic difficulties as a result of the ongoing COVID-19 pandemic during this monitoring period. The items within each category are rated for the purpose of maintaining a historical record of the program's achievements during the fiscal year in review.

This monitoring was conducted virtually, and findings were collected via screen sharing, camera, and email. Since the CHEP programs are co-located with other UCSF AHP programs, one checklist was used to collect data for the Premises and Administrative Binder requirements. The site visit date reflects the last contact regarding program services.

The program is proud of its team and expanding services to people of color. As well as its partnership and collaboration with SFCHC.

FY 20-21 Plan of Action required? ☐ **Yes** ☒ **No**

If "Yes", describe program's implementation.

FY 21-22 Plan of Action required? ☐ **Yes** ☒ **No**

Signature of Author of This Report

DocuSigned by:

Michelle O'Neal

Name and Title: Michelle O'Neal, Business Office Contract Compliance Manager

Signature of Authorizing Departmental Reviewer

DocuSigned by:

Jerna Reyes

Name and Title: Jerna Reyes, BOCC Director

Signature of Authorizing System of Care Reviewer

DocuSigned by:

Nikole Trainor

Name and Title: Nikole Trainor, Budget, Contracts, & Communication Mgr. for Community Health Equity & Promotion

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.

DocuSigned by:

Braulio Garcia

08/08/24

Signature of Authorized Contract Signatory (Service Provider)

Date

Braulio Garcia, LCSW, Deputy Director

Print Name and Title

RESPONSE TO THIS REPORT DUE:

August 13, 2024

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:

1. Program Performance (35 points possible):

Achievement of Performance Objectives (0-35 pts):
--

Performance Objectives

I.1	By June 30th, 2023, agency will provide detailed executive summary report of completed start-up activities and strategic implementation plan.	According to the agency, it submitted an Executive Summary for the API HAP start-up period to CHEP-HAP on July 19, 2023.	Points: 5
I.2	By June 30th, 2023, agency will have identified designated staff to attend Health Access Point (HAP) required monthly network meetings.	According to the agency, Devin Posey, Sexual Health Services Manager will attend HAP required monthly network meetings.	Points: 5
I.3	By June 30th, 2023, agency will have identified lead data manager, responsible for quarterly client level data submissions and quarterly HAP program qualitative narrative submissions.	According to the agency, Jessie Murphy, Operations Manager will serve as lead data manager, responsible for quarterly client level data submissions and quarterly HAP program qualitative narrative submissions.	Points: 5
I.4	By June 30th, 2023, agency will provide documentation of onsite overdose response policy.	According to the agency, it has an onsite overdose response policy.	Points: 5

Commendations/Comments:

The program successfully achieved all Performance Objectives.

Identified Problems, Recommendations and Timelines:

None identified.

2. Program Deliverables (35 points possible):

Units of Service Deliverables (0-35 pts):	35	157% of Contracted Units of Service
--	----	-------------------------------------

Units of Service Delivered
Service Description
Contracted/Actual

BASIC NEEDS(hrs): 385923041JUN23	70	126
COMMUNITY ENGAGEMENT.MOBILIZ:385923041JUN23	67	193
CONDOM DISTRIBUTION (months): 385923041JUN23	4	6
HIV/STI EDUCATION(months): 385923041JUN23	4	6
INTEGRT.HIV/HCV/STDTESTNG(encountrs):385923041AJUN2	42	42
INTEGRT.HIV/HCV/STDTESTNG:385923041JUN23	208	272
LINKAGE AND NAVIGATION(hrs): 385923041JUN23	75	51
OVERDOSE PREVENTION(hrs): 385923041JUN23	20	83
Start Up Activities Month: 385923061AJUN23	6	6
START-UP ACTIVITIES(months): 385923041JUN23	4	4
SUBSTANCE USE HARM REDUCTION: 385923041JUN23	208	272
SYRINGE ACCESS AND DISPOSAL (hrs): 385923041JUN23	20	83

Commendations/Comments:

The program provided 157.6% of its contracted Units of Service (UOS) based on the final June invoices (Inv # 385923041JUN23, 385923041AJUN23, and 385923061AJUN23).

Identified Problems, Recommendations and Timelines:

None identified.

3. Program Compliance (20 points possible):

A. Declaration of Compliance Score (0-5 pts):
B. Administrative Binder Complete (0-5 pts):
C. Site/Premises Compliance (0-5 pts):
D. Plan of Action (if applicable) (5 pts):
Total Points:

Points Given:	Category Score:	Compliance Rating:
---------------	-----------------	--------------------

Commendations/Comments:

The Administrative Binder is the same for all AHP programs at this location. The agency is commended for being very organized and meeting 100% of compliance requirements.

Identified Problems, Recommendations and Timelines:

The agency provided BOCC its staff training log that included completion dates for this monitoring period, however, training certificates were not evidenced. The agency was reminded that it must keep proof of staff training and be able to provide such documentation as requested during monitoring.

4. Client Satisfaction (10 points possible): N/A

Commendations/Comments:

This is a new program and during this start-up period, it created a new HAP client satisfaction survey that it will implement during FY 23-24.

Identified Problems, Recommendations and Timelines:

None identified.