



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 20-21
Behavioral Health Services

Section: BHS-MH

Target Population: Adult/Older Adult

Agency: Baker Places, Inc.

Site Visit Date: June 6, 2022

Program Reviewed: BP The 1156 Valencia Hummingbird Respite Program

Report Date: June 24, 2022

Program Code(s): 3835VH

Review Period: July 1, 2020-
June 30, 2021

Site Address: 1156 Valencia Street, San Francisco, CA 94110

Finalized Date:

Funding Source(s) General Fund, Grant

On-Site Monitoring Team Member(s): Michelle Pollard

Program/Contractor Representatives: Michelle Sanchez, Melida Solorzano, and Jessica Winterrowd

FY20-21 Monitoring Report scoring suspended due to COVID response.

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: Baker Places, Inc./BP The 1156 Valencia Hummingbird Respite Program

- Findings/Summary:**
- The services provided by this program were funded by the Sources listed on page 1.
 - The program met 50.0 percent of its contracted performance objectives.
 - The program met 158.7 percent of its contracted units of service target.
 - A review of the administrative binder evidenced 90.0 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 failed to complete either a standardized or customized Client Satisfaction Survey.

Program serves San Francisco adult residents who are often homeless and are high users of multiple systems and those who repeatedly use crisis-level services. Program provides access to recovery and wellness conversations, activities, and programs in a home-like environment. It combines one-on-one peer support and professional staffing, and offers a short-term overnight model that facilitates patient stabilization, provides linkage to social services, and offers clients an opportunity for referral to longer-term treatment and recovery. Services activities include, but are not limited to, motivational interviewing engagement, harm-reduction strategies, trauma-informed care, opportunities for linkage to social services and longer-term treatment, peer support, medication monitoring, and transportation to social services appointments.

This report has been completed utilizing a virtual meeting platform as well as telephone and email to gather BOCC findings. BOCC delayed the completion of this report due to data verification.

BOCC reviewed compliance items; however, due to the continuing pandemic response environment, scoring of categories as well as overall scoring is being suspended. Each performance objective is rated to document achievements in order to retain a historical record.

Program is proud it was able to welcome homeless clients as they are coming more and staying longer. It is proud of its linkage to services by helping clients get into programs and housing.

FY19-20 Plan of Action required? **Yes** **No**

If "Yes", describe program's implementation.

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

Signature of Author of This Report

DocuSigned by:

Michelle Pollard

Name and Title: Michelle Pollard, Business Office Contract Compliance Manager

Signature of Authorizing Departmental Reviewer

DocuSigned by:

Jenna Reyes

Name and Title: Tom Mesa, BOCC Director

Signature of Authorizing System of Care Reviewer

DocuSigned by:

Maximilian Rocha

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.

DocuSigned by:

Michelle Sanchez

7/24/22

Signature of Authorized Contract Signatory (Service Provider)

Date

Michelle Sanchez, Project Director of Hummingbird Valencia

Print Name and Title

RESPONSE TO THIS REPORT DUE:	July 11, 2022
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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	71% - 90% = Acceptable/Meets Standards	51% - 70% = Improvement Needed/ Below Standards	Below 51% = Unacceptable

Overall Score:

Total Points Given:

1. Program Performance (30 points possible):

Achievement of Performance Objectives (0-30 pts):

Program Performance Points:

Points Given:

Category Score:

Performance Rating:

Performance Objectives and Findings with Points

I.1	By the end of the program term, 100% of contracted duplicated clients will have been served by at least one of the services provided at the facility, as measured by program staff, and documented in the client records.	According to program data, 28 out of 384 or 7.29% of contracted duplicated clients were served by at least one of program services	Points: 0
I.2	By the end of the program term, 100% of contracted units of service will have been completed, as measured by program staff, and documented in the program records.	According to program data, 158.7% of contracted units of service will have been completed	Points: 5

Commendations/Comments:

Program met 50% of its contracted performance objectives.

Identified Problems, Recommendations and Timelines:

BOCC recommends that program work with the SOC to develop SMART outcome objectives that reflect the services, goals, and objectives of its contract.

2. Program Deliverables (20 points possible):

Units of Service Deliverables (0-20 pts):		159% of Contracted Units of Service	
Program Deliverables Points:			
Points Given:	Category Score:	Performance Rating:	

Units of Service Delivered

Program Code	Service Description	Contracted/Actual	
3835VH	60/78 SS-Other NonMediCal-M02	920	1,105
3835VH	60/78 SS-Other Non-MediCal-M05	449	1,105
3835VH	60/78 Start Up-M07	12	0
3835VH	60/78 Start Up-M10	12	0

Unduplicated Clients by Program Code

Program Code	Contracted/Actual	
3835VH	384	28

Commendations/Comments:

Program met 158.7% of its contracted units of service deliverables based on final M02, M05, M07, and M10 JUN 21 invoices.

It served 28 of unduplicated clients based on program data. Program indicated that it did not open until 5/18/2021 and for six weeks, it saw 28 total UDC overnight.

Identified Problems, Recommendations and Timelines:

None identified.

3. Program Compliance (40 points possible):

A. Declaration of Compliance Score (5 pts):	
B. Administrative Binder Complete (0-10 pts):	
C. Site/Premises Compliance (0-10 pts):	
D. Chart Documentation Compliance (0-10 pts):	
E. Plan of Action (if applicable) (5 pts):	
Program Compliance Points:	
Points Given:	Category Score:

Submitted Declaration
90% of items in compliance
100% items in compliance
<input checked="" type="checkbox"/> No FY19-20 POA was required <input type="checkbox"/> FY19-20 POA was submitted, accepted and implemented <input type="checkbox"/> FY19-20 POA submitted, not fully implemented <input type="checkbox"/> FY19-20 POA required, not submitted

Compliance Rating:

Commendations/Comments:

BOCC conducted a virtual review. Program commended for being very organized and meeting 100% of the site premises and 90% of the administrative binder requirements.

Program attested that all training and personnel files include the required documentation.

BOCC did not review client charts during this monitoring period.

Identified Problems, Recommendations and Timelines:

Program reminded that each fiscal year, client satisfaction surveys need to be distributed, reviewed, analyzed, and discussed with staff.

The following required item(s) were not located in the program's Administrative Binder:

- Client Satisfaction Survey and Analysis Documentation
- Cultural Competence Staff Report

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
Completed Program Specific Survey	Yes = 2, No = 0	
Results Analyzed	Yes = 3, No = 0	
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	
		Client Satisfaction Points:

Points Given:

Category Score:

Client Satisfaction Rating:

Commendations/Comments:

No client satisfaction data provided by QM.

Identified Problems, Recommendations and Timelines:

Program indicated it would implement a process for client satisfaction.